



Partnerships, People and Population Health (PPPH) Committee
Minutes of the inaugural meeting held in public on 14.10.21
via Teams virtual platform

Present:	
Linda Tomos Nicky Callow John Cunliffe Lyn Meadows	Independent Member (Chair) Independent Member Independent Member Independent Member
In Attendance:	
Sally Baxter Louise Brereton Clive Caseley Phil Corrin Simon Evans-Evans Sue Green Bethan Jones Nick Lyons Rob Nolan Teresa Owen Justine Parry Catrin Roberts Chris Stockport Adrian Thomas Kamala Williams Diane Davies	Assistant Director ~ Health Strategy Board Secretary Interim Director Partnerships, Engagement and Communications Interim Director of Digital (part meeting) Interim Director of Governance (part meeting) Executive Director of Workforce and Organisational Development (OD) Area Director (Centre) (part meeting) Executive Medical Director Finance Director – Commissioning and Strategic Financial Planning (part meeting) Executive Director Public Health Assistant Director Risk and Assurance (part meeting) Head of Regional Collaboration (part meeting) Executive Director Primary Care and Community Services (Lead Director) Executive Director Therapies and Health Sciences Acting Director of Performance (part meeting) Corporate Governance Manager (Committee secretariat)
Observing	
Andy Burgen Mark Butler Dave Harris	Vice Chair North Wales Community Health Council Good Governance Institute Head of Internal Audit

Agenda item	Action By
<p>PP21/1 Committee Terms of Reference</p> <p>PP21/1.1 The Board Secretary presented this item, she referred the Committee to the Integrated Governance Framework which the Board had approved in July 2021 and included a revision of the Committees supporting the Board. The Terms of Reference (ToR) provided had been further updated to include the Director of Partnerships, Engagement and Communications as an officer in attendance.</p>	

<p>PP21/1.2 The Committee discussed the ToR and put forward a number of comments. Committee members questioned whether there was a mechanism in place to ensure that all business undertaken by the previous Committees had been transferred to those that had been newly established. A review was recommended to be undertaken to ensure that Independent Members were not drawn into operational matters. It was suggested that the Operational Plan monitoring report should contain reference to identify which actions the Committee was responsible for receiving appropriate assurance. The Executive Director of Workforce and OD undertook to consider how workforce assurance was provided especially in regard to 3.2.11.</p> <p>PP21/1.3 A discussion ensued following the Executive Medical Director's comment that it would be important to ensure that Population Health was not considered as a specialism but rather was embedded within clinical pathway consideration and mainstreamed. Whilst the Executive Director of Public Health acknowledged this, following recent audit reports, she remarked that there was a current need to maintain this. In addition, she was pleased to note that both Welsh language and Emergency Preparedness were explicit within the ToRs.</p> <p>PP21/1.4 The assurance reports outlined in 8.5 were agreed to be reviewed by the Board Secretary along with ensuring insertion of reference to Digital Health Care Wales (DHCW) (following Mental Health Partnership Board) within 3.2.5 to ensure more specific linkage between BCU and DHCW. It was also agreed that section 3.1.6 refer to Digital Strategy Plans and Development instead of Digital Development.</p> <p>It was resolved that the Committee reviewed the revised Terms of Reference and, subject to the Board Secretary incorporating and circulating the amendments agreed, approved submission to the Board through the Committee Chair's Report.</p>	<p>LB</p> <p>LB</p> <p>CS-KW</p> <p>SG</p> <p>LB</p>
<p>PP21/2 Apologies</p> <p>Apologies were received on behalf of Jo Whitehead and Gill Harris.</p> <p>It was noted that Mark Butler of the Good Governance Institute (GGI) was present to observe the Committee as part of a wider Board Development programme and he, or other colleagues, would be present at other Committee meetings going forward.</p>	
<p>PP21/3 Declarations of Interest</p> <p>None received.</p>	
<p>SP21/4 Draft minutes of the final Strategy, Partnerships and Population Health Committee meeting held on 10.8.21</p> <p>The minutes were approved.</p>	
<p>PP21/5 Matters arising and table of actions</p> <p>PP21/5.1 There were no matters arising.</p>	

<p>PP21/5.2 In discussion of the table of actions going forward, the secretariat undertook to ensure future tables of action assigned actions to Executives present only, in order to ensure appropriate accountability.</p> <p>PP21/5.3 The SPPHC summary action plan was updated and closed. All remaining open actions were assigned to an appropriate Committee table of actions going forward.</p>	LB
<p>PP21/6 Report of the Chair</p> <p>The Chair reported that as this was the inaugural meeting there was no business between meetings to report.</p>	
<p>PP21/7 Report of the Lead Director</p> <p>PP21/7.1 The Lead Executive/ Executive Director of Primary Care and Community Services advised that further work would be undertaken to ensure that transition from previous Committees to the present would enable the Cycle of Business going forward to capture all previous business and would be presented at the next meeting.</p> <p>PP21/7.2 In respect of the developing Integrated Medium Term Plan a Board workshop would be taking place and he gave a commitment that the December PPPHC would receive a draft costed plan for review.</p>	CS/LB CS
<p>PP21/8 Operational Plan monitoring report (OPMR) 2021-22 position at 30.9.21</p> <p>PP21/8.1 The Acting Director of Performance presented the second quarter OPM report highlighting the changes to format that incorporated previous Committee feedback on narrative positioning and ensuring version control between various Committee and Board presentations. She advised that the number of actions had expanded in order to strengthen the monitoring of population health and also drew attention to Red actions.</p> <p>PP21/8.2 The Committee raised concerns on what practical actions were being undertaken to address 1.3 Safe Clean Care – Harm Free emphasising that the actions to address the non availability of staffing issues needed to be reflected in the report in order to provide the assurance required. On page 11 2.1- Deliver Symphony Phase 3, the Committee queried why the action was Red and not Amber. On page 20 R1- Continuation of AccuRx communication platform, concern was raised that there was a reporting issue to reflect. P32 – Recovering access to timely planned pathways, the Acting Director of Performance undertook to explore the issues further and provide feedback.</p> <p>PP21/8.3 The Committee requested that the report include reference to which Committee was responsible for monitoring each action.</p> <p>PP21/8.4 In regard to the delay in preparing for a new Medical and Health Sciences School the Executive Director of Primary Care and Community services explained that the Executive Team had the previous day been in discussion on what could be additionally</p>	CS-SH CS-SH

<p>offered in order to improve the facility. He advised that a meeting with the University would be taking place the following week to move this forward.</p> <p>PP21/8.5 The Committee suggested that an overall RAG status might be offered up to the Committee and whilst in agreement that the quality of the report had improved there was a need to reflect activities which resolved situations within the report.</p> <p>PP21/8.6 The Committee pointed out that there was a danger that exception reporting only highlighted negative issues and it was equally important to address and celebrate positive achievements.</p> <p>PP21/8.7 The Committee Chair asked the Committee members to reflect on whether a discussion between meetings might be held to provide further feedback to the next meeting on what was required in order to attain an adequate balance of narrative in future reports.</p> <p>It was resolved that the Committee scrutinised the report and provided feedback on enhancements to the report format</p>	<p>CS-SH</p> <p>Members</p>
<p>STRATEGIC ITEMS - THE FUTURE</p> <p>Developing strategies or plans</p>	
<p>PP21/9 Living Healthier Staying, Well Strategy progress update</p> <p>PP21/9.1 The Assistant Director Health Strategy presented an update reporting on the volume of responses received to date and the general feedback, which was being reported to the BCU/CHC Board meeting the following week. Early findings from the feedback were</p> <ul style="list-style-type: none"> ▪ Most support the goals BUT concern about capacity to deliver ▪ Concern about staff and wider community infrastructure to support delivery ▪ Culture, leadership, development ▪ Access, transport, rurality ▪ Impact of Covid-19 ▪ Importance of prevention ▪ Concerns about waiting times for GP appointments, hospital care ▪ Concern about poorer mental health and well-being, and waiting times for support ▪ Patient experience – quality, service gaps, communications between parts of the system and with patients and families <p>PP21/9.2 She emphasised the light touch approach being taken with the intention to increase partnership discussion in the future especially with the Regional Partnership Board, Leadership Board and Public Service Boards.</p> <p>PP21/9.3 The Committee was pleased to note that consultation was underway and that the partnership approach adopted would auger well for implementation. In response to the Committee Chair, the Assistant Director Health Strategy advised that whilst there had been more responses at the same juncture of the previous consultation this was to be expected due to the formal nature. Whilst the current number provided helpful data, more feedback would be better.</p>	

<p>It was resolved that the Committee noted the update on work underway to refresh the Health Board's long term strategy, Living Healthier, Staying Well</p>	
<p>PP21/10 Developing the People & Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020</p> <p>PP21/10.1 The Executive Director of Workforce and OD presented this item which set out progress on the development of the strategy and timeline. She also advised that when an improvement plan was in place a fundamental organisational reset would follow.</p> <p>PP21/10.2 The Executive Director of Workforce and OD reported that, in moving forward the 'Discovery' stage of the Stronger Together programme, engagement would continue and focus on areas of greatest need as well as with staff groups who did not have access to IT systems eg Facilities. She reported that compelling feedback had been received and that external review findings had also been taken into account . The first Board Development session discussion had also taken place. The Executive Director of Workforce and OD emphasised that the strategy was co-designed with people across the organisation.</p> <p>PP21/10.3 The Committee Chair questioned the role of the Committee in the development of this strategy and whether it was on track at present. The Executive Director of Workforce and OD reported that. on a positive note, rich data had been gathered from people within the organisation however, there was more work to do in relation to partnerships and population health. She was confident that this would be moved forward along with promoting colleagues to be health promotion ambassadors. Good progress had also been achieved in relation to academic and vocational education.</p> <p>PP21/10.4 In response to the Committee, the Executive Director of Workforce and OD advised that a workforce plan would support the developing Living Well, Staying Healthy and Clinical strategies and this would be demonstrated at the following meeting when the draft strategy would be presented. Discussion ensued on how recruitment and developing skills for new roles would be supported. The Executive Director of Workforce and OD reflected on fundamental issues with staffing solutions offered within current business cases, pointing out that managers should seek to consider skill set solutions instead of traditional additional roles.</p> <p>PP21/10.5 The Committee reflected positively that the strategy not only included staff education needs but also those of the local population.</p> <p>PP21/10.6 In a disussion of the Committee's role, the Executive Director of Workforce and OD confirmed the assurance role. She also advised of the role that the People and Culture Executive Delivery Group would undertake in monitoring the delivery of the strategy.</p> <p>It was resolved that the Committee noted the content of the update report</p>	

THE PRESENT for assurance	
<p>PP21/11 Integrated Digital Dashboard Quarter 1 Report 2021-22</p> <p>PP21/11.1 The Executive Director of Primary Care and Community Services invited the Interim Director of Digital to present this item which he acknowledged to be work in progress and was keen to understand how this could be shaped further to meet the needs of the Committee.</p> <p>PP21.11.2 The Interim Director of Digital drew attention to the Green RAG rated schemes reported however he provided further detail on amber and red schemes. Welsh Government funding delay had affected the Welsh Patient Administration Scheme at Ysbyty Gwynedd, however it was being progressed. In regard to the CANSIC national team delay, concerns was raised on the consequential impact on BCU. The Interim Director of Digital agreed to provide feedback to the Committee.</p> <p>PP21.11.3 The Committee commented that the report felt 'light' in comparison with the previous Digital and Information Governance Committee submissions and requested that future reports reflect RAG status definitions as within other Board and Committee reports for consistency. It was noted that the graph on page 10 needed to be corrected.</p> <p>PP21.11.4 Discussion ensued on the Welsh Community Care Information System (WCCIS). The Committee emphasised the disruption that the national scheme delay of 4 years had caused and concern was also raised on the issues that potentially unsupported software would have on the introduction of the current pilot scheme. The Interim Director of Digital agreed with the Committee's concern and advised that he had commissioned a review of the current situation which he would feedback on.</p> <p>PP21.11.5 In regard to the Single Sign In system delay, the Interim Director of Digital gave his undertaking to deploy this at pace as he emphasised the improvement this would make to clinical staff and would report on progress.</p> <p>PP21.11.6 The Committee sought to understand the next steps in relation to the Wales Audit Clinical Coding report page 9, recommendation one and also how national system outages were analysed post event, including a lack of business continuity arrangements. The Executive Director of Therapies and Health Sciences requested that progress on the LINC scheme also be reported. The Interim Director of Digital undertook to address each of these within the next Committee report.</p> <p>PP21.11.7 It was confirmed that the Director of Digital Health Care Wales was scheduled within the developing Cycle of Business to be present at the next meeting.</p> <p>PP21.11.8 At the conclusion of the discussion, the Committee noted that whilst the Digital Strategy had undertaken an engagement process, it would be important to undertake further alignment as BCU's Clinical Strategy was developed.</p> <p>It was resolved that the Committee reviewed and noted the report</p>	<p>CS</p> <p>CS</p> <p>CS</p> <p>CS</p>

Partnership Meetings	
<p><i>The Head of Health Strategy, Head of Regional Collaboration and Area Director Centre joined the meeting</i></p> <p>PP21/12 Regional Partnership Board</p> <p>PP21/12.1 The Head of Health Strategy introduced Catrin Roberts, Head of Collaboration of the Regional Partnership Board. She reported that the main headline of recent developments had been that the revenue fund, which had previously been for 3 years, was now to be put in place for 5 years which allowed for more transformative work to be undertaken and provided greater stability from April 2022 to March 2027. WG was keen to ensure co-production with Regional Partnership Leads and that learning and governance from previous work would be incorporated. It was understood that the WG was preparing guidance which would be available at the end of October in order that consultation could take place. In addition, whilst the funding available would not be known until December, it was likely to be at a similar level to previous funding.</p> <p>PP21/12.2 The likely areas to be taken forward would be Home from hospital, Place based, Promotion of good health and emotional wellbeing and Preventing children entering care. In addition the RPB had agreed that a Children's sub group be formed that would be led by BCU's Area Director Centre and Ynys Môn's Director of Childrens Services and would consider lessons learnt from the West Wales Regional Partnership Board.</p> <p>PP21/12.3 The Committee Chair questioned what would be an effective role for the Committee going forward. The Head of Collaboration referenced that Population Needs Assessments work had existing BCU representation, and informed the Committee that Public Service Board Chairs had recently met. She emphasised that partners undertook similar work and it was important for those organisations to promote awareness and share linkages to avoid duplication. It would be important that when WG funding priorities had been agreed that a mapping exercise be carried out against BCU priorities to identify those which were shared.</p> <p>PP21/12.4 The Committee Chair welcomed the Head of Collaboration's offer to attend future meetings.</p> <p>PP21/12.5 The Committee questioned how funding had been monitored to assess the tranformational nature of the work and where funds had been used to support existing services. The Head of Collaboration stated that an evaluation was taking place and learning would be moved forward into future fund monitoring especially in regard to evaluating effectiveness and providing clarity on decision making at the end of phases .</p> <p>PP21/12.6 The Executive Director of Public Health welcomed more linkages with PSBs, especially in regard to population needs.</p>	CS

<p>It was resolved that the Committee noted the updates provided by the North Wales Regional Partnership Board, received notes of the meeting held on 9th July 2021 and welcomed future attendance by the Head of Regional Collaboration.</p> <p><i>The Head of Regional Collaboration left the meeting</i></p>	
<p>PP21/13 Public Service Board – Conwy and Denbighshire and Area Integrated Service Board</p> <p>PP21/13.1 The Area Director Centre presented this item. She provided a background to the PSBs and referenced the Area Integrated Service Board's membership and purpose in the implementation of agreed strategies. The annual report reflected the effect that responding to the pandemic had had in slowing progress. However, work was now being undertaken on local needs and well being assessments which would inform future priorities. It was likely that the previous priorities would change, given the effect of the pandemic, and this would include greater focus on children's services, therefore the RPB's new Children's sub group was welcomed. She drew attention to the progress of transformation funded schemes outlined within the report, especially funded Community schemes and stated that the Integrated Care Fund (ICF) Funded Projects were in the progress of being evaluated in order to agree the use of the revised WG Grant Funding scheme.</p> <p>PP21/13.2 The Committee discussed the role of the Committee in relation to the work of the PSB and, in the discussion which ensued, the need for partnership being more effectively embedded within governance and planning was noted, especially in relation to strategic alignment. The Head of Internal Audit commented that a planned review of partnership working governance had been agreed with the Executive Director of Primary Care and Community Services.</p> <p>It was resolved that the Committee noted the contents of this report and to agreed to support the direction of travel of the Conwy & Denbighshire Public Services Board and the Central Area Transformation Agenda</p>	
<p>PP21/14 Board Assurance Framework</p> <p>PP21/14.1 The Board Secretary presented the report, advising that an updated version of Appendix 3 would be circulated to members following the meeting. She further advised that the BAF had been realigned with the new Committee structure and now included people and digital content. It was noted that target risks were continuing to be worked through with Leads and the Good Governance Institute (GGI) would be involved in progressing the BAF.</p> <p>PP21/14.2 The Board Secretary stated that, as the Annual Plan had been reshaped, this risk had now been closed however, she drew attention to the further budget risk highlighted within the report. She acknowledged the BAF position represented work in progress, however it had been supported by the Risk Management Group (RMG) and a further update would be provided to the next meeting. The Board Secretary stated that the BAF would be reset following the Living Healthy, Staying Well strategy refresh with the assistance of GGI.</p>	<p>LB</p> <p>LB</p>

<p>PP21/14.3 A discussion ensued in which the Committee raised concerns on the need for improved clarity with regard to target risk and appetite, which the Board Secretary agreed to raise at the next RMG. In a discussion of the challenge in dealing with the difference in quantum of some of the risks, it was noted that the LHSW strategy refresh would provide the opportunity to better consider whether some were corporate risks. The Board Secretary commented that ‘by this time next year’ the Board would have a greater understanding given the work being progressed.</p> <p>PP21/14.4 Discussion also ensued on the dynamicism of the BAF, articulation of the target time, the Board’s ability to effectively consider risks and make decisions whilst sighted on mitigation and the further discussion required between corporate and strategic risks.</p> <p>PP21/14.5 The Board Secretary noted the Committee’s comments and undertook to revise the BAF accordingly and circulate to members following the meeting to seek member approval. In response to the Committee, the Board Secretary advised the process going forward would be to receive Committee approval of the comments discussed, submit to December RMG, then the revised version would be submitted to the January Board meeting.</p> <p>It was resolved that the Board Secretary amend the BAF in line with the Committee’s discussion, incorporating a consolidation of the previous Annual Plan and Budget risks and seek member approval following the meeting.</p>	LB
<p>PP21/15 Corporate risk register</p> <p>The Interim Director of Governance and the Assistant Director Risk and Assurance joined the meeting for this item and presented the recommendations of the paper as documented. The Committee expressed concern in closing CRR20-07 as it was felt this risk was not adequately reflected in the BAF.</p> <p>It was resolved that</p> <ul style="list-style-type: none"> the Interim Director of Governance, Board Secretary and Independent Member John Cunliffe would hold further a discussion following the meeting to consider the outcome of CRR20-07 following which the amended papers, including appendix 2, would be circulated to members. 	LB
<p>LEARNING FROM THE PAST</p>	
<p>PP21/16 Test, Trace, Protect report</p> <p>PP21/16.1 The Executive Director of Public Health presented this paper and highlighted the challenges of recent weeks which included significant demand on BCU and partner organisations to respond to the newest phase of “Go and get tested”. In regard to tracing, whilst there were more reported cases (1,700) than in any previous period, the service was challenged due to staff concerns on job security, it was hoped that the recent</p>	

<p>announcement by the WG to continue funding until June 2022 would alleviate the position. The Committee was concerned with the recruitment issues highlighted but thanked the team for their commitment and continued progress in delivering this important service to the North Wales population.</p> <p>PP21/16.2 In regard to Testing, the challenges of rurality was discussed and understood to be under consideration. It was noted that each local authority area would shortly all have testing centres. It was clarified that 'Protect' did not incorporate the vaccination programme (which was managed by the West Area team). The Committee was pleased to hear of the commendable behaviours and vaccination provision at Bangor University.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the report. • that continued recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year. • that the service responds to revised government strategies for TTP, ensuring that North Wales performs on a par with other regions in Wales. • that senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements. 	
<p>CLOSING BUSINESS</p>	
<p>PP21/17 Agree items for Board/Other Committees There were no items to refer to the Board or other Committees.</p>	
<p>PP21/18 Review of Risks highlighted in the meeting for referral to risk management group The Committee Chair agreed to evaluate on behalf of the Committee following the meeting.</p> <p><i>Postscript: The discussion of the Board Assurance Framework item would be articulated on submission of the revised BAF to the Committee</i></p>	LB
<p>PP21/19 Agree items for Chair's Assurance report To be considered outside the meeting</p>	
<p>PP21/20 Review of meeting effectiveness The Committee considered the meeting and reflected that</p> <ul style="list-style-type: none"> • there had been good and stimulating discussion • the meeting had been well chaired • focus on the original ToR was important • conducive to the values of the organisation • constructive and challenging conversations 	

<ul style="list-style-type: none">• the size of the agenda would require careful management going forward• there was also a risk following the introduction of the integrated framework that all business covered in previous committees was not lost in the transfer process	
PP21/21 Date of next meeting PPPHC meeting 9.12.21	