



**Strategy, Partnerships and Population Health (SPPH) Committee
Minutes of meeting held in public on 17.6.21
via Zoom**

Present:	
Lyn Meadows	Independent Member (Chair)
Nicky Callow	Independent Member
John Cunliffe	Independent Member
Linda Tomos	Independent Member
In Attendance:	
John Darlington	Assistant Director ~ Corporate Planning
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Arpan Guha	Executive Medical Director (Interim)
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Glynne Roberts	Programme Director - Well North Wales (representing Teresa Owen)
Dawn Sharp	Deputy Board Secretary (part meeting)
Chris Stockport	Executive Director of Primary Care and Community Services
Jo Whitehead	Chief Executive
Mark Wilkinson	Executive Director Planning and Performance
Llinos Roberts	Executive Business Manager (for minutes)
Observing	
Simon Evans-Evans	Interim Director of Governance
Dave Harries	Head of Internal Audit
Ben Hughes	Audit Wales
Mark Polin	Chair of Health Board

Agenda Item Discussed	Action By
SP21/40 Chairs opening remarks and apologies for absence	
SP21/40.1 Apologies were noted for Teresa Owen, who was represented at the meeting by Glynne Roberts; and Andy Burgen, North Wales Community Health Council.	
SP21/41 Declarations of Interest	
Professor Nicky Callow – Independent Member (University) declared an interest in item SP21.55 Innovation and University Status.	
SP21/42 Draft minutes of the meeting held on 15.4.21 for accuracy, matters arising and summary action log	
The minutes were approved as an accurate record and updates were provided against the summary action log.	

<p>SP21/48 Living Healthier, Staying Well Strategy</p> <p>SP21/48.1 The Executive Director of Planning presented the item and provided feedback to the Committee following discussions at Board Workshops in February and May 2021. The purpose of the report to Committee was to acknowledge the Health Board's desire to refresh 'Living Healthier, Staying Well' (LHSW), and to confirm the strategic framework in order to create a framework that the Clinical Services Strategy would sit within, and work to the principles agreed. Discussion would take place around the proposals for engagement and consultation for the process. It was confirmed that a review of stakeholder engagement was being undertaken and that BCUHB would need to engage with the wider population across north Wales.</p> <p>SP21/48.2 The Chief Executive advised that there was strong partnership working between the Health Board and Bangor University with particular regard to the proposed new Medical and Health Sciences School, and that there was potential for BCU to work closer with other departments with regard to health-related subjects, including technology, and research and development. It was agreed that Professor Callow would share a copy of the report with colleagues at Bangor University. It was noted that the Mid-Wales Health Collaborative, under the auspices of WG, had commissioned oversight of health, and health-related programmes across all Universities with regard to training in rural health/practice.</p> <p>SP21.48.3 Members also discussed how the Health Board would map services against WG priorities in order to deliver patient centred, and not workforce centred services.</p> <p>It was resolved that the Committee receive the update on proposals to refresh the Living Healthier, Staying Well strategy; note the timeline; and offer any comments to help shape the process.</p>	
<p>SP21/43 Board Assurance Framework – Review of the Committee's allocated risks</p> <p>SP21/43.1 The Deputy Board Secretary presented the item, noting that this was a further iteration of the previous BAF document. A copy of the remapping arrangement against the latest Annual Plan was provided at Appendix 2 of the papers. Key progress on risks assigned to SPPH were noted, in particular:</p> <ul style="list-style-type: none"> • BAF20-01 Surge Plan/Winter Plan: it was recommended that this risk be archived as recommended within the report. • BAF20-03 Sustainable Key Health Services: actions have been addressed and scores improved. • BAF20-07 Effective Stakeholder Relationships (mental health): cross-referencing and picking up themes to be picked up within Targeted Intervention Framework. <p>SP21/43.2 The Deputy Board Secretary advised that the Risk Management Strategy would be discussed at the Board meeting to be held on 15th July and, following agreement, all</p>	

<p>BAF risks would be remapped against the Board's risk appetite and amended in readiness for the next Committee meeting. The remapping would be based on risk appetite scores, and if the target score is higher than the revised risk appetite, a more detailed explanation would be provided to Committee.</p> <p>SP21/43.3 Members provided feedback in terms of definitions within Appendix 3 which the Deputy Board Secretary agreed to address.</p> <p>SP21/43.4 Whilst noting the recommendations within the report with regard to the archiving of BAF 20-01 Surge /Winter Plan, and the transfer of outstanding actions to BAF20-02 Safe and Effective Management of Unscheduled Care, the Committee Chair sought assurance that the finer details and links to other sectors would remain in place. The Deputy Board Secretary advised that, Meinir Williams had committed to prepare a detailed paper for the Quality, Safety and Experience Committee on winter planning and that this would be undertaken on an annual basis, and could be included as part of the report.</p> <p>The Committee noted the progress on the Principal Risks as set out in the Board Assurance Framework (BAF), and supported the archiving of BAF risk 20-01 Surge/Winter Plan, noting that the outstanding actions have been transferred to BAF risk 20-2 Safe and Effective Management of Effective Care.</p>	
<p>SP21/47 Civil Contingency and business continuity progress report <i>(Emma Binns and John Darlington attended the meeting for this item)</i></p> <p>SP21/47.1 The Assistant Director ~ Corporate Planning reported on the progress made against the key resilience workstreams outlined in the 2020/21 workplan, the training and exercise programme, and details of the development of the emergency planning arrangements and plans. It was noted that any actions not delivered, and emerging priorities, would be included in the action plan for 2021/22.</p> <p>SP21/47.2 The Committee sought assurance that there had been comprehensive testing of the plans. With regard to training for desktop exercises, arrangements were in place to run for the 30+ Business Continuity Plans which had been received across a range of areas, however these had been stood down due to the pandemic, and pressures of work. It was noted that there was a training plan in place for business continuity which has been held, with over 60 members of staff who are leads for their respective areas of work. It was noted that there were Major Incident Plans in place for both the acute and community areas. IT systems was noted as a key area of work and this would be added to the work plan going forward.</p> <p>SP21/47.3 The Committee requested a position report for the meeting on 14th October 2021 on all areas been due to carry out testing. It was noted that this would need to be led by the Executives who would need to take responsibility in ensuring that training was being undertaken. The Committee Chair thanked the team for the improved report.</p> <p>SP21/47.4 Emma Binns confirmed that all limited assurance recommendations and actions from last internal audit had been completed.</p>	MW

<p>SP21/47.5 With regard to Civic Contingency Audit for SPPH. Members noted that an expert would review EPRR arrangements and that this work would begin in June 2021. It was requested that, as this work evolved, that rather than task completion, this would need to be output focussed.</p> <p>SP21/47.6 The Executive Director of Workforce and Organisational Development confirmed that there had been a long-standing issue with regard to operational on-call, and that a review was being undertaken led by the Deputy Chief Executive, as responsible officer. This was also subject to Internal Audit review. It was agreed that the Executive Director of Workforce and Organisational Development would review the wording within the report.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • receive the report and note the positive progress that has been made to enhance organisational resilience in 2020/21 • receive and approve the work programme for 2021/22 at appendix 2. <p><i>(Emma Binns left the meeting)</i></p>	SG
<p>SP21/45 Quarter 1 Plan refresh</p> <p>SP21/45.1 The Executive Director of Planning and Performance presented the draft Annual Plan and Quarter 1 refresh, which was due for submission to Welsh Government (WG) by 30th June 2021. It was noted that increased expenditure had been put in place following additional funding received from WG to assist with the broad area of planned care recovery, and that plans were currently being developed to support this work. Members were advised that as this was a live document, and since the report had been published for the Committee, an updated version was in the process of being published for the Finance and Performance Committee meeting on 24th June. Members were advised that the refreshed document would be shared and were requested to provide specific feedback on the revised document so as to inform discussion at the Board Workshop also on 24th June.</p> <p>SP21/45.2 Members welcomed the refresh to the document. Professor Callow requested that, in future iterations of the Health Board's Plan, that consideration be given to the various aspects of work on-going with the universities, to include the use of real time evaluation and data on outcomes, in terms of services and delivery.</p> <p>SP21/45.3 With regard to the section of Key Deliverables (table 4.2) the Committee Chair advised that this was not outcome/output related and would need to be more specific in order that we can identify whether we had achieved target, which had also been noted in the Structured Assessment by Audit Wales. The Executive Director of Planning and Performance advised that there were documents under-pinning the Plan which contained this information, however the team would further review the document to draw this information out.</p>	

<p>SP21/45.4 John Cunliffe reported that, as previously requested, whether the Plan could be prepared with GANNT charts, supported by narrative for ease of reading, given that, as presented, the current format did not communicate clearly what was trying to be achieved. Members were advised that all changes made to the document would be listed for ease of reading, and that feedback from members would be welcomed until the Plan was submitted formally to WG.</p> <p>SP21/45.5 The Executive Director of Planning and Performance summarised discussion highlighting that:</p> <ul style="list-style-type: none"> • there was increased confidence in the Plan • narrative would be included in the Plan explaining over 52 week waiting times • reference would be included to university designation feedback and reference to value based healthcare • work to continue on key deliverables (table 4.2) to ensure information is as specific and quantative as possible. <p>SP21/45.6 It was agreed that the Executive Director Planning and Performance would liaise with John Cunliffe to ensure that his comments were included as part of the refresh.</p> <p>SP21/45.7 The Committee Chair requested that, as part of the structured assessment of the planning process, it would be noted that all comments received were taken on board in finalising the plan.</p> <p>It was resolved that the refresh of the Annual Plan 2021/22 was received and members indicated an increased level of confidence, however, a range of comments would be fed into subsequent discussions by the Finance & Performance Committee and Board Workshop on 24.6.21.</p>	MW
<p>SP21.46 Planning for 2022 – 25 – Timetable</p> <p>SP21.46.1 The Executive Director of Planning and Performance introduced the report which set out the planning principles and timetable to support the development of the 2022/25 IMTP which stated the Health Board’s commitment to an achievable plan by December 2021. Work would commence on this in the coming weeks, and would need to take account of the Health Board’s longer-term strategy, ‘Living Healthier, Staying Well’.</p> <p>SP21.46.2 Members were advised by the Executive Director of Planning and Performance that he recognised the ambitious timescales set to achieve submission to Board by December 2021, and that any delays would likely be caused by external factors, ie, Covid, WG planning guidance and resource clarity. Given the dynamic and iterative nature of the planning process, mitigation of delays would be factored in as expected, and that any guidance received to support the development of a robust plan would be welcomed as positive progress. Members were advised that the Executive Team collectively were clear on the need to work together to deliver this.</p> <p>SP21.46.3 Given previous plans that have been rejected by WG, it was noted that it was in the main due to the need for the Health Board to have a clinical strategy, its performance targets and financial position. It was currently unclear as to how WG would judge its performance target in approving the IMPT as all Health Board’s across Wales would be</p>	

<p>impacted by waiting times. The Health Board were currently in a stronger financial position and which would strengthen the approval for our IMTP.</p> <p>SP21.46.4 Concern was expressed at the number of substantial early issues for consideration and the ability to deliver of these. The Executive Director of Planning and Performance advised that the Executive Team were committed to addressing of these.</p> <p>It was resolved that the report be received and the planning principles endorsed – with caveat that the Committee remained concerned about its delivery.</p>	
<p>SP21.49 Mental Health Strategy and Partnership Board</p> <p><i>(Iain Wilkie, Interim Divisional Director (MHL), and Amanda Lonsdale Interim Deputy Director (MHL) attended for this item)</i></p> <p>SP21.49.1 The Interim Deputy Director presented the report. It was noted that the Together for Mental Health Partnership Board (T4MHPB) held a workshop in September 2020 to identify how the strategy was working and to receive feedback. Further meetings were held in early 2021 and commitment given to going forward together. A review of the Terms of Reference was being undertaken in partnership and a further meeting would be held on 9th July 2021 to review these, and agree an approach to refresh the Strategy.</p> <p>SP21.49.2 Members welcomed progress made and collaborative working. The Interim Deputy Director advised that additional resources had been made available to support this work going forward. It was noted that work was being undertaken with the CAMHS team to prepare joint bids for additional funding, working alongside the third sector. It was noted that resources were wider than financial and that partnership working was key to this. Members were advised that post-Covid mental health issues would be reflected within the refreshed plan.</p> <p>SP21.49.3 The Committee welcomed the report and proposals for future changes.</p> <p>It was resolved to note:</p> <ul style="list-style-type: none"> • the intention to review and update the Terms of Reference of the T4MHPB; and • the proposed refresh of the current Together for Mental Health Strategy (2017). <p><i>Iain Wilkie and Amanda Lonsdale left the meeting.</i></p>	
<p>SP21.50 Equality & Human Rights Annual Report, including Strategic Equality Plan progress</p> <p><i>(Sally Thomas, Head of Equality and Human Rights attended the meeting)</i></p> <p>SP21.50.1 The Committee Chair welcomed the report, and requested that an Executive Summary be prepared and shared with the Board, via the Chair's Assurance Report. The Executive Director of Workforce and Organisational Development agreed and requested that a full copy of the report be circulated to Board Members.</p>	SG

SP21.50.2 The Head of Equality and Human Rights presented the report highlighting activity over the past year. It was noted that Covid had magnified inequalities in protected characteristic groups that the focus of this work is key, and opportunities have been identified in informing the Living Healthier, Staying Well strategy, and the Stronger Together principles.

SP21.50.3 In response to the gender pay gap, members were advised that work was being undertaken nationally, and a plan was being developed to address this, and will be built into our Workforce Strategy. The Executive Director of Workforce and Organisational Development advised that, in line with the organisational commitment and additional funds available, and as part of the refresh of the Living Healthy, Staying Well, and Clinical Services strategies. Plans were in place to build in additional support and investment in terms of equalities and socio economic duty to enhance the team to enable us to link into the key areas of work and to build on the work already in place and drive the organisational commitment forward.

SP21.50.4 With regard to clinical/medical staff, the Interim Executive Medical Director reported on the work being undertaken on diminishing the gender pay gap. A process was currently being developed to establish a programme of work that allows a higher award bonus, as experience indicated that a number of colleagues were unaware of this.

SP21.50.5 The first NHS BAME network has been established and leadership for this group has been identified. It was noted the positive energy in taking this work forward, and this sits within the governance framework of the Health Board.

It was resolved that the Committee receive the report and highlight to the Board through the Chair's Assurance Report. An Executive Summary of the report would be prepared and appended to the Chair's Assurance report to the Board.

SP21.52 Estates Strategy update

SP21.52.1 The Executive Director of Planning and Performance provided an update on the development of the review and further development of the Estates Strategy, with a view bringing the final draft back to Committee in November 2021.

SP21.52.2 WG has indicated that they would wish Health Boards to develop Programme Business Cases, which is a more detailed version of the estates strategy which would set out priorities for individual areas from a capital perspective, ie, primary care, acute care, and mental health. Members were advised there would be more merit in looking at this across north Wales, particularly across the area teams, and that this would need to be worked through with WG.

SP21.52.3 With regard to the proposed new Medical and Health Sciences School, the Executive Director of Planning and Performance advised that discussions had been held with regard to the potential accommodation needs, and that specific reference to the proposed development would be made within the Estates Strategy.

It was resolved that the Committee receive and note the content of the report.

<p>SP21.51 Workforce Strategy update</p> <p>SP21.51.1 The Executive Director of Workforce and Organisational Development shared a presentation with the Committee, the content of which was noted. Members were advised that the Workforce Strategy and Organisational & Leadership Development Strategy, would be separated going forward, and set out the timelines for the work to be completed. It was agreed that a further detailed paper would be provided to the next Committee meeting.</p> <p>SP21.51.2 With regard to linkages with other organisational strategies, members were advised that the work across Stronger Together, and Living Healthier, Staying Well, were aligned and the outputs from the discovery phases would inform both the Organisational & Leadership Development Strategy and the Workforce Strategy. Annual and delivery plans would be developed as part of the process.</p> <p>It was resolved that the report be noted.</p>	
<p>SP21.52a North Wales Decarbonisation Strategic Delivery Plan 2021/2030</p> <p>SP21.52a.1 The Executive Director of Planning and Performance set out the background to the development of the NHS Wales Decarbonisation Strategic Delivery Plan for 2021/2030, which the Health Board would need to respond to this and set out how over the next five years we will aim to deliver Welsh Government targets. It was noted that this was previously on the Health Board's work programme as part of our sustainability plan, and that the Health Board is committed to appointing the Carbon Trust to support us with this work.</p> <p>SP21.52a.2 Members were advised that work has commenced at Ysbyty Gwynedd 'Green Group – Sustainability in Healthcare' as part of the Bevan Exemplar programme. Members were advised that the strategy would be shared with the Committee at its October meeting.</p> <p>It was resolved to:</p> <ul style="list-style-type: none"> • Note the publication of the NHS Wales Decarbonisation Strategic Delivery Plan by Welsh Government in April 2021 – Appendix 1 • Note the appointment of the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan in response to Welsh Government targets for 2030. • Support the establishment of a BCUHB decarbonisation programme to take forward the actions and targets as set out in the Strategic Delivery Plan and coordinate a wider and inclusive organisational response to achieving Welsh Governments decarbonisation targets by 2030. • Note the degree of alignment between this pan BCU work and the local work taking place at Ysbyty Gwynedd – Appendix 2. 	
<p>SP21.53 Regional Partnership Board Update</p> <p>SP21.53.1 The Executive Director of Planning and Performance presented the report and highlighted the following key issues:</p>	

<p>SP21.53.2 Integrated Capital Funding – there had been an additional source of capital and revenue funding which the Health Board has benefitted from via the Regional Partnership Board in line with partnership working with local authorities. It was important for the Health Board to maintain full visibility of this to ensure that this ties in with our capital financing and priorities.</p> <p>SP21.53.3 Evaluation and Transformation Fund – £11m had been made available to north Wales across four priority areas. The use of the Fund was badly impacted by the Covid pandemic. This was non-recurrent funding which has been reduced in the current financial year, and there was no certainty that there would be further funding in 2022/23. We will need to discuss with our partners the continuation of schemes already commenced, or whether these would be embedded as part of our core services.</p> <p>SP21.53.4 The Committee Chair requested that further detailed reports be provided to future meetings, and requested that a presentation be provided to a future meeting, particularly in light of the White Paper on Health and Social Care proposing that Regional Partnership Boards becoming statutory bodies.</p> <p>It was resolved that the Committee is asked to note the updates received at the North Wales Partnership Board and to receive the notes of the meeting held on 9th April 2021.</p>	MW
<p>SP21.54 Transformation Fund update: Community Services and Children and Young People/CAMHS</p> <p>SP21.54.1 The Executive Director for Primary Care and Community Services advised that the North Wales Childrens and Young Peoples Transformation Programme was routed through the Regional Partnership Board where the funding was managed, and reporting back and evaluation through WG, with intermittent reporting through to the Committee. Members welcomed the opportunity to have greater discussion through the Committee. It was noted that this programme of transformation was prioritised this year, along with Community Services, recognising that the funding was cut part way through. It was noted that there were Exit Strategies in place for both areas of work.</p> <p>SP21.54.2 Members were advised that SPPH Workshops dates had been agreed for the year and requested that partnership working be agendad for discussion at one of the sessions.</p> <p>It was resolved that the note progress of the North Wales Childrens and Young Peoples Transformation Programme.</p>	MW
<p>SP21.55 Innovation and University Status</p> <p>SP21.55.1 The Associate Director Research & Development (R&I) presented the background to the report. Members were advised that, following the Expert Panel Review, positive feedback had been received from WG. The expectation going forward was that University Health Board status would be part of the regular planning and performance cycle with an expectation that the criteria would be included as part of our annual planning processes. There was an expectation that an interim briefing report would be submitted to WG every 6 months, with the first being due in September 2022.</p>	

<p>SP21.55.2 Professor Callow advised that key indicators had been received which the Health Board and University would need to be focussed on, and emphasised the need to have structures in place with linked Universities to help aide the conversation. It was noted that a plan would come to the next Committee as to how this work would be progressed.</p> <p>SP21.55.3 The Executive Director Of Therapies & Health Sciences, advised that this would sit within the transformation agenda for the Health Board and the structures would be established through this route.</p> <p>SP21.55.4 Members requested that we need to define a clear pathway to deliver the ‘ask’ from WG, and a clear formal response will need to be developed to address this. It was agreed that this would be submitted in advance of the next Committee meeting and the Executive Director of Therapies and Health Sciences agreed to progress this.</p> <p>It was resolved that the Committee accept the update for information.</p> <p><i>Adrian Thomas left the meeting</i></p>	<p>AG</p> <p>AT</p>
<p>SP.21.56 Research and Development Update</p> <p>SP.21.56.1 The Interim Executive Medical Director presented the report which had been prepared in supporting and driving the conversation around the proposed North Wales Medical School.</p> <p>SP.21.56.2 The Associate Director R&I, reported on the current work being undertaken in terms of urgent public health studies, and new partnership working with the North Wales Cancer Centre and the Moondance Foundation.</p> <p>SP.21.56.3 Members were advised of the successful vaccine and booster trials, with plans to develop clinical research facility (CRF) which would offer opportunities around early phase trials. A scoping document was currently being prepared to submit a Business Case to WG to develop the first CRF in north Wales.</p> <p>SP.21.56.4 The Committee Chair thanked the Interim Executive Medical Director and Associated Director, Research and Development for their excellent report.</p> <p>It was resolved that the Committee note the update.</p>	
<p>SP21.57 Test Trace Protect (TTP) Update</p> <p>SP21.57.1 The Director, Test, Trace and Protect provided a verbal update on progress of the programme in north Wales.</p> <p>SP21.57.2 It was noted that the Delta variant was currently prominent in north Wales, predominantly affecting the younger age groups, and it was expected that figures would rise significantly over the next few weeks. It was noted that WG had confirmed that TTP would be in place until the end of March 2022.</p>	

<p>SP21.57.3 In summary it was noted that work was being completed on the new modelling for staff levels for 2021/22. Consideration would need to be given to determine the model of UK Government support, and what this would look like going forward. Work was also being undertaken with our local authority partners in terms of tracing. Assessments would be completed in terms of Lateral Flow Device testing for BCU staff, and support would continue to be provided to the Covid Support Hubs.</p> <p>SP21.57.4 It was noted that the compulsory vaccination of care home workers was not currently being replicated in Wales.</p> <p>It was resolved that the report be noted.</p>	
<p>SP21.58 Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response</p> <p>SP21.58.1 The Committee Chair advised that the item had been deferred from the previous meeting.</p> <p>SP21.58.2 With regard to the Well-Being Future Generation, in terms of discussion during the meeting, it was confirmed that this did form part of the Health Board's underlying thinking and discussions.</p> <p>SP21.58.3 It was agreed that this would be agenda for a future meeting, and would need to be included on the Committee Cycle of Business.</p> <p>It was resolved that the report was noted.</p>	MW
<p>SP21.59 Paper deferred from previous meeting, for noting: Pandemic Learning</p> <p>It was resolved that the paper was noted.</p>	
<p>SP21.60 Paper deferred from previous meeting, for noting: Wales Audit Office (WAO) – Review of Public Services Boards (PSBs) 2019</p> <p>It was resolved that the paper was noted.</p>	
<p>SP21.61 International Health Group Chair's Report 1.4.20 - 31.3.21</p> <p>It was resolved that the paper was noted.</p>	
<p>SP21.62 Mid Wales Collaborative update</p> <p>SP21.62.1 With regard to relationships with adjoining Health Boards, the Executive Director of Planning and Performance confirmed that joint planning was part of the day-to-day thinking and this was reflected in the importance of our cluster planning arrangements and how we engage locally with our patients and stakeholders.</p>	

It was resolved that the Committee receive the Mid Wales Joint Committee Update Report and to note the Mid Wales priorities 2021 / 2022. The priorities and work completed to-date will inform BCUHB strategic, operational and cluster planning.	
SP21.63 Issues of significance to inform the Chair's assurance report To be agreed outside of the meeting.	
SP21.64 Date of next meeting 12.8.21	