

DATE OF MEETING	30 th September 2024
VENUE	Microsoft Teams

PRESENT	Ann Lloyd, Chair
	Penny Jones, Independent Member
	Helen Sweetland, Independent Member
IN ATTENDANCE	Tracy Daszkiewicz, Director of Public Health
	Rani Dash, Director of Corporate Governance
	Chris Dawson Morris Deputy Director of Planning – representing Hannah Evans
	Trish Chalk, Assistant - Director of ABCi & Interim Assistant Director of Planning (to support items 3.3 and 3.5)
	Lloyd Hambridge, Divisional Director of Primary Care and Community (to support item 3.6)
	Leanne Watkins, Assistant Head of Service, Monmouthshire (to support item 3.6)
	Philip Robson, Specialist Advisor
	Megan Frampton, Governance Support Officer
	Dafydd Vaughan, Vice Chair
APOLOGIES	Richard Clarke, Independent Member
	Hannah Evans, Director of Strategy, Planning and Partnerships.

PPHPC/3009/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PPHPC/3009/02	Apologies for Absence Apologies for absence were noted.
PPHPC/3009/03	Declarations of Interest There were no Declarations of Interest raised relating to items on the agenda.
PPHPC/3009/04	Draft Minutes of the meeting held on 1ST July 2024 The minutes of the meeting held on the 1 st July 2024 were agreed as a true and accurate record.



PPHPC/3009/05 Committee Action Log

The Committee discussed the action log, noting that updates were included on the agenda for the current meeting.

It was requested that an accurate timeframe be given for log entry, **PPHPC 1604/01.5**, Major Trauma Centre (MTC) Review. Assurance was given that there was a Board Session scheduled with the Joint Commissioning Committee (JCC) in October 2024 for further discussion.

PPHPC/3009/06 Committee Risk Report

Rani Dash (RD), Director of Corporate Governance, updated the Committee on the 4 high level risks and 7 sub-level risks being reported to the Committee for assurance.

The Committee sought assurance that work was being undertaken to reduce the risk around emergency planning. Assurance was provided that there was a recent exercise into the investigations of more effective systems for the separation of major incident planning from business continuity planning. This would result in a reduction in risks presented to the committee following the approval of the separation at the next Board meeting.

The Committee highlighted the need to broaden the risk in relation to integrated healthcare delivery, as it only focussed on acute activity at present.

The Committee **NOTED** the delegated Committee risks as outlined in Committee Strategic Risk Register and the proposal to split SRR 004 into two separate risk.

PPHPC/3009/07 Long Term Strategy Development

Chris Dawson Morris (CDM), Deputy Director of Planning, updated the Committee on the progress made in relation to the 10-year plan. Highlights of the report included public engagement of over 5000 public contacts. It was highlighted that this number was only in relation to online responses, as paper responses were being transcribed, and would be included in the final count at the end of the engagement period.



It was highlighted that there were gaps in data collection, mostly within the male population. A plan had been developed in order to address this, which included attendance at golf clubs, barber shops and male community groups such as, men's sheds and father support groups.

The Committee questioned how the Health Board would respond to issues raised by the public, and how they would handle issues which fell outside of the Health Board's control.

It was noted that the Board would determine the priority of actions following completion of the engagement period, and that partnerships had been developed with other public sector organisations, such as ambulance and fire services, in order to address issues raised that fell outside of the Health Board's accountability.

There was a need for assurance that the outcome of the engagement exercise would not have been different had a different question been posed.

The Committee discussed how the engagement strategy had provided a strong evidence base for work going forward, which would aid the production of a powerful mandate for change within the region. It was also noted that mental health and wellbeing were the most prominent factors raised by the public.

The Committee requested assurance that the plan would utilise the public response in order to make active impact and communication following the communication period, due to a risk of public disillusion.

CDM assured the committee that there were plans in place for a robust outcomes and assurance framework so that the Board and community groups could see any progress being made. Goals must be made clear.

Research into alternative models of care had included a look into models of best practice, from NHS Trusts in England as well as Danish, Swedish and North American practice.

It was highlighted that the report would return to Board Briefing in December 2024, and that papers would be circulated in advance to aid scrutiny.



	<p>The Committee NOTED the findings of the Midpoint Review and the working draft of the strategic themes and actions.</p>
<p>PPHPC/3009/08</p>	<p>IMTP/Annual Plan development 2025/26</p> <p>Trish Chalk (TC), Assistant Director of ABCi & Interim Assistant Director of Planning, provided an update in regard to the priorities and system change under the priority areas of the annual plan.</p> <p>The Integrated framework would be issued to divisions the following week.</p> <p>The committee discussed the challenges involved with regard to the operational aspects of implementation of the three-year plan. The committee was assured that a list of priorities had been set by the Executive Team, including:</p> <ul style="list-style-type: none"> • Patient safety; any service change would be required to go through the QIA process; • Delivering a balanced budget; • Demonstrating optimum efficiencies; and, • Demonstrating progress all Ministerial targets. <p>The committee questioned whether or not there had been evidence of any conflict between the Ministerial priorities and the priorities of the Health Board.</p> <p>It was highlighted that Ministerial requirements had been addressed, including demonstrating progress toward a target, if actual achievement was not possible. Conversations had been undertaken with WG to demonstrate how additional resources were needed in order to meet the targets, especially within the planned care division. A final decision was awaited from Welsh Government.</p> <p>The committee raised the need to prioritise evidence of productivity.</p> <p>The Committee NOTED the development of the Annual Plan for 2024/25.</p>
<p>PPHPC/3009/09</p>	<p>Strategic Estates Update</p> <p>Chris Dawson Morris (CDM), Deputy Director of Planning, updated the committee on progress against the Health Board's 2019 Estates Strategy, and provided updates in relation to:</p>



- Nevil Hall Reconfiguration, and;
- St Woolos Reconfiguration.

It was noted that a timeline had been established for the development of a new overall organisational Estates Strategy. Over the next 12 months, numerous estates priorities, such as, completion of the Bevan Project, the 19 Hills Project, and, £4m backlog of maintenance work, would be completed.

There were potential opportunities for the procurement of capital towards the North Gwent area based on the existence of RAAC at Nevil Hall Hospital. It was noted that this would be a good opportunity for remodelling North Gwent Services.

The reconfiguration proposals for St Woolos Hospital were ready to be submitted to Welsh Government.

Penny Jones (PJ), Independent Member, requested a series of site visits to be arranged for Independent Members, particularly to the Nevil Hall Hospital site.

Rani Dash (RD), Director of Corporate Governance, agreed to develop site visits as well as quality walk rounds for independent members.

ACTION: Director of Corporate Governance.

The Committee noted that review of the work by both the Committee and the Board needed to be included in the timescale detailed within the report. It was emphasised that both the Committee and the Board would need to be provided with as much detail as possible prior to the end of December, in order to not cause delay to the predetermined timeframe for completion.

The Committee **NOTED** the progress against the extant Estates Strategy and the intent to formally refresh it once the organisational strategy has been finalised.

PPHPC/3009/10

Application of the Planning Maturity Matrix as part of the Health Board escalation status

Trish Chalk (TC), Assistant Director of ABCi & Interim Assistant Director of Planning, updated the Committee of the Health Board's level of escalation under Welsh Government's Oversight and Escalation Framework, which escalated the



Health Board to level 4 – Targeted Intervention in February 2024 for Planning and Finance.

It was noted that there were 8 domains listed as areas for improvement within the report. 4 of these had been met, pending confirmation from Welsh Government, whilst the remaining 4 required further support.

The Committee questioned the level of support and guidance had been provided by Welsh Government for aiding the improvement of all domains. It was confirmed that the Health Board had regular touchpoints with their assigned planning lead within Welsh Government, and that it had not seen a need to request further support at this stage as they had reached out to other Welsh Health Boards that had implemented similar change, utilising a peer support system.

The Committee sought clarification on the impact this work had on staff working within the divisions and was assured that requests of staff were kept to a minimum. They were only asked for information and data plans when necessary. This meant that the planning team were able to create a service map without any additional processes being imposed.

The Committee **NOTED** the update.

PPHPC/3009/11 Monnow Vale Update

Lloyd Hambridge (LH), Divisional Director of Primary Care and Community, and Leanne Watkins (LW), Assistant Head of Service, Monmouthshire, presented the proposed developments to the Dixton Health Centre, and how the site will function in conjunction with services at Monnow Vale Hospital and the Bridges Centre.

It was noted that the Monmouthshire region of Gwent was predicted to witness large population growth in the coming years, with a portion of this population being those aged 85 years and older.

LH outlined the plans to develop the Dixton Health Centre into a Type C health and wellbeing centre, with a focus mainly on GP services, with the increased element of health and social care, such as, Mental Health Services and school nurses.



The Committee discussed how the Monnow Vale site could further support the development of a new health centre in the region, by providing increased service provision shared between the Monnow Vale and neighbouring health sites.

The Committee noted that the frailty unit located within Monnow Vale was being expanded, and that management of the unit were now taking a focused look into health care provision to be provided from the site.

The Committee would require written progress reports on these developments during this period of change.

The Committee **NOTED** the update.

PPHPC/3009/12 Health Protection & Vaccination Programme Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update on the organisational change programme, which included moving the vaccination programme from Public Health into Primary Care. TD highlighted that the transfer had been completed on the 1st of September 2024.

The Committee noted the introduction of a new respiratory vaccination which had been rolled out as a priority by the 28th of September 2024. It was noted that there was particular significance to have the vaccine distributed through maternity services, in order to safeguard women and their unborn babies. Winter flu vaccinations were beginning to be distributed, and there was continuing work for catch up vaccinations in regards to HPV with school aged teenagers.

The Committee was assured that the new system was working well, and that benefit had been witnessed due to strategic planning and assurance being held under one service.

The Committee queried the support being provided from Public Health Wales.

Public Health had developed a new Health Protection Framework. It was noted that there was further work needed within the service in order to clarify roles and responsibilities, and accountability for specific actions.

The Committee requested feedback in relation to the result of the infected blood scandal. It was assured that the service



had prepared for a high level of demand, however, the demand was not as high as in other parts of the country.

The Committee **NOTED** the update.

PPHPC/3009/13

Population Health Management Strategy Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update which included;

- The joint strategic needs assessment was now live;
- Work had started on a targeted joint strategic needs assessment.

This data base would help in providing information on how and why people accessed services. It would be implemented in stages, beginning with maternity and the best start in life.

Accessibility of the latest data through one point of access was proving to be a handicap at present. This data would include, numbers, next of kin information, and engagements. It would enable the creation of a better understanding of population risk and help to implement preventative measures.

The Committee sought assurance that the education and care sectors were involved in this work through the Partnership Board. It was noted that Public Health was engaging with directors from both education and the care sector, through the Partnership Board and community engagement spaces. The collaborations had included data on early jobs for young people and ecommerce pathways.

Further work was being undertaken in collaboration with universities, looking to reintroduce university visits for children within the care system, in order to show them that university was for everyone.

Helen Sweetland (HS), Independent Member, noted that Cardiff university also offered a scheme in line with this strategy. This would be followed up by the Director of Public Health.

The committee discussed whether or not the Population Health Management Framework would repeat any of the work undertaken by Welsh Government.

The Committee was assured that the Framework was based upon the Health Board's own findings and demand needs.



The Committee **DISCUSSED** the Joint Strategic Assessment and **APPROVED** the Population Health Management Strategy.

PPHPC/3009/14 Regional Partnership Board Update

Chris Dawson Morris (CDM), Deputy Director of Planning, updated the committee on the work of the Regional Partnership Board.

The update included a review of the system resilience plan, which detailed the 18-month scheme deployed in order to recognise the pressures and work during the winter season. It was highlighted that new legislation from Welsh Government prioritised the responsibility of RPB's annual reporting.

Another important priority for the RBP was the elimination of profit from the children's sector. The main obstacles to the competition of this agenda were a lack of capital, resources, and capacity within the sector to move services away from the private sector.

The Committee **NOTED** the update.

PPHPC/3009/15 Public Services Board Update

Tracy Daszkiewicz (TD), Director of Public Health, provided an update of the work of the Public Service Board (PSB).

It was noted that the PSB had determined four key areas of prioritisation, those being;

- The best start in life.
- Everybody has a place to live that feels safe,
- Economic changes, and;
- Climate and the environment being valued parts of our communities.

TD highlighted that there was significant crossover between these four subject areas, and that priority leads had been recruited to lead each section.

It was noted that an area for improvement was the development of a database for the collection of qualitative



	<p>evidence, in order to retain constant touch-points with communities when checking ongoing work.</p> <p>The Committee NOTED the update.</p>
<p>PPHPC/3009/16</p>	<p>Regional Planning Update</p> <p>Chris Dawson Morris (CDM), Deputy Director of Planning, updated the Committee of the ongoing work involving Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg Health Boards, focused on developing a regional acute clinical strategy. The Directors of Planning across the three Health Boards had been meeting to discuss future models of care.</p> <p>The development of an Ophthalmology joint booking and scheduling team between Aneurin Bevan University Health Board and Cardiff and Vale Health Board had proceeded as a result of this collaboration.</p> <p>The Committee discussed whether or not the redesign of stroke services into a regionalised hyper acute stroke unit would be sustainable and advantageous to the population. The committee was assured that ABUHB was leading the redesign exhibiting best practice.</p> <p>The Committee sought further assurance of the progress within other service areas, such as, Orthopaedics and thoracic surgery.</p> <p>The Committee was assured that there was a meeting scheduled for the three Health Boards at which these issues would be addressed. It was also noted that there was an upcoming Joint Commissioning Committee in which thoracic services would also be raised for discussion.</p> <p>The Committee NOTED the updated report.</p>
<p>PPHPC/3009/17</p>	<p>Review of Committee Programme of Business 2024/25</p> <p>The Committee received the Review of Committee Programme of Business 2024/25 for information.</p> <p>The Committee discussed the need to reinstate mental health updates as part of the estate’s strategy for assurance.</p> <p>ACTION: Director of Corporate Governance.</p> <p>The Committee NOTED the report.</p>



PPHPC/3009/18	<p>Welsh Government Emergency Planning Return</p> <p>The Committee received the Welsh Government Emergency Planning Return for information.</p> <p>The Committee NOTED the report.</p>
PPHPC/3009/19	<p>Armed Forces Covenant</p> <p>The Committee received the Armed Forces Covenant for information.</p> <p>The Committee NOTED the report.</p>
PPHPC/3009/20	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee noted the following to be brought to the attention of the Board:</p> <ul style="list-style-type: none"> • IMPT/Annual Plan development 2025/26 • Long Term Strategy • Update on Estates Strategy for noting.
PPHPC/3009/21	<p>Any Other Urgent Business</p> <p>Nothing raised.</p>
PPHPC/3009/22	<p>Date of the Next Meeting:</p> <ul style="list-style-type: none"> • 28th of January 2025 at 13.00pm

