



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

# **Partnerships, Population Health, and Planning Committee**

## **Annual Report for 2023-24**

**April 2024**

# **CONTENTS**

## **Foreword**

1.	Introduction to the report and the Finance and Performance Committee (PPHPC)	<b>4</b>
2.	2023-24 Work Programme	<b>4</b>
3.	Frequency of Committee Meetings and Membership	<b>14</b>
4.	PPHPC Reporting Arrangements	<b>15</b>
5.	Self-assessment and Evaluation	<b>15</b>
6.	Key Areas of Focus in 2024-25	<b>17</b>
7.	Conclusion	<b>17</b>
Appendix 1	PPHPC Terms of Reference (March 2022)	<b>18</b>
Appendix 2	PPHPC Work Programme for 2023-24	<b>28</b>
Appendix 3	PPHPC Meetings in 2023-24	<b>33</b>

## **Chair's Foreword**

I am pleased to present the Partnerships, Population Health, and Planning Committee's (the Committee's) Annual Report for the year ended 31 March 2024.

In this report we provide an overview of the work of the Committee, which covers all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

During this year of this Committee, we have considered the development of the clinical futures programme and the changes it required. We have commissioned the development of a new long-term plan and estates strategy and plan. We have been pleased to see the determination of our planning teams in implementing discussions and actions in respect of regional services and regional working for the population, a key priority for the Minister for Health and Social Services Wales.

We also recognise the commitment to the work undertaken towards creating collaborative partnership working in Gwent, with the work in relation to the Marmot region beginning to take effect and changes being made to improve working, governance and accountability within the Regional Partnership Board (RPB). Initial progress has been made during the year in the provision of additional jointly provides services and care between partners in Gwent as a result.

Finally, I would like to express my personal appreciation to all who contributed to the Committee over the past 12 months.

**Ann Lloyd**

**Chair**

**Partnerships, Population Health and Planning Committee**

## 1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

*"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees"*.

- 1.2 The Term of Reference of the Partnerships, Population Health and Planning Committee (referred to throughout this document as 'PPHPC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

- 1.3 The purpose of the **Partnerships, Population Health and Planning Committee** is to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities. The Committee will provide accurate, evidence based and timely advice to the Board in respect of the development of the Health Board's priorities and plans to improve population health and wellbeing; strategic frameworks and plans for the delivery of high quality and safe services; business cases and service planning proposals, including the alignment of supporting and enabling strategies, including workforce, capital, estates and digital. The Committee also provides advice to the Board in relation to any implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.

- 1.4 This report describes how the PPHPC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

## 2. 2023-24 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for PPHPC in 2023-24 is attached as **Appendix 2**.

The PPHPC focuses on both assurance in respect of strategic partnerships, strategic planning and developments and the development of plans in respect of the key Clinical Futures priorities. The monitoring of this is set out as follows:

### **Assurance in respect of Strategic Partnerships:**

#### **Public Service Board (PSB)**

The Committee received quarterly updates on the work of the Public Service Board (PSB). The Committee was informed of the work of the PSB throughout 2023/24, including the following key areas:

- The progress of the 'Building a Fairer Gwent, Gwent Marmot Programme'. The five year 'Building a Fairer Gwent delivery and action plan' (2024-2029) would encompass Marmot recommendations and objectives, with an internal public health approach for the Health Board and partnerships through a social, environmental, and economic lens. A delivery group, aligned to the PSB, would be overseeing the delivery of associated actions.
- Health Board engagement and collaboration with Local Authority Partners, working on long-term plans and recommendations to tackle health inequalities for the population.
- The alignment of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report and the Gwent Public Service Board (PSB) Wellbeing Plan.
- The Gwent Marmot region communication and engagement strategy. The Committee was informed that throughout the year the PSB had held engagement events with a focus on closing the gap between statutory and community services, with four main themes of 'Best start in life', 'the impact of crime and community safety', 'Economic factors' and 'Environmental factors'.

○

#### **Regional Partnership Board (RPB)**

Quarterly updates were received in respect of the business of the Regional Partnership Board (RPB). The Committee was informed of the work on the Area Plan and the development of the Partnership Capital Strategy and Plans, that included the following key areas:

- A collaborative evaluation of RPB and Regional Integration Funding (RIF) spending would take place in 2023/24, alongside a review of the partnership governance arrangements. An overview of this would be presented to the Committee on completion.
- The Health Board is tasked with piloting a dashboard measuring the impact of RPB funding on the population of Gwent.
- The Welsh Government had commissioned a national funding evaluation, with phase due to be complete at the end of 2023 and phase two in 2024. Professor Marcus Longley was undertaking a national evaluation of the effectiveness of the RPB. The Committee awaits the outcome of this work.
- An overview of the Welsh Government requirement for submission of a ten-year Regional Capital and Strategy Plan was provided. The Health Board would review and monitor all internal and partnership plans regularly to ensure alignment with its strategic direction.
- The Health Board has fully engaged in the development of a Partnership Capital Strategy and Plan; this had been evaluated through the internal capital governance structure.
- An overview of the RPB Governance Review has been in progress and an implementation action plan is being drafted.
- An update is being provided on the proposals for Estate Rationalisation in the context of correspondence from Welsh Government and the planned review of the prioritisation the Estate Strategy Objectives.
- Further work is required to strengthen accountability on regional and local partnership working. An RPB workshop, discussing the work carried out within Integrated Service Partnership Boards (ISPBs) and Neighbourhood Care Networks (NCNs) was rescheduled for March 2024.
- The RPB's community-based teams were undertaking a review of Frailty Services and ongoing projects, to determine benefits for the population.
- The current financial governance of partnerships were reported as good. Further improvement work on benefits realisation is required. To promote compliance with good governance, agreements, and plans of all partners within the RPB; clear

delegation, mutual agreement of expectations, and ownership from all partnership bodies is be required.

### **Assurance in respect of Strategic Planning and Development:**

Quarterly updates on strategic planning and development were received through the Regional Planning update reports, with exception reporting in identified areas. Health Board planning teams across South Wales continued to meet throughout 2023/24 to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience and best practice, and consider future opportunities for closer working to mutual benefit.

The Committee was informed of regional planning work undertaken throughout 2023/24, in regional Ophthalmology, Orthopaedics, Diagnostics services, Cancer services, Vascular services, Stroke services, Thoracic services and Hepato-Biliary and Pancreatic Surgery, and the Welsh Sexual Assault Service. The following updates were presented to the Committees:

### **Regional Ophthalmology:**

The Committee was advised that the regional Ophthalmology Programme made good progress throughout 2023/24. In particular the Committee noted:

- The awaited decision on the interim capital business case for Cataract Recovery by Welsh Government, noting the risk based upon potential delays. Delays had occurred in implementation of the Ophthalmology Electronic Patient Record, led by DHCW. For further assurance a detailed update on plans progress of the Ophthalmology Electronic Patient Record (Open Eyes Project) was sought.
- At the November 2023 meeting, the Committee noted that the Ophthalmology business case had been amended due to funding being decreased from £10m, to £7m. At the January 2024 meeting, an interim Ophthalmology business case had been agreed. The first regional ophthalmology patients, led by the Health Board, were planned to be treated in the Nevil Hall Hospital hub on the 5<sup>th</sup> of February 2024, and outsourcing to the Ophthalmology hub in Cardiff continued. The Committee was assured by the positive impact of additional activity, noting that within one week of this additional activity, funded by Welsh Government, there had been a 4-week reduction from the cataract waiting times. The Committee received a further update on the progress of an electronic record for Ophthalmology patients, an options appraisal had been received

from DHCW; however, the Health Board was completing an internal review of options for an electronic record for Ophthalmology patients.

### **Orthopaedics:**

- An update on the regional Orthopaedic Programme was presented to the Committee, informing of the purchase by Cwm Taf Morgannwg, via Welsh Government funding, of the Health Park in Llantrisant ('Concorde' development) and plans for this to host elective Orthopaedic services in South Wales.

### **Diagnostics:**

- The Committee was updated on Diagnostic services and informed that a business case was in development for the opportunity to use current Health Board space for additional diagnostics. The Health Board is pursuing an in-house development for diagnostics, as this is considered to provide the best option in terms of affordability, deliverability, and sustainability.

### **Cancer Services:**

- In May 2023, the Committee was informed of version 2 of the Cancer Services business case, containing feedback from all Health Boards and outlining plans for a complementary cancer centre at the Nevil Hall hospital site, alongside the approved Satellite Radiotherapy centre. At the July 2023 meeting, a further update was provided, informing of partnership meetings that had taken place between the Health Board and Velindre NHS Trust, discussing the development of a cancer unit and the restating of the roles, responsibilities, and joint commitment to the Satellite Radiotherapy Unit.

### **Welsh Sexual Assault Service:**

- The Committee received an update on Welsh Sexual Assault Service (WSAS – formerly SARC). Health boards, police forces, Police and Crime Commissioners and third sector partners continued to work closely to implement and deliver the new service model for sexual assault services in South Wales, Dyfed Powys, and Gwent. This involved an enhanced hub for acute services at Cardiff Royal Infirmary (CRI), supported by spoke facilities in Risca and Merthyr. The Committee was informed that Health Board clinical, finance and planning representatives remained fully engaged with the programme.

### **Thoracic Services:**

- The Committee noted that at the start of 2023, Thoracic Services had not been formally monitored through the regional collaborative structure. The outline business case awaits appraisal by Welsh Government and further conversations were required with the South and East Wales Directors of Planning.

### **Hepato-Biliary and Pancreatic Surgery:**

- The Committee requested that the Hepato-Biliary and Pancreatic Surgery service be reviewed for quality and accessibility. At the meeting in July 2023, future options for a combined single site for Hepato-Biliary and Pancreatic Surgery based either in Cardiff or Swansea were discussed. In November 2023, project teams had escalated the risk of the pace of the service improvement through their project board. In January 2024, an options appraisal failed to be completed against original timeframes, and a clinical review took place in February 2024. The Committee suggested that the Health Board review opportunities for alternative services to secure the best service for the population.

### **Interventional Radiology (IR) Service:**

- The Committee was informed of the risk of the failure of the Interventional Radiology (IR) service in Swansea. The Committee noted that two of the Health Boards Interventional Radiologists were supporting this service. Plans were being reviewed, including the implications for vascular services and options for sustainability. The Committee was assured that the fragility of services was monitored through the corporate risk register.

### **Vaccination Programme:**

- An update on the Vaccination programme was presented to the Committee in November 2023. The Committee was informed of the critical risk of not achieving the Winter Flu and COVID vaccination targets for both staff and the population. The Health Board was working in partnership with local authorities, to provide a targeted vaccination offer, increasing communications to staff members of availability of vaccinations, and utilising vaccination bank staff. The Committee was assured and endorsed plans to mitigate the critical risk of meeting the vaccination targets for winter flu and COVID vaccinations.

### **Neighbourhood Care Networks (NCNs):**

- An update on the development of the Neighbourhood Care Networks (NCNs) was presented to the Committee in June 2023. The intent of the new NCN planning structure was to improve the alignment of Regional Partnership Board (RPB), Integrated Services Partnership Board (ISPB) and NCNs. The plan to deliver the Area Plan, alongside Place Based Care, whilst progressing with the Primary Care Model for Wales was noted.

### **Joint Commissioning:**

- The Committee was informed that work was ongoing to establish the new Joint Commissioning Committee and its governance framework.

### **Assurance in Respect of the Strategic Approach**

During the year the Committee received updates in respect of the following:-

### **Capital Programmes and Strategic Capital Projects:**

- An update on Major Capital Programmes and strategic capital projects was presented to the Committee in May 2023. The Committee was assured that all capital schemes submitted to Welsh Government would include significant decarbonisation measures, in line with the decarbonisation programme. A review of the governance of capital programmes, the strengthening assurance on reporting mechanisms, would be undertaken by the Director of Strategy, Planning and Partnerships with updates presented to the Committee.
- An update on Strategic Capital Projects and Estate Rationalisation was presented to the Committee in November 2023. The Committee noted the potential risk of the *Hollow Beam Survey* taking place in Nevil Hall Hospital (NHH), associated with RAAC. Plans for services at NHH were being worked through by the Health Board to present to Welsh Government in 2024. Further discussions on RAAC have taken place at the Board. Key milestones were discussed, including the planned opening of the Ysbyty Ystrad Fawr (YYF) Breast Unit in February 2024, the Royal Gwent Hospital (RGH) Endoscopy Suite, and Phase 1 of the Bevan Health and Wellbeing Centre (Tredegar).

- An overview of the revised and improved arrangements for the management and governance of Strategic Capital and Discretionary Capital within the Health Board was presented to the Committee in July 2024. The Committee was assured that there would be connectivity between the workstreams of the Health Board's Strategic Capital and Estates Group and the RPB's Regional Capital Group. The Health Board applied the same governance arrangements to capital projects worked in partnership.

### **Long Term Strategy and IMTP:**

- An update was provided on the approach to developing the Long-Term Strategy for the organisation, outlining links with strengthening partnership working through the PSB, Marmot and the RPB. The Committee endorsed the approach. The Committee noted that the strategy incorporated meaningful engagement with staff and communities. The Committee was assured that the reconfiguration of Health Board services would take place in parallel with the development of the Long-Term Strategy and the IMTP.
- At the November 2023 meeting, the Committee received an update on the development of the Integrated-Medium Term Plan, for 2024-2027. The Committee was assured that the IMTP had been linked to the Clinical Advisory Board targets previously discussed by Board. At the January 2024 meeting, the Committee received the Health Boards emerging plan for 24/25, including cluster plans.

### **South East Wales Vascular Network (SEWVN):**

- The Committee received an overview of the first annual report since the establishment of South East Wales Vascular Network (SEWVN) in July 2022. The Committee was advised that good progress had been made, with no major safety issues reported during the transitional stage at a time of significant urgent care system pressure.

### **Public Health Protection:**

- An update on Public Health Protection was presented to the Committee for assurance. The Health Board had utilised Welsh Government funding to create a Gwent Health Protection Service for 2023/24, led by the Director of Public Health. Next steps included plans to strengthen links between the health protection and resilience and emergency planning. Work would be undertaken around sustainability of provision, including a permanent Health

Protection team. The Committee endorsed the requirement for a permanent Health Protection team.

### **Decarbonisation:**

- An update on the Decarbonisation programme was presented to the Committee for assurance, including the Decarbonisation action plan for 2023/24, and progress against the national programme to deliver the goal of Net Zero emissions by 2050.

### **Major Incident Plan:**

- An update on the Health Boards Major Incident Plan was provided to the Committee. The Committee endorsed the plan for Board approval in March 2024.

### **Assurance in respect of the development of plans of the key Clinical Futures Priorities:**

The Committee received quarterly updates on the delivery of the Health Boards Clinical Futures Programme, aligned to the Integrated Medium-Term Plan. At the start of the year, the Committee was informed that a review of the Clinical Futures programme had been undertaken, streamlining the original priorities into 7 key areas, and reframing the Six Goals for Urgent and Emergency Care Strategy. The following key areas were discussed:

### **Stroke Services:**

- The challenges to maintaining rehabilitation Stroke services across three Health Board sites. The Committee was assured that a report outlining the challenges would be presented to the Board. The eLGH programme was driving forward priorities linked to the financial plan, including bed base, Stroke and Minor Injuries Units.

### **Homeward Bound Wards:**

- Homeward Bound Wards had not delivered as expected, with best practice informing new plans in the Health Board's Winter Plan. An assessment of the impact on patient care and services would be included in the Winter Plan evaluation report.

### **General Internal Medicine:**

- The Medical Director was leading a workstream to evaluate the pathways for patients presenting at the front door as General

Internal Medicine (GIM) patients. Early data indicated that GIM patients currently had the longest waits.

**Minor Injury Units:**

- Minor Injury Units: based upon workforce sustainability issues and low demand, a proposal to align the out of hours services at Nevil Hall Hospital with those at Ysbyty Ystrad Fawr had been endorsed by the Executive Team.

**Mental Health Services:**

- The Committee was informed of plans to align the Mental Health Transformation Programme and improvement plans for issues noted in internal monitoring within the service.

**Acute Frailty Response Team:**

- A nurse led Acute Frailty Response Team went live in January 2024, placing additional community teams in the Royal Gwent Hospital emergency department. This was having a significant positive impact in directing patients to the best care to suit their needs. At the January 2024 meeting, the Committee noted the commencement of an Acute Frailty Response (AFR) model and a pilot of a frailty consultant located in the Flow Centre to redirect care.

**Falls Pathway:**

- A new falls pathway had been introduced in December 2023 to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation, 47% of non-injurious falls patients had been conveyed to the eLGHs instead of GUH for initial clinical assessment.

**Welsh Ambulance Service Team (WAST):**

- Further work being undertaken on the Health Board and WAST collaborative programme, ensuring pathways were followed, in particular the use of the flow centre.

**Place Based Care:**

- At the January 2024 meeting, the Committee was informed that Place Based Care had been deprioritized due to current operational issues.

### **Primary Care Sustainability Board:**

- A report from the Primary Care Sustainability Board was presented to the Committee. The Committee noted the progress of the Primary Care Sustainability Board since August 2022, and the additional capacity and capability that may be required to accelerate delivery of the action plan. The Committee endorsed the re-establishment of the Primary and Community Care Academy and the Draft Primary Care Sustainability Action Plan.

### **Planned Care Recovery:**

- An update on the Planned Care Recovery Programme was presented for information. The update included intended benefits, progress made to date, key objectives for the next period and key risks for each of the 6 workstreams within the Programme. The 6 workstreams for planned care were;
  1. Health Pathways
  2. Patient Access and Activation
  3. Outpatient Transformation
  4. Diagnostics
  5. Elective Capacity/Theatre Utilisation
  6. Planned Care Academy

## **3. PPHPC Committee Meetings and Membership**

- 3.1 During 2023-24, the PPHPC met four times via Microsoft Teams- May 2023, July 2023, November 2023, and January 2024. Details of the Members and lead Executive Directors who attended these meetings is provided at **Appendix 3**.
- 3.2 The Committee comprised the following Independent Members:
- Ann Lloyd (Chair)
  - Vacant (Vice Chair)
  - Richard Clark
  - Dafydd Vaughan
  - Phil Robson ( ex-officio member, Special Advisor to the Board)
- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually, and this has therefore meant that the Health Board has not complied with

its Standing Orders in this regard, and this will be a key consideration as part of the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board’s [website](#) in advance of meetings.

#### 4. PPHPC Reporting Arrangements

4.1 Following each meeting, the PPHPC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

#### 5. Self-assessment and Evaluation

5.1 The Board has undertaken an overall assessment of its effectiveness during 2023/24 using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance Developmental Reviews.

The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements and has a strong focus on integrated governance and leadership across quality, finance, and operations as well as an emphasis on Organisational culture, improvement and system working.

The outcome of the current years self-assessment that was reported to the Committee on 31<sup>st</sup> January 2024 confirms that, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
<b>2</b>	<b>Meeting standards</b>	The Partnerships, Population Health and Planning Committee is performing to the required standard in this area. There may be room for improvement, but the Partnerships, Population Health and Planning Committee can be seen to be discharging its responsibilities effectively.

In addition, all of the respondents confirmed that the Committee was

either meeting or exceeding the standard for the effectiveness of this Committee.

Then main areas for improvement identified as part of the self-assessment are shown below:

<b>Specific Actions to deliver improvements in the Committee's effectiveness</b>			
<b>Section</b>	<b>Area of Focus requiring attention</b>	<b>How &amp; by When</b>	<b>Action Holder</b>
<b>Section 1</b> <b>Committee Processes: Composition, Establishment, and Ways of Working</b>	<ul style="list-style-type: none"> <li>A programme of induction for committee members to be developed.</li> <li>Report template to be reviewed and training on report writing to be delivered.</li> </ul>	All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval.	Director of Corporate Governance with Head of Board Business
<b>Section 4</b> <b>Strategic Planning</b>	<ul style="list-style-type: none"> <li>Explore ways that future updates include clear alignment between priorities, resources and enabling plans.</li> </ul>	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with the Director of Strategy, Planning and Partnerships

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured

Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

## **6. Key Areas of focus in 2024-25**

- 6.1 To maintain focus on strategic partnerships, planning and developments for 2024/25, the forward workplan has been updated to include a:
- Long term Strategy development, 'Strategy 2035'
  - Standing item on Strategic Risk and Assurance.

## **7. Conclusion**

- 7.1 This report provides a summary of the work undertaken by the PPHPC during 2023-24 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



# **Partnerships, Population Health, and Planning Committee Terms of Reference – 2022/23**

Version: Approved  
Date: March 2022

<b>Document Title:</b>	Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23
<b>Date of Document:</b>	March 2022
<b>Current version:</b>	Approved
<b>Previous version:</b>	N/A
<b>Approved by:</b>	Board
<b>Review date:</b>	March 2023

## 1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

*"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees"*.

- 1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Partnerships, Population Health and Planning Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

- 1.4 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

- 1.5 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

## 2. PURPOSE

### 2.1 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction.
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- e. the Health Board's priorities and plans to improve population health and wellbeing.

## 2.2 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

- a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
  - (i) Joint committee and partnership planning;
  - (ii) Engagement and communication; and
  - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

## **3. DELEGATED POWERS AND AUTHORITY**

3.1 With regard to specific powers delegated to it by the Board, the Committee will:

### **a) Partnership Working**

- i. consider the development of strategies and plans developed in partnership with key strategic partners
- ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- iii. seek assurance that partnership governance and partnership working is effective and successful.

### **b) Population Health**

- i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- ii. consider plans for whole-system pathway development and re-design;
- iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
- iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities.

### **a) Strategic Planning**

- a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;

- b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
- c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

### **Authority**

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

## **Access**

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## **Sub Committees**

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## **Committee Programme of Work**

- 3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

# **4. MEMBERSHIP**

## **Members**

- 4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	Independent member of the Board x2

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

## **Attendees**

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning, Performance, Digital & IT
- Director of Public Health & Strategic Partnerships
- Director of Finance, Procurement and VBHC

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

### **Secretariat**

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

### **Member Appointments**

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

### **Support to Committee Members**

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

## 5. COMMITTEE MEETINGS

### Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

### Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

### Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
  - hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
  - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
  - publish agendas and papers on the Health Board's website in advance of meetings;
  - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
  - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

### Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

*That 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 (c.67).*

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
  - sharing of appropriate information; and
  - applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
  - bring to the Board's specific attention any significant matters under consideration by the Committee;
  - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
  - Issue of Committee papers

## **9. CHAIR'S ACTION ON URGENT MATTERS**

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between

scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

## **10. REVIEW**

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-



### **PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE PROGRAMME OF BUSINESS 2023/24**

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership; that plans and arrangements are adequate, effective, robust and achieving outcomes in relation to Joint Committee and partnership planning, engagement and communication and Civil contingencies and business continuity; that partnership governance and partnership working is effective and successful; and that the arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

This Annual Programme of Business has been developed with reference to:

- the Committee’s Terms of Reference as agreed by the Board in March 2023;
- the Board’s Assurance Framework (based on its Annual Objectives for 2022/23 and 2023/24);
- delivery of the IMTP 2023-25;
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national, and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			17 May 2023	12 July 2023	1 Nov 2023	31 Jan 2024
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓
Declarations of Interest		All Members	✓	✓	✓	✓
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓
Action Log and Matters Arising		Chair	✓	✓	✓	✓
Development of Committee Annual Programme of Business 2023/24	Annually	Chair & Director of CG	✓			
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG				✓
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG				✓
Committee Annual Report 2022/23	Annually	Chair & Director of CG	✓			
Committee Annual Report 2023/24	Annually	Chair & Director of CG				D

Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region	Standing Item	Director of Public Health	✓	✓	✓	✓
Overview of discussions at the Regional Partnership Board (RPB)	Standing Item	Chair	✓	✓	✓	✓
Update on the development and delivery of a Strategy for Mental Health Services in Gwent	Annually	Dir. PC,C&MHS		✓		
Gwent Marmot Region Communication and Engagement Strategy	Annually	Director of Public Health			✓	
Approach to developing the Integrated Medium-Term Plan	Annually	Director of Strategy, Planning and Partnerships			✓	
Draft Integrated Medium-Term Plan 23-26/Annual Plan 24/25 (First Draft Jan 2024)	Annually	Director of Strategy, Planning and Partnerships	✓		✓	✓
Regional Planning Update	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓
A report on the evaluation of the Vascular Services Network	Annually	Director of Strategy, Planning and Partnerships				✓
Update on the Overarching Clinical Futures Programme	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓
Placed Based Care, Key IMTP priority (added as per action 1611/06) • ISPB/Accelerated Clusters Update	tbc	Director of Strategy, Planning and Partnerships				✓
1. Public Health Protection and Population Health Improvement	Annually	Director of Public Health				✓
2. Accelerated Cluster Development	Annually	Dir. PC,C&MHS				
3. Redesigning Services for Older People	Annually	Medical Director				
4. Mental Health Transformation	Annually	Dir. PC,C&MHS				✓
5. Planned Care Recovery: <i>Outpatient Transformation &amp; Pathway Optimisation</i>	Annually	Director of Operations			✓	
6. Urgent and Emergency Care Improvement, to include an update on SDEC	Annually	Director of Operations	✓			
7. Enhanced Local General Hospital Network	Annually	Director of Operations		✓		

8. Transforming Cancer Services	Annually	Medical Director			✓	
9. Net Zero – Decarbonisation	Annually	Director of Finance, Procurement & VBHC	✓		✓	
Enablers: Update on the development and delivery of an Agile Working Strategy	Annually	Director of Workforce & OD		✓		
Enablers: Capital Programme	Annually	Director of Operations		✓	✓	✓
Enablers: Digital Strategy	Annually	Chief Executive				
Information on Regional Partnership Boards (RPB) funding plans and allocation- in relation to the Primary Care Evaluation Report- Action transferred from the People & Culture Committee- (2002/05) 2022		Director of Strategy, Planning and Partnerships		✓		
To receive a report from the Primary Care Sustainability Board		Chief Operating Officer	✓			
To receive an update on the development of the Neighbourhood Care Networks		Chief Operating Officer		✓		
Review of the Estates Strategy		Director of Strategy, Planning and Partnerships		✓		
PHW- Working Together for a Healthier Wales- Our Long-Term Strategy 2023-2025		Director of Public Health		✓		
To receive an update on the Vaccination Programme		Director of Public Health			✓	
To discuss and endorse the approach to developing the Long-Term Strategy (Strategic Planning and Developments)		Director of Strategy, Planning and Partnerships			✓	
To receive an update on the National Commissioning Implementation Programme		Director of Strategy, Planning and Partnerships			✓	
To receive and discuss an update on Regional Planning: A paper outlining the detailed proposal for Hepato-Biliary and Pancreatic Surgery to be presented to members (Action 1207/02.5)		Director of Strategy, Planning and Partnerships				✓

--	--	--	--	--	--	--

KEY	
D of CG	Director of Corporate Governance
Dir. PC,C&MHS	Director of Primary, Community and Mental Health Services

## Appendix 3

### Partnerships, Population Health, and Planning Committee: Attendance at meetings in 2023-24

**Attended** **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	17 <sup>th</sup> May 2023	12 <sup>th</sup> July 2023	1 <sup>st</sup> November 2023	31 <sup>st</sup> January 2024
<b>Independent Members</b>				
Ann Lloyd (Chair)	✓	✓	✓	✓
Richard Clark	✓	✓	x	✓
Dafydd Vaughan	✓	✓	✓	✓
Louise Wright *			✓	
Phil Robson (non-members, special advisor)	✓	✓	x	✓
<b>Executive Directors</b>				
Director of Public Health	✓	✓	✓	✓
Director of Strategy, Planning and Partnerships	✓	✓	✓	✓
Director of Corporate Governance	✓	✓	✓	✓

\*Louise Wright, Independent Member, stood in for Richard Clark, Independent Member, at the November 2023 meeting, for quoracy purposes. Louise Wright is not a regular member/required attendee.

