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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Partnerships, Population Health & Planning Committee

Annual Report for 2024-25

March 2025

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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 2025.

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 wellbeing and Planning across the full breadth of the Health Board's responsibilities.

During this year, 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 Cabinet Secretary 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.

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 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".

- 1.2 The Term of Reference of the Partnerships, Population Health, and Planning Committee (referred to throughout this document as 'the Committee') were approved by the Board in March 2022 (see **Appendix 1**) and endorsed by the Committee on 25th April 2022. These were not changed during the reporting year.
- 1.3 The purpose of the PPHPC 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 (where possible) 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 Committee discharged its role and responsibilities during the period 1 April 2024 to 31 March 2025.

2. 2024-25 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 the Partnerships, Population Health, and Planning Committee in 2024-25 is attached to this report (see **Appendix 2**).

- 2.2 The Work Programme was designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Partnerships, Population Health and Planning Committee Meetings and Membership

- 3.1 During 2024-25, the Committee met four times via Microsoft Teams- April 2024, July 2024, September 2024 and January 2025. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.
- 3.2 The Committee comprised the following Independent Members:
- Ann Lloyd (Chair)
 - Dafydd Vaughan (Vice Chair)
 - Richard Clark
 - Penny Jones (from 01.07.24)
- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2024/25. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

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.

- 3.2 The Committee's agenda and papers were made public, excluding where it was necessary to meet 'in private'. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest.

4. Committee Reporting Arrangements

- 4.1 Following each meeting, the Committee 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. Committee Work Programme: 2024-25

- 5.1 The Partnerships, Population Health and Planning Committee Work Programme for 2024-25 is set out in **Appendix 2**.
- 5.2 Amongst the key issues considered by the Committee during 2024-25 were the following:
- An overview of the work of the **Gwent Public Service Board (PSB)**, including the alignment of PSB priorities with that of the Marmot principles and actions.
 - An overview of the Health Boards **Long Term Strategy Development for 'Strategy 2035'**.
 - An update on progress of **Regional Planning** including the development of a regional acute clinical strategy between Aneurin Bevan, Cwm Taff Morgannwg and Cardiff & Vale University Health Boards.
 - An overview of meetings of the **Regional Partnership Board**, including discussion around topics raised as a concern.
 - Updates on the **Health Protection and Vaccination Programme**; with a focus on the distribution of a new respiratory vaccination rolled out in September 2024, and catch-up work undertaken into HPV in school aged teenagers.
 - Committee Risk Report
 - An overview of the **Nevil Hall Hospital Strategic Outline Case**, with emphasis on work ongoing to develop the new Nevil Hall Hospital clinical service model, including future service models around Enhanced Local General Hospital (eLGH).

6. Self-assessment and Evaluation

- 6.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

The self-assessment for the Partnerships, Population Health and Planning Committee was shared throughout January and February 2025 with both Committee members and lead Executive Directors. Three responses were received to the questionnaire. Members are requested to score their responses from 1-3, as per the table below.

Score	Measure	Description
1	Room for improvement	The Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.
3	Excelling	This is an area where the Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

Following completion of the self-assessments, the sections were analysed to provide an overall score for the section and recommendation for improvements for each section. A summary of the results is provided below. Further detail on the responses can be found at Appendix One.

PPHPC	Areas for Improvement based on comments received	Action
<p>Committee Processes: Composition, Establishment and Ways of Working (Q1 - 26)</p>	<p>Scheduling of Meetings: Ensure that meetings do not clash with other Health Board commitments ie AAC Panels</p> <p>Induction/Training: specific training on the role and remit of the committee when joining the Health Board/Committee</p> <p>Work Programme: Greater clarity on reporting, such as capital/estate, between this committee and Finance and Performance Committee</p> <p>Quality of Reports: Reports should provide a clear overview and identification of key issues with less reliance on formal reports. Provide links for reference purposes.</p>	<ul style="list-style-type: none"> • Committees are scheduled 6 months prior to the start of the year. Additional checks will be initiated to ensure, wherever possible, there is no clash. • Revised local Induction Programme being developed for the Health Board • Forward work programmes for all committees being developed to ensure clarity on items where there may be a cross over • Report writing included within Development programme being developed with the Good Governance Institute
<p>Partnership Working (Q27 - 29)</p>	<p>Attendance at meetings: Invite partners to committee to comment from their organisations perspective</p>	<p>n/a</p> <p>The purpose of this Committee is to seek assurance on behalf of the Board in respect of the organisation's actions to deliver the Board's priorities and the effective management of strategic risks</p>
<p>Population Health (Q30 - 33)</p>	<p>n/a</p>	<p>n/a</p>

Strategic Planning (Q34 - 41)	Consultation process: Promote proactive rather than reactive information sharing and engagement wherever possible.	
Overall Assessment		

The findings from the self-assessment will be used to inform a comprehensive annual assessment of the Board’s effectiveness. 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.

7. Committee Oversight of Risk

At each Committee meeting during 2024/25 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

7.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **4** organisational risks that relate to various aspects of partnerships, population health and planning. A breakdown of the current risks is depicted below:

High	2
Moderate	2
Low	0

A high-level breakdown of the themes are as follows:

- **Service Delivery:** There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population.

- **Compliance and Safety:** There is a risk that there will be a significant failure of the Health Board's estate.
- **Compliance and Safety:** There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident, or critical incident.
- **Transformation and Partnership Working:** There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.

8. Key Areas of Focus in 2025-26

- 8.1 In the year ahead the Committee will continue to focus on
- ensuring that strategic collaboration and effective partnership arrangements are in place;
 - that there are effective mechanisms in place in respect of improving population health and reducing health inequalities
 - providing the Board with advice and assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership and
 - a specific focus on the development of our Clinical Model and supporting plans.

9. Conclusion

- 9.1 This report provides a summary of the work undertaken by the Partnerships, Population Health and Planning Committee over the past 12 months and demonstrates how the Committee has complied with the



Appendix 1

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

Version: Approved
Date: March 2022

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



Annual Programme of Business for 2024-25

Committee Name: Partnerships, Population Health and Planning

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

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of Committee self-assessment for 2023
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

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;
- Plans and arrangements for the following matters are adequate, effective, and robust and achieving intended outcomes: 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 those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee also has a role in providing 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:

- Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board’s overall strategic direction;
- Business cases and service planning proposals;
- The alignment of supporting and enabling strategies, aligning between priorities, resources, and enabling plans; including workforce, capital, estates and digital;
- 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
- The Health Board’s priorities and plans to improve population health and wellbeing.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 16/04/24	QTR 2 July to Sept 01/07/24	QTR 3 Oct to Dec 30/09/24	QTR 4 Jan to Mar 28/01/25
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	All members	SI	✓	✓	✓	✓

Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2024/25	DoCG/ Chair	AN	✓			
Review of Committee Programme of Business	DoCG/ Chair	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2024/25	DoCG/ Chair	AN				✓
Annual Review of Committee Effectiveness 2024/25	DoCG/ Chair	AN				✓
Committee Annual Report 2023/24	DoCG/ Chair	AN	✓			
Committee Risk Report	DoCG	SI	✓	✓	✓	✓
Strategic Planning						
Long Term Strategy Development • Strategy 2035	DoSP&P	SI	✓	✓	✓	✓
IMTP/Annual Plan Development	DoSP&P	An			✓	
Development of any plans and strategies aligned to the IMTP and Annual Plan	DoSP&P	SI	✓	✓	✓	✓
Emergency Planning Assurance Report	COO/ DoN	An			✓	
Primary Care Sustainability Report	COO	An	✓			
Estates Strategy Review	DoSP&P	AN			✓	
Nevil Hall Hospital Strategic Outline Case	DoSP&P	AN			✓	
St Woolos Hospital rationalisation	DoSP&P	AN			✓	
Digital Strategy	DOD	AN				✓

Planning Maturity Matrix	DoSP&P	AN			✓	
Monnow Vale Update	DoSP&P	AN			✓	
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓	✓	✓	✓
Public Services Board	DPH	SI	✓	✓	✓	✓
Regional Planning	DoSP&P	SI	✓	✓	✓	✓
Armed Forces Covenant	DoWD	An		✓	✓	
Population Health						
Population Health Management Update Report	DPH	An		✓	✓	
Joint Strategic Needs Assessment Update	DPH	Bi-An		✓		✓
Director of Public Health Annual Report	DPH	An				✓
Health Protection & Vaccination Programme Update	DPH	SI	✓	✓	✓	✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development

DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	!/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

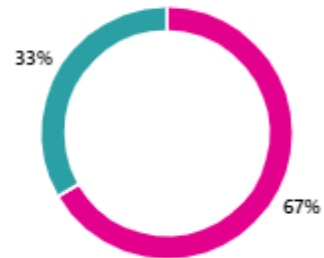
Appendix 3

Meeting dates	16 th April 2024	1 st July 2024	30 th September 2024	28 th January 2025
INDEPENDENT MEMBERS				
Ann Lloyd (Chair)	✓	✓	✓	✓
Dafydd Vaughan (Vice Chair)	✓	✓	x	✓
Richard Clark	✓	✓	x	x
Penny Jones		✓	✓	✓
Phil Robson (Co-opted member, Special Advisor)	x	✓	✓	✓
OFFICERS				
Chief Executive	✓	✓	x	x
Director of Strategy, Planning and Partnerships	✓	✓	x	✓
Director of Public Health and Strategic Partnerships	✓	✓	✓	✓
Director of Corporate Governance	✓	✓	✓	✓

Appendix Four

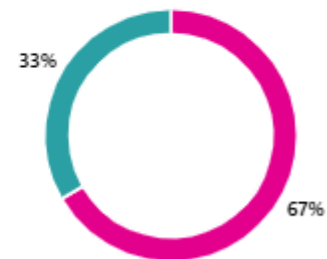
1. Does the Committee have written terms of reference and have they been approved by the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



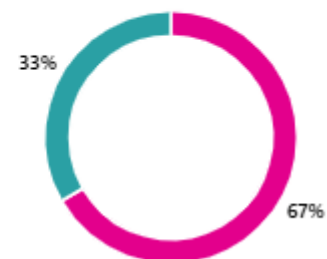
2. Are the terms of reference reviewed annually?

● 1 - Room for Improvement	0
● Meeting Standards	2
● Excelling	1



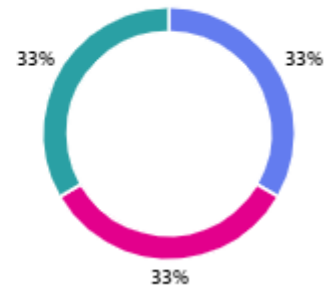
3. The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



4. Has the Committee been quorate for each meeting this year?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



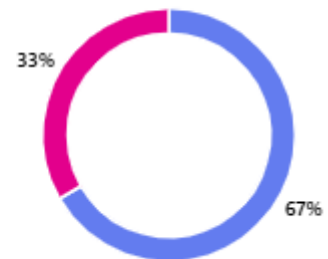
5. In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 0



6. Members who have recently joined the PPHPC have been provided with induction training to help them understand their role and the organisation?

- 1 - Room for Improvement 2
- 2 - Meeting Standards 1
- 3 - Excelling 0



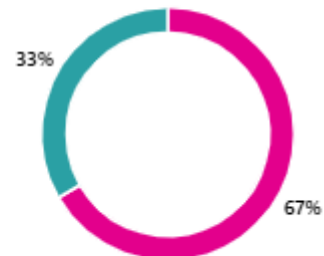
7. The Committee is clear about its role in relationship to other Committees that play a role in relations to partnership working, population health and planning?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



8. Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 2
- 3 - Excelling 1



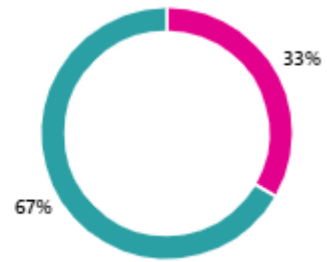
9. The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



10. The Committee has an established a plan of matters to be dealt with across the year?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	1
● 3 - Excelling	2



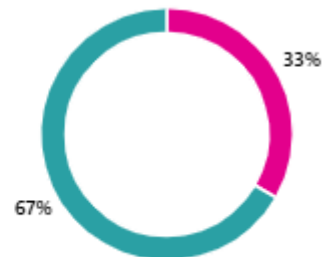
11. Does the Committee consider issues at the right time and in the right level of detail?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	0



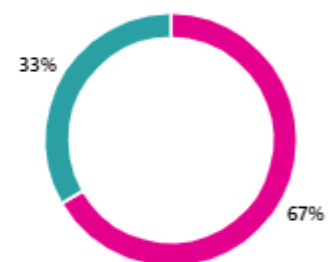
12. The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	1
● 3 - Excelling	2



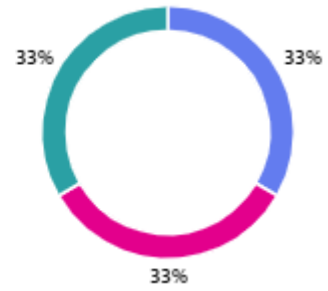
13. Are the Committee's papers distributed in sufficient time for members to give them due consideration?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



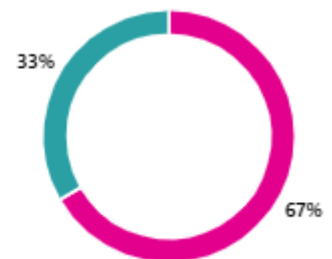
14. The quality of the Committee's papers received allows Committee members to perform their roles effectively?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	1
● 3 - Excelling	1



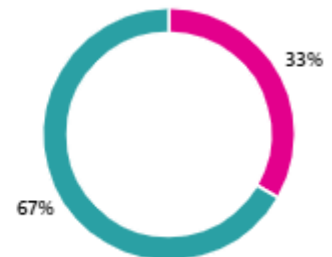
15. Committee meetings are chaired effectively?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



16. The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	1
● 3 - Excelling	2



17. The Committee environment enables people to express their views, doubts, and opinions?

● 1 - Room for Improvement	0
● 2 - Meeting standards	1
● 3 - Excelling	1



18. The Committee challenges management and other assurance providers to gain a clear understanding of their findings?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



19. Members hold their assurance providers (management) to account for late or missing assurance?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



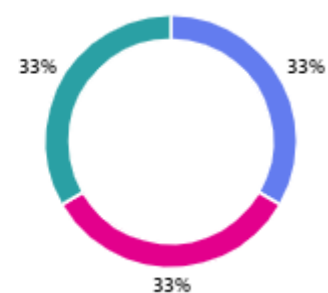
20. Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



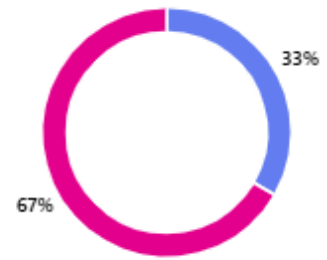
21. At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 1
- 3 - Excelling 1



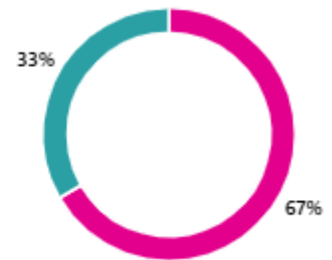
22. Decisions and actions are implemented in line with the timescale agreed?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



.23. Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	1



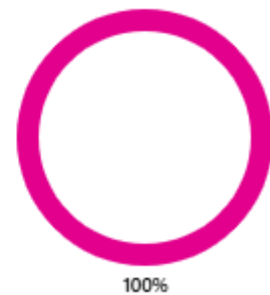
.24. Does the Committee prepare an annual report on its work and performance for the Board?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	0
● 3 - Excelling	2



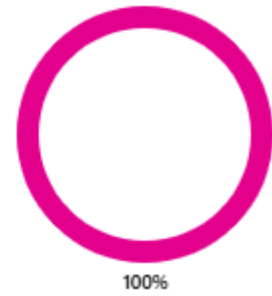
.25. The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.

● 1 - Room for Improvement	0
● 2 - Meeting Standards	2
● 3 - Excelling	0



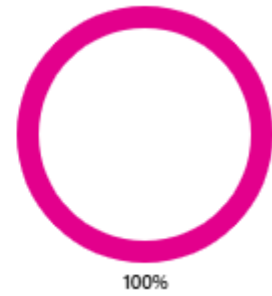
.26. The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



27. Is the Committee satisfied that it considers strategies and plans developed in partnership with key strategic partners?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



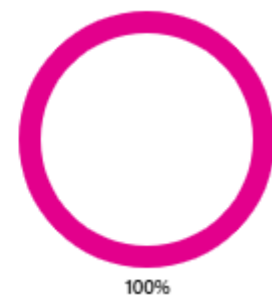
28. Does the Committee monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



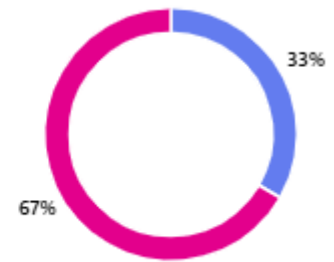
29. Does the Committee receive sufficient assurance that partnership governance and partnership working is effective and successful?

- 1 - Room for Improvement 0
- 2 - Meeting Standards 3
- 3 - Excelling 0



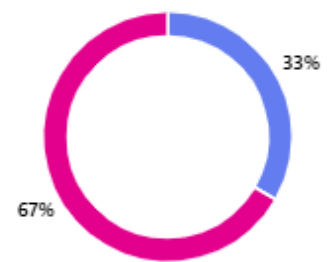
30. Does the Committee consider health and well being assessments and other information that underpins the strategic planning process to ensure the robustness and best fit of developing plans?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



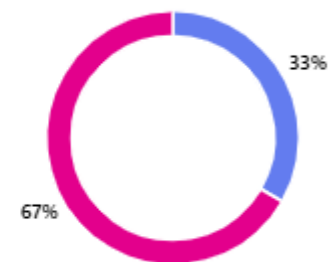
31. Does the Committee consider plans for whole system pathway development and re-design?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



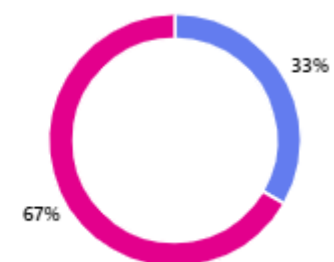
32. Is the Committee assured that there are plans, systems and processes in place to deliver health improvement and increase health equity?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



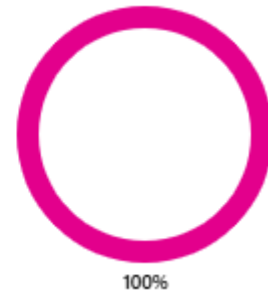
33. Does the Committee receive sufficient assurance on the work of the Health Board to reduce avoidable health inequalities?

- 1 - Room for Improvement 1
- 2 - Meeting Standards 2
- 3 - Excelling 0



34. Is the Committee sufficiently assured that the Health Board's Planning arrangements are robust and fit for purpose, including the approach to developing the IMTP and annual priorities?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	0



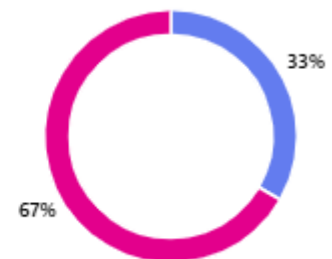
35. Is the Committee sufficiently assured that the Health Board has appropriate enabling plans to achieve its strategic objectives?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	0



36. Is the Committee assured that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



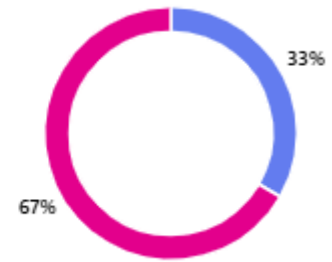
37. Is the Committee content that national and regional planning guidance is used to inform the development of strategic plans?

● 1 - Room for Improvement	0
● 2 - Meeting Standards	3
● 3 - Excelling	0



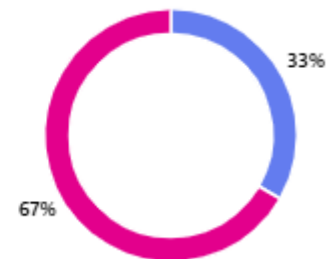
38. Does the Committee receive sufficient assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



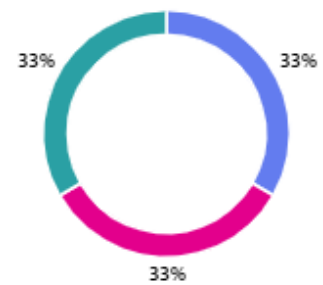
39. Is the Committee satisfied that the Health Board's Commissioning Plans are robust and fit for purpose?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



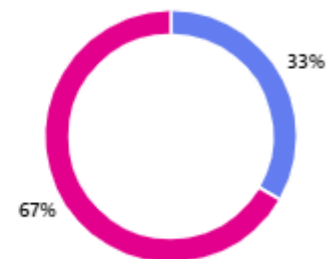
40. Is the Committee assured that the Health Board's Civil Contingency Plans and Major incident plans are effective?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	1
● 3 - Excelling	1



41. Is the Committee assured that the Health Board's plans give due regard to the Socio-economic Duty for Wales?

● 1 - Room for Improvement	1
● 2 - Meeting Standards	2
● 3 - Excelling	0



Overall score

- **Room for improvement** - The PPHC is falling short of requirements and should consider how it can wo... 0
- **Meeting standards** - The PPHC is performing to the required standard in this area. There may be... 3
- **Excelling** - This is an area where the PPHC is performing beyond the standard expectations and i... 0

