



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Partnerships, Population Health & Planning Committee

Annual Report for 2025-26

March 2026

CONTENTS

Foreword

1.	Introduction to the report and the Partnerships, Population Health and Planning Committee (PPHPC)	4
2.	2025-26 Work Programme	4
3.	Frequency of Committee Meetings and Membership	5
4.	PPHPC Reporting Arrangements	6
5.	PPHPC Work Programme	6
6.	Self-assessment and Evaluation	8
7.	Committee Oversight of Risk	9
8.	Key Areas of Focus in 2026-27	10
9.	Conclusion	10
Appendix 1	PPHPC Terms of Reference (May 2025)	11
Appendix 2	PPHPC Work Programme for 2025-26	23
Appendix 3	PPHPC Meetings in 2025-26	28

Chair's Foreword

I am pleased to present the Partnership, Population Health and Planning Committee Annual Report for the year ending 31 March 2026. The report provides an overview of the work of the Committee and details all matters within its remit.

2025-26 has proved to be a very busy year for the planning division and the Committee. Particularly, the Committee has overseen the development of the Health Boards Strategic Planning and IMTP. The Committee has also considered the development of a new Clinical Services plan which is expected to be completed during the next planning cycle. During the year updates have been received on the Health Boards Digital Strategy recognising digital capability as a key enabler for service transformation. Estates and Capital Development has been a key area for the Committee this year and has included detailed discussions concerning St Woolos and Nevill Hall Hospital.

The Committee has received regular updates on Health Protection and System Resilience, including the Health Protection and Vaccination Programme and Business Continuity.

Nationally, there has been an increased focus on Regional Planning and the Committee has received regular reports on progress and developments. With the establishment of the new Regional Joint Committee, it is likely that this will become a more demanding area for the Committee as the schemes move forward.

More locally, Partnership Working has continued to be a major area of focus for the Committee. Regular updates have been provided on the work of the Regional Partnership and Public Service Boards. Whilst much has been achieved across this landscape, it is clear that if our ambitions in terms of implementing a place-based care model ultimately underpinning an improvement in population health it may be necessary to refresh the Committee's scrutiny in this area.

Finally, I would like to express my thanks and appreciation to all who contributed to the Committee over the past twelve months.

Philip Robson

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 May 2025 (see **Appendix 1**)
- 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 2025 to 31 March 2026.

2. 2025-26 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 2025-26 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 2025-26, the Committee met four times via Microsoft Teams- April 2025, July 2025, October 2025 and January 2026. 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 only for April 2025)
- Philip Robson (Chair From July 2025 to January 2026)
- Dafydd Vaughan (Vice Chair)
- Richard Clark (Until September 2025)
- Penny Jones
- Akmal Hanuk (From June 2026)
- Neil Patrick only for January's meeting

- 3.3 In line with the Public Bodies (Admissions to Meetings) Act 1960, public bodies are ordinarily required to conduct meetings in public. Throughout 2025/26, Committee meetings were held virtually, which meant that public attendance was not facilitated. To maintain transparency and public accountability, and following agreement with Audit Wales from October 2025, the Health Board implemented an alternative arrangement whereby summaries of Committee meetings were published on the Health Board's website. These summaries provide an overview of the key discussions, decisions and outcomes of each meeting, ensuring continued openness in the conduct of the Committee's business.

- 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: 2025-26

- 5.1 The Partnerships, Population Health and Planning Committee Work Programme for 2025-26 is set out in **Appendix 2**.
- 5.2 Amongst the key issues considered by the Committee during 2025-26 were the following:
- Oversight of the Health Board's Strategic Planning and IMTP, including the approval status of the 2025/26 IMTP, early development of the 2026/27 IMTP and strengthening planning maturity and capability across the organisation.
 - Consideration of the development of a Clinical Services Plan, aligned to the Health Board's strategy and Integrated Medium Term Plan.
 - Updates on the development of the Health Board's Digital Strategy, recognising digital capability as a key enabler for service transformation, workforce effectiveness and population health management.
 - An overview of Estates and Capital Development, including the refresh of the Estates Strategy, rationalisation of the St Woolos Hospital estate and development of the Nevill Hall Hospital Strategic Outline Case.
 - Regular updates on Partnership Working, including the Regional Partnership Board, Public Services Board and regional planning arrangements, including the establishment of the Regional Joint Committee.
 - Consideration of Population Health and Prevention, including place-based care, population health management, Best Start in Life and Joint Strategic Needs Assessment updates.
 - Updates on Health Protection and System Resilience, including the Health Protection and Vaccination Programme and Business Continuity Planning, with a focus on cyber resilience and major incident preparedness.

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 enables the Committee to identify areas of development and focus for the coming year, including any training and development needs, as well as changes to processes and procedures.

The Partnerships, Population Health and Planning Committee undertook its statutory annual self-assessment between November 2025 and January 2026, achieving a 43% response rate. The results demonstrated a mixed position, with strong assurance in relation to Committee governance and membership, clarity of roles and responsibilities, conflicts of interest management, and the quality and timeliness of papers, alongside areas where further strengthening is required to support effective assurance and scrutiny.

The assessment identified some areas for further development, including the need to strengthen induction arrangements for new members; to establish a clear set of annual objectives; to agree a more structured and deliberate approach to the information and reports required by the Committee; to enhance the level and consistency of constructive challenge; to improve the timeliness and depth of issue consideration; to encourage broader and more consistent member contribution; to strengthen end-of-meeting reflection; to improve the consistency of action follow-through; and to enhance the quality, clarity and timeliness of reporting to the Board, including written summary reports and Board-level understanding of the Committee's assurance.

The results were circulated to Committee members virtually for comment, and no feedback or additional comments were received. The outcomes of the self-assessment will therefore be taken forward through the Committee's work programme, with actions in place as result of the outcomes, and will inform the development of objectives

for 2026/27, as well as the Annual Accountability Report and the Governance Statement.

Overall, the Committee concluded that it remains effective in discharging its core responsibilities, with clear strengths in governance and membership, and has identified a programme of improvement for 2026/27 focused on strengthening induction, clarifying objectives, improving the quality and focus of information and assurance, enhancing constructive challenge and engagement, embedding learning and reflection, and supporting clearer and more effective reporting and challenge at Board level.

7. Committee Oversight of Risk

At each Committee meeting during 2025/26 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	1
Moderate	3
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 2026-27

- 8.1 In the year ahead the Committee will continue to focus on:
- The robustness and delivery of strategic planning arrangements, including development, approval and implementation of the 2026/27 Integrated Medium Term Plan (IMTP);
 - The development and implementation of the Clinical Services Plan, ensuring alignment with the Health Board's strategic objectives, planning assumptions and enabling strategies;
 - Strengthening regional planning, partnership working and joint governance arrangements, ensuring clarity of accountability and demonstrable impact on service delivery and outcomes;
 - The continued development of place-based approaches to care, with an increased focus on prevention, population health improvement and reducing health inequalities;
 - Oversight of the estates and capital strategy, ensuring alignment with agreed clinical models, affordability and long-term sustainability;
 - Digital transformation and system resilience, including the effective use of digital capability to support service transformation, workforce effectiveness and business continuity.

9. Conclusion

- 9.1 This report summarises the work undertaken by the Partnerships, Population Health and Planning Committee during 2025–26 and demonstrates how the Committee has supported the Board and complied with its Terms of Reference in discharging its responsibilities for planning, partnership working and population health during a challenging year.



Partnerships, Population Health and Planning Committee Terms of Reference – 2025/26

Version: Approved
Date: May 2025

Document Title:	Partnerships, Population Health and Planning Committee Terms of Reference – 2025/26
Date of Document:	May 2025
Current version:	Approved
Previous version:	March 2022
Approved by:	Board
Review date:	May 2026

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;
- v. *ensuring population health developments are in line with statutory requirements*

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, sub committee 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 Strategy, Planning and Partnerships
- Director of Public Health
-
- Director of Digital

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 2025-26
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 2024
- The Board’s Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:
<p>The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on:</p> <ul style="list-style-type: none"> • 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, 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 02/04/25	QTR 2 July to Sept 01/07/25	QTR 3 Oct to Dec 07/10/25	QTR 4 Jan to Mar 27/01/26

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 2025/26	DoCG/ Chair	AN	✓			
Review of Committee Programme of Business	DoCG/ Chair	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2025/26	DoCG/ Chair	AN	✓			
Annual Review of Committee Effectiveness 2025/26	DoCG/ Chair	AN	✓			
Committee Annual Report 2024/25	DoCG/ Chair	AN	✓			
Committee Risk Report	DoCG	SI	✓	✓	✓	✓
Strategic Planning						
Update on the Delivery of a Long-Term Strategy	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			✓.	.
Deep dives on priority programmes including key change issues PPHPC0710/03/03.1	DoSP&P	Action			.	✓.
Strategic Partnerships						
Regional Partnership Board	DoSP&P	SI	✓.	✓.	✓.	✓.
Public Services Board	DPH	SI	✓.	✓.	✓.	✓.
Regional Planning	DoSP&P	SI	✓.	✓.	✓.	✓.
Population Health						
Population Health Management Update Report	DPH	An		✓.		
Joint Strategic Needs Assessment Update	DPH	An		✓.		
Health Protection & Vaccination Programme Update	DPH	Bi-An	✓.		.	✓.
Audit Wales Eye Care report ARAC 1209/22	DoSP&P	Action	.		.	✓.

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 Allied Health Professionals & 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

Meeting dates	02 April 2025	01 July 2025	07 October 2025	27 January 2026
INDEPENDENT MEMBERS				
Ann Lloyd (Chair) April 2025	✓	x	✓	x
Phil Robson (Chair) July 2025 to January 2026	x	✓	✓	✓
Dafydd Vaughan (Vice Chair)	✓	✓	✓	✓
Richard Clark	✓	✓	x	x
Penny Jones	✓	✓	✓	x
Akmal Hanuk	x	x	✓	x
Neil Patrick	x	x	x	✓
OFFICERS				
Director of Strategy, Planning and Partnerships	✓	✓	✓	✓
Director of Public Health and Strategic Partnerships	✓	✓	x	x
Director of Corporate Governance	✓	✓	x	✓