

Partnerships, Population Health and Planning Committee

Mon 25 April 2022, 09:30 - 12:00

Via Microsoft Teams



Agenda

09:30 - 09:35
5 min

1. Preliminary Matters

1.1. Apologies for Absence

Verbal Chair

1.2. Declarations of Interest

Verbal Chair

09:35 - 09:55
20 min

2. Committee Governance

2.1. Committee Terms of Reference & Operating Arrangements

Attachment Director of Corporate Governance

 2.1 Terms of Reference.pdf (11 pages)

2.2. Committee Priorities 2022/23


Presentation Director of Corporate Governance

09:55 - 10:15
20 min

3. Strategic Partnerships

3.1. Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region

Attachment Director of Public Health and Strategic Partnerships

 3.1 Proposal - Gwent Becoming a Marmot Region1.pdf (18 pages)

10:15 - 11:45
90 min

4. Strategic Planning and Developments

4.1. Integrated Medium Term Plan, 2022-2025

Presentation Assistant Director of Planning / Clinical Futures Programme Director

Including a focus on:

Delivery Framework and Outcomes

Clinical Futures Delivery Programme

4.2. Decarbonisation Strategy and Update of Progress to-date

Presentation

Assistant Director of Planning / Energy and Carbon Manager

4.3. Regional Planning Update

Attachment

Assistant Director of Planning

 4.3 Regional Planning Update PPHP Committee Apr 22.pdf (6 pages)

11:45 - 12:00

15 min

5. Other Matters

5.1. Any Other Urgent Business

Verbal

Chair

5.2. Date of the Next Meeting

Thursday 7th July 2022, 9.30am



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
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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 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.
- 1.3 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.
- 1.4 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, 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 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.
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Proposal: Gwent Becoming a 'Marmot Region' ('Gwent: a Marmot Region')

Situation

At the Gwent Public Services Board (the PSB) meeting on 7th December 2021, the PSB agreed that the six 'Marmot Principles' (see Box 1 on page 2) should be the framework for action to reduce health inequalities across Gwent, and to formally open discussions with the UCL Institute of Health Equity (the Institute) about the potential benefits of working with them on Gwent becoming a 'Marmot Region'. The purpose of this paper is to present a proposal on a collaboration with the Institute of Health Equity for consideration by the PSB.

Background

The Well-being of Future Generations (Wales) Act 2015 provides the legislative and policy landscape to give our current and future generations a good quality of life by enabling action to tackle challenges including climate change, poverty, poor health and well-being, coronavirus, improving jobs and increasing economic activity.

The Director of Public Health Annual Report 2019, '*Building a Healthier Gwent*', described the scale of the strategic challenge to reduce health inequalities across Gwent.¹ For people in all communities in Gwent to live healthy, fulfilled lives, means reducing the inequality gap in the number of years lived in good health between the most and least deprived communities. Over the period 2017-20, this difference was 10.5 years for males, and 9.1 years for females. Over the same period, one area of Gwent had the lowest healthy life expectancy for men and the second lowest for women in Wales.²

The (draft) Gwent Well-being Assessment 2022 highlights the significant inequalities across communities in Gwent, including health inequalities, but also educational attainment, accessing good employment, and home ownership. The assessment highlights a range of challenges which could widen inequalities across Gwent, including the climate and nature emergencies, Covid-19 pandemic, and Britain's exit from the European Union (increasingly referred to as the 'triple challenge').²

Research published in The BMJ in February 2022, by Université de Paris and University College London (UCL), provides one example of the business case for acting on health inequalities through taking preventative action. Using the cohort of Professor Marmot's 'Whitehall II' study of British civil servants, this research has found an association between the age at onset of co-morbidity and the incidence of dementia, with the strongest associations seen in those with co-morbidities at age 55. In particular, people with three or more chronic conditions at age 55 had a nearly five-fold higher risk of dementia. This is a highly relevant piece of evidence because of the personal and societal implications of dementia and the current lack of effective treatment.³

The Marmot Principles

Professor Sir Michael Marmot (Director of the UCL Institute of Health Equity) has developed six guiding principles for achieving greater equity of health (see Box 1 below), which he first proposed in his Strategic Review of Health Inequalities in England (2010), '*Fair Society, Healthy Lives*', after it was found that the more deprived the area, the shorter the life expectancy.⁴ This review was commissioned by the UK Government following Professor Marmot's earlier work on the Commission on Social Determinants of Health with the World Health Organization (2005-08).

Professor Marmot has continued to advocate the six guiding principles as the framework for action in his subsequent reviews of health inequalities in England 10 years on (2020),⁵ and of Covid-19 and health inequalities (2020).⁶ The '*Marmot Review 10 Years On*' concluded that the social gradient in England actually became steeper over the proceeding decade; the Covid-19 review, '*Build Back Fairer*', found that the pandemic and its containment measures has further exposed and amplified health inequalities.

In December 2021, Gwent Public Services Board agreed that the 'Marmot Principles' will provide the framework for reducing health inequalities across Gwent.

Box 1: The six 'Marmot Principles'

1. giving every child the best start in life
2. enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. creating fair employment and good work for all
4. ensuring a healthy standard of living for all
5. creating and developing sustainable places and communities
6. strengthening the role and impact of ill-health prevention.

The existing five PSB Well-being Plans across Gwent are already well aligned to the 'Marmot Principles'. **Annex 1** illustrates the linkages between the first set of local well-being objectives of Gwent's PSBs and the 'Marmot Principles'. **Annex 2** highlights examples of linkages between the delivery programmes of Gwent's PSBs and the 'Marmot Principles'.

Proportionate Universalism

Professor Marmot has also introduced the concept of ‘proportionate universalism’ where, *“to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage”*. This is closely aligned to the First Minister, Mark Drakeford’s principle of ‘progressive universalism’ where universal services are preferred, with additional help for those who need it most.⁶ⁱ

Taking this approach also addresses the health inequalities legacy of the ‘inverse care law’, which was first described by the Port Talbot based General Practitioner Julian Tudor Hart in 1971, where, *“the availability of good medical care tends to vary inversely with the need for it in the population served”*.⁷

The Importance of a Life-course Approach

As highlighted in the ‘health triangle’ diagram (below), the opportunities to effectively intervene to improve the wider determinants of health are greatest early in life and reduce over the life-course; these wider determinants, if not optimised, will impact negatively on mental well-being and subsequently on health behaviours, before becoming clinical risk factors and illness.

Diagram: ‘Health Triangle’



The Welsh Government’s ‘*Healthy Weight: Healthy Wales*’ obesity strategy, and ‘*A Smoke-free Wales*’ long-term tobacco control strategy⁸ both set out a vision for the people of Wales, and our future generations, to have the best start in life, and live longer, better and happier lives.

An important aspect of the ‘*Building a Healthier Gwent*’ ambition (see Box 2 over-page) is the desire to see more of our children and young people living in an environment that supports being a healthy weight and smoke-free.¹ We know people living in our more deprived communities are more likely to live with overweight and obesity and tobacco-use than people in our least deprived areas. The impacts of living

with overweight and obesity and tobacco-use are key components of the deep-rooted health inequalities.

As an illustration across Gwent, in the '*Aneurin Bevan UHB Reception Class*', 1 in 4 of our children are growing up with overweight or obesity, based on the prevalence of 25.4% of children at health board level (Child Measurement Programme for Wales 2018/19⁹). With our working-age adults, two of our local areas have the lowest prevalence of healthy weight in Wales, and four areas are below the Wales average (National Survey of Wales 2017/18 - 2019/20¹⁰). Whilst around 14% of people in Wales are smokers (Tobacco Control Strategy 2021⁸), the percentage is higher in four of our local areas, with the highest prevalence at 22% of people (Director of Public Health Report 2019¹).

Box 2: The 'Building a Healthier Gwent' Ambition



Assessment

Local 'Marmot' approaches in England

Concerned by widening health inequalities, a growing number of cities and regions in England are working with the UCL Institute of Health Equity to develop local programmes of work to take action to improve health equity. The Institute has continued to include the six 'Marmot Principles' as the guiding frame of reference in its local work. However, in its latest work the Institute has widened the principles to address a further two contemporary issues: climate change and structural racism (Professor Marmot has published an opinion piece on the report of the Commission on Race and Ethnic Disparities¹¹).

Coventry was the first place to become a 'Marmot City' in 2013 (through a Public Health England pilot), with other places engaging, in the main, since the emergence and continuing impact of the Covid-19 pandemic (see examples in the table below).¹² The Institute is also talking to a number of other areas including Gateshead and the Royal Borough of Kingston Upon Thames.

<i>City / Region</i>	<i>Commissioner</i>	<i>Date of engagement / review</i>
Coventry 'Marmot City'	Coventry City Council	2013 Evaluation in 2020
Greater Manchester 'Marmot City region'	Greater Manchester Health and Social Care Partnership	Commissioned in 2019; Report published in 2021 (re-orientated to impacts of Covid-19)
Cheshire and Merseyside	Cheshire and Merseyside Health and Care Partnership (Population Health Board)	2021
Lancashire and South Cumbria	Lancashire and South Cumbria Health Equity Commission	2021
Tendring, Essex	North East Essex Clinical Commissioning Group	2021

The diagram below illustrates how the system in Coventry has integrated the wider determinants of health (through its 'Marmot City' work) as one of four quadrants in its population health framework. Coventry City Council has adopted this approach at the heart of its health and well-being strategy.

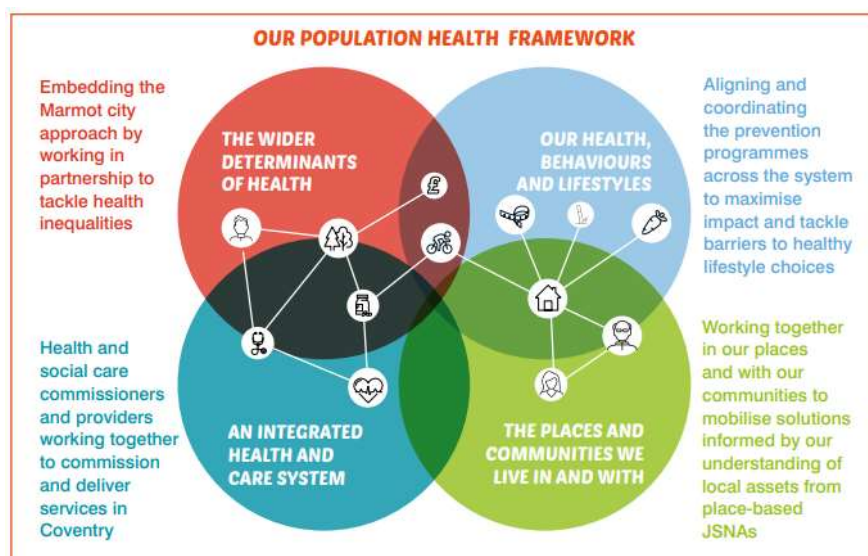
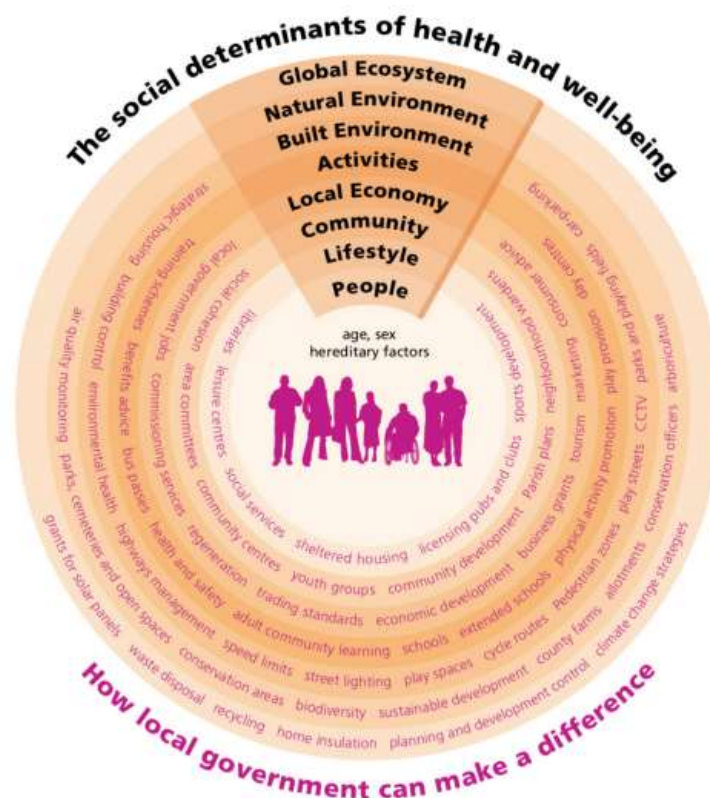


Diagram: Published in Coventry City Council's [Director of Public Health Annual Report 2019-2020](#). The framework is developed by The King's Fund.

In terms of the wider or social determinants of health, as illustrated in the local government diagram below, local authorities have an influence in every determinant, with some services, e.g. Planning, influencing more than one determinant of the health and well-being of the local population.¹³

Diagram: Local Government and Social Determinants of Health and Well-being [Source: Local Government Association (2020)]



The Local Government Association's 'Health Inequalities Hub'¹⁴ is exploring how Covid-19 has exacerbated existing health inequalities across a range of themes, including mental health and deprivation and poverty. This work also highlights case-studies from councils across England, which could be used to inform actions in a 'Marmot' approach in Gwent.

Welsh Health Equity Status Report initiative (WHESRi)

Wales is the first country to become a global influencer and live innovation site for health equity. As part of the Memorandum of Understanding between the WHO Regional Office for Europe and the Welsh Government, Public Health Wales has established the first Welsh Health Equity Status Report initiative (WHESRi). This initiative provides a Health Equity Solutions Platform for Wales, which enables the synthesising and sharing of evidence and intelligence, and the development of practical tools to help close the health gap. The Welsh Local Government Association is also engaged in this work.

The first report, *'Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales'*¹⁵, introduces the WHO HESRi framework of the five essential conditions for the different types of cross-sector policies to address the wider determinants of health (see diagram below). This type of information and intelligence, along with the related portfolio of other Public Health Wales work programmes, is a helpful reference point for informing Gwent PSB's response to the health inequities across Gwent, alongside opportunities for collaboration with the World Health Organization.

Diagram: Five essential conditions for policies to address health inequalities¹⁵



The Benefits of Gwent Becoming a 'Marmot Region'

Gwent becoming a 'Marmot Region' would provide a high-profile, urgent statement of intent to improving health equity by Gwent PSB, and would gain access to the evidence-based framework for action and the specialist, vastly experienced support of Professor Marmot and the UCL Institute of Health Equity Team.

Gwent would be the first 'Marmot Region' in Wales, and the first outside of England. This is likely to attract significant interest from stakeholders including Welsh Government, other PSBs across Wales, third sector organisations, businesses, and media.

The recent formation of Gwent PSB means that the collaborative space and collective will is already in place to seize this opportunity to re-focus and accelerate progress towards reducing the root causes of health and related inequalities across Gwent. A key benefit to taking a local 'Marmot' approach to delivering social justice is being able to take an evidence-based approach to improving the social determinants of health where our population live and work in their daily lives.

Gwent has previously led the way in understanding the impact of a healthy lifestyle on health through the 'Caerphilly Cohort Study', which since 1979 has tracked the lifestyle habits of 2,500 men from Caerphilly and its surrounding villages. This study has highlighted clear evidence for reducing health inequalities and the lifestyle choices that influence the number of healthy years lived.¹⁶

Action to improve health equity can also be consistent with measures to decarbonise. Professor Marmot's report '*Sustainable Health Equity: Achieving a Net-Zero UK*',¹⁷ which was commissioned by the UK Committee on Climate Change, identifies four key areas for action:

- Minimising air pollution
- Building energy efficient homes
- Promoting sustainable and healthy food
- Prioritising active and safe transport.

Potential benefits and learning from local 'Marmot' approaches in England

Professor Marmot has a distinguished profile amongst senior leaders. In terms of social impact, '*Build Back Fairer: The Covid-19 Marmot Review*'⁶ is referred to by some as "a Beveridge Report of our time", drawing comparisons with the recommendations (the 'Five Giants') in 1942, which led to the establishment of the Welfare State.

The existence of Gwent PSB addresses several points of learning from England: partnership working; political leadership and accountability; key role of anchor organisations; shared values; and, identifying a figure-head for the approach.

Becoming a 'Marmot Region' would facilitate the leadership and passion of the PSB members being extended to increase the engagement and commitment of the wide range of staff within and across the PSB organisations. The role of the Director of Public Health's team within ABUHB would include mobilising, energising and supporting the system. Whilst financial resource would be welcome, it is feasible to proceed with Gwent becoming a Marmot Region with PSB partners providing mutual, in-kind benefits.

The participating areas in England have experienced further benefits and shared learning, including:

- Adopting the 'Marmot' title has created a strategic commitment, built consensus and catalysed decisions across a range of local functions, as well as galvanising shared accountability
- The six 'Marmot Principles' should be viewed as the framework for decision-making and action to adopt a 'health and equity in all policies' approach. One local authority is recommending that other local authorities commit to action on the Principles as a key lesson from its Covid-19 experience
- Leadership is key to the success of the local 'Marmot' approach
- The support of Professor Marmot and the Institute Team is extremely valued, including with developing local equity indicators (Professor Marmot has over 40 years of experience in leading research on health inequalities)
- Professor Marmot is inspired by the vision in Greater Manchester, and this would hopefully be mirrored in the 'Building a Healthier Gwent' ambition
- Looking across health inequalities is important, however it can help to have a small number of priority areas for the purpose of focusing initial action

- Integration of policies and longer timeframes are important – two of our Welsh ways of working in the Well-being of Future Generations Act
- Adopt ‘assets-based’ and ‘whole systems’ approaches to delivery, developed with community involvement from the outset, and looking outwards to innovative practices in other countries
- The title and presence of Professor Marmot attracts audiences; one local area experienced its largest engagement in a regional stakeholder event
- The ‘Marmot’ approach can influence funding applications
- Build in an element of evaluation from the beginning
- Decide on governance and accountability early on in the approach
- The approach has elevated previous pockets of small pilots into a concerted, co-ordinated effort, and has articulated the prevention role of key partners outside of the NHS, including fire and rescue services
- The use of qualitative data, including case-studies, is important alongside quantitative data analysis
- Public involvement is essential, with appropriate messaging.

Involvement of Welsh Government

Whilst this is a local proposal, it will create an opportunity to work collaboratively with the Welsh Government (this has not been possible to-date in England between the local ‘Marmot’ approaches and the UK Government). Welsh Government’s Deputy Director of Prosperous Futures is a member of the PSB meaning the potential opportunity already exists.

Gwent PSB working with the Institute of Health Equity is likely to generate local and national learning. Welsh Government already has a Technical Advisory Group, chaired by Professor Marmot, to support the developing and monitoring of a basic income pilot with a cohort of young people leaving care, which will test the stated benefits of basic income, such as addressing poverty and unemployment, and improving health and financial well-being.

Proposed content of the Gwent ‘Marmot’ approach with the Institute of Health Equity:

The content below is informed following:

- Study of the ‘Marmot’ literature and resources
- Discussion with the Institute and programme leads in ‘Marmot’ local areas
- The list of benefits and learning above
- The learning from Coventry particularly, as the city has been engaged since 2013.

This proposal can be refined further to reflect PSB members' views, and is designed in line with the timetable for the development of the Gwent PSB Well-being Plan.

- An in depth data analysis of health inequalities in Gwent, including early impacts of Covid-19 (also referring to Gwent Well-being Assessment and 'Building a Healthier Gwent'). This 'baseline' analysis would look at data on the wide range of markers for a healthy society, comparing them with national averages for Wales, other UK countries, Europe and other developed countries, including:
 - Healthy life expectancy, including by Index of Multiple Deprivation
 - Employment, including weekly earnings
 - Benefits and financial support ('social security')
 - Housing
 - Local assets and resources (including local partnerships and knowledge)
 - Public sector expenditure, including preventative spend
 - Access to healthcare
 - Digital inclusion
 - Community cohesion and safety
 - Mental well-being
 - Covid-19: exposure, mortality, access to green space, food, physical activity, education, employment, culture and heritage, vaccination rates, alcohol and tobacco use, etc.
 - Prevalence of living with overweight and obesity and tobacco-use
- A series of workshops with Gwent PSB and wider key stakeholders to discuss existing activity, priorities, wider recommendations, and the co-production of local 'Marmot Beacon Indicators' to measure progress on equity (also identifying the data-sets), to help shape the development of the Gwent Well-being Plan. This element of support would be co-produced and could also be tailored to meet specific needs, for example by working with Leaders and Cabinet Members of our Local Authorities, and our Regional Partnership Board. The workshops would need to be delivered between April and August 2022 in line with the timeframe for the development of the well-being plan over the summer period of 2022
- A research question/s to generate evidence from Wales as a global influencer and live innovation site for health equity about the role of the Well-being of Future Generations Act to enable action to reduce health inequalities. The results of the research would be added to the Health Equity Solutions Platform for Wales for the synthesising and sharing of evidence and intelligence, and through the WHESRi initiative would inform the development of practical tools to help reduce the health equity gap
- An '*In conversation with*' discussion between Professor Marmot and Dr Sarah Aitken (including audio and visual recording)
- Presentation by Professor Marmot linked to the series of workshops (above)

- A succinct and visual summary report (or similar) for Gwent PSB and wider stakeholders, including local case-studies. This publication would need to be delivered in draft in September 2022 in line with the timeframe for the development of the local well-being plan
- A recommended narrative / script to guide the conversation about health inequalities with members of the public across Gwent
- Attendance at Gwent PSB around May / June 2023 to discuss the published Gwent Well-being Plan, and potentially deliver continued professional development (this would be co-produced with Gwent PSB).

The data analysis and workshop work packages (above) would be part of the PSB's Response Analysis following the PSB's Well-being Assessment, and would inform the development of Gwent PSB's Well-being Plan 2023-2028. The Institute would look across the breadth of health inequalities, using the framework of the 'Marmot Principles', to identify opportunities for local action in Gwent.

Before the pandemic, Public Services Boards in Gwent had already recognised the importance of more of the population being a healthy weight and smoke-free. The inequality of the impact of the pandemic has heightened awareness of the importance of taking action to reduce obesity and smoking in communities where rates of both are high.

The analysis by the Institute would include identifying opportunities for local action to prevent and reduce obesity, in line with Welsh Government's *'Healthy Weight: Healthy Wales Delivery Plan 2022-2024'*,⁸ and to reduce smoking prevalence towards Welsh Government's goal of a Smoke-Free Wales by 2030.

Potential measures of success in Year 1 & 2 of the Well-being Plan might include:

- The percentage of smokers engaged in smoking cessation
- The percentage of children entering reception class who are overweight or obese
- The percentage of those who identify as smokers during pregnancy
- The prevalence of type two diabetes amongst our population

Budget

The total cost of the Institute's support in 2022-23 (£96,000 for 149 days of work) would be funded by ABUHB. A breakdown of this work is in **Annex 3**. The option of engaging continued support in 2023-24 would be kept open for further consideration, alongside options for working with other partners.

Governance for Gwent being a 'Marmot' region

Governance for the 'Marmot' approach would be provided through the existing Gwent PSB structure and process. The PSB would act as the 'Marmot Region' Programme Board with the 'Gwent Strategic Well-being Assessment Group' acting as the Steering

Group. The 'Gwent Marmot Region' programme would be under-pinned by Terms of Reference, including roles and responsibilities and ways of working.

Staffing resource to support implementation and delivery

If this proposal is agreed by the PSB, ABUHB would recruit a programme manager and project manager to support the delivery of the programme approach. ABUHB would also provide Consultant in Public Health and strategic communications support to deliver the programme.

Communication and involvement

If Gwent PSB's ambition of reducing health inequalities across Gwent is to be realised, we must involve people who are living in our communities, including young people and reflecting the diversity of south-east Wales. Becoming a Marmot Region could reignite and amplify the initial 'Building a Healthier Gwent' involvement programme in 2019, which generated a wide range of ideas, and include the voluntary, community, faith and social enterprise (VCFSE) sector.

Whilst the 'Marmot' title is likely to be highly advantageous with strategic-level stakeholders, the public and employee (of PSB organisations) involvement strands should explore what would work best to engage people with the ambition. Of note, in the 'Caerphilly Cohort Study' (see page 7), the men who participated reported a sense of pride in being part of something which they considered very special. This sense of pride which the study engendered is something that should be aimed for through public involvement in a Gwent Marmot Region programme.

Communications would be supported with visual resources which translate the findings of the data analysis, and an appropriate narrative for tailored audiences. For example, graphics of some local bus and train routes with markers of healthy life expectancy along the journey. ABUHB would support developing a communications and involvement strategy for the 'Marmot' approach.

Recommendation

Gwent PSB agrees to become a 'Marmot Region' and to work with the UCL Institute of Health Equity to inform development of the Gwent Well-being Plan

Dr Sarah Aitken, Director of Public Health & Strategic Partnerships, ABUHB

References

- 1 <https://abuhb.nhs.wales/healthcare-services/staying-healthy/building-a-healthier-gwent/further-information/>
- 2 <https://www.gwentpsb.org/wp-content/uploads/2021/12/02-Appendix-1-Executive-Summary-Gwent-Well-being-Assessment-7th-Dec-PSB-meeting.pdf>
- 3 <https://dx.doi.org/10.1136/bmj-2021-068005> [The BMJ]
- 4 <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- 5 <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>
- 6 <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>
- 6i <https://www.iwa.wales/wp-content/media/2016/04/progconsensustext.pdf>
- 7 <https://www.sciencedirect.com/science/article/pii/S014067367192410X>
- 8 <https://gov.wales/obesity>
- 8 <https://gov.wales/tobacco-control-strategy-wales-and-delivery-plan>
- 9 <https://publichealthwales.nhs.wales/services-and-teams/child-measurement-programme/>
- 10 <https://gov.wales/national-survey-wales>
- 11 <https://www.ucl.ac.uk/news/2021/apr/opinion-sewell-report-cited-my-work-just-not-parts-highlighting-structural-racism>
- 12 <https://www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020>
- 12 <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives>
- 12 <https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/ucl-ihe-collaboration-with-cheshire-and-merseyside-health-and-care-partnership>
- 12 <https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/lancashire-and-south-cumbria-health-equity-commission-hec>
- 12 <https://www.instituteofhealthequity.org/resources-reports/embedding-the-marmot-principles-in-tendring-essex>
- 13 <https://www.local.gov.uk/publications/social-determinants-health-and-role-local-government>
- 14 <https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/health-inequalities-hub>
- 15 <https://phwwhocc.co.uk/resources/welsh-health-equity-status-report-whesri/>
- 16 [Research Story The-caerphilly-cohort-study - HealthWise Wales \(gov.wales\)](#)
- 17 <https://www.instituteofhealthequity.org/resources-reports/sustainable-health-equity-achieving-a-net-zero-uk>

PSB Well-being Objectives	Marmot Principles					
	Giving every child the best start in life	Enabling all children, young people and adults to maximise their capabilities and have control over their lives	Creating fair employment and good work for all	Ensuring a healthy standard of living for all	Creating and developing sustainable places and communities	Strengthening the role and impact of ill health prevention
Blaenau Gwent						
Blaenau Gwent wants everyone to have the best start in life						
Blaenau Gwent wants safe and friendly communities						
Blaenau Gwent wants to look after and protect its natural environment						
Blaenau Gwent wants to forge new pathways to prosperity						
Blaenau Gwent wants to encourage and enable people to make healthy lifestyle choices in the places that they live, learn, work and play						
Caerphilly						
Positive Change – a shared commitment to improving the way we work together						
Positive Start – Giving our future generations the best start in life						
Positive People – Empowering and enabling all our residents to achieve their own potential						
Positive Places – Enabling our communities to be resilient and sustainable						
Newport						
Everyone feels good about living, visiting, and investing in our unique city						
Everyone has the skills and opportunities they need to develop, prosper, and contribute to a thriving sustainable city						
Everyone belongs to resilient, friendly, connected communities, and feels confident and empowered to improve their well-being						
Newport has healthy, safe, and resilient environments with an integrated sustainable travel network						
Monmouthshire						
Provide children and young people with the best possible start in life						
Respond to the challenges associated with demographic change						

Protect and enhance the resilience of our natural environment whilst mitigating and adapting to the impact of climate change						
Develop opportunities for communities and business to be part of an economically thriving and well connected county						
Torfaen						
Develop a functional, connected network of natural areas that support the current and future well-being needs of local populations						
Develop mitigation and adaptation responses to the impacts of climate change						
Provide children and young people with the best possible start in life						
Support healthy lifestyles and enable people to age well						
Tackle the inter-generational patterns of poverty and develop economic resilience						
Improve local skills through work-force planning, training, apprenticeships, and volunteering opportunities						
Create safe, confident communities and promote community cohesion						

Annex 2: Examples of linkages between the delivery programmes of Gwent's PSBs and the 'Marmot Principles'

Giving every child the best start in life	Enabling all children, young people and adults to maximise their capabilities and have control over their lives	Creating fair employment and good work for all	Ensuring a healthy standard of living for all	Creating and developing sustainable places and communities	Strengthening the role and impact of ill health prevention
GWENT PUBLIC SERVICES BOARD					
Delivery of Local Well-being Plans					
Flying Start	SE Wales Education Achievement Service	Cardiff Capital Region City Deal	Communities for Work (Blaenau Gwent)	Gwent Green Grid Partnership	Building a Healthier Gwent
SE Wales Safeguarding Children Board	Children and Families Strategic Partnership	Cardiff Capital Region Skills Partnership	Caerphilly Academy – Gateway to Employment	Health and Housing Strategic Partnership	Gwent Regional Partnership Board
Best Start in Life programmes	21 st Century Schools Programme	Regional Economic Growth Partnership	Welfare Reform Group / Partnership	Resilient Greater Gwent	Gwent Healthy Travel Charter
Healthy Pre-schools	Gwent Care Career Pathway	Our Valleys Our Future (2016-21)	Financial Inclusion Strategy (Torfaen)	Sustainable Food Partnerships	Resilient Communities (Caerphilly)
First 1,000 Days Community of Practice	Learning Network Schools	EU Rural Development Programme	Skills@Work (Monmouthshire)	Caerphilly Cares	Healthy Schools
Early Years Integrated Transformation Programme	Early Action Together (All Wales)	CLES Progressive Procurement	Gwent VAWDASV Partnership Board	Sustainable Travel (Newport)	Mental Health and Learning Disability Partnership
What Matters Approach	The Iceberg Model	Right Skills Board (Newport)	Reach Restart (Newport)	Climate Ready Gwent Network	Integrated Well-being Networks
	Youth Engagement and Progression Framework (Newport)	The Newport 'Offer' / City Centre Regeneration	Employment Support Programmes	Green and Safe Spaces Network (Newport)	Mental Well-being website 'MELO'
	Digital / Film Careers Sector (Newport)	Economy and Skills Strategy (Torfaen)		Gwent Future Scenarios	Participatory Budgeting
	Youth Councils	Community Wealth Building		Blaenau Gwent Climate Assembly	

	Operation Encompass			Gwent Citizens Panel	
				Placemaking Wales Charter (Newport)	
				Blaenau Gwent on the Move	

Sources:

[The Blaenau Gwent We Want Three Years of Progress 2020-2021](#)

[Caerphilly PSB Delivery Plan Progress Reports March 2021, Sept2021](#)

[Monmouthshire Public Service Board Well-Being Plan Annual Report 2021](#)

[Torfaen Public Services Board Annual Report April 2020 to March 2021](#)

[Newport's Well-Being Plan 2018-23 Annual Report 2020-21](#)

Annex 3: A breakdown of the Institute's cost by work package and member of staff

<i>Institute Team</i>	Deputy Director	Senior Advisor	Senior Researcher	Junior Researcher
Data analysis report – including C-19 of Gwent. Compare to England and Wales (Sept 2022 draft/interim and then final by end of the year)	10	5	30	30
Workshop series (Apr – August 2022)	10	0	10	0
Recommendations and action plans, including analysis of Future Generations Act	10	1	10	10
Marmot recording	1	0	0	0
Marmot presentation	1	0	0	0
Guidance on working with local residents	5	0	5	5
Attending meetings including PSB in May/June	3	0	3	0
Total for each	40	6	58	45
Total	149 days £96,000 plus VAT			

The Institute of Health Equity Team: <https://www.instituteofhealthequity.org/about-us/the-institute-of-health-equity-team->



PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE

REGIONAL PLANNING UPDATE

Document Title:	Regional Service Planning Update		
Date of Document:	April 2022		
Executive Sponsor:	Nicola Prygodzicz, Director of Planning, Performance, Digital and IT		
Purpose: The Strategy, Planning, Partnerships and Well-being Committee is asked to:	Approve change		Note contents for information
	Approve funding		
	Provide a view		
Summary / Situation:			
This paper provides an update of progress in respect of regional service planning programmes of work being undertaken in collaboration with health board colleagues across South East Wales.			
Background:			
Health Boards in South East Wales remain committed on an ongoing basis to active collaboration where this delivers added value to clinical service delivery. Health Board planning teams continue to meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit. Plans for the principal current areas of collaboration have been submitted to Welsh Government as part of the 2022/23 IMTP. These include the following:- <ul style="list-style-type: none">• Establishment of a regional hub and spoke network for vascular services• Development of an electronic patient record for ophthalmology• Development of a regional ophthalmology service delivery model, with initial emphasis on delivering additional high volume cataract capacity.• Redevelopment of cancer services across South East Wales• Establishment of new arrangements for sexual assault referral centre services			
Assessment:			

An update of progress against these areas is provided below.

South East Wales Vascular Network

Operational readiness planning continues to progress following the successful assessments undertaken with input by the by the Vascular Society for Great Britain and Ireland. Key recent developments include the following:-

- Confirmation of Cwm Taf Morgannwg UHB as the host health board for the new network
- Consolidation of the new network infrastructure, with regular meetings of the revised Network Implementation Board and Implementation Group.
- Appointment of Sue Hill from the Cardiff service as the new Network Clinical Director
- Appointment of David McLain (ABUHB clinical lead for vascular services) as the chair of the new Network Clinical Governance Group
- Finalisation of most of the remaining operational policies and procedures
- Agreement of an informatics plan to ensure timely region-wide connectivity and clinical information access

The Implementation Board met on 2nd March to consider the target date for final operational implementation of the new network. Taking all of the relevant factors into account, with specific consideration of the current operational pressures experienced across the whole urgent care system in South East Wales, it was agreed to work to a formal go-live date of 14th June, whilst aiming to finalise any outstanding issues and constraints well in advance of that date. This remains the position and all services / working groups are actively planning on this basis.

Ophthalmology

The regional ophthalmology programme has continued to make good progress, overseen by the Regional Ophthalmology Programme Board (chaired by the Director of Planning, Performance, Digital and IT). Recent work undertaken has underlined the added value of regional collaboration in optimising our collective plans for short term service recovery and longer term sustainability.

The individual work streams within the programme have developed further detail, with the following being the key priority areas:-

- Creation of a business plan to development a high flow cataracts centre
- Progressing a comprehensive regional training plan

- Over the longer term, developing the vision, principles and scope of a future regional eye care centre, where specialist tertiary eye care could be focussed
- Development of a new robust and sustainable hub and spoke model for specialist vitreoretinal services

The regional programme manager is working closely with colleagues from all the participating health boards, with key milestones being agreed and confirmed as details are finalised.

Ophthalmology Service Electronic Patient Record

An additional major development within ophthalmology in 2022/23 will be the operational implementation of a comprehensive electronic patient record (EPR). Following the raising of several technical / clinical issues during the autumn, proposed go-live implementation dates were deferred and additional support has been provided for the national programme, allowing for more detailed quality assurance and system testing to be undertaken.

Whilst extended discussion and assurance testing has been taking place, meetings of the South East Regional Ophthalmology Digital / EPR group (chaired by ABUHB) were temporarily paused to allow local services to concentrate on operational issues. A further meeting of the group took place on 1st April to allow for a regional level discussion of progress made, any outstanding issues and realistic go-live timescales / milestones in each area as a result. Good overall progress was noted to have been achieved, with no new issues identified for escalation. It is now anticipated that the system go-live process can begin during June/July, subject to national milestones being maintained.

Cancer services

The Acute Oncology Service Multi-disciplinary Steering Group continues its development of the regional business case for a comprehensive clinical model for Acute Oncology Services across South East Wales, following feedback from health boards that further detail was required, particularly in relation to investment expectations in years two and three. The first phase of the programme has now been endorsed, with the ABUHB Director of Planning, Performance, Digital and IT confirmed as the Senior Responsible Owner at a regional level for the implementation phase. Further details for progressing this next phase are now being agreed in liaison with health board and Velindre NHS Trust colleagues, and posts in ABUHB have been advertised to recruit to, with further conversations occurring regarding the phasing and implementation of the AHP elements.

ABUHB have developed the local elements of the business case, setting out anticipated investment requirements for the revised service model, and this will be monitored carefully in parallel with the wider regional work streams to ensure full alignment and optimal future service delivery, tying in with capital investments in cancer. Regular progress updates are also submitted to the ABUHB Cancer Board

Sexual Assault Referral Centre (SARC)

Health boards, police forces, Police and Crime Commissioners and third sector partners continue to work closely to develop and deliver a service model for sexual assault referral services in South Wales, Dyfed Powys and Gwent. The model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation requirements), and ensures robust governance arrangements. Key ongoing work streams include the following:-

- Development and sustainability of clinical cover arrangements for paediatric cases. Recent judgements regarding failings in SARC referral processes in England have highlighted the need for training of staff (acute and community paediatricians, trainees and consultants) to conduct routine examination and emphasised the importance of 24/7 access to acute paediatric SARC services. It is considered likely that there are a number of cases that are not presenting to health services and whilst local provision is not fragile, there are continued challenges in maintaining paediatric clinics locally as a result of relatively small numbers of paediatricians appropriately experienced and competent to manage this specialist area.
- The national programme is recruiting a new project manager to oversee the achievement of clinical facilities fully compliant with the latest ISO accreditation standards. Interim facilities are planned to be available on the Cardiff Royal Infirmary (CRI) site by the end of April and the outline business case for permanent new hub accommodation at CRI is due to be submitted to Welsh Government by the end of May.
- Recruitment is progressing to schedule for the additional staff required for the first phase of centralisation later this year.
- Detailed work is ongoing to set out revised financial and commissioning arrangements
- A communications plan is being finalised to set out the future service configuration, pathways and accommodation plans. A briefing for community health councils is planned for the spring.

ABUHB clinical, managerial and planning representatives remain fully engaged with the programme

Endoscopy services

It is recognised that addressing existing backlog endoscopy demand is a major recovery priority for most health boards around Wales. Whilst local developments and recovery plans are advancing in many areas, an Executive level regional group has been established in South East Wales (chaired by CTM UHB) to review these on a collective basis and to explore the potential for regional collaboration to add value to the recovery and sustainability process. The group will also assist in ensuring that local plans are aligned with national expectations for the future development of endoscopy capacity.

Recommendation & Conclusions:

The Partnerships, Population Health and Planning Committee is asked to note the update report for information. Further updates will be provided to future meetings.