



AGENDA ITEM

2.4

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE
DRAFT ANNUAL REPORT 2020/2021**

Date of meeting	07/07/2021
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Kathrine Davies, Corporate Governance Manager
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Presented by	Wendy Penrhyn-Jones, Head of Corporate Governance & Board Business
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Approving Executive Sponsor	Executive Director of Primary, Community & Mental Health
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Report purpose	FOR DISCUSSION / REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
		Choose an item.

ACRONYMS

PHPC	Population Health & Partnerships Committee
CTMUHB	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to highlight the activities and performance of the Population Health & Partnerships Committee during 2020-2021.
- 1.2 The Chair of the PHPC is required to present an annual report outlining Committee business throughout the financial year to provide the Board with assurances on the monitoring and scrutiny undertaken in relation to those issues set out under the Terms of Reference (TOR) for this Committee.
- 1.3 The Committee's draft Annual Report for 2020-2021 is presented at **Appendix 1** for approval.
- 1.4 Further work has been ongoing over the last year regarding the expanded remit of the Committee and the revised Terms of Reference that were approved by the Health Board on the 25 March 2020 and can be reviewed on the [website](#).
- 1.5 An annual self-assessment questionnaire is also required to be undertaken and this was completed by members outside of the meeting via Survey Monkey, the results of which are attached as **Appendix 2**.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The Committee is asked to approve the PHP Committee Annual Report for 2020-2021.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The publication of the annual report demonstrates compliance with the Standing Orders, which stipulates that each Committee is required to submit an annual report to the Board through the Chair at the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established. The Annual Report is for the period 2020-2021 which relates to the period during the Coronavirus Pandemic when it was necessary to pause certain of the Board Committees.

4. IMPACT ASSESSMENT



Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	No (Include further detail below) No Equality impact assessment is required.
Legal implications / impact	Yes (Include further detail below) This report complies with the requirement to submit an Annual Report to the Board through the Chair within three months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

5. RECOMMENDATION

- 5.1 The Population Health & Partnerships Committee is asked to:
- 5.2 **DISCUSS** and **ENDORSE** the Annual Report for submission to the Health Board
- 5.3 **NOTE** the current Terms of Reference (previously approved by the Health Board at its meeting held on 25 March 2021)



- 5.4 The Committee are asked to **CONSIDER** the report and **CONFIRM** that the actions set out in the Committee Effectiveness Survey Outcome report attached as **Appendix 2** accurately reflect the further improvements needed in response to the analysis of the survey.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Appendix 1

Population Health & Partnerships Committee

Annual Report 2020-2021



POPULATION HEALTH & PARTNERSHIPS COMMITTEE DRAFT ANNUAL REPORT 2020-21

1. FOREWORD

As Chair of the Population Health & Partnerships Committee, I am pleased to commend this annual report, which has been prepared for the attention of the Board and reviews the work of the Committee for the financial year ending 2020-2021.

2020-2021 has been very challenging during the ongoing Covid-19 pandemic with the Committee having several meetings cancelled during this period and having to move to different ways of working virtually via Microsoft Teams and moving to consent agendas.

Independent Members continue to offer the benefit of their considerable knowledge and wide-ranging experience to aid the important role played by this Committee and I would like to take this opportunity to express my thanks and gratitude to Maria Thomas, Vice Chair and former Chair of this Committee who has recently retired, for her outstanding contribution and commitment to the work of the Committee over many years.

In 2020 the Committee revised its name and membership to become the Population Health & Partnerships Committee and to focus on the role played by the Committee in terms of population health across primary, community and secondary care and an increased importance of working in partnership, which has been reflected in the revised terms of reference.

I would like to welcome our new members on the Committee as of April 2021 – Gareth Robinson, Chief Operating Officer (interim), Sharon Richards, Associate Board Member and Chair of the Healthcare Professional Forum, Chris Davies, Chair of the Regional Partnership Board and Rowena Miles, Vice Chair of the Community Health Council

Philip White
Chair, Population Health & Partnerships Committee



2. INTRODUCTION

The Committee was constituted in 2014, initially to support the development of a Strategy for Primary Care. The key function of the Committee which meets quarterly has been to act as the main driver for the oversight and scrutiny of all issues relating to Population Health across primary, community and secondary care. The Committee also has a role in receiving reports on the Transformation Fund.

The papers for the meeting are routinely published on the organisation's website: [insert website address](#)

Following each meeting of the Committee, a Board Highlight report is prepared setting out the key matters considered, issues for assurance as well as any risks or topics that need to be escalated for Board consideration.

2020-2021 has seen much work in considering the role of the Committee in terms of population health across primary, community and secondary care and the increased importance of robust partnership working arrangements. The change in focus has been reflected in the revised terms of reference that were approved by the Board on 25 March 2021.

The Committee is also responsible for developing an annual report for presentation to the Health Board.

3. MEMBERSHIP

The membership of the Committee comprises both Independent and an Executive Director Members, enabling the Committee to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

Independent membership during 2020-21 was as follows:

- Philip White, (Chair of the Committee)
- Keiron Montague (Vice Chair of the Committee)
- Maria Thomas, Independent Member
- Ian Wells, Independent Member

During 2020/21 the Executive Director Committee Member was Alan Lawrie, Executive Director of Operations (until December 2020). Alan Lawrie delegated his representation to Julie Denley, Director of Primary, Community and Mental Health.



4. MEETINGS

Due to the Coronavirus Pandemic of 2020/21 a number meetings of Board Committees were paused, initially in the Spring of 2020 and then again just before the end of the financial year. The Committee therefore met on one occasion during 2020/21 – 23 November 2020, and as a consequence its forward work programme was reviewed to ensure that issues were appropriately prioritised.

The meetings scheduled for 2020/21 that were cancelled were as follows:

- 9 June 2020
- 2 September 2020
- 7 October 2020
- 25 January 2021

Name:	23 November 2020
Philip White	✓
Keiron Montague	✓
Maria Thomas	✓
Ian Wells	✓
In Attendance Only	
Alan Lawrie	✓
Kelechi Nnoaham	✓
Clare Williams	✓
Julie Denley	✓
Anthony Gibson	✓
Kevin Thomas	✓
Kimberley Cann	✓
Suzanne Scott-Thomas	✓
Jayne Howard	✓
Marcus Longley	✓
Georgina Galletly	✓
Wendy Penrhyn-Jones	✓
Kathrine Davies	X
Sarah Bradley	X
Alison Lagier	X
Mandy Pady	X

The above meeting was quorate.



5. MAIN AREAS OF PHP COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in five main parts:

- Part 1 - Preliminary Matters
- Part 2 - Items for Approval/Endorsement
- Part 3 - Governance, Performance and Assurance
- Part 4 - Items for exception reporting, information or update
- Part 5 - Forward Work Programme and Items to be referred to other Committees

Part 1 - Preliminary Matters

This section of the meeting provides the introductory elements to the meeting including apologies for absence, declarations of interest, minutes matters arising and action log.

Part 2 - Items for Approval / Endorsement

This section has included receiving the:

- Committee Annual Report 2019/2020 and self-assessment questionnaire
- Revised Committee Terms of Reference
- Self-Assessment Action Plan

Part 3 - Governance, Performance and Assurance

This section has included reports throughout the year which included:

- Organisational Risk Register
- Transformation Fund Update
- Contact First
- Regional Partnership Board Annual Report
- Regional Partnership Board Winter Protection plan
- Population Health Management
- Immunisation, Flu and Covid-19 Vaccination Programme

Part 4 - For Information / Other Matters

There were no items shared with the Committee for information sharing purposes.

The 'Forward Look' plan for the Committee was reviewed at each meeting to ensure its content remained appropriately focused.

The Committee Highlight Report is produced following each meeting and subsequently presented to the next available Board meeting.



Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

In order to monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions and this is reviewed at the beginning of each meeting.

7. GOVERNANCE

The Committee has four scheduled meetings each year with additional meetings being held as required. The role of the Committee secretariat is crucial to the ongoing development and maintenance of a strong governance framework for CTMUHB, and is a key source of advice and support for the Chair and Committee members.

The purpose of the Committee effectiveness survey is to comply with the Health Board's Standing Orders and evaluate the performance and effectiveness of:

- the Committee Members and the Chair of the Committee
- the quality of the reports presented to Committee
- the effectiveness of the Committee secretariat

8. COMMITTEE ANNUAL SELF-ASSESSMENT

The Committee needs to complete an annual self-assessment. In line with arrangements put in place for all Board Committees during 2020-21, this will be managed through Survey Monkey. The full results of the feedback will be made available to the Committee and an action plan will be developed to address any issues that the self-assessment highlights.

9. TERMS OF REFERENCE

The existing Terms of Reference approved most recently by the Board in March 2021 (which were therefore in operation at the time this Annual Report was drafted) are set out below for ease of reference.



Schedule 3.7

BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the University Health Board Standing Orders

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

TERMS OF REFERENCE & OPERATING ARRANGEMENTS

**VERSION 7 (APPROVED BY HEALTH BOARD
25.03..21)**



INTRODUCTION

The Cwm Taf Morgannwg University Health Board's (CTMUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the 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 all its business extends equally to the work carried out on its behalf by committees".

In accordance with Standing Orders (and the CTMUHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Population Health & Partnerships Committee (The Committee)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

CONSTITUTION AND PURPOSE

The purpose of Committee is to provide advice and assurance to the Board to assist it in discharging its functions and responsibilities as they relate to **population health across primary and secondary care**. This will have been achieved through various initiatives including partnership arrangements. The Committee will also consider cross-cutting themes and how the organisation is delivering effective service integration and transformation agendas.

SCOPE AND DUTIES

The Committee will be specifically responsible for providing assurances to the Board around:

- public and population health across both primary and secondary care services through population health needs assessments and healthcare standards. This will include GP and out-of-hours service sustainability.
- national, regional and local statutory and non-statutory partnerships such as the Regional Partnership Board. Also, partnerships such as Public Service Boards, developed around the delivery of the Well-Being and Future Generations Act requirements and other local service based initiatives which are delivered through collaborative arrangements.
- cross-cutting health and mental health themes through System Group work.



- the degree of success achieved in terms of the roll-out of the CTMUHB operating model in terms of population health outcomes as evidenced through CTM cluster working arrangements with Integrated Locality Groups, Systems Groups, public health and statutory and non-statutory partners.
- wellbeing plans and delivery against agreed milestones across primary, community and secondary care including mental health services.
- the organisation's strategic alignment with regard to Welsh Government health and social care strategies in relation to population health.
- regional and local service transform arrangements and plans.
- strategic collaboration and effective partnership arrangements to improve population health and reduce health inequalities.
- Regularly review risks included on the organisational Risk Register and assigned to the Committee by the Board;

DELEGATED POWERS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

This Committee has a key role in assisting the Board to fulfil its oversight responsibilities the area of Population Health & Partnership matters.

AUTHORITY

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any legitimate request made by the Committee), and
- Any other committee, or group set up by the Board to assist in the delivery of its functions.
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements.
- Approve policies relevant to the business of the Committee as delegated by the Board.



Sub Committees

The Committee may, subject to the approval of the Health Board, establish sub Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. At this stage, no sub Committees/task and finish groups have been established.

ACCESS

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

MEMBERSHIP

Members:

A minimum of **(4)** members, comprising

Chair - Independent Member (IM) of the Board

Committee
Vice-Chair - IM of the Board

Members - Two IMs

The Health Board Chair shall not be a member of the Committee but may choose to attend any meeting as an observer.

Attendees

- Executive Director of Public Health
- Executive Director of Planning & Performance
- Executive Director of Therapies and Health Sciences
- Director of Governance / Board Secretary
- Representative & Senior Member of the Finance Team
- Director of Primary, Community & Mental Health Services
- Chief Operating Officer
- Head of Medicines Management
- Associate Board Member – Chair, Healthcare Professionals Forum
- Chair, Regional Partnership Board
- Chair, Stakeholder Reference Group
- Community Health Council representative.

Notwithstanding the requirement to maintain quorum, Directors may on occasion nominate a suitably senior deputy to attend the Committee on their behalf, but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

- Other Directors / Health Board Officers may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- The Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Secretariat

The Director of Governance / Board Secretary will determine the secretarial and support arrangements for the Committee.

Member Appointments

The membership of the Committee shall be determined by the Chair of the Board, 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.

Members shall be appointed for a maximum of three consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

The Board shall ensure arrangements for succession planning are in place.

Support for Committee Members

The Director of Governance / Board Secretary, 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
- Co-ordinate the provision of a programme of organisational development for committee members as part of the overall Health Board's Organisational Development programme developed by the Executive Director of Workforce & Organisational Development.



COMMITTEE MEETINGS

QUORUM

A quorum shall be three Independent Members one of whom must be the Chair or in the absence of the Chair, the Vice Chair or an Independent Member who will be nominated to Chair the Committee.

FREQUENCY OF MEETINGS

Meetings shall be held not less than four times a year, and otherwise as the Chair of the Committee deems necessary.

The Committee will arrange meetings to fit in with key statutory requirements during the year consistent with the CTMUHB's annual plan of Board Business.

WITHDRAWAL OF INDIVIDUALS IN ATTENDANCE

The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

CIRCULATION OF PAPERS

The Director of Governance / Board Secretary will ensure that all papers are distributed at least seven calendar days in advance of the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

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, 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 Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board on its work in support of the Annual Governance Statement specifically commenting on



the adequacy of the assurance arrangement, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committees self-assessment and evaluation.

The Board may also require the Committee Chair to report upon the activities at public meetings 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.

The Director of Governance / Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES / GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the Organisation.

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

The Committee, through its Chair and members, shall work closely with the Board's other Committees and Groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business: and
- Sharing of information

In doing so, contributing 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.

The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.



APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the area relating to quorum.

CHAIR'S ACTION ON URGENT MATTERS

There may, occasionally, be circumstances where decisions which normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with one 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.

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

REVIEW

These Terms of Reference shall be adopted by the Committee at its first meeting and subject to review at least on an annual basis thereafter.