

Aneurin Bevan University Health Board

Public Partnerships and Wellbeing Committee

Terms of Reference

Draft Revised – July 2019 (Revised October 2019)

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1. Introduction and Purpose

1.1 Aneurin Bevan University Health Board has established a Public Health and Partnerships Committee because:

- Improving public health for the population of Gwent is a key area of responsibility for the organisation and a key element of our Integrated Medium Term Plan (IMTP).
- Engaging in and managing partnerships both inside and outside the organisation are key ways in which the Health Board takes forward some of its objectives and responsibilities to provide integrated services to our local population and also seeks to improve public health. This includes the consideration of the development and the arrangements for the delivery of sustainable primary care and community services in partnership with social care and the third sector, as outlined in the Health Board's IMTP. (However, it is recognised that there is a clear link to the work of the Finance and Performance Committee, Planning and Strategic Change Committee, Audit Committee and the Quality and Patient Safety Committee).

Public Health: Public Health is defined as:

Public health refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease. (*World Health Organisation*)

Partnerships: Partnerships are defined as:

Working in partnership is the active participation from all parts of society, and also the empowering of people, to make a difference

through working to common goals and objectives in the interests of all. It also means valuing the views of people affected by policies and approaches and also those working for organisations and services that are implementing these policies and programmes to meet common objectives.

- 1.2 Therefore, the purpose of the Public Health and Partnerships Committee "the Committee" is to provide evidence based and timely advice and assurance to the Board to assist it in discharging its functions and meeting its responsibilities as they relate to public and population health and also its national, regional and local statutory and non-statutory partnerships.
- 1.3 This will include partnerships such as the Regional (Gwent) Partnership for the Social Services and Well Being Act and the arrangements for the Well Being and Future Generations Act, also other local service based partnerships such as the Gwent Health and Social Care Housing Forum and partnership initiatives that support the Care Closer to Home Programme and other community based initiatives such as social prescribing.

The Committee will therefore consider key issues, such as:

- identification of public health needs and a reduction in avoidable health inequalities (health inequities) for their population
- the development of plans for improving the health of the population
- co-operation with Local Authorities and other Partners to secure and advance the health and wellbeing of our citizens through partnership and also provide where appropriate integrated services governed and managed through partnership
- providing scrutiny and assurance to the Board that the Health Board and its partners are fulfilling its commitments within its IMTP, particularly regarding SCPs, i.e. SCP 1 Public Health and Health Inequalities and SCP 2 Care Closer to Home.

The Committee will focus on all aspects of Aneurin Bevan University Health Board's activity aimed at increasing health equity and improving health and also the opportunities presented to deliver this through partnership activity.

2. Delegated Powers and Authority

- 2.1 The Committee will oversee the initial development of the Board's strategies and plans to improve the health and health equity of the population served consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales

It will also consider the implications for health improvement and health equity arising from the development of the Board's strategies and plans or those of its stakeholders and partners.

It will also consider the development and delivery of local partnerships in line with local plans and also statutory and legal requirements.

- 2.2 The Committee will seek assurances that health, health equity improvement and partnership arrangements are appropriately designed and operating effectively through monitoring:
- (a) that there is clear and consistent strategic direction, strong leadership and clear lines of accountability
 - (b) that the organisation and partnerships have the right systems and processes in place to deliver health improvement and increase health equity and provide planned services
 - (c) that the workforce is appropriately trained and supported to deliver health improvement and greater health equity and the designated areas of service delivery through partnership (linking with the People and Culture Committee)
 - (d) That risks within partnerships as they relate to the Health Board and in relation to health improvement or health equity are actively identified and robustly managed at all levels
- 2.3 The Committee will advise the Board on the adoption of a set of key indicators of health improvement and health equity against which the Board's performance can be regularly assessed in line with its IMTP.
- 2.4 The Committee will comment upon and advise the Board with regard to any key issues or improvements relating to the partnership mechanisms established in the Gwent area.

3. Membership

3.1 A minimum of 5 Independent Members, comprising:

Chair Independent Member of the Board

Vice Chair Independent Member of the Board

Members Three Independent Members and

- Two Associate Independent Members -
(Associate Independent Member – Director of Social Services and Associate Independent Member – Chair of the Stakeholder Reference Group)
- Chair of the Regional Partnership Board
(when a Health Board representative)

Attendees

3.2 In attendance Director of Public Health and Strategic Partnership
Director of Primary, Community and Mental Health
Director of Planning, Digital and IT

Other Executive Directors should attend from time to time as required by the Committee Chair

3.3 By invitation The Committee Chair may extend invitations to attend Committee meetings as required to the following:

- Senior officers from the above Directorates
- Representatives of Partnership organisations

As well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

3.4 Secretariat - As determined by the Board Secretary.

Member Appointments

- 3.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Board Chair – 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 Welsh Government.
- 3.6 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. The Board should consider rotating a proportion of the Committee’s membership after three or four years’ service so as to ensure the Committee is continually refreshed whilst maintaining continuity.

Support to Committee Members

- 3.7 The 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
 - Ensure the provision of a programme of organisational development for Committee members as part of the Board’s overall OD programme developed by the Director of Workforce & Organisational Development.

4. Committee Meetings

Quorum

- 4.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

- 4.2 Meetings shall be held no less than quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the Board’s annual plan of Board Business.

Withdrawal of individuals in attendance

- 4.3 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.

5. Relationships and Accountabilities with the Board and Other Committees and Groups

- 5.1 The Board retains overall responsibility and accountability for promoting health improvement and health equity for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 5.2 The Committee, through its Chair and members, shall work closely with the Board's other Committees and in doing so will contribute to health equity and health improvement across the organisation.

6. Reporting and Assurance Arrangements

- 6.1 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, the submission of committee minutes and written reports, as well as the presentation of an annual report
 - bring to the Board's specific attention any significant matters or risks under consideration by the Committee. The Committee will maintain a committee risk register, which will include local programme risks as well as wider public health and population health risks.
- 6.2 The Committee shall also receive reports into the Committee for assurance and development purposes from local partnerships and programmes. This will include progress reports on matters such as implementation of the Social Services and Well Being Act, Well Being and Future Generations Act and also updates on the work of the programmes of public health activity within the Health Board area and also any relevant national programmes.
- 6.3 The Board Secretary, on behalf of the Board, shall oversee a process of annual and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub Committees established.

7. Applicability of Standing Orders to the Committee

- 7.1 The requirements for the conduct of business as set out in the Health Board Standing Orders are equally applicable to the operation of the Committee.

8. Review

- 8.1 These Committee's terms of reference and operating arrangements shall be approved by the Board and reviewed annually by the Committee and any proposed changes submitted for Board approval.