

Main Report		Health Board Meeting On 30th March 2017
		Agenda item: 4 (v)
Subject	Summary of key decisions, issues considered and matters requiring board level consideration – Strategy Planning and Commissioning Group	
Prepared by	Liz Stauber, Committee Services Manager	
Approved and presented by	Andrew Davies, Chairman.	

A. PURPOSE

The purpose of this report is to provide the board with a summary of the matters discussed and reviewed by the Strategy, Planning and Commissioning Group when it met on 9th March 2017. The full minutes of the meeting are available on request from the Director of Corporate Governance.

B. KEY ISSUES CONSIDERED BY THE GROUP

1. Organisational Strategy

A report was received outlining the developmental of the organisational strategy. It was noted that while the health board had various specific strategies, such as a clinical strategy (Changing for the Better), a quality Strategy and an emerging digital strategy it did not have an overarching organisational strategy. As such, this was currently under development. The group suggested that some of the aims could be sourced from other strategies, such as the 'Changing for the Better' programme, as the objectives of the health board would not have changed significantly. It also suggested that staff and citizens be included in indentifying the wording of the messages as this would help them to engage with the strategy once established. The group agreed it was content for the work to progress and a more comprehensive update be received at its next meeting.

2. Presentation: Corporate and Wellbeing Objectives

A presentation was received outlining the corporate and wellbeing objectives. The group heard that the health board was required to submit its objectives in response to the Wellbeing of Future Generations Act and the Social Services and Wellbeing Act. It was agreed that a small number of objectives be set in the first instance to enable wider engagement to develop these further for inclusion in the three-year plan.

3. Update on the Implementation of 2016/17 Annual Plan (Quarter Three)

A report was received providing an update on the implementation of the 2016/17 annual plan (quarter three). It was noted that the implementation of the emergency department IT system was yet to occur and this was being managed by the NHS Wales Informatics Service. It was agreed that the chair would discuss the issue at an all-Wales meeting of health board chairs. The issue of national delivery plans was also raised as there was an increasing requirement to report progress to Welsh Government. The chair undertook to discuss this with the Cabinet Secretary.

4. Update on the Development of 2017/18 Annual Plan

A report was received providing an update on the development of the 2017/18 annual plan. The group heard that the plan was to be submitted the following day for consideration and included a detailed action plan with SMART targets to track progress.

While the health board had previously had six strategic aims, five corporate objectives had now been identified which would each outline the expectations for the following year. These were:

- Promoting and enabling healthier communities;
- Delivering excellent patient outcomes, experience and access;
- Demonstrating value and sustainability;
- Embedding effective governance and partnerships;
- Securing a fully engaged and skilled workforce.

Recovery and sustainability was a key element of the plan and it was noted that as well as identifying corporate investment programme savings, significant service changes may be required for the long-term. Detailed planning would be needed to determine which of these should be further considered, as they may also require staff and public engagement and consultation. It was important that informed decisions were not only made but also implemented.

There was currently a significant financial challenge within the plan but the health board was challenging itself to reduce this further and plan to 'live within its means' thereafter. Planned care modelling had been undertaken to determine the work required to achieve Referral to Treatment Time (RTT) targets and scrutiny panels were to take place the following week to discuss action plans.

The group agreed that the plan gave greater clarity and focus. It was suggested that the language be reviewed and for the narrative to include a reference to the values and behaviour framework. In addition, it was important that it reflect why particular decisions had been made.

5. Maturing Commissioning Update

A report was received providing a maturing commissioning update. It was noted that the commissioning approach had been established to deliver the priorities of the 'Changing for the Better' Programme and six commissioning boards had been set up to take the work forward. While some had made significant progress, others were less mature with fewer achievements. The group felt that consideration needed to be given as to whether the balance was right between commissioning and service planning and this was an opportunity to take stock of needs.

6. Local Government Reform Consultation – White Paper

A report was received providing an update on the local government reform consultation white paper: *Reforming Local Government Resilient and Renewed*. A response from the health board was yet to be drafted but would reflect discussions at the meeting. It was felt that housing had not been given wide enough consideration within the white paper and this was a priority of the health board. In addition, there was a suggestion of sharing back-office functions with the local authorities and this could be considered.

7. Third Sector Strategic Framework

A report was received outlining a strategic framework for the third sector. The group heard that the framework had been developed through a co-productive approach with the sector and had been the subject of ongoing discussions for six months. An action plan was included in the report to progress the work and the final framework would be presented to the next board meeting. It was also proposed that ring-fenced funds for the voluntary sector be maintained and a single budget be established for the voluntary sector as currently this was divided across the units.

8. Emergency Preparedness Resilience and Response

A report was received outlining the progression of the emergency preparedness, resilience and response agenda. It was noted that the health board had achieved 100% compliance in the annual Health Emergency Annual Audit for 2016.

9. Population Needs Assessment

A report was received providing an update regarding the preparation of the Western Bay Population Assessment in line with the Social Services and Wellbeing (Wales) Act 2014. The assessment was a joint response between the health board and local authorities and was currently being reviewed in turn by each organisation ready for submission by 1st April. However clarification was being sought as to the approval process should one organisation request amendments.

10. Engagement on Urgent Care Changes

A report was received providing an update regarding urgent care changes. The group heard that there was general agreement for the proposed changes and a report would be received at the upcoming board meeting.

11. Committee Annual Report (April – December)

The annual report for the Strategy, Planning and Commissioning Committee for the period April to December 2016 was received and approved (**appendix 1**).

12. Review Terms of Reference

The terms of reference were received. The group agreed that further discussions were required to develop the terms of reference to reflect the remit of the group. The Director of Strategy undertook to discuss this with the Director of Corporate Governance.

C. MATTERS REQUIRING BOARD LEVEL CONSIDERATION / APPROVAL

The chair of the Strategy, Planning and Commissioning Group wishes to draw to the attention of the board the following issues:

For **noting**:

- The consideration of reviewing the balance between commissioning and service planning resources (point five);
- The discussion regarding the health board's response to the local government reform consultation white paper: *Reforming Local Government Resilient and Renewed* (point six);
- The approval of the group's annual report (point 11 and **appendix 1**).

D. RECOMMENDATION

The board is asked to note the key issues report.



Strategy, Planning and Commissioning Committee Annual Report 2016-17



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1. Introduction

- 1.1 To enable the board to carry out its business efficiently and effectively, a revised committee structure was agreed in July 2014, which included the establishment of a Strategy, Planning and Commissioning Committee.
- 1.2 The purpose of the committee was to provide evidence-based and timely advice to the board regarding strategic, planning and commissioning. It also provided assurance in relation to the health board's arrangements to develop and improve its planning and commissioning arrangements to ensure organisational aims and objectives were achieved.
- 1.3 During 2016-17, the committee met its responsibility by fulfilling its role as outlined in its terms of reference, and through the delivery of its work programme. A summary of key issues discussed was presented to the board following each committee meeting. The annual report summarises these.
- 1.4 At the November 2016 meeting, members agreed that it would be more appropriate to act as a 'group' rather than a committee, as it was a 'forward thinking' forum and discussed early ideas. It was agreed that board approval be sought to stand down the Strategy, Planning and Commissioning Committee and agree revised working and reporting arrangements.

2. Committee Structure

- 2.1 The Strategy, Planning and Commissioning Committee was an unitary committee of the board, with equal membership between non-officer members and executive directors, which comprises:
- Andrew Davies, chairman of ABMU Health Board (committee chair);
 - Ceri Phillips, non-officer member;
 - Maggie Berry, non-officer member;
 - Paul Roberts, chief executive;
 - Hamish Laing, medical director;
 - Siân Harrop-Griffiths, director of strategy.
- 2.2 The secretaries to the committee were Wendy Penrhyn-Jones, head of corporate administration and Liz Stauber, committee services manager.
- 2.3 The terms of reference required the committee to meet bi-monthly. During 2016-17, the committee met on four occasions, one of which (December 2016) was a special meeting to hear the plans for transforming cancer services across south-east Wales. It was also not possible for the June 2016 meeting to take place due to leave commitments.
- 2.4 As part of its role, the committee oversaw the development of the latest refresh of the integrated medium term plan (IMTP) and the health board's one-year plan.
- 2.5 The committee reviewed its work programme regularly.

3. Reports Received

3.1 The following reports were received by the committee:

a) Integrated Medium Term Plan (IMTP)

Reports were received providing regular updates with regard to the development of the IMTP for 2017/18-2019/20 and the one-year plan.

b) Digital Strategy

The committee discussed the timescales and scope for the health board's digital strategy before receiving the draft document in November 2016.

c) Communications Strategy

A report was received providing an update on the development of a communications strategy. The committee noted that there had been significant changes within the organisation since the approval of the current engagement and communications framework in 2012 and it was felt that a clear identity needed to be established for the organisation. April Strategy had been appointed to assist with the development of brand identity for ABMU until June 2016, with progress reported to the Values Programme Board.

d) Service Strategies for Mental Health, Learning Disabilities and Child and Adolescent Mental Health Services (CAMHS)

A report was received setting out progress to develop the above strategies. The committee suggested that a report be prepared for the board in this respect and this was included within the Chairman/Chief Executive's report at the May 2016 meeting.

e) ABMU Capital Requirements for Welsh Government 2016-17

A report was received outlining the health board's capital requirements for Welsh Government for 2016-17. The committee heard that a review of capital planning governance arrangements was underway and expressed its interest in receiving the results.

f) A Regional Collaboration for Health (ARCH) Programme Prioritisation/City Deal

Oral reports were received throughout the year regarding the ARCH programme prioritisation and Swansea Bay City Deal. It was noted at the November 2016 meeting that the City Deal had been submitted to Welsh Government with 11 business cases included.

g) Update Report on the Work of the all-Wales NHS Collaborative and Acute Care Alliances

An update report was received on work of the all-Wales NHS collaborative and acute care alliances. The committee heard that the health board had submitted its response to the Welsh Health Specialised Services Committee (WHSSC) engagement regarding the reduction of neonatal training units. It was expected that WHSSC would have the final decision by the end of September 2016. It was also agreed for a 'risk' section to be added to future iterations of the report to outline the potential impacts of the ongoing work.

h) Emergency Preparedness and Resilience Response Strategy

The emergency preparedness and resilience response (EPRR) strategy was received and approved.

i) Presentation: Sustainable Transport

A report was received outlining proposals to support the development of a sustainable transport strategy. The committee heard that it should be aligned with the organisation's strategic aims and any relevant policies would need to apply to all sites. Included within the report were actions which could be taken as short-term solutions and the committee heard that a 'travel planner' was to be appointed. It was agreed for a work programme to be established to develop a sustainable transport strategy.

j) Future Plans for Princess of Wales Hospital

A report was received outlining the plans for Princess of Wales Hospital. It was agreed that a formal programme of work be established to develop the clinical and capital strategy for Princess of Wales Hospital.

k) Changing for the Better – Commissioning Decisions

A report was received outlining decisions by the commissioning boards. It was noted that the six commissioning boards had presented their priorities to the July 2016 meeting of the Executive Strategy Group. While these had been approved, it was felt that two needed further scrutiny. The committee agreed the proposals for the stroke pathway redesign and to improve breastfeeding rates and noted the position of the development of sustainable oesophago-gastric cancer surgery.

4. Conclusion

This report demonstrates that the committee fulfilled its responsibilities through the reports it had received during the year from various services and sources.