



**Strategy, Partnerships and Population Health Committee (SPPHC)**  
**Minutes of meeting held in public on 13.8.20**  
**via webex**

**Present:**

Lyn Meadows	Independent Member (Acting Chair)
Nicky Callow	Independent Member ( <i>part meeting</i> )
John Cunliffe	Independent Member
Helen Wilkinson	Independent Member

**In Attendance:**

Sally Baxter	Assistant Director ~ Health Strategy
Alaw Griffiths	Welsh Language Standards Compliance Officer ( <i>part meeting</i> )
Teresa Owen	Executive Director Public Health ( <i>part meeting</i> )
Lesley Singleton	Director Partnerships ~ Mental Health ( <i>part meeting</i> )
Chris Stockport	Executive Director Primary and Community Services
Adrian Thomas	Executive Director Therapies and Health Sciences ( <i>part meeting</i> )
Diane Davies	Corporate Governance Manager (Committee secretariat)

Agenda item discussed	Action by
<p><b>SP20/35 Chair's welcome and opening remarks</b></p> <p><b>SP20/35.1</b> The Committee Chair noted that BCUHB was unfortunately unable at the present time to accommodate attendance by members of the public at Health Board committee meetings due to Covid-19 (C19) restrictions.</p> <p><b>SP20/35.2</b> The Committee Chair reported a number of issues with inadequate completion of the report templates, which the Assistant Director Health Strategy agreed to address with the authors concerned</p>	SB
<p><b>SP20/36 Apologies for absence</b></p> <p>Apologies were noted from Mark Wilkinson (for whom Sally Baxter deputised), Sue Green, David Fearnley, John Darlington and Rob Nolan.</p>	
<p><b>SP20/37 Declarations of interest</b></p> <p>IM Helen Wilkinson reported her substantive appointment to be Chief Officer, Denbighshire Voluntary Services Council in relation to third sector matters and involvement in the community transformation programmes as part of partnership work.</p>	

<p><b>SP20/38 Draft minutes of the meeting held on 9.6.20 for accuracy, matters arising and summary action plan</b></p> <p><b>SP20/38.1</b> The minutes were agreed as an accurate record and there were no matters arising.</p> <p><b>SP20/38.2</b> The summary action log was updated and in the ensuing discussion the following was noted:</p> <p><b>SP20/38.2.1</b> The Committee expressed concern in deferring the business continuity update, given the feedback provided at the March meeting and the current extended major incident response in effect. The Executive Director Primary and Community Services agreed to relay the Committee’s concern in respect of testing, capacity and capability feedback to the Executive Director of Planning and Performance to address with the Committee Chair.</p> <p><b>SP20/38.2.2</b> The Chair of the Digital and Information Governance Committee (DIGC) agreed to address the Committee’s concern in respect of the operational difficulties arising from the delayed implementation of WCCIS (as outlined in the Engagement briefing note) via DIGC.</p>	<p>CS</p> <p>JC</p>
<p><b>SP20/39 2019/20 annual plan reconciliation</b></p> <p><b>SP20/39.1</b> The end of year reconciliation which had previously been scrutinised by the Finance and Performance Committee was reviewed. The Committee requested that the following observations be addressed</p> <p>AP016 Digitally enabled Community Care- WCCIS. The Executive Director of Primary and Community services agreed to explore further the concerns raised by members. The Committee emphasised the delay in implementing an alternative solution at pace was a barrier to moving forward tranformational change in this important area.</p> <p>AP077 Planning – PMO Capacity and Programme Management – it was confirmed that the Executive Team were addressing the Committee’s concern in that the issues were not only impeding addressing financial management but also delaying moving forward improvement work in tranformational management.</p> <p>AP072 Medical Records. The Assistant Director Health Strategy agreed to provide greater detail on the implications of potential alternative plans for the Ablett unit, in relation to medical record storage.</p> <p><b>It was resolved that</b> the Committee noted the report</p>	<p>CS</p> <p>SB</p>
<p><b>SP20/40 2020/21 Quarter 1 operational plan monitoring</b></p> <p><b>It was resolved that</b> the Committee</p>	

noted the report	
<p><b>SP20/41 Q2 plan and development of Q3 2020/21</b></p> <p><b>SP20/41.1</b> The Assistant Director Health Strategy confirmed that the quarter (Q)2 plan had been submitted to Welsh Government (WG) and therefore was provided for the Committee to note, given the Committee’s delegated role by the Board in respect of the Board’s strategy and planning oversight. She advised that BCU’s next operational plan was likely to be of 6 months duration. Whilst the WG template was still awaited, the Executive Team were developing plans as the timescale for submission would be challenging.</p> <p><b>SP20/41.2</b> The Committee noted that whilst the Q2 plan had been submitted, there had been some concerns in respect of Mental Health and some other areas. In respect of the draft Q3/4 process the Committee Chair questioned whether there was sufficient capacity within the Intelligence Cell to meet the critical work apportioned to it, which was affirmed as being addressed. The Committee also questioned whether capacity and demand modelling was being addressed across the organisation as opposed to primarily focussed on the acute area. The Assistant Director Health Strategy confirmed that primary, secondary and independent care was being looked at as well as mental health, but that this was complex. Discussion also ensued on ‘Winter planning’. It was confirmed that the newly commenced Interim Chief Operating Officer was planning to ensure this area would be understood and managed. It was recognised that with the presence of Covid19 a difficult winter period would lie ahead but emergency response and surge plans would be incorporated within BCU’s Q3/4 plan.</p> <p><b>SP20/41.3</b> The Committee questioned how ‘outcomes’, as previously incorporated into BCU’s logic based planning, would be incorporated into the plans. Discussion ensued in which the Committee emphasised the need to include weighted outcomes in order that progress could be monitored and decisions evaluated more easily. It was acknowledged that the organisation had gone through a necessary period of short term planning which required a task led approach however, there was a need to focus on the longer term. The Assistant Director Health Strategy advised that next Q3/4 iteration would take into account the ‘outcome’ discussion. The Executive Director of Public Health stated that she would link in with the Assistant Director Health Strategy in respect of the harm prevention approach and framework.</p> <p><b>SP20/41.4</b> Attention was drawn to inequalities which had arisen in response to the pandemic and the Committee stressed the need to ensure that Equality Impact Assessments were carried out throughout BCU’s developments.</p> <p><b>SP20/41.5</b> The Committee also questioned whether there would be consistency within the read across between programme/project leads given the tight turnaround required, it was noted that there were planning team members involved in each, however availability issues would be challenging due to the season and acknowledging that it was important to protect staff annual leave needs for their wellbeing. In response to the Committee Chair, the Assistant Director Health Strategy confirmed that the Q3/4 plan would be referred to as BCU’s Sustainable Services Delivery Plan.</p>	

<p><b>SP20/41.6</b> It was agreed that the Assistant Director Health Strategy would liaise with the Committee Chair and available SPPHC members to discuss the plan further outside the meeting.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>supported the proposed approach, as set out in Appendix 1, in the development of BCU's plan into Q3 / Q4</li> <li>raised concern in respect of capacity within the Intelligence Cell to support all the tasks outlined effectively</li> <li>noted the Q2 plan to support service delivery during the Covid19 pandemic</li> </ul>	<p>SB/LM</p>
<p><b>SP20/41.1 COVID-19 prevention and response plan</b></p> <p><b>SP20/41.1.1</b> The Assistant Director Health Strategy provided a verbal update. It was noted that WG had requested a local plan be provided in response to the Covid19 pandemic by 12.8.20. This Local Covid19 Prevention and Response Plan would set out how organisations in North Wales would work together to manage both prevention of the further spread of the Covid19 virus and their response in the event of further outbreaks. The plan had been developed in partnership between BCU and the six North Wales Local Authorities of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. The Local Authorities had been central to the management of the response in North Wales and their role would be critical to effective future work to ensure promotion and protection of the health of the North Wales population.</p> <p><b>SP20/41.1.2</b> The Health Board and Local Authorities also recognised the contribution of the wider partners in North Wales – working through the North Wales Resilience Forum, the Regional Partnership Board and the Public Services Boards, the third sector and the people of North Wales themselves.</p> <p><b>SP20/41.1.3</b> It was important that the three tiers envisaged in the national strategic management of the Covid-19 pandemic – national, regional and local – linked to support a system-wide approach. Six principles had been identified as supporting this. The Assistant Director Health Strategy reported that an initial draft had been provided to Public Health Wales.</p> <p><b>SP20/41.1.4</b> The Executive Director of Public Health commended the work undertaken to turnaround the draft report within the 2 week period working with external partners, advising that the plan would be a live document that would be added to as circumstances required. The Assistant Director Health Strategy also advised that there was further work to be done in respect of surveillance, joint intelligence cells and clarity on national level of support. She reported on the timeframe for vaccine delivery plans and flagged various issues including incident/outbreak management and capacity to be worked through.</p> <p><b>SP20/41.1.5</b> The Committee was keen that the 'loop be closed' in respect of Third Sector inclusion and the Assistant Director Health Strategy agreed to link in with Independent Member Nicky Callow on University developments being moved forward to address the potential impacts of students commencing their studies shortly.</p>	<p>SB/NC</p>

<p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>noted the verbal report</li> <li>noted the final iteration would be provided to the Board in due course</li> </ul>	
<p><b>SP20/42 Regional Partnership Board update</b></p> <p>The Committee noted the draft minutes of the meeting held on 10.7.20 and raised concern regarding the endorsement of the North Wales Dementia Strategy, questioning the governance process involvement of partner organisations. The Committee queried whether strategies were considered prior, or post, presentation to the RPB. In respect of the dementia strategy members questioned whether BCU clinician input had been sought and were also particularly concerned with the disproportionate impacts that the response to Covid 19 had on the North Wales population affected by dementia. Following further discussion it was agreed that the Executive Director of Public Health and Assistant Director Health Strategy would advise when this would be reported to BCU's Board, seek further clarification on the general governance process of presenting North Wales strategies to the RPB / partnership organisations and also clarify the role of SPPHC within this process.</p> <p><b>It was resolved that</b> the Committee note the update from the North Wales Regional Partnership Board</p>	TO/SB
<p><b>SP20/43 Public Service Board update : Conwy &amp; Denbighshire</b></p> <p>The Committee received the annual report 2019/20 observing that it did not contain clarity on measures and outputs. The Assistant Director Health Strategy agreed to provide this feedback to the author. Independent Member Helen Wilkinson declared an interest given her role as CEO of Denbighshire Voluntary Services Council and remarked that the report reflected the current state of PSB maturity and also partnership working across North Wales.</p> <p><b>It was resolved that</b> the Committee noted Conwy and Denbighshire Public Services Board Annual Report 2019/20 in respect of the priorities and work programme</p>	SB
<p><b>SP20/44 Transformation fund updates</b></p> <p><b>SP20/44.1 Community Services Transformation fund update</b></p> <p><b>SP20/44.1.1</b> The Executive Director of Primary and Community Services presented this item. He advised that the transformation programme had been impacted by the Covid19 response, however this had now regrouped and had held a very positive workshop that confirmed the programme to be on track and the different ways of working in response to Covid19 had helped some community transformative work such as:</p> <ul style="list-style-type: none"> <li>IT infrastructure within partnerships and community</li> </ul>	

- Appetite to move quickly into integration through workforce governance
- Working to mature care capacity and address fragility within the care sector especially in relation to Covid 19

**SP20/44.1.2** He also flagged that there was potential for funding to be affected as the majority had been made available through A Healthier Wales; it was uncertain whether this would be rolled forward, however there was work underway to ensure further work would be undertaken within the budget allocated.

**SP20/44.1.3** The Committee raised concern with the potential financing uncertainty moving forward, including the risk due to funding cessation. The Executive Director of Primary and Community Services confirmed that work to address staffing costs through existing budgets was underway; however, whilst not pessimistic, he was unable to provide further clarity at the present time.

**SP20/44.1.4** The Committee Chair made positive reference to the last two targets within the highlight report which focused upon Design Principles based upon local needs assessments in order to identify areas for development. She asked how BCU could embed these principles more widely across the Health Board. The Executive Director of Primary and Community Services advised that he believed a successful Clinical Services Strategy must incorporate that and provide the route in. A discussion ensued regarding this. The Executive Director of Primary and Community Services identified that, in his view, BCU often conflated the Clinical Services *strategy* with a Clinical services *plan*. He suggested that the 'strategy' should be about creating the organisational architecture and value-based principles that ensure that BCU's clinical services were appropriately balanced and prioritised; the 'plan' was the part where clinician leadership informs specific clinical service design, operating within the strategic values and boundaries. There was strong agreement with this from all the Committee members present, agreeing that the Health Board should seek to de-conflate the strategy from the operational planning, and ensure that the strategy architecture included the Design Principles identified by the Committee Chair.

**It was resolved that** the Committee noted the progress reported and plans for its recovery

<p><b>SP20/44.2 Mental Health Transformation Fund update</b></p> <p><b>SP20/44.2.1</b> The Director of Partnerships - Mental Health joined the meeting to present this item. She advised that there was a correlation between the transformation programme and work within Primary Care. The Director of Partnerships – Mental Health referred the Committee to the report provided.</p> <p><b>SP20/44.2.2</b> The Committee questioned financial implications within the report. The Director of Partnerships – Mental Health agreed to address the risk table to provide reference to likelihood, in line with BCU’s standard risk management methodology.</p> <p><b>SP20/44.2.3</b> The Committee was pleased to note the case studies referenced in the report which provided an important reflection on BCU’s patients’ journeys.</p> <p><b>It was resolved that</b> the Committee noted the report</p>	<p>LS</p> <p>LS</p>
<p><b>SP20/44.3 Learning Disabilities Transformation Fund update</b></p> <p><b>SP20/44.3.1</b> The Director of Partnerships - Mental Health presented this item. The report reflected that due to the response to Covid 19 the transformation team members - the local authorities and BCUHB staff - had been redeployed into key clinical areas to support. This had impacted on progress of some of the work streams. However, during this time 3 main areas continued to be progressed with the Learning Disability Senior leadership team’s continued support that added value to the Covid19 responses. This included Programme and Get Checked out North Wales websites; Learning Disability Transformation Fund: small projects and New activity in response to Covid19 emergency measures.</p> <p><b>SP20/44.3.2</b> The Director of Partnerships - Mental Health advised that during the Covid19 response there had been a rise in health inequalities for people with learning disabilities along with an increase in complex needs which needed to be addressed. She drew attention to the Strategy’s priority in moving forward patient independence and highlighted the positive actions that had taken place at the Bryn Y Neuadd site with staff putting their patients first during the Covid19 response.</p> <p><b>SP20/44.3.3</b> The Committee questioned what barriers to delivery existed. The Director of Partnerships – Mental Health referred members to Appendix 2 of the report and, following discussion, agreed that the Division would address the need for timescales to be provided. She also took onboard comments regarding lack of clarity within Appendix 1 actions and undertook to address these with the Programme Group.</p> <p><b>It was resolved that</b> the Committee noted the report</p> <p><i>The Director of Mental Health Partnerships left the meeting</i></p>	<p>LS</p> <p>LS</p>

## **SP20/45 University Health Board status review update**

**SP20/45.1** The Executive Director of Therapies and Health Sciences joined the meeting to present the item. He advised that the University Health Board (UHB) Status triennial review was due to take place at the end of 2019. However, an update was provided at a recent all Wales Research & Development Directors meeting by the Welsh Government UHB review lead confirming that it had planned to extend the timeline in order to incorporate a review of the current criteria and to strengthen the process. It was reported that BCU had started to collate evidence whilst waiting for further guidance on re-commencement.

**SP20/45.2** The Executive Director of Therapies and Health Sciences also reported that the paper proposed to hold workshops with key stakeholder and health board representation, possibly in September, with the following expected outputs: Developing new criteria; Strengthening the process; better alignment with the Integrated Medium Term Plan and an agreed format and process in place to demonstrate value and improvement.

**SP20/45.3** The Committee raised deep concern that the Health Board could potentially lose its University status based on the recommendations provided. However, the Executive Director of Therapies and Health Sciences advised that a letter had been received on 12.8.20 from Ifan Evans, Director Technology, Digital & Transformation at the Welsh Government regarding 2020 Triennial Review of University Status stating that "As previously advised, the review process is not a re-assessment of University status, and it is not intended that organisations should 'renew' or potentially 'lose' their current designation. The review process will now be changed to an annual cycle, better aligned to the IMTP process."

**SP20/45.4** The Committee emphasised the need to ensure data collection was provided in the areas of Research, Learning and Teaching, Innovation and Workforce Planning and also have a clear alignment with key individuals in partnership working. The Executive Director of Therapies and Health Sciences was encouraged to ensure discussion was held with Bangor University's College of Health Sciences.

**SP20/45.5** It was agreed that a meeting be arranged between the Independent Member Nicky Cowell and the Executive Director of Therapies and Health Sciences to facilitate the enablement of a robust submission, ensuring that the work with the transformational School of Medicine was also incorporated.

**It was resolved that** the Committee noted the report

AT/NC



<p><b>SP20/46 Covid 19 Research and Innovation report</b></p> <p><b>SP20/46.1</b> The Executive Director of Therapies and Health Sciences advised that despite the clinical pressures during the pandemic, research, innovation and audit activity had continued at pace generating valuable evidence. Many examples of which were detailed within the report provided. Committed clinical teams had also supported research, innovation and audit across the health board. Research and innovation activity generated much positive media interest with researchers and innovators across BCUHB contributing to local and national television, radio and press interviews.</p> <p><b>SP20/46.2</b> The Committee acknowledged the positive contribution that had been made to date. However, the Committee encouraged the Health Board to become involved in large scale studies currently involving Bangor University on a worldwide basis to optimise integration into important research studies.</p> <p><b>SP20/46.3</b> Following discussion it was agreed that a meeting take place between the Independent Member Nicky Cowell and the Executive Director of Therapies and Health Sciences to ensure groups were drawn together with University personnel to move forward health care research.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>noted the report</li> <li>agreed a collaborative joint report would be provided to the Committee on 1.10.20 on progress achieved between 13.8.20 and 21.9.20</li> </ul> <p><i>The Executive Director of Therapies and Health Sciences left the meeting</i></p>	<p>AT /NC</p> <p>AT/NC</p>
<p><b>SP20/47 Public Health : Test, Trace and Protect (TTP) – SPPH update (Number 1)</b></p> <p><b>SP20/47.1</b> The Executive Director of Public Health presented this item. She provided a precis of the work undertaken to date, including a focus on the governance introduced, which included providing regular reports to the SPPH Committee to be included in the Cycle of Business. She emphasised that TTP activity would be key to the containment of Covid19 going forward. A Tracing presentation was tabled, in which 88% attainment was positively noted. The Executive Director of Public Health was pleased with the work undertaken since the service had become ‘live’ on 1.6.20</p> <p><b>SP20/47.2</b> In relation to further the format of reports going forward it was agreed that, along with TTP performance data, a case study would also be included. The Committee questioned how data was being shared regarding populations close to borders including via ferry entry. It was understood that there was liaison between Public Health Wales and Public Health England being followed through.</p> <p><b>SP20/47.3</b> In respect of regional testing and tracing, the complexities involved when seasonal ‘flu would also commence was discussed along with how linkages would be made with Health and Social Care and other areas such as schools and prisons.</p>	<p>TO</p>

<p>Capacity was questioned, including laboratory testing. The Executive Director of Public Health described work taking place. In addition, she advised that the Wrexham Maelor outbreak was being managed although there was more work to do.</p> <p><b>SP20/47.4</b> The Assistant Director Health Strategy reported that BCU was the lead agency in relation to testing along with contact tracing, whilst the Protection element was being dealt with on a collaborative basis. She stated there was a need for an oversight group to lead these and this approach was one which Local Authorities supported. Whilst she assured that impact assessments had taken place, she agreed to share with the Committee inequalities identified during the response to Covid19 for discussion on how these might be moved forward. The Executive Director of Public Health agreed to share the EQIA and wellbeing impact assessment undertaken in relation to TTP.</p> <p><b>SP20/47.5</b> The Committee Chair undertook to visit the TTP team on behalf of the Committee.</p> <p><b>It was resolved that</b> the Committee noted the progress made in relation to developing a multiagency response programme for the North Wales TTP programme. agreed that TTP is a standing item on the SPPH agenda going forward given its key role in Covid19 containment. provided feedback on further information required in future TTP reports.</p>	<p>TO / DD</p>
<p><b>SP20/48 Welsh Language 2019/20 annual monitoring report</b></p> <p><b>SP20/48.1</b> The Welsh Language Standards Compliance Officer joined the meeting to present this item. This was the first report to address the statutory duty of Betsi Cadwaladr University Health Board to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards. An overview of general progress including key achievements, good practice and areas for development was provided.</p> <p><b>SP20/48.2</b> The report reflected work undertaken to progress the <i>Bilingual Skills Strategy</i>, implementation of <i>More than just words</i> and the 'Active Offer' principle. A Strategic Plan and associated Work Programme were noted to be in place to ensure comprehensive delivery of these requirements. Self-governance and monitoring continued to be key aspects of the work undertaken this year, which had led to tighter performance measures and accountability. The Welsh Language Standards Compliance Officer referred to the challenging and unprecedented times faced by the Health Board with the Covid19 pandemic. From March 2020 onwards, the Welsh Language Team had adapted to working from home whilst continuing to provide a full support service for staff, although it had not been possible to be proactive in developing further projects at this time. Every opportunity was taken to emphasise the importance of continuing to provide bilingual services. The translation team continued to provide a full service, and continued to be extremely busy translating daily briefings, press releases, patient letters and information leaflets as the Health Board adapted to the new norm. The Welsh language tutor offered Welsh lessons over Skype and email</p>	

for the Health Board's learners and also on the 'Dysgwyr Betsi' Facebook and Twitter pages.

**SP20/48.3** In response to the Committee Chair, it was noted the report contained reference to the limited assurance Internal Audit report undertaken to establish whether there was a robust control environment in place within the Health Board to action the requirements of the Bilingual Skills Strategy and ensure compliance with the Welsh Language Measure (Wales) 2011. The review approach was to identify and evaluate controls in place and highlight potential weaknesses. There were three recommendations included being:

- Management should review current practice and put in place controls to ensure that essential post requirements are either met or that training is undertaken allow successful applicants to meet the requirements.
- Management should review current practice and put in place controls to ensure that the requirements of the Bilingual Skills Strategy are met.
- Consider whether current practice meets the requirements of the Bilingual Skills Strategy.

In light of this report, the Bilingual Skills Strategy had been updated and strengthened and was awaiting final approval. The Workforce team had taken the recommendations on board and tightened processes to ensure it fully meets the requirements of the Welsh Language Standards.

**It was resolved that** the Committee approved the report for submission to the Board prior to publication and presentation to the Welsh Language Commissioner in accordance with the previously agreed timetable.

*The Welsh Language Standards Compliance Officer left the meeting*

### **SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements**

**SP20/49.1** The Assisant Director Health Strategy advised that a significant level of Integrated Care Fund Revenue and Capital Funding was received by BCU for the North Wales Region, for which the Regional Partnership Board (RPB) was accountable in terms of managing and reporting to stakeholder organisations and to Welsh Government. The Section 33 Agreements were formal agreements between the Health Board and Local Authorities for the pooling of budgets, integrated commissioning or service provision, or delegation of functions from one organisation to the other. Over recent months there had been an increased focus on both areas and the need to ensure the Committee was fulfilling its assurance role. This followed a WAO All Wales report on the management of the Integrated Care Fund (ICF) which noted that Health Boards were not monitoring the use of ICF effectively, and an internal audit report on Partnership Governance – section 33 Agreements, which was assessed as providing limited assurance.

**SP20/49.2** Following the detailed paper brought to the Committee in March 2020 setting out the role and responsibilities of the Regional Partnership Board in managing

<p>partnership funding arrangements, it was agreed to ensure regular reporting to SPPH on partnership funding.</p> <p><b>SP20/49.3</b> In regard to the Committee’s question regarding whether funding was utilised for maintenance of services or driving transformation, the Executive Director of Primary and Community services advised that this had been adhered to in respect of Transformation Funding. In response to the Committee Chair, he undertook to provide a report to draw together the benefits realisation provided by WG’s £19m transformation funding.</p> <p><b>SP20/49.4</b> In respect of all future SPPHC report submissions, the Committee Chair requested that should an Audit report with limited assurance be referenced this needed to be clearly signposted and drawn to the Committee’s attention within the report summary. In addition, detail of outcomes and how they would be addressed should be included.</p> <p><b>It was resolved that</b> the Committee noted the report on Integrated Care Fund and and update on actions proposed to enhance governance in respect of section 33 agreements <i>The Executive Director of Public Health left the meeting</i></p>	<p>CS</p> <p>MW</p>
<p><b>SP20/50 Policies and procedures for approval</b></p> <p>The Committee Chair stated that as the amendments were not highlighted within the documentation it was difficult for the Committee to assess the changes. Therefore, she advised that she would address them, on behalf of the Committee outside the meeting with the revisions marked up.</p> <p><b>SP20/50.1 WP8 Equality, Diversity and Human Rights Policy</b> <b>SP20/50.2 WP7 Procedure for Equality Impact Assessment</b></p> <p><b>It was resolved that</b> the Committee agreed that the Chair would review approval of WP8 and WP7 on behalf of the Committee</p>	<p>LM</p>
<p><b>SP20/51 Draft Committee annual report 2019/20</b></p> <p>The Committee considered the draft annual report and requested that a definition of Health Economies/Localities be provided to ensure a more consistent approach to nomenclature and understanding within the organisation. The Assistant Director Health Strategy undertook to request that the Executive Director of Planning and Performance circulate this to members. Following discussion of the Mental Health Strategy and other individual strategies eg Learning Disabilites, Dementia and Carers, it was agreed that a list be circulated to members of all strategies being developed, and those due for annual review, in order to update the Cycle of Business.</p> <p><b>It was resolved that</b> the Committee</p>	<p>SB/MW</p> <p>SB/MW</p>

<ul style="list-style-type: none"> <li>• Approved the Committee annual report 2019/20 and assessed the Overall RAG status against Committee’s annual objectives / plan to be GREEN</li> <li>• Approved the 2020/21 Cycle of Business subject to the inclusion of regular updates on TTP, Primary care, University status and partnership governance. In addition, the work being undertaken by the Executive Director of Planning and Performance to identify all strategies for development and annual reviews to be incorporated.</li> <li>• Approved the Terms of Reference subject to the following amendments for submission to the Audit Committee: <ul style="list-style-type: none"> <li>• Additional paragraph : <ul style="list-style-type: none"> <li>3.1.2 receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care.</li> </ul> </li> <li>• Inclusion in attendance of : <ul style="list-style-type: none"> <li>Finance Director – Strategy and Commissioning</li> <li>Executive Medical Director</li> </ul> </li> <li>• Amend Chair of Stakeholder Reference Group as ‘in attendance’</li> </ul> </li> <li>• Agreed the amended documents be provided to the Audit Committee</li> </ul>	MW/DD
<p><b>SP20/52 Issues of significance to inform the Chair's assurance report</b> To be advised</p>	
<p><b>SP20/53 Date of next meeting</b>  1.10.20 (Amended date)</p>	