

POWYS TEACHING HEALTH BOARD
CONFIRMED

MINUTES OF THE MEETING OF THE BOARD
HELD ON WEDNESDAY 22 MAY 2024
VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Phillips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Mick Giannasi (MG)	Independent Member
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member (University)
Chris Walsh (CW)	Independent Member (Local Authority)
Stephen Elliot (SE)	Independent Member (Finance)
Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Stephen Powell (SP)	Interim Executive Director of Planning, Performance and Commissioning
David Farnsworth (DF)	Interim Director of Operations/Community and Mental Health
Kate Wright (KW)	Executive Medical Director
Mererid Bowley (MB)	Executive Director of Public Health
Debra Wood Lawson (DWL)	Executive Director of People & Culture
Claire Roche (CR)	Executive Director of Nursing, Quality, Women and Family Health
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital

In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Katie Blackburn (KB)	Regional Director Llais
Gill Griffiths (GG)	Palliative Care Clinical Nurse Specialist (Item 1.4) Audit Wales (Item 3.2)
Mike Jones (MJ)	Audit Wales
Liz Patterson (LP)	Interim Head of Corporate Governance
Hayley Hughes (HH)	Corporate Business Manager (Minutes)

Apologies for absence

Joy Garfitt (JG)	Interim Director of Operations/Community and Mental Health
Nina Davies (ND)	Associate Member: Director of Social Services and Wellbeing, Powys County Council

PRELIMINARY MATTERS	
PTHB/24/011	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>CC welcomed all participants to meeting of the Board and apologies for absence were noted and recorded as above.</p> <p>The Chair acknowledged the passing of Tony Thomas, a Board Member (Finance) with the Health Board who completed his term in May 2023. The thoughts and best wishes of the Board are with Tony's family.</p> <p>The Chair welcome SE to the Board, recently appointed as Independent Member for Finance.</p> <p>The Chair noted that Joy Garfitt, Interim Director of Operations, Community and Mental Health had now returned to work but was unable to attend today's Board meeting.</p> <p>CC congratulated PH on the permanent appointment to the Deputy Chief Executive Officer role.</p>
PTHB/24/012	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made in addition to those already recorded on the register.</p>
PTHB/24/013	<p>BOARD ACTION LOG</p> <p>The Board noted that the one outstanding action on the Action Log has been completed.</p>
PTHB/24/014	<p>EXPERIENCE STORY</p> <ul style="list-style-type: none">• Staff Experience Story <p>DWL introduced the item which provided an overview of a staff members experience with the Health Board. GG is employed as a Palliative Care Clinical Nurse Specialist and shared her career</p>

	<p>journey and her recent experience of the Clinical Leadership Immersive Programme (CLIP). GG advised that the CLIP training had inspired and reframed her vision for the Palliative Care service. DWL noted that all participants of the CLIP training were uplifted and energised by the presentation that GG had provided and thanked GG for her passion and dedication in an important area of work where communities, patients, families, and staff will benefit from the expertise. CR noted the great example demonstrated by GG and thanked GG for all the work she does.</p> <p>The Board welcomed the presentation and echoed thanks to GG for sharing her story and enabling the Board to understand and visualise the impact of training programmes, such as the CLIP.</p>
PTHB/24/015	<p>QUESTION TO THE BOARD FROM THE PUBLIC</p> <p>One question from a member of the public had been received; a response will be provided at today's meeting but will also be responded to in writing.</p> <p><i>How does PTHB plan to improve provision of services for patients living with Parkinson's Disease in North Powys; including initial assessment wait times and ongoing support from specialist Consultants and dedicated Parkinson's nurses.</i></p> <p>DF advised that following an extended period of absence of a Practitioner in North Powys, a new appointment was made in August 2023, this has resulted in an improvement in activity. In addition to a consultant from Shrewsbury and Telford has been commissioned to increase number of consultant clinics. The Health Board are also working with Parkinson's UK to explore potential additional funding. All new referrals are offered an appointment within two weeks.</p>
PTHB/24/016	<p>UPDATE REPORTS:</p> <p>REPORT FROM THE CHAIR</p> <p>CC presented the report.</p> <p><i>Regarding the 'Reducing Waste Workshop' that was attended, how will Board be involved in observing the efforts made across the organisation in reducing waste?</i></p> <p>HT noted that a lot of learning from the workshop attended already formed part of the current plan to drive efficiency across services; the team were looking at suggestions of efficiencies from front line staff and a business process improvement review is currently underway.</p> <p>It was agreed that these improvements will be reported through to the Delivery and Performance Committee and will, in liaison with the Chair, schedule appropriate updates.</p>

ACTION: Associate Director of Capital and Estates

REPORT FROM THE VICE CHAIR

KWi presented the report.

REPORT FROM THE CHIEF EXECUTIVE

HT presented the report and drew attention to the following matters:

- The Joint Commissioning Committee met on 22 May 2024 where the timetable set out for the bespoke road-based model (as part of the EMRTS Review) was approved and outcome of that will go through for final approval in October. PTHB will ensure that the work is supported and contributed to.
- The Long Service Awards had taken place last week, a wonderful celebration for those colleagues who have worked in the NHS over 30 years.

In relation to the Spring Covid Vaccination Programme, has there been any evidence of vaccine fatigue?

MB advised that the Spring campaign launched in early April, with the programme adapted considering reports of vaccine fatigue. The Spring campaign had a smaller cohort when compared to the Autumn campaign and clinics have been taken out to different areas.

In relation to Wales Air Ambulance, there is concern around the ambitious timescale. Does the workstream include adequate representation around clinical need?

HT advised that there will be attendance from both Clinical and Commissioning services and further assurance will be sought at each Joint Commissioning Committee with regards to these points.

CC expressed his thanks to all those involved following the recent CIW inspection report on Cottage View. It was noted that there was learning for the PTHB from this review.

With regards to the Third Sector Review of Service Level Agreements (SLAs) how is the impact being determined and what criteria will be used?

SP noted that a review is currently being undertaken and a number of factors will be examined in that review (such as the standard of service, is it a service still required for residents and a full contract review). Should there be any changes going forward, it will be undertaken with full co-operation with Service Providers. The

	<p>Review is currently in Phase 2, and this will be reported back to the Executive Committee in due course.</p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/24/017	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Patient Experience Quality and Safety Committee</u></p> <p>KWi presented the item which provided an overview of matters considered by the Committee on the 16 April 2024. Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> • Continuing to receive regular report on the Infection Prevention Control improvement plan, with good progress being made, • Seeing an increase in the use of Civica, which is enabling the use of patient feedback to shape services going forward, and • The Committee's continues to focus on Mental Health and receives a regular update to provide assurance to the Board. Developments will be monitored, and the Chair will report back to Board accordingly. <p><i>Mental Health Quality and Safety Review: Page 2 of the Chair's Report refers to an audit of clinical systems in the Mental Health. What systems are these, and is there any evidence of lessons learned that can be shared with other areas of the organisation,</i></p> <p>CR advised that the audit focused on policies, clinical audit and audit learning and improvements; some gaps were identified which led to the decision of having the local escalation framework. A number of SMART objectives and improvements are in place and CR, as Chair of the weekly scrutiny meeting, reports progress to the Executive Committee on a fortnightly basis.</p> <p>HT noted that the service's response has been open and whilst it has been a difficult period, the support is in place to ensure the issues are resolved.</p> <p><u>Executive Committee</u></p> <p>HT presented the item which provided an overview of matters considered by the Executive Committee on the 6 March, 13 March, 21 March, 3 April, 10 April, and 17 April 2024. Attention was drawn to the following matter:</p> <ul style="list-style-type: none"> • In March, the Committee agreed the submission to the Refit Cymru Salix bid to Welsh Government. This is a spend to save scheme, which will be a whole series of improvements and significant decarbonisation and energy savings. If

successful with this funding, it will result in a 16% reduction in the carbon footprint.

In respect of the Did Not Attend (DNA) training, what is the scale of the issue in the context of compliance with Performance Appraisal and Development Reviews (PADR) which is the first line of assurance for the organisation in terms of governance?

HT noted that monitoring compliance with statutory and mandatory training is part of the PADR process. there is a need to be proactive in ensuring the best use of training is made.

DWL noted of the national piece of work on the mandatory and statutory training framework was taking place. In the meantime, local work has commenced on reporting back to Assistant, Deputy, and Executive Directors on the numbers of staff who did not attend training. This focused on those staff who are mandated to attend particular training due to their role. It should be noted that this is work in progress.

There is a reference within the report advising the Health Board are awaiting clarification from Welsh Government with regards to how long of a retention of patient records to be kept; has this now been received.

KW understood that this clarification has now been received but will check and update the Board.

ACTION: Medical Director

Audit, Risk and Assurance Committee

RL presented the item which provided an overview of matters considered by the Committee on 11 March and 14 May 2024. Attention was drawn to the following matters:

- At the 14 May meeting, the draft Health Board Annual Accountability accounts were reviewed,
- Over the last year, 20 internal audits had taken place; with just two receiving limited assurance results, and
- the External Audit Plan, where an all-Wales thematic review on emergency care was planned.

Delivery and Performance Committee

RA presented the item which provided an overview of matters considered by the Committee on the 7 May 2024. A full report will be presented to the July Board meeting. Attention was drawn to the following matters:

- Assurance was taken from the Finance Performance Report (Month 12),
- Assurance was taken that appropriate monitoring systems are in place for the Annual Delivery Plan,

	<ul style="list-style-type: none"> • regarding the Organisation Escalation Status, it was noted that there was an intention to undertake a self-assessment against the NHS framework, and • there are no items to escalate to the Board. <p><u>Planning, Partnerships and Population Health Committee</u></p> <p>IP presented the item which provided an overview of matters considered by the Committee on 16 May 2024. Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> • Assurance was taken that the Annual Report was progressing to plan, • The Comprehensive Strategic Change report which detailed the programme of work across Wales and neighbours in England, showed a level of detail which enabled the Committee to take assurance that systems in place; the organisation are proactive in monitoring activity and influencing programmes where necessary, • Assurance was taken on the progress made with the Weight Management and Whole Systems approach to Obesity, and • There were no items to escalate to the Board. <p>The Board RECEIVED and NOTED all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.</p>
CONSENT AGENDA BUSINESS	
PTHB/24/018	<p>The Chair asked if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.</p> <p>There were no requests to consider any items from the Consent Agenda.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/24/019	<p>ANNUAL DELIVERY PLAN 2024-25 INCLUDING BUDGET ALLOCATION AND FRAMEWORK</p> <p>HT reported to the Board that the Annual Delivery Plan had been submitted to Welsh Government (WG) in March 2024. Correspondence has since been received which contained WG feedback on the Health Board’s Annual Plan. WG welcomed the ambition set out in the plan with the shift to prevention but stated that the plan is not supportable or acceptable to WG. WG have requested that the plan is re-submitted by the 31 May 2024, including detail on how the Health Board makes improvements on ministerial measures and outcomes. Work will be undertaken closely with front-line staff, trade union partners, key</p>

stakeholders, and the public. HT acknowledged the need to work closely with Llais and other partners as the Board and Executive Directors proceed to look at a revised submission. HT advised that the Board should expect the plan to be amended to reflect the revised submission for Quarter 2 and that will require substantial discussion on prioritisation of key outcomes that need delivery in the current financial year.

SP presented the Annual Delivery Plan to the Board. SP noted that each Executive Lead has contributed to the Plan and where there have been recent executive changes, these have been noted in the delivery plan. Each section outlines the intended outcome, deliverables, timescales, and a delivery confidence assessment. SP advised that where there are any changes to the plan, this will be tracked through a change variation to provide transparency and audit trail.

Several actions are described as having a 'low' confidence in terms of their deliverability, as a Board, what should be understood by that?

SP advised that this has been included within the report for the first time, those reported as low confidence will be key areas to focus on.

HT noted that the number of actions recorded as low confidence is relatively small. It is not unusual to have several items with low confidence at the start of the year; which will increase in confidence once further work has been undertaken. HT noted that if during the year, progress is not being made, then the Committees and Board will be able to discuss progress.

In earlier submissions, the Health Board set out several areas where WG national action could help improve the financial position. Has there been any movement from WG with these aspects?

HT noted that when the Health Board was asked to revise plans in August 2023, several areas benefiting from national policy were clearly identified. It was noted that a Value and Sustainability Board had been set up, led by Judith Paget, Director General. HT attends that meeting and noted it is an important mechanism, driving forward national workstreams consistently across the whole of Wales. HT felt it will be important, when revising the submission of the plan, that those areas are revisited to see if there were additional areas that will benefit from a national view.

It is noted that co-ordination is happening at a national level. Is there consideration of the policy decisions at the national level? Noted the tough request of the Health Board and noted the

	<p><i>difficulty in focusing on the longer term, when it feels like services are firefighting.</i></p> <p>HT advised that given the situation in the public sector nationally, WG are reviewing policy decisions, and any proposals will be shared with the Board as and when they are announced.</p> <p><i>It is disappointing that the Plan has been returned to the Health Board as being 'unacceptable.' Will the Health Board be able to re-submit to WG in the timescales? What is the scale of change to the plan that will be necessary? I have concerns around performance and access to services from other providers.</i></p> <p>HT advised that the plan will be re-submitted by the 31 May deadline; and anticipated further dialogue. Current expenditure plans are unaffordable, so it will be necessary to look at again at actions that will be required as both a provider and commissioner. HT noted that the short term will be different to the long term model which will require an appropriate engagement process with the county's residents.</p> <p>KW acknowledged the challenge but stressed the need to ensure that clinical safety is at the forefront of all discussions, but there will be opportunities to provide services in different ways.</p> <p>CC noted that the discussion held today focused on the difficulty of decisions that the Board will be required to make; that the Board have met on several occasions and will continue to meet. The re-submission will be fully formed and shaped from all discussions as a Unitary Board.</p> <p>The Board RECEIVED and APPROVED the annual plan recognising it is fully aligned to the original submission of the Integrated Plan in March 2024.</p> <p>The Board took ASSURANCE that the Plan forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan and will be reported to the Board as it was in 2023/24.</p>
PTHB/24/020	<p>CHARITABLE FUNDS ANNUAL ACCOUNTS AND REPORT 2022/23 (INCLUDING ISA260)</p> <p>CC noted that the Health Board has an arms-length Charity, of which the Board is a Trustee.</p> <p>PH presented the Charitable Funds Annual Report and Accounts for the period to 31 March 2023 for consideration; including a full set of accounts, annual report, letter of recommendation and ISA260 audit of accounts. Board's attention was drawn to the following matters:</p>

	<ul style="list-style-type: none"> • The delay in the submission of report was due to an issue, now resolved, with Fund Managers that had caused a delay for a number of health charities, • Following consideration of the report the Audit Wales team issued an unqualified opinion on the Annual Accounts, and • The Charitable Funds Committee had scrutinised the accounts and recommended the annual accounts and report to the Board for approval. <p>MJ presented the ISA260 report and noting Audit Wales completed the audit in time to meet with the Charity Commission’s deadline; the external assurances report was not provided to the Health Board until March 2024 and Audit Wales considered the weaknesses identified, which had no impact on the report.</p> <p><i>Assurance can be taken that the fund is well managed, but is the fund is working as hard as it can to deliver benefits for patients and staff? Is the cost of managing the Fund proportionate?</i></p> <p>CC noted that since investing in the management of the charity it has gone from strength to strength with improvements to engagement with the organisation, raising awareness and marketing, whilst also ensuring that the charity operates within the strategic framework and in alignment to the organisation’s strategic direction. The next step will be ensuring the work of the charity is governed by strategic direction, working with the League of Friends and other important stakeholders.</p> <p>PH noted that the spend has increased in previous years and a target had been set around level of income, noting the rules around charitable funds may be used for. There is more that can be done to utilise the money to benefit the population, in a planned approach. HB noted the strategic objectives of the charity had been agreed a year ago and these had recently been reviewed to ensure continued relevance.</p> <p>RL noted that the Committee’s aim of expanding the business and get more income in the future, noting that the charity funds are not to be used to substitute a lack of core funding.</p> <p>The Board APPROVED the Charitable Funds Annual Report and Accounts for the period to 31 March 2023, which was recommended by the Charitable Funds Committee to Board for approval as Corporate Trustee.</p>
PTHB/24/021	<p>DIRECTOR OF CORPORATE GOVERNANCE REPORT</p> <p>HB presented this report to the Board which provided a series of recommendations for the Board’s consideration to ratify and approve including:</p>

	<ul style="list-style-type: none"> - Chair’s Action: noting that a number of governance actions for the Joint Commissioning Committee were not able to be considered at the last Board meeting so were taken as a Chair’s action, - Application of the Common Seal: this was in relation to the leasing conditions of Presteigne Medical Centre, - PTHB Standing Orders: recommendations on changes considered by ARAC, to ensure they are fit for purpose, and - PTHB Committee Terms of Reference: following changes to the Executive team, the Scheme of Delegation has been updated; Terms of References for Committees have been reviewed by each Committee, with a series of updates in line with good governance. <p><i>Given the alternative arrangements in place which the Health Board have determined mean a Stakeholder Reference Group (SRG) is not required, should Standing Orders include a note to this effect?</i></p> <p>HB confirmed that the position in relation to the SRG will be clarified in Standing Orders.</p> <p><i>What is the current position in relation to the currently inactive Health Care Professionals Forum (HPF)?</i></p> <p>HB confirmed that it is planned to reconstitute the HPF in the current financial year.</p> <p>The Board:</p> <ul style="list-style-type: none"> • RATIFIED the Chair’s Actions taken on the 28 March 2024. • RATIFIED the application of the Common Seal applied on one occasion since 1 April 2203 and received ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders. • APPROVED the changes to the PTHB Standing Orders including the revised Board Scheme of Delegation. • APPROVED the changes to the PTHB Committee Terms of Reference.
PTHB/24/022	<p>MINUTES OF PREVIOUS MEETINGS</p> <p>The minutes of the meeting held on the 20 March 2024 were AGREED as an accurate record.</p> <p>The minutes of the meeting held on the 11 April 2024 were AGREED as an accurate record.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/24/023	FINANCIAL PERFORMANCE

PH presented the financial position report (Month 12 2023/24 and Month 1 2024/25) to the Board. Attention was drawn to the following matters:

Month 12:

- Subject to Audit, the target control position of £12m was delivered with a final position was an overspend of £11.938m.
- Capital expenditure remained within capital resource limit.
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- A significant increase in capital allocation was received at end of year and this was discharged within the capital resource limit.
- For revenue, the key cost drivers include agency spend, spend in relation to Continuing Health Care (CHC), complex care, spend in relation to pharmacy.
- Last financial year, £12m savings delivered (noting that only £5.7m are recurrent).

Month 1:

- The report is reporting against the deficit plan that had been submitted to WG, which has not been accepted.
- At Month 1 the position is broadly in line against the projected £24m deficit, noting the impact of the increase in CHC cases in this financial year.

RA as Chair of the Audit, Risk and Assurance Committee acknowledged the considerable efforts that staff have made to achieve the financial savings reported in the Month 12 report.

Noting the current plan has not been accepted by WG and a £2.4m in month variance has been reported, do Executives have a robust process for scrutinising variances and is there sufficient challenge for relevant budget holders to be held to account for overspending?
PH advised of the financial performance approach across each portfolio and in this financial year, there will be regular monthly meetings between the Chief Executive, PH and each Director to monitor financial performance. In terms of general financial control, there will be focus on internal audit to ensure that robust systems in place.

Where there has been a track record of strong financial performance, it might be helpful for the Board to be able to see

	<p><i>what factors are outside of the Health Board’s control to understand what areas of performance need to focus on.</i></p> <p><i>Continuing Health Care (CHC) continues to put pressure on the Health Board’s budget. Given the nature of the population this will increase. Are market factors of the driving some of this increase? Could you provide an update on work being done in relation to CHC costs?</i></p> <p>PH noted that the key pressures being faced is a by-product of demand, ageing population, and operational challenges. Attention was also drawn to agency spend due to vacant positions. Whilst the level of activity is not growing significantly, the acuity of care required is costing more. There is an internal programme of work on CHCs to ensure packages are appropriate and providing the most effective care, linking with national programmes. PH reiterated that population demand, capacity and other factors are driving the financial challenge faced.</p> <p>DF noted the learning that can be gained from the Value and Sustainability programme and the need to work with the Local Authority on maximising relationships and aligning costs with the fair cost of work that the Local Authority is undertaking. There is significant concern around the ageing population and the need to reduce long term reliance on care.</p> <p>HT noted the demographics are particularly challenging, with around 5% of the Wales NHS budget is spent in this area. The all-Wales work that HT contributes to, shows there is potential cost reduction opportunities across Wales, with several themes coming through such as; patients current needs changing and some Health Board providers contracting for the same care but at different costs. HT advised that a consistent pricing group had been established to share that intelligence.</p> <p><i>How will this work be monitored and when will the impact of this work be seen?</i></p> <p>HT confirmed that assurance can be provided to Delivery and Performance Committee, noting that a national workstream has looked at high costs of Mental Health and Learning Disability placements and this has provided some learning.</p> <p>The Board DISCUSSED and NOTED the financial report for Month 12 and Month 1.</p>
PTHB/24/024	<p>INTEGRATED PERFORMANCE REPORT – MONTH 12</p> <p>SP presented the Integrated Performance Report providing the latest available performance position for PTHB against the NHS</p>

	<p>Wales Performance Framework up until the end of March 2024 (Month 12). Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> - The position on planned care and diagnostics had significantly improved in March (against the forecast position in February), - Neurodevelopment performance stood at 42% against the target of 80%, which is an ongoing area of concern, - Adult Mental Health performance had improved in-month, following a low position in February, - Waiting for planned care is either increasing or stable. The number of extreme long waiting patients (over three years) is reducing across Wales and England, - Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level, - For emergency care Welsh Ambulance performance times remain poor with 45% of calls meeting the 8-minute target, - Focus now turns to improvement and delivery in 2024/25 and resubmission of the Plan by 31 May 2024, - Correspondence has been received from WG around planned care, mental health, and efficient pathways and - An Improvement Plan is being developed locally for ambulances for Powys. <p>CC noted that the Cabinet Secretary for Health and Social Care had put in place a monthly Chair’s Assurance Group, with a particular focus on Cancer Care and Planned Care.</p> <p>The Board DISCUSSED and NOTED the content of this report and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</p>
<p>PTHB/24/025</p>	<p>ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH</p> <p>MB presented the Annual Report of the Director of Public Health 2024 to the Board and drew the Board’s attention to:</p> <ul style="list-style-type: none"> - The population of Powys is aging, with an increase in proportion of population over 65 years and a reduction in birth rate, with a corresponding decrease in working age, - Current pressure in NHS and Health and Social Care are set to increase, based on current population health projections, - As people are living longer, more of the population will be living with conditions that impact on quality of life, - Communities and individuals need to act together to promote healthy and active ageing and prevent ill health as people age, and - The support of colleagues and partners (Local Authority and voluntary Sector) for the contributions to the Annual Report.

IP re-iterated the comments from the Planning, Partnerships and Population Health Committee that the report provided transparency around the challenges being faced and welcomed the 'calls for action' which clearly lays out the challenge and responsibilities.

How will the 'calls for action' will be converted to actual action?

MB confirmed that organisations will be invited to work together, with a framework jointly developed with partners on preventative actions.

There is some evidence that smoking rates are increasing, do you have any comment? around that?

MB noted that the experience in Powys, is that there has been a continuing decline in adult and child smoking rates. The ambition is to be a "smoke free Powys" by 2030. MB noted that there had been an escalation in vaping rates in young people; work with partners is taking place and the service is working with schools to raise awareness, noting it is an area of concern where continued action is needed.

From a Director of Public Health perspective, does it feel that progress is being made in investing in the upstream work and 'shift left' journey?

MB noted the challenges, and the need to be honest on current pressures whilst meeting healthcare demands. There are strong evidence-based programmes of what works and of the population health programmes currently delivered, ensuring these are maximised – making smaller changes that will affect larger population.

HT thanked MB and the team to produce the report and for the way the work on Whole Systems is progressing. HT noted the need to link into the governance architecture in existing partnerships. HT noted the substantial learning from Public Health that can be brought across other areas, particularly when making investment decisions.

KWi brought to the attention of the Board the encouraging progress made on the Child Measurement programme, which is showing a drop in child weight / obesity for the first time since before the Covid-19 pandemic.

The Board RECEIVED the Annual Report, recognising the report as a requirement of the organisation to be considered by the Board.

<p>PTHB/24/026</p>	<p>BOARD ASSURANCE FRAMEWORK</p> <p>HB presented the proposed PTHB Board Assurance Framework (BAF) for the Board’s consideration for approval.</p> <p>It was noted that a BAF had not been in place for some times and the framework reflects the continued work on Board governance. The Framework sets out the purpose and approach and will feature as part of future Board meetings. The Framework focuses on three areas:</p> <ul style="list-style-type: none"> - Assurance against strategic objectives, - Assurances against the governance framework (compliance and deliverability), - Ability for the Board to request thematic reviews. <p>The Board RECEIVED and APPROVED the PTHB Board Assurance Framework (BAF).</p>
<p>PTHB/24/027</p>	<p>REPORT OF THE REGIONAL DIRECTOR OF LLAIS</p> <p>CC noted the important role of Llais in challenges faced by the Health Board and the increased significance of the working relationship going forward.</p> <p>KB noted the importance on the impact of changes on patients across Powys and Llais’ role is to be assured that the Health Board have reviewed the mitigations and the impact, short and longer term, on the communities. KB confirmed that Llais and the Health Board are in regular contact and noted the importance of a consistent approach from Llais across the whole of Wales.</p> <p>KB presented the Regional Director’s report to the Board and drew attention to the following matters:</p> <ul style="list-style-type: none"> - An increase in number of complaints has been seen (not all relating to Powys, but to commissioned services). Llais now holds a waiting list for their advocacy service, - Llais Local sessions have been undertaken in Llanidloes and Brecon. Reports are available on the Llais website to view. Llais will re-visit the Llanidloes community in 6-months’ time to see if any changes can be seen, and - Currently Llais is out for consultation on a Strategy for Llais (at a national level) and encouraged members to share thoughts and ideas. <p>HT thanked KB for the update and noted the difficult times for the public sector and the importance of working together on proposals. HT noted the increased numbers of complaints and suggested it will be helpful to discuss this with CR and the Concerns Team, to</p>

	<p>understand if there are any themes or issues with the complaints. KB noted that the increased number could be relating to the increased profile of Llais.</p> <p>The Board NOTED the update.</p>
CONSENT AGENDA	
PTHB/24/028	<p>The items listed under the Consent Agenda were APPROVED by the Board:</p> <ul style="list-style-type: none"> - Assurance Report of the Board’s Joint Committees - Assurance Report of the Board’s Partnership Arrangements - Assurance Report of the Board’s Local Partnership Forum - Committee Annual Reports - Committee Governance: <ul style="list-style-type: none"> o Work Programmes o Annual Assessment of Committee Effectiveness <p>Board took assurance on the following item:</p> <ul style="list-style-type: none"> - Annual Delivery Plan 2023/24 Quarter 4 Performance Report
OTHER MATTERS	
PTHB/24/029	<p>ANY OTHER URGENT BUSINESS No other urgent business was raised.</p>
PTHB/24/030	<p>DATE OF THE NEXT MEETING 11 July 2024, via Microsoft Teams.</p>
PTHB 24/031	<p>The following motion was passed: <i>Representatives of the press and other members of the public shall 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.</i></p>
PTHB IC/24/032	<p>WELCOME AND APOLOGIES FOR ABSENCE CC welcomed all participants to the meeting. Apologies for absence were received as recorded above.</p>
PTHB IC/24/033	<p>DECLARATION OF INTEREST No interests were declared in addition to those already declared within the published register.</p>
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/24/034	<p>MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS HELD ON 20 MARCH 2024 AND 11 APRIL 2024</p> <p>The minutes of the In-Committee meetings held on the 20 March and 11 April 2024 and action log were agreed as a true record.</p>
PTHB IC/24/035	<p>CONTINUING HEALTHCARE HISTORIC CASES UPDATE</p>

	<p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future.</p> <p>The Board received ASSURANCE that historic CHC cases with Powys County Council are now concluded, apart from one case which was updated on during the meeting.</p>
<p>PTHB IC/24/036</p>	<p>NORTH POWYS WELLBEING PROGRAMME</p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.</p> <p>The Board RECEIVED the report as a progress update including the current challenges.</p>
<p>PTHB IC/24/037</p>	<p>GENERAL MEDICAL SERVICES OUT OF HOURS CONTRACT PROCUREMENT</p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the options for the Contract Renewal or Extension for GMS OOH Services. • NOTED the expected changes to Public Procurement in Wales (including NHS). • APPROVED the Direct Award to extend the current contract for a period of 9 Months from 01/07/24 to 31/03/25, noting the risks as detailed.
ITEMS FOR INFORMATION	
<p>PTHB IC/24/038</p>	<p>JOINT COMMITTEE ASSURANCE REPORT – CONFIDENTIAL JCC BRIEFING 28 APRIL 2024</p> <p>Received for information.</p>
<p>PTHB IC/24/039</p>	<p>ANY OTHER URGENT BUSINESS</p> <p>No other urgent business was raised.</p>