

**POWYS TEACHING HEALTH BOARD  
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**

**CONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 13  
AUGUST 2024 VIA MICROSOFT TEAMS**

<b>Present:</b>		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Kirsty Williams	KW	Independent Member (PTHB Vice Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
<b>In Attendance:</b>		
Mererid Bowley	MB	Executive Director of Public Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Stephen Powell	SP	Executive Director of Planning, Performance and Commissioning
Hywel Pullen	HP	Deputy Director of Finance
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Tracey Deacon	TD	Head of Public Health
Amanda Edwards	AE	Assistant Director of Innovation and Improvement
John Morgan	JM	Transformation and Value Programme Manager
Sim Foreman	SF	Deputy Board Secretary
Will King	WK	Consultant in Public Health Medicine
Carl Cooper	CC	PTHB Chair (Observing)
Toboline Mupita	TB	Shadowing Independent Member
Andrea Blayney	AB	Llais
Beth Powell	BP	Corporate Governance Business Officer (Committee Support)
<b>Apologies for absence:</b>		
Hayley Thomas	HT	PTHB Chief Executive Officer
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Ian Phillips	IP	Independent Member (Digital)
Simon Wright	SW	Independent Member (University)
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT

*Meeting started:10:00*

<b>PRELIMINARY MATTERS</b>	
PPPH/24/021	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed Members and attendees to the Committee meeting and <b>CONFIRMED</b> a quorum was present. Apologies for absence were <b>NOTED</b> as recorded above.</p>
PPPH/24/022	<p><b>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 16 MAY 2024</b></p> <p>The Committee <b>APPROVED</b> the minutes of the meeting held on 16 May 2024, as being a true and accurate record.</p>
PPPH/24/023	<p><b>COMMITTEE ACTION LOG</b></p> <p>The Committee Action Log was received, and ongoing actions were discussed. Four items were recommended for closure:</p> <p><b>PPPH/24/006 – Strategic Change Report.</b></p> <p>SP explained that work is ongoing to improve the Health Board’s financial position and remains an iterative process; should service delivery be impacted, an update would be provided to Committee. Members queried whether meeting quarterly was frequent enough, should services be impacted, and members be made aware. SP confirmed the quarterly committee cycle would cover any changes and that any significant escalation would be brought forward to the Board on an urgent basis.</p> <p><b>PPPH/24/012 – Antibiotic Resistance</b></p> <p>SF confirmed that due to Executive’s absence, a briefing note would be circulated to committee members on the position of antibiotic resistance. Members queried the timescales of expectancy, to which it was confirmed this would be circulated by the end of the week.</p> <p>The Committee <b>AGREED</b> the updates provided for implementation to the Action Log for closure.</p>
<b>ITEMS FOR ASSURANCE</b>	
PPPH/24/024	<p><b>STRATEGIC CHANGE REPORT</b></p> <p>SP highlighted the importance of the updated stocktake of Strategic Change programmes which may impact on Powys Teaching Health Board (PTHB) services and patients. Key actions within the Plan are collated under the five priority objectives that the Health Board uses for special measures. SP explained that Powys had increased the alignment of planning and special measures response to allow to focus on areas that are most likely to lead to greatest improvement.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Given the reconfiguration of services, is the volume of change accelerating and does the Organisation have the capacity to manage this?</i></p> <p>SP explained that further changes with capacity expansion had been developed across England and Wales. England had expanded services to improve diagnostic access and day surgery alongside regional working to expand capacity. Challenges remain across a limited workforce and whilst there are plans to improve regional working and bring organisation collaboration, staffing remains a priority area.</p> <p><i>Can a briefing note be circulated to members to convey where Powys patients currently receive Radiotherapy and whether the new</i></p>

	<p><i>Radiotherapy satellite in Nevill Hall Hospital would support Chemotherapy treatment?</i>  SP confirmed that this would be actioned in due course. <b>Action: Executive Director of Planning, Performance and Commissioning</b></p> <p><i>Do we know the reasons that Welsh Ambulance Service NHS Trust (WAST) and Velindre Hospital remain in routine monitoring?</i>  SP confirmed the main driver is the ability to deliver a balanced Integrated Medium-Term Plan (IMTP), both WAST and Velindre had been successful in this delivery given their status. Key tests of escalation status also measure against performance and quality of services being provided.</p> <p><i>Noting that three of the four main English NHS providers commissioned for Powys residents require improvement, the Committee sought to understand what this meant for PTHB.</i>  SP explained that whilst no organisations wished to be in these escalation and oversight regimes, they worked hard to improve and actively exit them, which could mean that some Powys residents have better service or a shorter wait. The Committee heard that the required improvement status often applied to specific services and examples were provided i.e. maternity at Shrewsbury and Telford and Emergency Departments at Hereford and SAF</p> <p><i>What are implications for Powys and how does learning influence planning and commitments?</i>  SP explained that this informs planning as PTHB seeks to develop access and outcomes for Powys residents. Activity is reviewed to understand the impact on patients and what this means for the Health Board's financial position. Plans to build intelligence around current capacity and to seek further opportunities to repatriate services and expand capacity.</p> <p><i>Is Powys experiencing anything different from the Integrated Care Boards and systems and how would learning be built into the Better Together Programme?</i>  Little change is evident in terms of commissioner/provider relationships; however, service developments are being mobilised quicker working as a collective. It was noted that system cohesion had conveyed the expansion of community diagnostic hubs and day care services. Powys had undertaken a recent review of the Diagnostic Centre at Telford Hospital as part of learning and opportunities to build new services into Powys. Orthopaedic surgical procedures within an Outpatient setting at Robert Jones Agnes Hunt (RJAH) Hospital had also been reviewed to act on innovation within the North of Powys.</p> <p><i>Is Powys experiencing any beneficial impact of the introduction of NHS Wales Executive?</i>  Yes, PTHB is experiencing beneficial impact of the introduction of the NHS Wales Executive's purpose to drive improvements in quality and safety, use of resources and improve outcomes.</p> <p><i>What is Health Education and Improvement Wales (HEIW) interaction with the Organisation, and can further support be provided in terms of the workforce challenges?</i>  SP explained HEIW are a key component to the Organisation as they assess current and future workforce challenges. Executive colleagues</p>
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	<p>have a strong working relationship with HEIW to work through significant challenges, recognising that staff move cross Border out of Wales.</p> <p><b>Service Change Engagement Report</b>  AO presented the item and provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services. Key highlights included:</p> <ul style="list-style-type: none"> <li>• Engagement on temporary changes to PTHB services including MIU and community hospital inpatient wards began shortly after the end of the quarter</li> <li>• Further detail is outstanding from neighbouring Health Boards regarding the potential for service change engagement and/or consultation arising from their Annual Plans for 2024/25. Should change programmes be confirmed, these may have potential impacts for Powys residents and for PTHB that are not currently set out within the programme.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>What is the trajectory of providing a new surgery at Llanfair Caereinion?</i>  AO explained that due to the confidential and sensitive nature of this matter, an update would be provided outside of the meeting. <b>Action: Assistant Director of Communications and Engagement</b></p> <p><i>Does the closure of Llanidloes Pharmacy during Saturday afternoon hours impact Pharmacy assessment?</i>  Issues regarding Saturday afternoon hours were supplementary and not core hours. The Organisation had undertaken a Pharmaceutical Needs Assessment process which aimed to identify services to commission through the Pharmacy Contract. This process would be kept under review, should any impact be identified, this would be suggested to remain within the core hours process.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the update within the Strategic Change Report and <b>ASSURANCE</b> was provided that the organisation has the appropriate processes in place to monitor and review Strategic Change programmes across Wales.</li> <li>• <b>RECEIVED</b> the Service Change Engagement report and <b>ASSURANCE</b> was provided in terms of the delivery of engagement and consultation programmes.</li> </ul> <p><i>AO left the meeting. DWL, AE, TD and JM joined the meeting.</i></p>
PPPH/24/025	<p><b>WINTER RESPIRATORY VACCINATION UPDATE</b>  MB verbally updated on the Winter Respiratory Vaccination Programme and highlighted the following key changes:</p> <ul style="list-style-type: none"> <li>• Adults over 65 years of age, Flu and Covid vaccinations would begin from early October 2024.</li> <li>• Two-Three year olds vaccination rollout from early September 2024 via General Practices.</li> <li>• Joint Committee on Vaccination and Immunisation (JCVI) had published guidance on vaccination for eligible cohorts.</li> <li>• Respiratory Syncytial Virus (RSV) had introduced a new programme for three target groups:</li> </ul>

	<ul style="list-style-type: none"> <li>- Pregnant women at 28 weeks, delivered by Midwives from early September 2024, work was underway to review procurement of vaccine by Welsh Government.</li> <li>- Adults over 75 years of age would be offered vaccination with 12 weeks of turning 75 years.</li> <li>• A one-off catch-up programme would be delivered by the Health Board from February to September 2025 for those Adults over 75-80 years.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Is the Maternity Vaccination and Adults over 75 years of age Vaccination part of a second Phase Programme?</i> The RSV is a new Programme agreed by JCVI and planned for delivery from 1 September 2024. The second phase programme is the targeted one-off catchup for 75-80 year olds commencing Spring 2025.</p> <p><i>Are there sufficient vaccine supplies available for the rollout of the RSV Programme?</i> The rollout of vaccine delivery had been provided by Welsh Government and the Health Board are unaware of any supply shortage at a local level. The guidance states an ongoing vaccine would be recommended for those individuals that turn 75 with a Catch-up programme for 75-79 years of age.</p> <p><i>What are the arrangements to increase staff uptake of vaccinations?</i> A review had been undertaken of last year's data to seek to improve vaccination uptake and the emphasis remains on both Flu Vaccinations for staff. The Health Board is seeking to increase the number of Champions to begin the rollout with invitations for staff to attend at Vaccination centres across Powys.</p> <p>The Committee <b>RECEIVED</b> the verbal update on the Winter Respiratory Vaccination Programme <b>NOTED</b> the key changes.</p>
PPPH/24/026	<p><b>TRANSFORMATION-BETTER TOGETHER</b></p> <p>DWL updated on the newly established Directorate of Improvement and Transformation which had been formed to lead a development strategy of the following key programmes:</p> <ul style="list-style-type: none"> <li>• Temporary Service Change</li> <li>• Innovation and Business efficiencies</li> <li>• Value</li> <li>• North Powys Programme</li> <li>• Sustainable Powys, Better Together</li> <li>• Organisation wide deployment of improvement skills</li> <li>• Routemap to sustainability.</li> </ul> <p>A detailed update was provided on the achievements delivered against the transformation team in Q1 which align with PTHB Integrated Medium Term Plan (IMTP). Temporary Service change proposals had been recognised as areas for development. Two of these proposals are at public engagement stages with ongoing discussions with Llais also underway. Assessments are planned to take place to ensure improvement and transformation of service change towards an improved future model. Members noted that communications and engagement with staff and the public would need to be worked through.</p>

	<p>The Committee recognised the potential impact of the service change suggestions and noted that historically, specific projects suggested, looked at the intervention and benefits of change. Members suggested the opportunity for updates against specific projects to be brought back to committee for assurance and look at the financial innovation and transformation. <b>Action: Executive Director of People and Culture</b></p>
	<p>Independent Members sought assurance by asking the following questions:</p>
	<p><i>Can further detail be provided on Slide 11 and what does this tell us?</i>  JM advised it outlined areas that “shone under a value spotlight”. It was recognised that next steps to enable delivery would be provided to Committee members and shared with members of the Delivery and Performance Committee given the remit of its committee. <b>Action: Transformation and Value Programme Manager</b></p>
	<p><i>To what extent is the current state of the digital infrastructure and do the innovations drive the improvements needed?</i>  AE confirmed that connectivity remains a challenge across the Health Board and wider Powys. To drive digital innovation the Organisation needs to understand what will help to improve connectivity. An evaluation assessment had been carried out using the OKKO Health App to gather innovation and individual experiences. The Committee recognised the need for alignment of the IT and Infrastructure with a twostep plan when the Transformation Director has been recruited to. The Committee noted the importance of providing live feedback to Welsh Government in order to make better changes for the Powys population.</p>
	<p><i>How transformative are the options and are they more improvements rather than transformative?</i>  DWL explained that it was felt too many options are currently on go and the team plan to review the benefits in order to make the necessary arrangements to speed up and/or delay programmes. Given the financial position it was recognised the importance to choose the right model going forward ahead of the recruitment to the Director of Transformation and Value position.</p>
	<p><i>Do you think this is a coherent plan and patient future model, and is evaluation being implemented to capture citizens and patients voices as a driver for change?</i>  DWL explained that this is not currently a coherent set of activities and priority areas would need to be reviewed recognising further work is required to implement an improvement and transformation strategy. Evaluation was recognised as a priority area to demonstrate what is being achieved. It was noted that dialogue with patient coproduction is essential for future models.</p>
	<p><i>Can you provide assurance that staff voices are incorporated into service change delivery and are not being missed out?</i>  Regular staff briefings take place across the Organisation, specifically around service change to ensure staff have the opportunity to engage in transformation and influence plans. Work is underway with Trade Unions to launch a cascade brief through management structures as it was recognised not all staff have intranet access. Transformation tools are under development for all staff to enable better understanding of change</p>

	<p>processes and emphasis to ensure are staff engaged and sighted remains a priority.</p> <p><i>Are there any potential risks with the use of Avastin for Age-related Macular Degeneration and is this on or off-license?</i></p> <p>JM confirmed that further detail would be provided outside of the meeting. <b>Action: Transformation and Value Programme Manager</b></p> <p><i>How does the Organisation know it is operating efficiently and where is this reported across the Health Boards Governance arrangements to ensure the Board is effectively sighted on waste identification?</i></p> <p>SF confirmed a programme to identify waste had been initiated and the Executive lead would manage reporting mechanisms. The Business efficiency team had implemented a two-year automation plan which focuses on building team resources and eliminating the number of waste products across the Trust. This would determine which programmes would be accelerated with a series of choices to be brought to a future Board meeting. Members agreed that the Chair’s Committee forum would receive further updates on Waste identification to provide greater assurance. <b>Action: Deputy Board Secretary</b></p> <p>The Committee <b>RECEIVED</b> the update on the Transformation – Better Together Programme and <b>NOTED</b> the key changes.</p>
PPPH/24/027	<p><b>TOBACCO CONTROL</b></p> <p>MB updated on the delivery of actions towards achieving PTHB’s smoking cessation targets and the ambition of a smoke free Powys by 2030. Data analysis of smoking rates across General Practices had been completed with telephone follow-up and online support provided. The Just Be Prevention programme sets out a three-phased plan which had been delivered across six comprehensive schools across Wales.</p> <p>The following themes were discussed:</p> <ul style="list-style-type: none"> <li>• A Smoke-Free Powys Strategy and Action Plan 2025-2027 had been drafted. Awaiting publication of the updated Welsh Government Delivery Plan (due to be published in the Autumn 2024) to ensure the Powys plan aligns.</li> <li>• A maternity dashboard had been developed to capture data which enables targeted public health action.</li> <li>• Planning is underway to develop a project in 2024/25 to provide a personal CO monitor to pregnant women who wish to become smoke-free.</li> <li>• Engagement with Primary Care to support people to quit smoking had shown to be effective to reach the target of treating 5% of smokers during 2023/24.</li> <li>• Achieved the Health Board target of treating 5% of smokers for the first time in Powys.</li> <li>• Led a proactive 'call to action' amongst partners to address the increase in use of vapes in young people.</li> <li>• Developed resources for educational systems to support teachers to respond, and new referral pathways across organisations in partnership to meet needs.</li> <li>• Effective partnership work and system leadership by the Public Health Team on tobacco control and vaping.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p>

	<p><i>Who leads the coordination and review of substance consumption?</i> MB explained that substance misuse is overseen by the Area Planning Board (APB) and Governance is represented under Community and Mental Health Directorate. Powys is working with Public Health Wales to review evidence-based programmes for alcohol misuse in young people to identify evidence based interventions.</p>
	<p><i>What is the detail of the increased hospital admissions in 2022/23 across Wales that are attributable to smoking?</i> MB explained that pre pandemic approximately 22% of individuals who required medical intervention were related to tobacco smoking. It was stated this remains an area of concern and would continue to be supported.</p>
	<p><i>Is an Audit being undertaken across Maternity Services of smoke free training to support pregnant women?</i> A Maternity Service dashboard had been developed with Womens and Childrens Services to review smoking rates in pregnancy. It was recognised the dashboard is at planning stages with further work still to be done. This would be shared with Committee members to monitor progress. <b>Action: Consultant in Public Health</b></p>
	<p>Independent Members congratulated the Public Health Team on the success of achieving the Health Board target of 5% and referenced the importance of the work undertaken.</p>
	<p>The Committee <b>NOTED</b> the report and took <b>ASSURANCE</b> on the progress towards a smoke-free Powys.</p>
<b>ITEMS FOR DISCUSSION</b>	
PPPH/24/028	<p><b>DEEP DIVE-DIABETES</b> The Committee received the report as read; the Consultant in Public Health invited questions from members.</p>
	<p><i>The Chair questioned the reasoning behind scenario four of the Health Board finance model and why it is different to the other scenarios?</i> WK explained that historic data had been used to project current scenarios although the exact method was unknown. Contact details would be shared with the Chair to source further information as requested. Discussion around financial impacts moving forwards was recognised as a priority, specifically across childhood obesity Type 2 Diabetes with a focus on Women, Children and families to plan for long term success in tackling health issues within the first 0-5 years.</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the report and took <b>ASSURANCE</b> that work had been completed.</li> <li>• <b>NOTED</b> the key findings and recommendations.</li> <li>• <b>APPROVED</b> the recommendations from the report</li> </ul> <p><i>CM left the meeting</i></p>
<b>OTHER MATTERS</b>	
PPPH/24/029	<p><b>COMMITTEE RISK REGISTER</b> SF noted that the Committee Risk Register had been in development and now provides an actioned based Register inclusive of two risks that fell within the Committee's remit. All corporate risks continue to be reviewed by the relevant lead Directors prior to the next iteration of updates.</p>

	The Committee <b>RECEIVED</b> the July 2024 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee.
PPPH/24/030	<b>COMMITTEE WORK PROGRAMME</b> SF presented the 2024/2025 work programme based upon the scope with the Terms of Reference. An agile approach would be followed to respond to changes as required and the programme would be adapted throughout the year. The Committee <b>NOTED</b> the Work programme and took <b>ASSURANCE</b> that the relevant items would be available.
PPPH/24/031	<b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b> SF confirmed the Committee Chair would provide a verbal update to the Board In-Committee on 21 August 2024 to support the discussions and agreed actions of the North Powys Wellbeing Programme. It was <b>AGREED</b> that the Maternity Dashboard to look at smoking rates in pregnancy would be added to a future Board Briefing agenda for further discussion.
PPPH/24/032	<b>ANY OTHER URGENT BUSINESS</b> There was no urgent business.
PPPH/24/033	<b>COMMITTEE REFLECTIONS</b> The following summary of business and reflections were provided by Committee members: <ul style="list-style-type: none"> <li>• Strong detailed discussions</li> <li>• Good, varied range of Executive Director voices.</li> <li>• Strong focus on Health Board staff</li> <li>• Pragmatic with reflective and relevant topics</li> <li>• Quality and planning of papers well received</li> <li>• Independent Member contribution was well received</li> <li>• Selective balance and perceptive questions posed;</li> <li>• Chaired very well given timing structure.</li> </ul>
PPPH/24/034	<b>DATE OF THE NEXT MEETING</b> 14 November 2024 at 10:00, via Microsoft Teams.

*Meeting ended: 12:13*