

Planning, Partnerships and Population Health Committee

Thu 14 August 2025, 10:00 - 13:00

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

Rhobert Lewis

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

 PPPH_1.2_Board Members Declaration Of Interests summary 2025-26_August 2025.pdf (3 pages)

10:00 - 10:00 2. CONSENT AGENDA BUSINESS

0 min

10:00 - 10:00 3. ITEMS FOR APPROVAL/ RATIFICATION / DECISION

0 min


3.1. Minutes of the previous meeting/s held on 19 May 2025.

 PPPH_3.1_PPPHMinutes_Draft_19May2025 Final.pdf (12 pages)

3.2. Committee Action Log

 PPPH_3.2_Action Log.pdf (1 pages)

3.3. Committee Governance Action Plan

 PPPH_3.3_Committee Governance Action Plan 2025-26.pdf (5 pages)

10:00 - 10:00 4. ESCALATED ITEMS

0 min

4.1. Organisational Escalation Status: Planning and Strategy


 PPPH_4.1_Level 4 Escalation Planning and Strategy.pdf (21 pages)

10:00 - 10:00 5. ITEMS FOR ASSURANCE


0 min

5.1. Strategic Change Report and Engagement Report

 PPPH_5.1 Strategic Change Cover Paper.pdf (4 pages)

 PPPH_5.1a Strategic Change Stocktake.pdf (40 pages)

5.2. Partnership Governance and Assurance Framework Report

 PPPH_5.2_Partnership Governance Assurance Report August 2025.pdf (5 pages)

 PPPH_5.2a_Annexe 1 PTHB Partnership Governance Assurance Report August 2025.pdf (15 pages)

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5.3. Transformation and Change - Better Together

📄 PPPH_5.3 Better Together Update Aug 2025.pdf (9 pages)

5.4. Winter/System Resilience Planning

📄 PPPH_5.4_Winter Plan 25-26.pdf (4 pages)

5.5. Approach to the Annual Report of Director of Public Health

📄 PPPH_5.5_Approach to the Annual Report of DPH 14Aug25_v0.4.pdf (29 pages)

5.6. Regional Partnership Board - Annual Delivery Plan

📄 PPPH_5.6_RPB Delivery and Resource Plan July25 (final).pdf (6 pages)

📄 PPPH_5.6a_Appendix A RPB.pdf (15 pages)

5.7. Additional Learning Needs (ALN)

📄 PPPH_5.7_PtHB ALN August 2025.pdf (10 pages)

5.8. Committee Risk Register

📄 PPPH_5.8_Committee Risk Register Update Aug 2025.pdf (3 pages)

📄 PPPH_5.8a_Appendix A - Committee Risk Register Aug 2025.pdf (23 pages)

10:00 - 10:00 6. ITEMS FOR DISCUSSION

0 min

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Committee Work Programme

📄 PPPH_7.1_DRAFT 2025-26 Board & Committee work plans.pdf (1 pages)

7.2. Primary Care Optometry Health Needs Assessment

📄 PPPH_7.2_Primary Care Optometry Eye Health Needs Assessment.pdf (4 pages)

📄 PPPH_7.2a_PTHB Eye Health Needs Assessment March 2025 FINAL 200525.pdf (48 pages)

7.3. Glossary

📄 PPPH_7.3_Glossary.pdf (5 pages)

10:00 - 10:00 8. OTHER MATTERS

0 min

8.1. Any Other Urgent Business

Chair

8.2. Items to be Brought to the Attention of the Board and/or Other Committees

Chair

8.3. Committee Reflections

8.4. Date of the Next Meeting: 20 November 2025

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26								Updated: August 2025
Position	Name	Interest Category	Interest Situation	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned
INDEPENDENT MEMBERS								
PTHB Chair	Carl Cooper	Indirect Interests	Loyalty Interests	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL	29/05/2025
		Indirect Interests	Loyalty Interests	2025	Ongoing	Family member is an employee of Cardiff & Vale University Health Board (non Director).	Nil	
Vice Chair	Kirsty Williams	Non Financial personal interests	Loyalty Interests	Feb-25	Current	Co Director of Samaritans Powys	None	22/04/2025
		Non Financial personal interests	Loyalty Interests	Nov-22	Current	Director of ILEP Ltd a subsidiary of Cardiff University	None	
		Indirect Interests	Outside Employment	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment	
		Non Financial personal interests	Loyalty Interests	2024	Current	Vice Chair of Brecknock YFC Board of Management	NIL	
Independent Member (General)	Rhoert Lewis	Non Financial professional interests	Outside Employment	Nov-21	Current	Chair NPTC Group of Colleges	NIL	30/05/2025
		Indirect Interests	Outside Employment	Nov-21	Current	External member Cross-party STEMM Group Welsh Government	NIL	
Independent Member (Trade Union)	Cathie Poynton	NIL	NIL	NIL	NIL	NIL	NIL	01/05/2025
Independent Member (finance)	Steve Elliot	Non Financial professional interests	Outside Employment	04/02/2024	Current	Spouse Directorship of Oshi's World Private Limited Company and a Trustee of Oshi's World Charity	NIL	17/04/2025
Independent Member (General)	Ronnie Alexander	Indirect Interests	Outside Employment	01/10/2018	Current	Lay Observer to HEIW Participation in ARCPs and Pharmacy Advisory Board	Small half-day or daily payment dependant on booking availability	15/05/2025
		Indirect Interests	Outside Employment	2012	Current	Partner-Director of RA and CJ Consulting Limited	Dividend Payment only	
		Indirect Interests	Outside Employment	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	Remunerated	
		Indirect Interests	Outside Employment	Mar-21	Current to Dec-27	Independent Monitoring Authority (IMA) – Non Executive Director	Remunerated	
		Indirect Interests	Shareholdings and other ownership interests	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	
Independent Member (University)	Simon Wright	Financial Interests	Outside Employment	2015	Current	Personal: Academic Registrar, Cardiff University-Variou Healthcare Programmes	Salaried Employment	18/06/2025
		Indirect Interests	Loyalty Interests	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	
		Indirect Interests	Loyalty Interests	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment	
Independent Member (Third Sector)	Jennifer Owen Adams	Non Financial professional interests	Loyalty Interests	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	07.02.2025	09.02.2028	PAVO-Vice Chair	None	
		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	

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		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local Authority)	Christopher Walsh	Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	19/06/2025
		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL	
Independent Member (Capital)	Michael Giannai	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
Independent Member	Ian Thomas	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
EXECUTIVE MEMBERS								
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
Executive Director of Finance, Capital and Support Services	Pete Hopgood	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		
Executive Medical Director	Kate Wright	Non-Financial professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025
Executive Director of People and Culture	Debra Wood Lawson	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	29/05/2025

Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of	14/05/2025
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-Financial professional Interest	Outside Employment	Nov-21	Current	Self - School Governor – Langynwyd primary school (Bridgend)	Not remunerated	18/06/2025
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month	
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work	
		Indirect Interests	Outside Employment	Sep-22	Current	Partner - Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	

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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

**UNCONFIRMED MINUTES OF THE MEETING HELD AT 10.00 ON
TUESDAY 19 MAY 2025 VIA MICROSOFT TEAMS**

Present:		
Simon Wright	SW	Independent Member (University) Acting Chair
Ronnie Alexander	RA	Independent Member (General)
Kirsty Williams	KW	Independent Member (PTHB Vice Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
In Attendance:		
Zoe Ashman	ZA	Assistant Director of Quality and Safety
Mererid Bowley	MB	Executive Director of Public Health
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
Lucie Cornish	LC	Director of Improvement and Transformation
Tracey Deacon	TD	Head of Service: Public Health Programmes and Projects
Susan Dinsdale	SD	Head of Children Public Health Nursing and Paediatric Services
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Jayne Lawrence	JL	Assistant Director of Primary Care Services
Clare Lines	CL	Assistant Director Commissioning Development
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Anna Prothero	AP	Principal Public Health Practitioner
Hayley Thomas	HT	Chief Executive
Amanda Walters	AW	Head of Primary Care - Development and Support
Apologies for absence:		
Katie Blackburn	KB	Llais (Observing)
Rhobert Lewis	RL	Independent Member (Committee Chair)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Debra Wood-Lawson	DW-L	Executive Director of People and Culture

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/25/001)

The Committee Chair welcomed Members and attendees to the Committee meeting and **CONFIRMED** a quorum was present. Apologies for absence were **NOTED** as recorded above.

1.2 DECLARATIONS OF INTEREST & BOARD MEMBERS REGISTER OF INTERESTS (PPPH/25/002)

No declarations of interests were received in addition to those already recorded on the register.

2. CONSENT BUSINESS AGENDA

There were no items from the consent agenda that Committee members wished to bring forward to the main agenda.

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 04 FEBRUARY 2025 (PPPH/25/003)

RA declared a point for clarification against page 2 of 13 against the background of antibiotic resistance, querying a response and information about the specific responsibilities of the lead regional pharmacist. Confirmation was requested that this had been done, due to not having received the information.

MB confirmed it had been circulated back in February 2025 approximately two weeks after the previous meeting but that this would be recirculated to the Committee.

The Committee **APPROVED** the minutes of the meeting held on 04 February 2025, as an accurate record.

3.2 COMMITTEE ACTION LOG(PPPH/25/004)

The Committee Action Log was received, and ongoing actions were discussed. The following four actions were recommended for closure (PTHB/197/, PPPH/24/012, PPPH/24/058a and PPPH/24/058b)

The Committee **AGREED** the updates provided for implementation to the Action Log.

3.3 2025/2026 COMMITTEE WORK PROGRAMME (PPPH/25/005)

HB outlined the Annual Work Programme, developed with Lead Executives and the Chair which aligns with the Terms of Reference, Risk Register, and committee requirements, incorporating lessons learned. The programme will be reviewed at each meeting and adjusted as needed throughout the year.

The Committee **APPROVED** the Committee Work Programme.

4. ESCALATED ITEMS

There were no items for inclusion within this section.

5. ITEMS FOR ASSURANCE

5.1 STRATEGIC CHANGE REPORT/ ENGAGEMENT REPORT(PPPH/25/006)

The report provided an updated stocktake of strategic change programmes across Wales and England that may impact healthcare for Powys residents. NJ presented the quarterly update, highlighting key developments relevant to the 2025/26 planning cycle. The report summarised NHS Wales plans affecting Powys, with changes from the previous version marked in red. All plans remain subject to Welsh Government feedback.

Key themes included:

- The Better Together programme is shaped by learning from other Health Boards and is fully integrated into our annual plan.
- Active engagement continues with Hywel Dda on proposed changes to Bronglais and stroke services, including consultation in northwest Powys.
- Monitoring is ongoing of Cwm Taf Morgannwg University Health Board's (CTMUHB) planning approach, especially changes at Prince Charles Hospital.
- Stroke service changes in Telford and the wider cross-border area in England are under review.
- The Health Board are contributing to the new Southeast Wales Regional Stroke Board due to its relevance for Powys residents.
- Swansea Bay's maternity and neonatal review offers useful insights for national learning.
- Ongoing discussions with Aneurin Bevan focus on Neville Hall Hospital's future role and implications for Powys.
- The outcome of the EMRTS (Emergency Medical Retrieval and Transfer Service) judicial review is awaited.

AO provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services. This outlined ongoing preparatory engagement activities in advance of Hywel Dda University Health Board's (H DUHB) forthcoming public consultation, scheduled to commence on 29 May 2025 following formal approval by H DUHB.

Key highlights included:

- A meeting with Hywel Dda provided an update on the upcoming consultation; draft materials are expected shortly.
- Once received, this will be widely disseminated across Powys to support engagement and inform a formal response.
- Stroke service changes, especially relating to Bronllys Hospital, are expected to be a key public focus.
- Preparations are underway to ensure stakeholder engagement once the consultation launches, after H DUHB's Board meeting next week.

Members asked the following questions for assurance:

Given the reference to the Mid Wales Joint Committee's focus on Community Dental Services, and recent developments in Northern Ireland where most practices have returned NHS contracts, alongside the rollout of Wales's new dental contract, do you have any further comments or concerns?

HT noted UK-wide pressures on NHS dental services, with Powys relying heavily on its strong Community Dental Service (CDS) to provide urgent care across rural areas. This model offers strength but also exposes vulnerabilities, especially amid wider issues like NHS contract returns in Northern Ireland and Wales's new contract rollout. While many

Powys practices have retained NHS contracts, access remains a key public concern. AO shared the consultation document with Committee Members.

Are Dental Services sufficiently reflected in the risk register as a risk, or is it a shifting position?

HT advised that Dental Services were currently included on the Directorate Risk Register. Steps were being taken to address the issues locally; however, the team would be asked to revisit the status of Dental Services on the Risk Register.

Is the impact of the recent urgent changes to stroke services being monitored, and how have those changes affected Powys patients in terms of both clinical outcomes and patient experience?

NJ advised that regular engagement is ongoing between the Health Board and CTMUHB, including correspondence and meetings to monitor service delivery and data. Whilst an evaluation framework exists, a formal six-month report consolidating provider data, patient experience, and patient flow has not yet been published seen. A request will now be made for that report to support further analysis and action, particularly regarding non-ambulance conveyances and patient feedback.

If the patient experience has been broadly positive, can this learning be used to inform ongoing discussions and collaborative planning with neighbouring health boards, particularly as similar stroke service reconfigurations are being considered elsewhere?

HT advised that the Health Board has been invited to join both the Southwest and Southeast Regional Committees as an Associate Member. The Southwest Committee is active, with the Health Board reviewing governance and the Chair attending as an observer. The Southeast Committee, launching in October 2025, is still being scoped. Due to the Health Boards broad geography and cross-border links, dual participation is complex, and work continues to ensure alignment with internal governance.

Will Powys be disadvantaged by joining these Regional Committees as an Associate Member, given limited capacity locally and complex cross-border arrangements? How can assurance be given that the voice of Powys residents and commissioning responsibilities are effectively represented and prioritised within these structures?

HT note the risk of Powys being disadvantaged is recognised, but there are safeguards in place. Clear Terms of Reference (TOR) and ongoing review of Associate Membership status can help ensure the catchment population is appropriately represented. While governance models differ across committees, the Health Board retains statutory responsibility as a commissioner and decision-maker. The Health Board will continue to monitor and adapt the approach as necessary, but at this stage, there is no clear indication that we are being disadvantaged.

NJ stated that KW question has prompted a 6-month report on the Evaluation Framework that can be looked at and take learning from and respond to as is needed.

Where does the issue of securing a provider for specialised auditory implant services for children currently sit, given its importance and the lack of clarity in the documentation?

AO and NJ advised the specialised auditory implant service for children remains under current arrangements, mainly delivered in Cardiff and Vale University Health Board. While consultation on a single-provider model has occurred, the Joint Commissioning

Committee (JCC) has yet to identify a provider meeting the full specification. Existing services and standards remain in place during this ongoing process. An update is expected following the JCC meeting scheduled for 20 May 2025.

The Committee:

- **NOTE** the report and **DISCUSS** the content.
- Take **ASSURANCE** that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

5.2 WHOLE SYSTEMS APPROACH TO PREVENTION OF OBESITY(PPPH/25/007)

MB introduced the report which provided an update on the Whole System Approach to Healthy Weight programme in Powys and assurance about the progress made on delivery during 2024/25.

TD Provided the following update:

Overweight and obesity remain key challenges in Wales and Powys. Rates among 4–5-year-olds have improved (28.1% in 2019 to 22% in 2023), but over half of adults remain overweight or obese. Powys Teaching Health Board is adopting a whole system, early prevention approach, aligned with Welsh Government guidance and delivered through strong governance via the Public Services Board.

Four key intervention themes for families with children aged 0–5 was identified:

- Breastfeeding Support – e.g., 260+ venues joined the Breastfeeding Welcome Scheme.
- Introduction to Solids – promoting healthy food access early in life.
- Cooking & Nutrition Education – supporting parents and carers with practical skills.
- Healthy Food Affordability – improving equitable access to nutritious options.

Achievements include reduced childhood obesity, stronger governance, joint delivery with Powys County Council, and targeted support for deprived areas. The approach focuses on continuous learning and collaboration for lasting impact.

Members asked the following questions for assurance:

How confident are we that the progress made in reducing childhood obesity will be sustained and not reversed? and Will ongoing collaboration with local groups foster a critical mass that normalises healthy behaviours and encourages community-led sustainability?

MB advised the Health Boards' Welsh Government-funded programme is one of Wales's most successful, driven by committed staff and strong partnerships. Childhood obesity rates are falling, but sustained progress needs continued funding and workforce support for lasting impact.

Is the definition and benchmark for overweight and obesity constant, ensuring data is measured against a consistent standard?

MB confirmed the data is robust, based on measured height and weight of children at school entry, with the levels of overweight and obesity assessed separately.

Given the ongoing cost-of-living crisis and its link to deprivation and obesity, what is the level of confidence in the effectiveness and support for the access to healthy food workstream, and how does its progress compare to initiatives like breastfeeding support and the nursery gold snack award?

MB and AP advised the Healthy Start voucher scheme faces data and access challenges. The Health Board, led by FV and partners, is raising awareness and improving acceptance. Public Health Wales is evaluating the scheme to guide national improvements, inspired by Scotland's automatic enrolment. Successful local programmes like the Breastfeeding Welcome Scheme are considered for wider rollout. Efforts also target preschool nutrition and policy changes to support affordable, healthy food access.

Given the high retention in cooking courses, how can we better address the issue that food bank recipients often lack resources (e.g., fuel, equipment) to cook the food they receive, and what systemic approaches could tackle this barrier effectively?

AP noted workshops revealed food bank users often lack skills and resources to cook provided foods. While courses help, affordability and convenience remain barriers, especially for families with young children. Further research is planned to identify effective interventions.

The Chair and the Committee echoed in congratulating the team.

The Committee:

- **NOTED** the contents of this briefing
- Took **ASSURANCE** about progress made on implementing a whole system approach to the prevention of overweight and obesity in Powys targeting 'Children, Families and Access to Healthy Food' which is funded through a short-term grant of £104k until March 2026.
- **NOTED** that in Powys, the percentage of 4–5-year-olds living with overweight or obesity has seen a decrease from 28.1% in 2019 to 22% in 2023.
- **NOTED** that over 50% adults report as being overweight or obese, with rates highest in the most deprived areas. Efforts need to be directed at preventing people becoming an unhealthy weight in the first place which requires a commitment to large-scale population-level primary prevention.

5.3 PRIMARY CARE CLUSTER REPORTING AGAINST DELIVERY 2024/2025 (PPPH/25/008)

JL provided a brief overview of the 2024-25 cluster report and 2025-26 plans. Powys currently has three clusters, but mid-Powys faces delays due to a vacant cluster lead. Dental and Nursing Collaboratives are not fully established yet, though professional input continues. The Dental Collaborative relates to the new National Contract starting April 2026.

Key priorities across all clusters in 2024-25 have been:

1. Frailty
2. Urgent care
3. Mental health

Several pilot projects have supported the Start Well, Live Well, and Age Well frameworks, focusing on early prevention, integrated care, frailty services, diabetes care, and workforce development. Collaboration across clusters has boosted innovation, though some ring-fenced budgets remained unspent due to recruitment and procurement issues. In 2025-26, the cluster model will merge Mid and South Powys into two clusters, consolidating delivery plans to align priorities and projects.

Members asked the following questions for assurance:

Will the clusters take specific actions to prevent ongoing underspends, or is the current pattern of underspending expected to continue?

JL advised the 2024/25 underspend will not be rolled over into 2025/26. The merger of the Mid and South clusters aims to improve project delivery. With the All Wales accelerated cluster development model in place, there is a clear intention to drive progress more effectively this year and ensure committed funding translates into actual delivery.

Is the All Wales accelerated cluster development model effectively meeting needs in Powys, or does it not fit the local context? Are there internal factors limiting performance, and what changes are needed to improve outcomes?

EL noted that following recent talks with primary care leaders, a review of cluster roles is being undertaken to better align with Wales's primary care model. Powys' unique setup offers a chance to work differently, and cluster roles will be clarified and an integrated plan developed in the coming weeks.

Have clusters developed sufficiently to deliver effectively on a place-based model, and what organisational changes or flexibility might be needed to enhance their performance?

HT advised national discussions are ongoing regarding revision of the cluster model to better fit primary care needs and pressures. There may be a need for a refreshed "version two" of the cluster approach for sustainability.

How realistic are the expectations placed on clusters given the underspend, and should there be a focus on fewer projects executed more effectively?

EL advised historical cluster underspend was of concern and will be monitored. Efforts are ongoing to align cluster priorities with the Health Board's annual plan to prevent future underspend.

The Committee:

- **RECEIVED** the Primary Care Cluster Reporting against Delivery 2024/25 report
- Took **ASSURANCE** a monitoring approach is in place to ensure appropriate performance reporting against cluster plans.

5.4 PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK (PPPH/25/009)

HB welcomed NJ and CL to present the Partnership Governance and Assurance Framework, developed following a 2022 Internal Audit. Led by the Assistant Director of Partnership Development, it clarifies the Health Board's statutory partnerships to improve governance and coordination.

The framework maps 14 statutory partnerships and acts as a staff and stakeholder directory. A high-level outcomes report will be shared with the Committee and Board. A piloted Partnership Maturity Matrix will assess effectiveness, with plans to include non-statutory partnerships.

An Advisory Audit praised the approach, with recommendations incorporated into audit tracking. The Committee welcomed the progress and commitment to stronger partnership governance.

Members asked the following questions for assurance:

How can the time, effort, and resources invest in partnership activity be effectively evaluated to ascertain if they are delivering meaningful value and outcomes?

NJ and HT advised the maturity matrix is designed to evaluate the effectiveness and value of partnership arrangements over time. Alongside this, the high-level partnership report will clearly outline implications for Powys to support reflection, inform strategy, and align with local priorities whilst avoiding duplication of existing reports.

How are statutory partnership commitments prioritised and managed at the executive level amid high demand? Additionally, how is responsibility for attendance distributed, and how are strategic engagement decisions made?

HT advised that the Health Board's complex partnership landscape posed governance and prioritisation challenges. While some partnerships are delegated, overall engagement is shared. Prioritisation depends on statutory needs, strategic importance, and resources, guided by executive judgment. Limited dedicated roles constrain capacity, prompting plans to better align resources and separate statutory from non-statutory partnerships for sustainable governance.

CL made the following observations:

- The high-level report will be an annual update highlighting key issues, including emerging challenges like the inactive Regional Housing Support Group impacting placements and costs, which may require adjusted partnership engagement. This is due to not having had a coordinator
- Improved strategic coordination, such as using the Live Well Forum to support other partnerships, could boost capacity and reduce duplication.
- A holistic view of partnership activity will enable better alignment and resource optimisation.

The Committee:

- **RECEIVED the** Framework, in preparation for operationalisation in Q1 of 2025/26.
- Took **ASSURANCE** the Framework is in place and will report as set out on a biannual basis.

5.5 ADULT WEIGHT MANAGEMENT PATHWAY UPDATE (PPPH/25/010)

EL gave a presentation to the Committee outlining the adult weight management pathway in Powys, addressing growing demand as over 50% of adults are overweight or obese. The paper noted that the pathway consists of four levels:

- Level 1 is a nationally accessible online resource (Healthy Weight Healthy You)
- Level 2 is delivered by the local dietetics team.
- Level 3 by the Powys Living Well service.
- Level 4 involves externally commissioned bariatric surgery.

Key developments include a single GP referral point for Levels 2–4, expanded 2024-25 capacity, a six-pillar programme implementation, improved data tracking, and a Q1 2025-26 medication pilot to address rising demand.

Members asked the following questions for assurance:

How soon will the medical weight loss pilot transition to full implementation, addressing equity and patient preference? Will this shift resources from traditional programmes, and what is the timeline for evaluating the pilot and deciding next steps?

EL advised the teams have prioritised developing a more sustainable, future-oriented model, emphasising the expansion of accessible online resources.

What steps are being taken to improve coordination between Level 2 and Level 3 services, particularly regarding data monitoring and impact assessment, to better evaluate the effectiveness of these programmes and inform future investment?

EL advised the programme offers extensive digital resources and a thorough Level 3 assessment to guide individuals to suitable services. Efforts continue to improve accessibility and address the gap between Level 2 and Level 3 for better impact tracking. While the six-pillar approach promotes holistic health, sustaining long-term outcomes remains a challenge.

How is inequity in accessing costly medical weight loss services being addressed? What steps are underway to boost voucher uptake and reduce unclaimed commercial weight management vouchers?

HT advised the medical weight loss pilot will run for at least three months to assess effectiveness and equity, working closely with national partners on eligibility and costs. Further updates on the commercial weight management offer will follow.

The Committee:

- **RECEIVED** the contents of this report and the data provided by the level 2 and level 3 services on progress towards the provision of a weight management pathway for adults,
- **NOTED** the national developments highlighted in this report, including the introduction of a pilot programme for delivering weight management medication as part of the level 3 service,
- **NOTED** the increased demand for weight management services seen at levels 2 and 3,
- **NOTED** the proposal for further work to be done by the services to continue to develop and implement processes to monitor key service delivery data including activity and outcome data,
- **NOTED** increased local promotion of the national online level 1 offer including as part of the level 2 and 3 service offerings,
- **NOTED** a shared approach to reporting on the development of weight management services,

- Took **ASSURANCE** appropriate reporting mechanisms are in place.

5.6 HEALTHY CHILD WALES PROGRAMME (CR) HEALTH VISITING PROGRAMME (PPPH/25/011)

ZA introduced SD to present the Healthy Child Wales Programme (HCWP) in Powys, delivered by health visiting, school nursing, and Flying Start teams. Current caseloads are at full capacity, with staff shortages and a lack of recommended staffing uplifts impacting service delivery. This has led to a decline in six-month contact rates and risks in school nursing due to high child protection caseloads. The extended HCWP rollout for school-aged children is underway, with a two-year timeline to 2026. Workforce planning focuses on resource realignment, integrated models, improving immunisation, and meeting staffing targets to ensure full delivery.

Members asked the following questions for assurance:

Do the current capacity challenges in delivering the Healthy Child Wales Programme warrant a formal service review similar to previous reviews in midwifery and mental health, or is the ongoing workforce remodelling is sufficient to address service gaps and achieve the desired improvements?

NJ advised the service is undergoing major transformation by integrating health visiting models, reviewing administrative support, and adopting digital tools. Despite capacity constraints from rising child protection cases and interim staffing, measures such as centralised clinics, enhanced supervision, and aligned postnatal care ensure safe, prioritised delivery. The workforce plan aims to build a stable, sustainable structure with key roles to support long-term resilience.

What is the expected timeline for completing the current workforce remodelling and transitioning to the new, stable delivery model?

ZA advised the workforce remodelling began in March and is expected to be completed by the end of this month, establishing a robust and substantive structure moving forward.

Given the current risks and assurance mechanisms in place, is further escalation or a separate in-depth review of health visiting services necessary, or can ongoing oversight through the existing Integrated Quality and Performance Group process remain sufficient?

HT noted progress so far is reassuring, but deliverability of future options will require ongoing evaluation. While the situation has not yet reached escalation, failure to resolve workforce planning could trigger it.

Should we challenge or revise the national health visitor caseload benchmarks to better reflect the geographical and socioeconomic complexities of delivering services in rural and deprived areas like Powys?

HT advised that the workforce review tackles challenges in geography, team size, and access, with digital tools like e-consent boosting efficiency. Service safety and rurality remain priorities, with strong advocacy to include rurality in outcome measures.

How is the school nursing service adapting to meet the needs of home-educated and alternatively educated children, and how can we ensure these groups are effectively reached?

HT advised a more strategic conversation with Welsh Government is needed regarding deliverability in rural contexts.

Action: Further update to be given on the next Committee

The Committee:

- **RECEIVED** the paper, and
- Took **ASSURANCE** on:
 - Children's Public Health Nursing provision
 - Healthy Child Wales Programme implementation for school-age children
 - Local and national governance of reporting
 - Immunisation programme progress
 - Statutory safeguarding responsibilities.

5.7 COMMITTEE RISK REGISTER (PPPH/25/012)

HB advised that the Board had approved the Board Assurance Framework in March 2025 and work was underway to create a Strategic Risk Register and Organisational Risk Register which would be brought to Board in May 2025.

The Committee NOTED the update.

5.8 Annual assessment of Committee Effectiveness (PPPH/25/013)

HB reported that the Committee Effectiveness Survey, with consistent questions had received six responses (four Independent Members, two Executive Directors). Feedback was incredibly positive, with no negative results and few neutral positions. Slide 23 showed strong assurance across remit and culture.

A light-touch governance action plan will focus on:

1. Learning and Improvement
2. Routine Items balance
3. Clarifying Primary Care Planning role
4. Strengthening Partnerships assurance

The plan will be presented to the Committee in August 2025, with themes reviewed at the Chairs Forum. Further reflections are welcomed.

Members asked the following questions for assurance:

Is there scope to realign items across committees, provided clear oversight is maintained?

HB told the Committee that agile movement of items between committees, for example neurodevelopmental services had worked well. With current tracking systems, via the action log, this flexible approach will continue and be monitored via the Chairs Forum.

How can assurance be given that each committee takes focused action while maintaining oversight of individual outliers that may otherwise be overlooked?

HB advised that outliers are checked both within and across Committees as the action plan is finalised.

The Committee **DISCUSSED** the summary of the Committee Effectiveness survey and any areas for action/improvement.

5.9 COMMITTEE TERMS OF REFERENCE REVIEW (PPPH/25/014)

HB presented the report outlining the purpose of this paper was to consider the Committee Terms of Reference to ensure they remains fit for purpose. Key changes clarified its distinct role from the Patient, Experience, Quality, and Safety Committee, defined partnership responsibilities under the new governance framework, and confirmed it as the Board's sole assurance for the Well-being of Future Generations Act. Feedback from the meeting will be included before Board submission.

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference
- **IDENTIFIED** any further potential amendments, and
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board in May 2025 for approval.

6. ITEMS FOR DISCUSSION

There are no items for inclusion within this section.

7. CONSENT AGENDA

7.1 INTERNAL AUDIT REPORT (PPPH/25/015)

The Committee **RECEIVED** the Internal Audit Report on Additional Learning Needs Legislation which had been received by the Audit, Risk and Assurance Committee on 11 March 2025. This internal audit had reported Reasonable Assurance.

7.2 NWSSP PERFORMANCE REPORT (PPPH/25/016)

(FOR ASSURANCE)

The Committee **RECEIVED** the NWSSP Report

7.3 JOINT COMMISSIONING COMMITTEE PLANNING, PERFORMANCE & FINANCE SUB-COMMITTEE HIGHLIGHT REPORT (PPPH/25/017)

The Committee **RECEIVED** the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Highlight Report from the meeting held on 18 March 2025.

7.4 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (PPPH/25/018)

The Committee **RECEIVED** the PTHB Glossary.

7.5 COMMITTEE WORK PROGRAMME (PPPH/25/019)

The Committee **RECEIVED** the Work programme.

8. OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS (PPPH/25/020)

There was no urgent business raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/25/021)

No items were raised.

8.3 COMMITTEE REFLECTIONS (PPPH/25/022)

The following summary and reflections were provided by Committee members:

- Public Health's work on child obesity is impressive and worth including.
- NJ's point about reviewing the approach to the strategic change papers stood out.
- Review of agenda planning timings was suggested.

8.4 DATE OF THE NEXT MEETING (PPPH/25/023)

14 August 2025 at 10:00, via Microsoft Teams.

Meeting closed: 12:41



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.3

Planning, Partnerships and Population Health Committee	Date: 14 August 2025
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Subject:	Committee Effectiveness: Continuous Development Plan 2025-26
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Committee Effectiveness report considered at earlier Committee meetings in 2025.
Appendices:	Appendix A – PPPH Continuous Development Plan 2025-26

PURPOSE:

This report provides the Committee with a plan for continuous development, based upon the matters identified for actions within the 2024-25 annual review of Committee effectiveness.

The plan comprises of actions arising from and relevant to all Committees (Cross Committee Action Plan) and those actions which are specific to the Planning, Partnerships and Population Health Committee.

RECOMMENDATION(S):

The Committee is asked to:

- a. **RECEIVE** the PPPH Continuous Development Plan 2025-26 and **TAKE ASSURANCE** that the implementation of continuous development actions will be monitored throughout the year as a key principle of good corporate governance.

Approve/Take Assurance	Discuss	Note
X		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	A commitment to good governance and robust corporate systems are a key enabler of all of our wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

COMMITTEE EFFECTIVENESS

Each Committee of the Board is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a committee’s understanding of its remit and oversight responsibility and a culture of continuous development.

The approach for 2024/25 comprised of a questionnaire followed by discussion at the Committee. The Committee effectiveness questionnaire focused on the critical themes of:

- (i) composition and establishment
- (ii) effective functioning
- (iii) assurance and
- (iv) leadership and culture

The findings of the Planning, Partnerships and Population Health Committee review were received and discussed by the Committee on 19 May 2025, and subsequently the findings of all Committees were combined and reported to the Chair’s Forum and the Board.

A key aspect of the effectiveness review is the formulation of actions based upon identified opportunities for continuous development as part of the process.

The Corporate Governance team has undertaken a thematic review of all Committee Effectiveness review findings both holistically for all Committees and for each Committee individually and has pulled out the key actions to enable continuous development for implementation throughout 2025-26.

Actions have been identified as either Cross-Committee actions (development opportunities/actions arising identified by and/or relevant to all Committees of the Board) or Committee specific actions, identified by and/or relevant to a single Committee.

Implementation of the Continuous Development Plan 2025-26 (Appendix A) will be monitored by the Corporate Governance team, and will return to the Committee periodically for assurance.

NEXT STEPS:

The Corporate Governance Team will continue to monitor implementation and will provide a further update on progress to the meeting on the Committee 3 February 2026.

Appendix A – PPPH Continuous Development Plan 2025-26

Committee Effectiveness: Continuous Development Plan 2025–2026

Planning, Partnerships and Population Health Committee

Cross-Committee Action Plan (actions relevant to all Committees)

Theme	Action	Owner	Timeline	Status	Comments
Membership	Review and confirm committee membership	DCG / PTHB Chair	Q1	Complete	New Committee Membership confirmed as of May 2025
Assurance to Board (Quality Assurance: QMS)	Develop a standardised reporting template for clear upwards assurance	Governance Team	Q2	Complete	Alert, Advice, Assurance, Inform (AAAI) Reports have been introduced for all Committees for reporting to the Board from March 2025 (having been piloted during 2024/25). This template will be reviewed and matured in readiness for September Board.
Organisational Learning (Quality Learning: QMS)	Schedule opportunity to actively consider evidence of learning and improvement in each Committee	Governance Team	Q3	Not yet started	
Committee Agenda Focus	Apply risk-based approach to	DCG/Committee Chairs	Q1	Underway	Prioritisation is already undertaken as part of the agenda setting

(Quality Planning: QMS)	planning agendas, prioritising high-risk/high-impact items				process, but check in will be integrated to consider the associated risk and impact of items
Training & Induction	Develop induction information and training needs analysis for each Committee	Governance Team	Q4	Underway	ARAC induction pilot scheduled for September 2025, other Committees tbc.
Integration of Risk	Incorporate risk lens in committee discussions and papers	Governance Team	Ongoing	Not yet started	

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Committee-Specific Action Plan

Planning Partnerships and Population Health Committee

Theme	Action	Owner	Timeline	Status	Comment
Training	Introduce training on systems working and transformation	EDP&C/DCG	Q2	Not yet started	
'Better Together' clarity	Define Committee's role in tracking Better Together progress	Committee Chair/Governance Team	Q1	Complete	Clarity provided as part of revised Terms of Reference as approved by Board in May 2025
Assurance on partnerships	Greater focus on partnerships, partner presence and use of external evidence	Committee Chair/Governance Team	Q3	Not yet started	

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Level 4 Escalation Update

Planning, Partnerships & Population Health

Committee

14 August 2025

Lewis, Raychelle
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Escalation and Intervention Arrangements (Planning, Partnership & Population Health Committee) 14 August 2025

Subject:	Escalation and Intervention Arrangements
Approved and Presented by:	Nicola Johnson, Executive Director Planning, Performance and Commissioning
Prepared by:	Assistant Director Planning Director of Corporate Governance/Board Secretary
Purpose:	This document provides an update against the Welsh Government escalation and intervention arrangements for Powys Teaching Health Board.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none">• RECEIVE the report and take ASSURANCE that appropriate mechanisms are in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria;• NOTE feedback has been received from Welsh Government on the Planning Maturity matrix and a revised copy will be considered by the PPPH Committee and PTHB Board prior to resubmission in November 2025.
Executive Summary	<p>The Welsh Government Escalation and Intervention Arrangements has five levels of escalation</p> <ol style="list-style-type: none">1. Routine arrangements2. Area of concern (new level)3. Enhanced monitoring4. Targeted intervention5. Special measures <p>The framework has six escalation domains and can be viewed here - NHS Oversight, Assurance, Escalation and Intervention Framework (gov.wales)</p> <p>PTHB's status increased from Enhanced Monitoring (Level 3) Finance, Strategy to Targeted Intervention on the 5 November 2024 having previously been in Enhanced Monitoring since September 2023.</p> <p>PTHB remains in routine monitoring for all other domains.</p>
Appendices:	<i>None for this meeting</i>

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NHS Wales Escalation and Intervention Arrangements

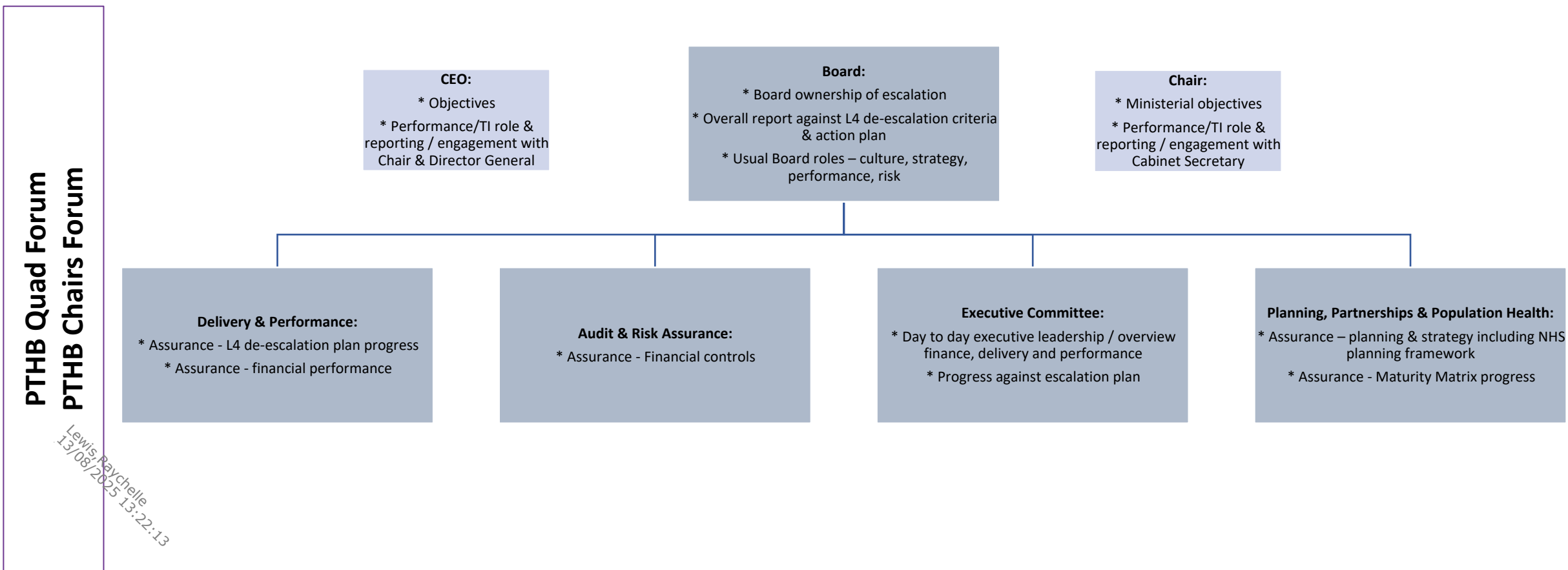
- Welsh Government Escalation and Intervention Arrangements – Five levels of escalation
 1. Routine arrangements
 2. Area of concern (new level)
 3. Enhanced monitoring
 4. Targeted intervention
 5. Special measures
- Six escalation domains
- [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://gov.wales/nhs-oversight-assurance-escalation-and-intervention-framework)



- PTHB's status **increased** from Level 3 to Level 4 for Finance, Strategy and Planning on the 5 November 2024 having been in Level 3 since July 2023
- Increased status due to worsening financial position.

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Approach to Managing Level 4 Escalation – PTHB Board approved



Welsh Government

- Support a formal structure for reviewing and reporting progress.
- Signpost relevant best practice guidance and frameworks.
- Act as a critical friend and sounding board on existing practices and new developments.
- Review and provide feedback on developed products.
- Undertake and share relevant analysis and deep dives of national data.
- Enable shared approaches to key national issues across Welsh NHS organisations and promote shared learning.
- Direct the NHS Executive or make alternative arrangements to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
- Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

PTHB

- Appoint an SRO (designated point of contact) to lead the health board's response to the escalation.
- Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
- To produce a level 4 action plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
- Provide quarterly progress reports and evidence against the escalation plan to Welsh Government.
- Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the financial position.

Strategy and Planning

- Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework
- Board clarity on the strategic vision for the organisation
- Evidence of a clear roadmap and implementation of the health board's clinical services plan
- Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix
- Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions

Finance

- Demonstrate that there is robust financial governance and a robust financial control environment in place with risks minimised
- Substantial progress to be made in delivering the level 4 action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities
- Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory and delivering as a minimum the target control total

- The escalation and related interventions detailed within the escalation action plan have been designed to support the health board to demonstrate actions and evidence in line with the key objective areas
- Support has been commissioned, with Welsh Government support in the following four areas:

Commissioning and contracting expertise

Required to provide capacity to the health board to review contracting mechanism, process and approach and to improve process and controls of entering and monitoring commissioned contracts within resources available.

CHC clinical and operational expertise

Required to enhance capacity and review the process and pathways underpinning CHC and FNC and support the development of sustainable solutions.

External planning and transformation capacity and expertise

To support the health board in developing and delivering an integrated plan for 2025/26, including effective stakeholder engagement, identification of rapid turnaround actions to support delivery of target control total, and support the longer-term through development of a clear route map to balance, including a focus on opportunities to strengthen planning capability.

Audit expertise

Additional internal audit days required to review the controls and processes within key risk areas that have not been recently reviewed and in key areas such as workforce (e.g. bank and agency)

L4 Escalation – Planning and Strategy Evidence Log

Updated July 2025 – with proposed moderation of scores in light of Welsh Government feedback
(draft at this stage until considered and finalised via Committee and Board process)

Lewis, Raychelle
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Strategy and planning intervention

The strategy and planning intervention and focus whilst in level 4 covers the following areas and the health board is required to action and demonstrate as below:

Submission and delivery of an approvable plan

- Improved integrated planning evident across the organisation to develop an approvable IMTP, providing a route map towards the health board's longer-term ambition
- If the health board is unable to submit a balanced IMTP for 2025/28 as is the statutory requirement, the health board will be expected to very clearly set out a credible plan which will deliver the target control total of a £12m deficit in 2025/26 as a minimum
- Make good progress in delivering the ministerial priorities, delivery expectations, enabling actions (as set out in the NHS Wales Planning framework 2025-28), accountability criteria and the level 4 requirements

Strategic planning and transformation

- Demonstrate how the clinical strategy and plan are driving decision-making across the organisation
- Board approval of timeline and strategic approach for route map to sustainability
- Board-level alignment between strategic direction for transformation of service model and financial obligations

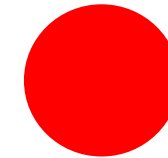
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De-escalation criteria for Strategy and Planning

Proposed 'RAG'
Self assessment

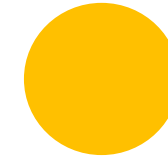
Rationale
(summary)

1. Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework



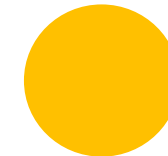
Unable to submit balanced IMTP and unable to deliver Target Control Total in 2025/26 Annual Plan

2. Board clarity on the strategic vision for the organisation



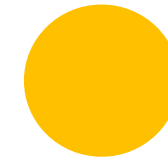
Clear vision within shared long term strategy, A Healthy Caring Powys forms basis of Annual Plan

3. Evidence of a clear roadmap and implementation of the health board's clinical services plan



Better Together Programme in place, engagement commenced – ambitious and difficult work to produce 'roadmap' and reach implementation

4. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix



WG Feedback received which has informed this update (July 2025)

5. Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions



Annual Plan 2025/26 in place with quarterly monitoring and reporting as per IQPD and JET

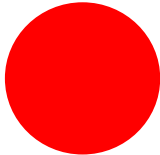
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The following slides provide more detail, forming an 'evidence log' for the assessment against each of the criteria above

De-escalation criteria 1)

Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework

'RAG' Self assessment



Proposed July 2025 Update

No change

Rationale

Unable to submit balanced IMTP and unable to deliver Target Control Total in 2025/26 Annual Plan

Lewis, Raychelle
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- Proposed that Self Assessment remains the same as the key limiting factor is the inability to produce an Integration Medium Term Plan and the Annual Plan remains unacceptable to WG
- Progress made this quarter:
 - Whole Board approach being taken and Senior Responsible Officer (SRO) role allocated
 - De-escalation framework and associated criteria finalised by Welsh Government in May 2025 – this has been appraised and self assessment carried out against criteria
 - Further update of this assessment carried out July 2025 in light of WG feedback
 - Further update to Planning and Strategy Maturity Self Assessment in light of WG feedback
 - Board engagement April to July to consider and respond to meetings and correspondences from WG on the Annual Plan and in particular the financial position (*Financial element of escalation reported separately*)
 - Tender for external expertise progressed; provider expected to commence August / September
 - Significant work progressing in relation to 'Better Together' which is the mechanism for delivering a sustainable model of care (the equivalent for Powys of a Clinical Services Plan) –
 - This is key to both the medium term goal of an acceptable Annual Plan and the longer term goal of achieving 'break-even' and producing an Integrated Medium Term Plan (IMTP)
 - Further evidence / links provided on following slides

Lewis, Raychelle
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De-escalation criteria 2)

Board clarity on the strategic vision for the organisation

'RAG' Self assessment



Proposed July 2025 Update

Score Moderated from Green to Amber in July 2025

Rationale

Clear vision within shared long term strategy, A Healthy Caring Powys and Annual Plan/ Better Together

Self Assessment moderated in line with WG feedback on key limiting factor i.e. financial sustainability

Lewis, Raychelle
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- Proposed that Self Assessment updated to Amber (from Green) in light of feedback from WG on key limiting / progression factors:
 - The financial position is cited by WG as a key factor across multiple criteria (and in the Planning Maturity Matrix)
 - Progression will therefore be dependent on a clear routemap to financial sustainability in the short to medium term and the delivery of a 'clinical services plan' (CSP) longer term
- Progress made this quarter (further context and hyperlinks added as requested by WG):
 - For recap - there is a vision shared across partners of 'A Healthy, Caring Powys', the shared long-term health and care strategy, which forms the basis of the Joint Area Plan www.powysrpb.org
 - This in turn is set in the context of the Powys Wellbeing Plan, which sets out efforts to improve well-being now and for future generations [Powys Well-being Plan](#)
 - The [PTHB Annual Plan](#) builds on this shared vision, setting out strategic priorities against the shared Wellbeing Objectives. This year there is also a particular focus on Risk, Recovery and Sustainability, with 'critical actions' to maintain grip and control, address the drivers of financial deficit, and prioritise resources to address them.
 - Significant progress made on the Better Together portfolio which is delivering the equivalent of the Clinical Services Plan for Powys and the Routemap to financial sustainability (more detail in Criteria 3):
 - Development and engagement on the Case for Change Spring 2025 [Better Together: Shaping the future of safe, quality health services for Powys](#)
 - Extensive engagement underway Summer 2025 [Better Together Engagement - a sustainable approach for Powys](#)
 - Significant consultation phase commencing Autumn 2025
 - Subsequent consideration and decisions in March 2026

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PTHB Integrated Plan 2025 - 2026



Plan on a page 2025 > 2026

Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of *Safe, Timely, Effective, Efficient, Equitable and Person-Centred* care (STEEEP)

Logic Map
showing the link between Key Drivers, Objectives, Priorities and **CRITICAL ACTIONS**

Key Drivers
(aligned with escalation status and de-escalation criteria)

RISK
Addressing performance/quality/delivery/corporate risk

RECOVERY
Addressing the drivers of the financial deficit, optimising efficiency and productivity

SUSTAINABILITY
Delivering 'A Healthy Caring Powys' (Health and Care Strategy) through the Better Together Programme

CRITICAL ACTIONS
in the Delivery Plan 2025 - 26



A whole system approach to wellbeing & prevention

1. Whole system Prevention across the life course
2. Health Protection Response including Vaccination
3. Women, Family and Children's health

CRITICAL ACTION:
• Neurodevelopment Services for Children & Young People



A responsive community based model of care

4. Enhanced Primary & Community Care

CRITICAL ACTION:
• Community Model

CRITICAL ACTION:
• GP Out of Hours

5. Planned Care and Diagnostics

CRITICAL ACTIONS:
• Performance & Delivery
• Referral Optimisation

6. Complex and Continuing Healthcare

CRITICAL ACTION:
• External support for further improvement to develop a new model



Effective care across the Big Four

7. Major Conditions

CRITICAL ACTION:
• High Value High Impact Pathways: Diabetes (2025/26)

8. Mental Health

CRITICAL ACTION:
• Transformation Programme



Sustainable and resilient health care

9. Community Hospital Model and Rural Regional Centre

CRITICAL ACTION:
• Optimising inpatient pathways and bed use

10. Improve System Resilience

CRITICAL ACTION:
• Six Goals Plan – further development of Hub

11. Commissioning for Value

CRITICAL ACTION:
• Strategic and Tactical Commissioning Framework

Wellbeing Objectives

Strategic Priorities

Enablers



CRITICAL ACTION:
• Workforce Transformation



CRITICAL ACTIONS:
• Cybersecurity
• WCCIS Replacement



CRITICAL ACTION:
• RPB Prioritisation for greatest system impact



CRITICAL ACTION:
• RPB Prioritisation for greatest system impact



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board



De-escalation criteria 3)

Evidence of a clear roadmap
and implementation of the health board's clinical services plan

'RAG' Self
assessment



Proposed July 2025 Update

No change

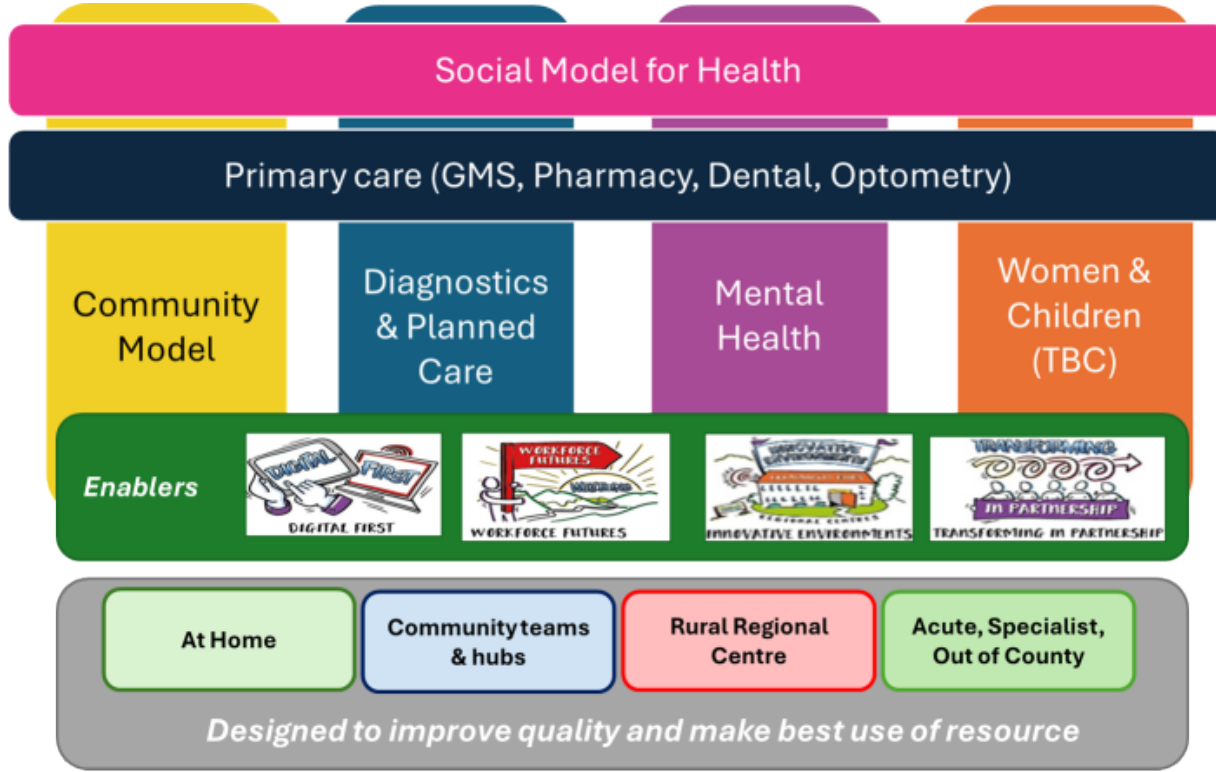
Rationale
(summary)

Better Together Programme in
place, engagement phases
commencing

Lewis, Raychelle
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- Self Assessment remains the same for same reasons as Criteria 1 and 2 – given WG feedback in relation to delivery of a Routemap and CSP cuts across Criteria 1 – 3
- Progress made this quarter (further context and hyperlinks added as requested by WG):
 - Significant progress made on the Better Together portfolio which is delivering the equivalent of the Clinical Services Plan for Powys and the Routemap to financial sustainability (same hyperlinks as Criteria 2)

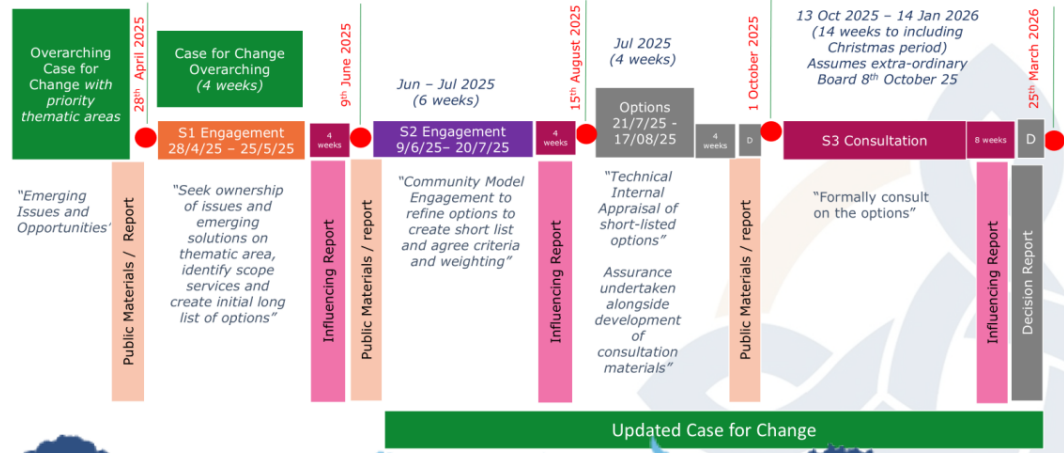
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- Acceleration of Frailty & Community and Adult Mental Health models
- Options Development Group established
- Clinical and Professional Workshops, Strategic Assessments and Deliberative Events underway
- Primary Care engagement approach agreed at Pan Cluster planning group
- Public engagement commenced, external support and assurance being procured



Community Model & Mental Health - Engagement & Consultation Process and Timescales

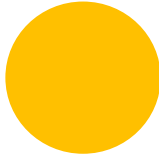


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De-escalation criteria 4)

Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix

'RAG' Self assessment



Proposed July 2025 Update

RAG not included last time as no WG assessment received at that time; now updated to Amber in light of WG feedback

Rationale

- WG feedback received and being considered internally
- PTHB response being tested with WG
- PPPH and PTHB Board will consider PTHB revised matrix
- Revised matrix to be submitted by end November 2025 (based on new template)

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De-escalation criteria 5)

Delivery of commitments set out within the health board's plan, particularly in relation to the ministerial priorities, delivery expectations and enabling actions

'RAG' Self assessment



Proposed July 2025 Update

No change proposed (as not yet completed Q1 Progress against Plan process; Performance in wider sense maintained as evidenced in IQPF

Rationale (summary)

Annual Plan 2025/26 in place with quarterly monitoring and reporting of delivery commitments as per IQPD and JET

Lewis, Raychelle
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- Proposed that Self Assessment remains the same at this point in time
- Q1 Progress against Plan process currently underway, this includes appraisal of the Critical Actions agreed by PTHB Board as part of the Annual Plan 2025-2026
- Work has also been carried out in Q1 to add cross references to the Progress against Plan reporting to the MAG (Ministerial Advisory Group report & recommendations on productivity) as part of tracking of actions in these areas
- Further detailed tracking in line with the recently released WG 'Improving Performance Together' document (which incorporates the MAG, Cabinet Secretary priorities and planning / performance framework) – this will be incorporated into the PTHB IQPF and IQPR (Integrated Quality and Performance Framework and Report) pending the national work on the development of metrics
- Detailed updates on key areas of delivery and performance including ministerial priorities and enabling actions are provided at monthly IQPD sessions and also at Joint Executive Team (JET) meetings; and new bi-monthly meetings in relation to MAG
- IQPR available on PTHB Website as part of Board / Finance and Performance Committee papers; this provides further detail on key areas of quality and performance (also provided to WG within the IQPD slides)
- PTHB remains in routine monitoring for all other domains relating to performance and delivery (confirmed as at July 2025 when most recent update to Escalation statuses announced by Cabinet Secretary)

Leanne Raychelle
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GIG
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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item:5.1

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE **14 August 2025**

Subject:	Strategic Change Report
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning Planning Managers Deputy Director (Engagement, Communication and Corporate Governance) Assistant Director Performance and Commissioning
Other Committees and meetings considered at:	Executive Committee - 6 August 2025

PURPOSE:

This report provides the Committee with an updated stocktake, of Strategic Change programmes around Wales and England, which individually or cumulatively may have an impact on healthcare for Powys residents.

This provides a broad, whole system view which assists the organisation in understanding the evolving context across both Wales and England.

As requested, following presentation of the last report, the slide deck has been condensed with changes included by exception in the earlier slides (the baseline archived slides remain in the pack for reference).

The Service Change Engagement Report will also be provided as an appendix.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is asked to:

- **NOTE** the report and **DISCUSS** the content.
- Take **ASSURANCE** that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

Approve/Take Assurance	Discuss	Note
Y	Y	N

Lewis Raychelle
13/08/2025 13:22:13

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y/N	This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys residents.
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

This report provides the Committee with an updated stocktake of Strategic Change programmes which may have an impact on Powys residents.

This stocktake should be read with the caveat that it is based on intelligence at the time of producing the report and is subject to change.

As requested, following presentation of the last report, the slide deck has been condensed with changes included by exception in the earlier slides (the baseline archived slides remain in the pack for reference).

The Service Change Engagement Report will also be provided as an appendix.

BACKGROUND:

There are a number of strategic programmes that relate to health and care provision for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas.

The Strategic Change Stocktake provides an overview of the key programmes, as far as information is available at the time of producing the report.

The Service Change Engagement Report will also be provided as an appendix., as this provides updates on live engagement activity. These are not always directly related to Strategic Change programmes (as they are sometimes related to operational and urgent service change issues).

As requested, following presentation of the last report, the Strategic Change Stocktake slide deck has been condensed with changes included by exception in the earlier slides (the baseline archived slides remain in the pack for reference).

Updates are gathered through various sources including Planning and Communications peer networks; Commissioning team intelligence particularly

updates shared through 'CQPRM' meetings, and regular searches of key websites including neighbouring health board transformation programmes/key documents and Board papers.

The report is also considered by the Executive Committee prior to presentation at this Committee, to seek any further collective intelligence on strategic changes and to sense check the information being presented.

This report therefore provides an update on the broad, whole system view of each areas strategic change ambitions and plans.

It should be noted that this is a changing picture and unlikely to be fully complete at any one time, as it remains a challenging environment for engagement and delivery on transformation programmes.

Additional information in the slides for this quarter includes:

- Changes to the Welsh Government Escalation and Intervention Arrangements with latest statuses for each NHS Wales body in July 2025
- An update on PTHB Annual Plan, "North Powys Wellbeing Programme" and "Better Together"
- An update on Hywel Dda University Health Board public engagement on their Clinical Services Plan and their escalation status
- An update on Aneurin Bevan Health Board including the 10 Year Strategy, satellite radiotherapy centre at Nevill Hall Hospital, engagement on local general hospitals and their escalation status
- Betsi Cadwaladr UHB are currently engaging on the future of two local community hospitals in Penley and Tywyn
- Welsh Government statements relating to updates to escalation statuses for other health boards are also included
- An update on Swansea Bay UHB maternity and neonatal services including publication of a report by Llais
- In relation to regional bodies, updates are provided on Mid Wales Joint Committee for Health and Social Care and Southeast Wales Regional Portfolio Board (and the pending establishment of the Southeast Wales Joint Regional Committee)
- Key developments nationally include the outcome of the Judicial Review relating to the Emergency Medical and Retrieval Transport Service (EMRTS); the announcement of an All-Wales assessment of maternity and neo-natal services and the change of the NHS Wales Executive to become NHS Wales Performance & Improvement

- Developments in England are also provided, namely those relating to Shrewsbury and Telford Hospitals NHS Trust and the Herefordshire and Worcestershire Integrated Care System Stroke Programme

NEXT STEPS:

- The Service Change Engagement Report will be provided as an appendix to follow.
- The report will be shared with other key stakeholders including Welsh Government and Llais.
- This report will be updated by exception, for each session of this Committee

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

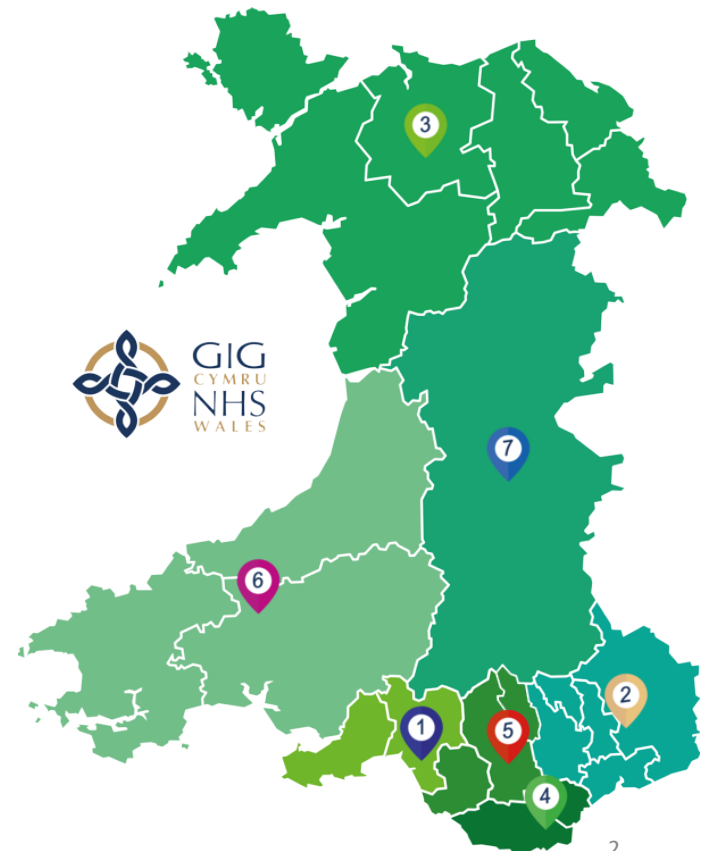
Strategic Change Update

August 2025

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Purpose

- This report provides an update and broad, whole system view of each area's strategic change ambitions.
- This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.



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Overview

The PTHB Integrated Plan 2024-29, aligned to the Ten Year Health and Care Strategy 'A Healthy Powys' set out the Vision, Objectives and Strategic Priorities for five years. An Annual Plan was developed for 2025-26 and responds to the NHS Wales Planning Framework including Ministerial Priorities.

BCUHB have developed a 3 Year Plan for 2025-2028.

All organisations in Wales submitted Plans to Welsh Government by 31st March 2025.

Robert Jones and Agnes Hunt Orthopaedic Hospital have developed a 5 year Trust strategy.

The Mid Wales Joint Committee for Health and Care have annual priorities and programmes of work in the context of a Strategic Intent.

Shropshire and Telford & Wrekin Integrated Care System have produced an Integrated Care Strategy; Hospital Transformation Programme being implemented in line with outcomes of 'Future Fit' consultation.

HDUHB have developed a one-year Annual Plan for 2025-26.

Hereford & Worcestershire Integrated Care System have produced an Integrated Care Strategy; Stroke Programme ongoing with further engagement / consultation expected on the clinical model and pathways in 2025.

South West Wales Joint Regional Committee in place.

WAST have developed an Integrated Medium Term Plan 2025-28.

Lewis, Raychelle
13/08/2025 13:42:17

SBUHB have developed a one-year Annual Plan for 2025-26.

CTMUHB have developed an Integrated Medium Term Plan 2025-28).

South East Wales Regional Portfolio Board in place.

ABUHB have developed an Integrated Medium Term Plan 2025-2028.

CAVUHB have developed a one-year Annual Plan for 2025-26.

South East Wales Joint Regional Committee being established, first meeting October 2025

Velindre 'Transforming Cancer Services' in South East Wales Programme includes Radiotherapy Satellite Centre at NHH.



Welsh Government Escalation and Intervention Arrangements

(Latest statuses published 15th July 2025)

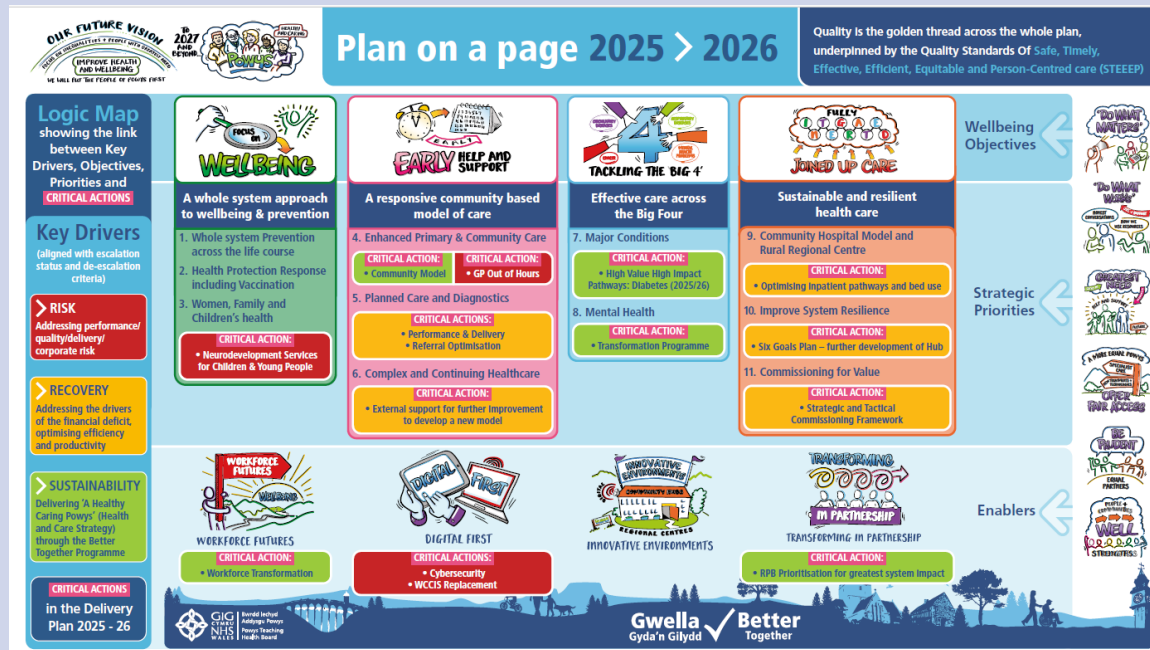
Organisation	Previous Status (March 2025)	Current Status (July 2025)
Aneurin Bevan UHB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning Level 3 for performance and outcomes related to urgent and emergency care performance at the Grange University Hospital 	<ul style="list-style-type: none"> Level 3 for finance, strategy and planning Level 3 for performance and outcomes related to urgent and emergency care performance at the Grange University Hospital
Betsi Cadwaladr UHB	<ul style="list-style-type: none"> Level 5 	<ul style="list-style-type: none"> Level 5
Cardiff and Vale UHB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning 	<ul style="list-style-type: none"> Level 4 for whole organisation
Cwm Taf Morgannwg UHB	<ul style="list-style-type: none"> Level 4 for performance and outcomes relating to urgent and emergency care Level 3 for finance, strategy and planning and performance and outcomes relating to planned care and cancer 	<ul style="list-style-type: none"> Level 4 for performance and outcomes relating to urgent and emergency care Level 3 for performance and outcomes relating to planned care and cancer Level 1 for finance, strategy and planning
Hywel Dda UHB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning, performance and outcomes and fragile services (including cancer and ophthalmology) urgent and emergency care, and HCAIs Level 3 for leadership and governance, performance and outcomes related to planned care and CAMHS 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning, and performance and outcomes related to urgent and emergency care, fragile services, (including ophthalmology) and Healthcare Associated Infections (HCAIs). Level 3 for leadership and governance, performance and outcomes related to planned care and cancer Level 1 for performance and outcomes related to CAMHS
Powys THB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning
Swansea Bay UHB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning and performance and outcomes related to healthcare associated infections, cancer and urgent and emergency care Level 3 for performance and outcomes related to planned care, Child and Adolescent Mental Health Services and maternity and neonatal services 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning and performance and outcomes related to healthcare associated infections, cancer and urgent and emergency care Level 4 for maternity and neonatal services Level 3 for performance and outcomes related to planned care and Child and Adolescent Mental Health Services
Public Health Wales NHS Trust	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1
Velindre University NHS Trust	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1
Welsh Ambulance Services University NHS Trust	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1
Digital Health and Care Wales	<ul style="list-style-type: none"> Level 3 for performance and outcomes related to the delivery of major programmes 	<ul style="list-style-type: none"> Level 3
Health Education and Improvement Wales	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1

July updates - Powys

Plan / Programme	Key developments
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PTHB Annual Plan 2025-26

- The Board approved Annual Plan responds to the NHS Wales Planning Framework including Ministerial Priorities. The Plan was written as Year 2 of the 5 year Plan 2024 – 2029 and continues to set out the Vision, Objectives and Strategic Priorities for the organisation. At time of publication, the plan remains unsupported by Welsh Government given the deficit financial position. Dialogue is ongoing with Welsh Government.



North Powys Wellbeing Programme

- Welsh Government have confirmed approval of an Integrated Regional Care Fund application for Phase One of the revised three phase approach to establish the new multi-agency facility in Newtown, focusing on a range of integrated community facilities.

Better Together

- The Better Together Portfolio aims to improve quality and outcomes for the population by ensuring future models of care and configuration of services deliver viable and economically sustainable services that meet the needs of rural Powys. An updated Case for Change has been developed and further engagement with patients, the public and wider stakeholders on Adult Physical and Mental Health Community Services has concluded at the end of July. Options are being developed which will inform planned consultation in the Autumn 2025.

July updates – other Health Boards

Organisation	Key developments
<p>Hywel Dda University Health Board</p> <p>Welsh Government Escalation statement</p>	<ul style="list-style-type: none"> Public consultation on the Clinical Services Plan launched on 29th May 2025 which focuses on nine healthcare services most in need of support and aimed at addressing fragilities, improving standards, or reducing waiting times for people in need of diagnosis and treatment: critical care, dermatology, emergency general surgery, endoscopy, ophthalmology, orthopaedics, radiology, stroke and urology. There are no changes to how people access emergency care (A&E) or minor injury care as part of this consultation (there is an ongoing separate consultation on minor injury care at Prince Philip Hospital, in Llanelli). The consultation will run until 31 August 2025 and seeks the views of staff, patients, partners and communities, including those who use these services from bordering areas in south Gwynedd, north Powys and Swansea / Neath Port Talbot. <p><i>“In March, I de-escalated the child and adolescent mental health service in Hywel Dda University Health Board from level four to level three. I am pleased to say these improvements have been sustained and I have de-escalated the service to level one – routine arrangements. The health board has also made improvements in its cancer services and has met the agreed de-escalation criteria for the last three months, enabling me to de-escalate cancer services from level four to level three. The escalation levels for all other domains remain unchanged.”</i></p>
<p>Aneurin Bevan University Health Board</p> <p><i>Lewis, Raychelle 13/08/2025 13:22:13</i></p> <p>Welsh Government Escalation statement</p>	<ul style="list-style-type: none"> The new satellite radiotherapy unit at Nevill Hall Hospital (now officially named ‘Velindre@Nevill Hall’) received its first patients in July, enhancing patient experience and bringing additional radiotherapy capacity to south-east Wales cancer treatment services. The unit will be staffed by a team of Velindre Cancer Service experts and will eventually increase radiotherapy capacity in the region by up to 20% and initially treat breast cancer, prostate cancer and palliative radiotherapy patients who meet a set of clinical criteria. ABUHB have begun a period of engagement on “the development of Nevill Hall Hospital and our enhanced local general hospitals” on 23 June 2025 until 15th August 2025. The aim is to ensure that the services delivered in enhanced local general hospitals (such as Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr) are as effective as possible to respond to the needs of communities and support the critical care centre at the Grange University Hospital and community services. A new 10-year strategy for the health board has been completed and will be published in July, with a formal launch planned for September. <p><i>“The health board has met the de-escalation criteria for the finance, strategy and planning domain and I have therefore agreed advice to de-escalate it from level four to level three. The escalation levels for all other domains remain unchanged.”</i></p>

July updates – other Health Boards

Organisation	Key developments
<p>Cardiff & Vale Health Board</p> <p>Welsh Government Escalation statement</p>	<ul style="list-style-type: none"> • Organisation escalation to Level 4 <i>“Over the last 18 months, the Cardiff and Vale University Health Board has reported an increasing financial deficit and has breached its duty to agree a three-year balanced plan. It now has the second largest number of people waiting more than two years for treatment and there have been a series of worrying cultural and leadership challenges, mainly relating to the operating theatres and a high level of never events have been reported this year. These issues are concerning and are indicative of an organisation which needs additional support. I am today escalating Cardiff and Vale University Health Board to level four. This will enable us to support the health board to develop and implement the necessary improvements. We will work with the senior leadership team to assess capability and capacity of the organisation to deliver and implement the required improvements and support them to appoint a team with the appropriate skills and expertise.”</i>
<p>Cwm Taf Morgannwg University Health Board</p> <p>Welsh Government Escalation statement</p>	<ul style="list-style-type: none"> • <i>“Cwm Taf Morgannwg University Health Board delivered in-year financial balance in 2023-24 and 2024-25. I have approved its three-year integrated medium-term plan for 2025-28, which will be subject to accountability conditions, in line with all other health boards. The health board has met the de-escalation criteria for the finance, strategy and planning domain and I have agreed advice to de-escalate it from level three to level one. The escalation levels for all other domains remain unchanged. This is a significant achievement for the health board, which was put into special measures in April 2019 because of serious concerns about its maternity and neonatal services. In the last two years, the health board has been de-escalated to level one for maternity and neonatal services, quality and governance, leadership and culture and child and adolescent mental health services. The health board continues to make positive progress in relation to planned care and cancer performance.”</i>
<p>Betsi Cadwaladr University Health Board</p> <p>Welsh Government Escalation statement</p>	<ul style="list-style-type: none"> • Currently engaging on the future of Community Hospitals (Penley Hospital and Tywyn Community Hospital) Have your say - engagement opportunities - Betsi Cadwaladr University Health Board • Betsi Cadwaladr University Health Board remains at the highest level of escalation – at level five or special measures. • <i>“I have published the latest progress report today, which sets out the improvements the health board has made, including in its financial position, in its corporate governance and quality improvements. There are clear signs the health board is starting to resolve many of its long-standing issues, but there are a wide range of performance issues – especially with planned care and urgent and emergency care – which must be gripped urgently.”</i>

July updates – other Health Boards

Organisation	Key developments
Swansea Bay University Health Board	<ul style="list-style-type: none">• Llais published their report on Maternity and Neonatal services following the review Experiences of maternity and neonatal services in Swansea Bay University Health Board_0.pdf. Swansea Bay University Health Board has taken steps to respond to the HIW inspection and improve clinical safety and patient experience, including: commissioning an independent review, introducing a patient experience group , establishing a maternity ‘Gold Command’ to oversee the action plan and reporting progress to the Health Board Quality and Patient Safety Committee, addressing staff shortages, and reopening the Birthing Unit, giving more choice to mothers and families. A Welsh Government oversight group has also been established and meets members of the Maternity Gold Command from Swansea Bay monthly.
Welsh Government Escalation statement	<ul style="list-style-type: none">• Welsh Government Escalation statement– <i>“As a result of the issues highlighted in the family led report and the independent review report, and the ongoing concerns raised, I am today raising the escalation level of Swansea Bay University Health Board’s maternity and neonatal services to level four.”</i> Written Statement: Maternity and Neonatal Services at Swansea Bay University Health Board (15 July 2025) GOV.WALES

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July updates – National

Organisation	Key developments
Joint Commissioning Committee – EMRTS	<ul style="list-style-type: none">• Emergency Medical and Retrieval Transport Service (EMRTS): A Judicial Review was held at Cardiff Crown Court in January and February 2025 into the decision taken by the Joint Commissioning Committee regarding the Air Ambulance Service in Wales.• Cardiff Crown Court confirmed that the grounds failed and the judgement was not upheld, therefore the decision stands.• The claimant sought permission to appeal which has been refused on all grounds.
Welsh Government: all-Wales maternity services assessment	<ul style="list-style-type: none">• NHS Performance and Improvement have been commissioned to undertake an all-Wales assurance assessment of maternity and neonatal services. This will be independently chaired. It will take account of the findings of the recent reviews of maternity and neonatal services across the UK, including in Swansea Bay.• https://performanceandimprovement.nhs.wales/functions/networks-and-planning/maternity-and-neonatal-services/mnnssp-implementation-network/
NHS Wales Performance & Improvement (formerly NHS Wales Executive)	<ul style="list-style-type: none">• The NHS Wales Executive was renamed to NHS Wales Performance & Improvement, in line with a recommendation made in the Ministerial Advisory Group on Performance and Productivity report in May 2025 (commonly known in NHS Wales as the ‘MAG report’)• Recruitment of a Chief Executive Officer is currently underway

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July updates – England

Organisation	Key developments
Shrewsbury and Telford NHS Trust - Urgent temporary changes to oral and maxillofacial services	<ul style="list-style-type: none">• The Oral and Maxillofacial service (which specialises in urgent conditions or injuries affecting the mouth, jaw, face and neck) is under significant pressure due to ongoing workforce challenges. The ongoing workforce challenges mean the Trust is unable to provide a 24/7 service for emergency cases from Monday 9 June 2025 for the immediate future. SaTH have been working closely with University Hospitals of North Midlands (UHNM) to support the emergency provision of this service as an interim measure with all patients requiring inpatient emergency care for the Oral and Maxillofacial service temporarily referred and transferred to UHNM from Monday 9 June 2025.• Routine referrals for non-emergency treatment and outpatient appointments are unaffected and patients will continue to be seen at their local hospital. SaTH have advised that there is a robust standard operating procedure in place with UHNM to ensure safe and timely transfer and they are working towards a long-term solution for the service linked with their wider hospital transformation programme.
Herefordshire and Worcestershire Integrated Care System – Stroke Programme	<ul style="list-style-type: none">• Detailed work has been undertaken on service models and options, clinical pathways (Acute and Rehabilitation), demand and capacity modelling, workforce and financial assessment with the preferred model presented at a Clinical Senate on 27th September 2024.• An options appraisal on inpatient rehabilitation services took place on 24th June 2025; outputs of that appraisal are under review by the Herefordshire & Worcestershire Stroke Programme Team.

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'Archived' Baseline information from April 2025 included for information

Lewis, Raychelle
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Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board covers a large North Wales footprint spanning six Local Authority areas of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.



3 year plan 2025-28

Strategy

- The 3 Year Plan 2025-28 sets out the Health Board response to national strategic objectives, including A Healthier Wales and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well. The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023. The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.
- The objectives of the plan are 1. Building an effective organisation 2. Developing strategy and long lasting change 3. Compassionate culture, leadership and engagement 4. Improving quality, outcomes and experience and 5. Effective environment for learning and skills development.

Baseline information as at April 2025 –

Performance:

- The Health Board has significant performance challenges in a number of services contributing to the overall escalation status of Special Measures. Response times for urgent and emergency care, pharmaceuticals, diagnostics and cancer services in particular fall below operational access standards the NHS is required to deliver against. Access to primary care services such as Dental care are reported as not meeting the local needs of the population.

Finance:

- BCUHB report that the opening deficit of £8.6m combined with high levels of non-recurrent income and cost pressures experienced in 2024/25 is expected to continue into 2025/26, and gives an opening underlying deficit of £188.5m, this being the starting point for the 2025/26 Financial Plan. It is of note that the underlying deficit improves significantly upon the Health Board satisfying the conditions associated with retention of the conditionally recurrent funding (£74.6m) and Welsh Government Strategic and Transformation resource allocations (£82m).

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Mid Wales Joint Committee for Health and Social Care (MWJC)



Mid Wales is formally designated as a Regional Planning Area; MWJC membership is made up of the statutory health and care organisations in the region (PTHB, HDUHB, BCUHB, WAST, Ceredigion County Council, Gwynedd Council and Powys County Council).

Strategy / Plan	Key Points
Strategic Intent	<p>The Mid Wales Joint Committee, as a formally designated regional planning area within Wales, has set out a Strategic Intent to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. It outlines how the Joint Committee’s partner organisations will work together to address the current health and care needs of the Mid Wales population as well as the challenges for the future. It also explains the overarching aims and objectives and describes what the Joint Committee intends to do and achieve across Mid Wales.</p>
Vision - The population of mid Wales has access to safe, sustainable, bilingual and high quality integrated health and care services	<p><u>Aim 1: Wellbeing</u> - Improve the wellbeing of the Mid Wales population.</p> <p><u>Aim 2: Enable people live their best lives</u> - Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care in the right place.</p> <p><u>Aim 3: Rural Health and Care Workforce</u> - Create a flexible and sustainable rural health and care workforce for the delivery of high quality health and care services.</p> <p><u>Aim 4: Hospital Based Care and Treatment</u> - Create an efficient, efficient, sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.</p> <p><u>Aim 5: Communications, Involvement and Engagement</u> - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.</p>
Mid Wales priorities for 2025/26	<p>The priorities have been reviewed and a set of proposed annual priorities for 2025/26 were shared at the Committee meeting on 4th April 2025. These were broadly supported but remain draft pending final refinements:</p> <ol style="list-style-type: none"> 1) Urology 2) Ophthalmology 3) Cancer 4) Community Dental Services 5) Strategic service change programmes (noting the importance of Stroke in particular) 6) Cross Border workforce arrangements <p>The Mid Wales Clinical Advisory Group will provide clinical support and advice for these priorities.</p> <p>Additionally there are a set of Social Care priorities covering 1) residential children’s accommodation; 2) Delayed pathways of care, 3) 50 day challenge and Welsh Community Care Information System (WCCIS)</p>

Baseline information as at April 2025 – see front section for update

Lewis, Raychelle
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Hywel Dda & Swansea Bay Joint Committee

“Establishing the Joint Committee for Swansea Bay and Hywel Dda

In Wales we expect health boards work together to deliver services for their populations. I want to ensure that Hywel Dda University Health Board and Swansea Bay University Health Board have the appropriate arrangements in place to plan and deliver healthcare services on a regional basis where appropriate to do so. I will, therefore, be using my powers in accordance with Section 12(3) of the National Health Services (Wales) Act 2006 to direct both health boards to establish a Joint Committee. This will be of utmost importance to ensure the continued safety, quality and ongoing viability and sustainability of these services.

I, together with the Director General of Health and Social Services/NHS Wales Chief Executive, have written to the Chairs and Chief Executives of the health boards advising them of my intention. My officials will be working with both health boards over the coming weeks to determine the membership and constitution of the new Joint Committee, together with ensuring their 3-year plans are sufficiently ambitious in their commitment to working regionally, with key deliverables identified.

Both health boards will be held to account for the delivery of these plans via the Quality, Performance and Delivery Framework and the NHS Wales Oversight and Escalation Framework.

Eluned Morgan, Minister for Health and Social Services, 19th March 2024”



Baseline information as at April 2025



HDUHB has a footprint spanning the three Local Authority areas of Ceredigion, Carmarthenshire and Pembrokeshire in Mid West and West Wales.

Annual Plan 2025/26

Plan: The Annual Plan “Healthier Lives, Well Lived” for 2025/26 represents the second year of the Targeted Intervention programme and establishes a trajectory toward sustainable healthcare delivery.

Strategy:

2025/26 Annual Plan Priorities :

- Value and Sustainability
 - Workforce stabilisation
 - INNU/EBI Procedures
 - Financial Recovery and Route Map
- Quality and Performance
 - Demonstrating quality consideration in strategic decision making
 - Six Goals and the Transformation of Urgent and Emergency Care
 - Planned Care, Diagnostic and Cancer
 - Mental Health and Child and Adolescent Mental Health Services (CAMHS)
- A Healthier Mid and West Wales - Clinical Services Plan
 - The Clinical Services Plan (CSP) programme, approved by the Board in March 2023, aims to address service fragilities and improve healthcare delivery based on principles of safety, sustainability, accessibility, and kindness. Phase 2 (options development and appraisal) was completed in 2024, and the plan for 2025/26 focuses on:
 - Quarter 1-2 - Public consultation on service change options for nine services (Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology, and Stroke)
 - Quarter 3 - Analysis of consultation feedback and Board decision-making
 - Quarter 4 - Commencement of implementation for agreed service changes
- Primary and Community Strategic Plan
- Estates Plans
- Digital Plans
- Population Health
- Swansea Bay University Health Board Collaboration (see later slide)
- Mid Wales Collaboration

Baseline information as at April 2025 – see front section for update

Lewis, Raychelle
13/08/2025 13:22:13

Swansea Bay University Health Board



Swansea Bay University Health Board was created on 1 April 2019 after responsibility for healthcare in the Bridgend County Borough Council area passed to the new Cwm Taf Morgannwg University Health Board; it spans the Local Authority areas of Swansea and Neath Port Talbot.

Annual Plan 2025/26

Plan: SBUHB have submitted an Annual Plan for 2025-26 with continued commitment to deliver **safe, high-quality care for patients** - working in collaboration with partners to achieve this and fostering an environment and culture within which all can thrive and populations receive the best services possible, both now and in the future. There is acute awareness of the challenges, particularly ensuring the safety and financial sustainability of health care services.

Finance: Given the scale of underlying run rate coming into 2025/26, the organisation has set an ambitious savings delivery target of 5% for 2025/26. 5% is considered to be the maximum deliverable savings level in a financial year. Even after delivery of this 5% savings requirement the closing assessed Plan for 2025/26 of £58.7m deficit remains in excess of the forecast closing position from 2024/25.

Performance:

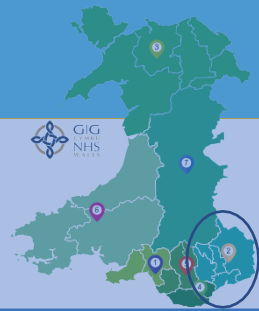
Baseline information as at April 2025 – see front section for update

Planned Care Delivery in 25/26 will be a positive one, as a result of the Planned Care Maturity from Welsh Government (25.2M). Maintain zero 104 week waits for treatment, as achieved by 31st March 2025. Maintain our 'best in Wales' position on 0 patients waiting over 52 weeks for a first outpatients' appointment. Work towards reducing the number of patients waiting over 8 weeks for a diagnostic endoscopy, and continue to maintain current position of patients waiting over 8 weeks for all other diagnostics (80% TI target).

- **Cancer Care Delivery in 2025/26** - Deliver a 12-month improvement trend, patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward achieving the national target of 80% by 31 March 2026.
- **Unscheduled Care Delivery** - Reduce ambulance patient handovers
- **Quality & Safety in 25/26:** - Focus on the reduction of cases of HCAI across the Health Board and evidence continuous improvement accompanied by a strong QI approach, continue to implement duty of quality, monitor delivery of the quality priorities through the Quality digital dashboard
- **Mental Health Services in 25/26** - 80% target of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral, maintain 80% target of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS
- Dr Denise Chaffer, Chair of the Oversight Panel, updated the Health Board in March on the progress with the independent review of maternity and neonatal services. The review is scheduled to conclude by Summer 2025. Llais (patient's voice body) has completed its engagement with families on services and report will be published by the end of April 2025.

Lewis Raychelle
13/08/2025 13:22:13

**Update on
maternity and
neonatal review:**



ABUHB in South East Wales covers the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and also provides some healthcare services for residents in South Powys.

Integrated Medium Term Plan 2025-28

Strategy:	<ul style="list-style-type: none">• ABUHB have submitted an Integrated Medium Term Plan for 2025-28.• The Health Board is currently finalising its new long term strategy following an extensive and successful public engagement in 2024. This is due to be considered by the Board in July. A conversation for a healthy future - Aneurin Bevan University Health Board (nhs.wales)• The financial plan has been developed with reference to the three-year route map. The updated assessment of the 2025/26 financial forecast ranges from a risk of up to £25m to financial balance dependent on a number of assumptions relating to cost levels and confidence ratings of savings delivery. The Board are continuing to make progress in this area and if the estimated level of savings can be fully delivered and all in year mitigating cost reduction and income opportunities secured, there is the opportunity to deliver financial balance and this forms the basis of the financial plan for 2025/26 and future years.
Finance:	
Performance:	<ul style="list-style-type: none">• Of the 18 Ministerial performance expectations, 13 are planned to be delivered in full. The ministerial performance expectations with respect to urgent and emergency care (2 out of 3 remaining) are showing improvement trajectories, aligned with our plan for 6 goals and our enhanced monitoring improvement plan. These are considered deliverable but stretching and represent a significant improvement of delivery compared to 24/25,• For the expectation of 104-week waiting times, the plan delivers this in its priority in 20 out of 24 specialties. Only the specialties of orthopaedics, ophthalmology, ENT and General surgery are forecast not to meet the target, noting that the significantly improved March 25 performance for these specialties was enabled via additional non recurrent monies that have not been assumed in the current 25/26 plan. It is worth noting however that there are parallel discussions with Welsh Government regarding potential additional non recurrent monies for planned care that would improve this position. The 104-week trajectories would be rerun based on the outcomes of these discussions,• With respect to cancer, the trajectory does demonstrate the ambition to consistently achieve 70% against a target of 80% which would be an improvement to our current position of circa 63%.• The new satellite radiotherapy unit at Nevill Hall Hospital (now officially named 'Velindre@Nevill Hall') is set to open this summer, enhancing patient experience and bringing additional radiotherapy capacity to south-east Wales cancer treatment services. The unit will be staffed by a team of Velindre Cancer Service experts and will eventually increase radiotherapy capacity in the region by up to 20% and initially treat breast cancer, prostate cancer and palliative radiotherapy patients who meet a set of clinical criteria.
Satellite radiotherapy unit at Nevill Hall:	<ul style="list-style-type: none">• ABUHB have advised that plans to undertake a period of engagement on "the development of Nevill Hall Hospital and our enhanced local general hospitals" will take place later this year, once all details of proposed future service models are finalised
Engagement:	

Baseline information as at April 2025 – see front section for update

Lewis Raychele
13/08/2025 15:22:13

Cardiff & Vale University Health Board



CVUHB in South Wales covers the Local Authority areas of Cardiff and the Vale of Glamorgan; both areas also come together in the Cardiff and Vale Integrated Health and Social Care Partnership (RPB) footprint.

Plan on a Page

Strategy: “Shaping Our Future Clinical Services” looks to develop new service models that integrate care and deliver outcomes that are significant to the individual by listening to what matters most to the populations we serve. As part of the ambition to improve health outcomes and reduce health inequalities, all programmes need to include prevention and early intervention. As we look to the future of our health care system, the need for change is not an option but a necessity. The traditional model of hospital-centric health care is unsustainable. As a part of this, a strategic plan for babies, children and young people and seeking support from partners through completion of a “Paediatric Service Redesign - Shaping our Future Wellbeing” survey launched 8th July 2024.

Finance: The Health Board is submitting an Annual Plan financial deficit of £58.2 million, against a Target Control Total of £9.1m, which will constitute a position that is unapprovable by Welsh Government. Delivery of the 2024/2025 Annual Plan will see a continuation of the drive to deliver a robust financial sustainability programme in what continues to be a very difficult operational and financial environment. It is this position that is included within the Annual Plan with key priorities alongside an ambitious cost improvement programme with a trajectory of financial balance over the medium term.

Baseline information as at April 2025 –

see front section for update

Translating Strategy to Action

Our Plan on a Page 2024/2025

VISION

Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced. The care we provide for people who need our services and those delivering services will be outstanding, with outcomes and experience for all that compare with the highest performing peer organisations.

Our Mission-

Eradicating Avoidable Harm

Main Effort -

Brilliant Basics

Strategic Objectives

Putting People First

Providing Outstanding Quality

Delivering in the Right Places

Acting for the Future

Strategic Portfolios

People and Culture

Population Health and Places

Quality and Value

Clinical Services

Infrastructure

Future Generations

Strategic Shifts

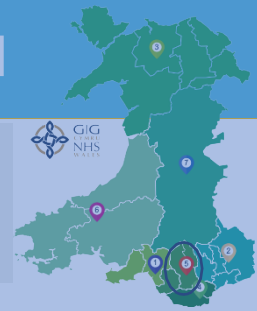
From illness and injury to equitable health and wellbeing

From variable quality of care to utterly consistent quality and outcomes

From analogue buildings to digitally connected people and places

From firefighting today to planning for a sustainable tomorrow

Lewis, Raychelle
13/08/2025 13:22:13



Cwm Taf Morgannwg University Health Board was created on 1 April 2019, expanding the responsibility of the former organisation with responsibility for healthcare in the Bridgend area; it also spans the Merthyr Tydfil and Rhondda Cynon Taf local authority areas.

Integrated Medium Term Plan 2025-28

Strategy: CTMUHB have submitted an IMTP for 2025 – 2028. “Our Health, Our Future” is the organisational strategy. Delivery of 'Creating Health Strategic Plan' will commence in 2025-26. The Primary and Community services Transformation Programme will continue, with further work on expanding integrated enhanced community services with a focus on individualised care closer to home and urgent pathways. The Acute Clinical Services Plan will be developed further during 2025-26 in collaboration with stakeholders. The plan focuses on changes to the acute services provided across the hospital sites.

Finance: CTMUHB have submitted a balanced plan for 25-26 but that this is supported by a savings plan.

Change to stroke service provision: Further information relating to the temporary change in stroke provision can be found in the National Stroke Programme slide.

Baseline information as at April 2025 – see front section for update

Ein Hychyd Our Health

Values: **WE LISTEN, LEARN AND IMPROVE**, **WE TREAT EVERYONE WITH RESPECT**, **WE ALL WORK TOGETHER AS ONE TEAM**

Strategic Goals:

- Reducing health inequalities
 - Equal focus on mental and physical health
 - Supporting our communities
 - Being a healthy organisation
- Visible and inspiring leadership
 - Promoting diversity and inclusion
 - Embedding our values and behaviours
 - Encouraging local employment
- Delivering safe and compassionate care
 - Developing new models of care
 - Digital transformation for patients and staff
 - Ensuring timely access to care
- Becoming a green organisation
 - Ensuring our services' financial sustainability
 - Embedding value-based healthcare
 - Ensuring our estate is fit for the future

Core Values: **CREATING HEALTH**, **INSPIRING PEOPLE**, **IMPROVING CARE**, **SUSTAINING OUR FUTURE**

Central Theme: **Building Healthier Communities Together**

GIG NHS Wales logo and text: **Bwrdd Iechyd Ffrygoed Cwm Taf Morgannwg University Health Board**

Lewis, Raychelle
13/08/2025 13:22:13

South West Wales Cancer Centre



South West Wales Cancer Centre (SWWCC) based in Singleton Hospital, Swansea provides non surgical oncology services (cancer treatment) predominantly for the population of Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (H DUHB). SWWCC serves nearly one-third of the population of Wales. Due to historic flow of patients, some tumour sites for the Bridgend population, including Gynaecology, continue to flow into the SWWCC for treatment rather than into the Velindre Centre. The SWWCC serves a small catchment area on the South West Powys border, due to geographical location.


Programme	Key Points
<p>South West Wales Cancer Centre (SWWCC) Regional Strategic Programme</p> <p><i>Lewis, Raychelle 13/08/2025 13:22:13</i></p>	<p>SWWCC Strategic Programme Case (SPC) being developed to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10 year period (23/24 – 33/34).</p> <p>A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales. The strategic objectives are:</p> <ul style="list-style-type: none"> ✓ To provide a fit for purpose SWWCC service for the South West Wales population ✓ To improve the quality of the SWWCC and local cancer services ✓ To increase the capacity of cancer services to meet local demands and improve access and outcomes ✓ To improve the economy of the SWWCC and local cancer services ✓ To improve the efficiency of the SWWCC and local cancer services ✓ To improve the effectiveness of the SWWCC and local cancer services <ul style="list-style-type: none"> • Deliver a Transformational Programme Business Case (PBC) to support the delivery of regional cancer services in South West Wales, including Radiotherapy, and Oncology-Specific Outpatients. • Strategic Programme Case shared with Welsh Government July 2023 – no changes impacting Powys residents in short / medium term. In longer term, South Powys residents currently using Singleton Hospital may have the option of receiving radiotherapy from a site in the Hywel Dda area. • There is a Oncology Outpatients Working Group and a Radiotherapy Modernisation Group as part of this programme updates are being provided to PTHB as part of regular Contract Quality Performance Review Meetings (CQPRM). • There are 2 key service changes expected that will affect south Powys border patients: <ul style="list-style-type: none"> • 2nd CT SIM (permanent) in Singleton – Business Justification Case submitted to Welsh Government in Summer 2024, indicatively operational in April 2025. • 5th linac options appraisal - preferred option tbc but indicatively would be located in Singleton. Aim is to get this to Boards in September for approval to go to WG to formally launch the capital Business Case process.

Baseline information as at April 2025

ARCH Programme



ARCH is a regional collaboration for health between three strategic partners; Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea.

Programme	Key Points
 <p>Lewis, Raychelle 13/08/2025 13:22:13</p>	<ul style="list-style-type: none">• Hywel Dda and Swansea Bay UHBs continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally.• The approach is to consider regional partnerships and regional solutions, a core principle of a whole system approach to the planning and delivery of services. In addition to the NHS transformational priorities below we will also prioritise Workforce, Education, & Skill, Research, Enterprise, & Innovation. Our vision is to deliver outstanding patient outcomes through the provision of high quality and effective specialised healthcare, and to work collaboratively across the region deliver meaningful change to improve the health, wealth and wellbeing of the population, whilst creating a vibrant and sustainable environment for people to live, learn and work.• Regional Stroke Programme aims to enhance and progress Stroke Services throughout the region. This programme covers the entire service pathways: pre-acute stroke care, Comprehensive Regional Stroke Centres, acute stroke services, to post-acute stroke services such as rehabilitation, early supported discharge, and life after-stroke support. The programme aims to provide the best possible care to stroke survivors.• Regional Diagnostics Programme is leading the transformation of a broad range of diagnostic services focusing on Endoscopy, Radiology and Pathology, with an aim to increase overall capacity, reduce pressure on accurate sites, regionalise provision, utilise community settings, develop the workforce and minimise inequity of access.• Regional Eye Care Programme is being scoped for prioritisation in the ARCH portfolio. It aims to explore opportunities which will standardise and stabilise the South West Wales Eye Care Services to ensure overall sustainability.• Regional Pathology Programme is establishing new Regional Pathology Service via a new Operational Delivery Network and developing an Outline Business Case for a Regional Pathology Centre of Excellence at Morriston hospital.• Regional Orthopaedic Programme aims to deliver high quality, equitable care across the region whilst balancing orthopaedic demand and capacity in a sustainable way.• Regional Cancer Centre Programme which is aligning the strategic vision for regional non-surgical oncology services.

Baseline information as at April 2025

National & Regional Stroke Programmes

Regional / Health Board Stroke Programmes:

North Wales (BCUHB)	Review and development of stroke services is under way to reflect the Quality Statement.
West Wales (SBUHB and HDdUHB) (catchment includes Powys)	Development of a regional model, including hyper acute stroke unit (HASU)
HDUHB (catchment includes Powys residents)	Stroke is one of 9 specialties that form part of a programme of work to deliver a Clinical Services Plan (CSP), as part of the strategy 'A Healthier Mid and West Wales'. Formal consultation on the CSP is due in Summer 2025.
South Central / South East Wales (CTMUHB, CAVUHB, ABUHB) – current / future flows include South Powys	A paper was presented to the South East Wales Regional Portfolio Programme Board in April 2025 which proposed refreshed arrangements including a Regional Stroke Network Board (this would replace the formal South Central Wales Stroke Programme)
CTMUHB	<p>Temporary changes were made in December 2024 to stroke services provided by CTMUHB, with consolidation of acute stroke provision at the Royal Glamorgan Hospital, temporarily ceasing the service at Prince Charles Hospital but retaining the initial response for self presenters prior to onward transfer for the acute stroke service.</p> <p>It is proposed that the next steps including the permanent service model will be developed and overseen through the Regional Stroke Programme arrangements noted above, which is a component of the National Stroke Programme (Wales).</p>
ABUHB (catchment includes Powys residents)	Review and development of stroke services is under way to reflect the Quality Statement – HASU at Grange Hospital, review of stroke rehabilitation.

Stroke programmes in England:

- **Herefordshire and Worcestershire:** Stroke programme under way. Engagement in 2022 identified preferred option as including options for HASU at Worcester (triage –treat-transfer at Hereford). Further information included in the Hereford and Worcester slide
- **Shropshire and Telford & Wrekin:** Hospitals Transformation Programme includes relocation of HASU from Telford to Shrewsbury.

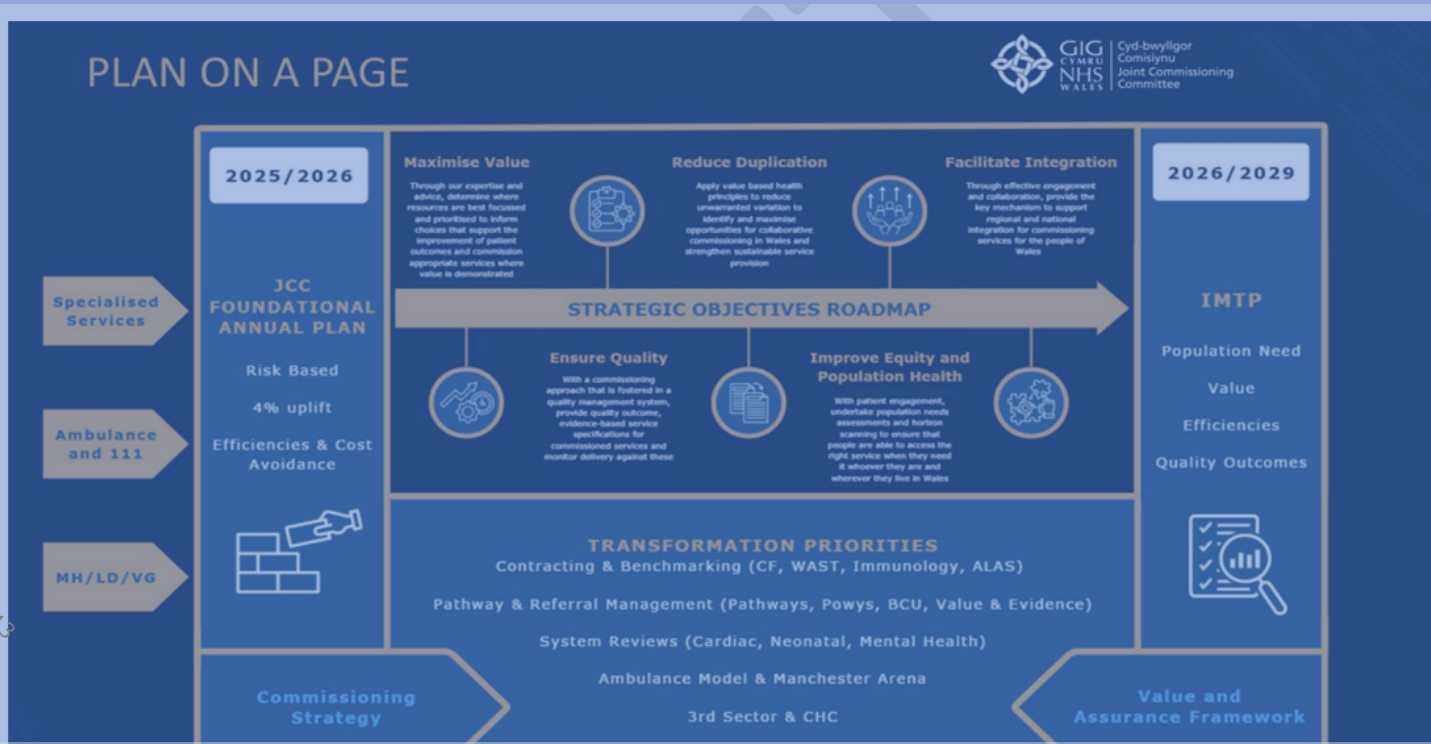
NHS Wales Joint Commissioning Committee

Joint Commissioning Committee 2025/26 Foundation Plan

Strategy: The 2025/2026 JCC Foundation Plan focuses on a number of strategic priorities:

1. Developing a long-term strategy for commissioning services and producing an Integrated Medium Term Plan (IMTP) to guide service delivery
2. Service Provision: Ensuring the provision of services at regional and national levels, including those provided by external providers
3. Evaluation & Advice: Identifying and evaluating services and treatments, and advising on their commissioning and delivery
4. Policy Development: Creating policies for equitable access to high-quality healthcare services across Wales
5. Annual Commissioning: Determining annually which services should be commissioned regionally or nationally
6. Funding Allocation: Deciding on funding levels for commissioned services and collaborating with Health Boards on necessary contribution
7. Governance: Operating within an appropriate governance framework.

Finance: The NWJCC is forecasting a deficit of £6.9m for 2024/2025 as of Month eleven reporting. This increased from the base Month eight position of £5.7m used for the Plan, the majority of which is due to additional activity in Cardiology and ALAS, which was provided for in other Plan lines already.



Lewis Raychelle
13/08/2025 13:22:13

Baseline information as at April 2025

Digital Health and Care Wales (DHCW)

Integrated Medium Term Plan 2025-28

- DHCW have submitted an Integrated Medium Term Plan for 2025/28.
- Finance:** DHCW has this year for the first time been issued with a Remit Letter from Welsh Government setting out detailed priorities, deliverables and milestones for 2025-26, and confirming funding allocations. The Remit Letter was issued on 14 March 2025 and required to be incorporated in the Integrated Medium Term Plan, submitted to Welsh Government on 31 March 2025.
- Performance:** There are over 400 IMTP milestones, which will be reported monthly to the DHCW Management Board and to Welsh Government through monthly IQPD Integrated Quality Performance and Delivery meetings. DHCW have been escalated from level 1 to level 3 related to delivery of major programmes.

Portfolios	Plan on a Page 2025-28					
	QTR1	QTR 2	QTR 3	QTR 4	2026/27	2027/28
1.1 Data Platform and References Services	Encounters available in the Care Data Repository (CDR) to consume via APIs	Commence early wave of Health Board/Trusts migrations into the national data and analytics platform	National data catalogue development Scope a Natural Language Processing solution to assist with clinical coding	Complete historical docs and results backload to care data repository	Trust / Health Board data migrations into national data and analytics platform	Decommission records and results services
1.2 Open Architecture and Interoperability	Publish draft target architecture in collaboration with NHS partners	Minimum viable product of cloud based integration service	Develop API roadmap	Publish final national target architecture and roadmap	Expansion and enhancements of API cataloguing, onboarding, management and monitoring Evolution of target architecture	
1.3 Protecting Patient Data	Clinical Risk Mngt Stds – draft developed for formal consultation	Information Sharing Gateway operational		National IG Framework – Formal consultation on approved WASPI Code	Replacement solution to National Audit Tool	
1.4 Sustainable and Secure Infrastructure	Cyber improvement solutions			Deliver first wave of cloud migrations	Implement new Microsoft 365 Enterprise Agreement	Implement new Microsoft 365 Enterprise Agreement
2.1 Public Health		Support central procurement of Flu vaccines	Welsh Immunisation System move to Cloud			
2.2 Primary, Community and Mental Health	Discovery work for integrated care record	Develop plan for mental health, community and social care digital/data designs	Framework for procuring community health products	Modernise and patient centric re-design Choose Pharmacy	Decommission legacy community system Conclude GP migrations	Integrate Choose Pharmacy with Shared Meds Record
2.3 Planned Care	Admissions, discharges and transfers APIs	Draft eyecare business case	Pipeline : Strategic Programme for Planned Care priorities			
2.4 Urgent and Emergency Care	Intensive Care (WICIS) Implementation Plan drafted	Welsh Emergency Care Data Set FHIR profile specification	Emergency Dept Module built	Support Welsh Emergency Care Data Set roll out	Further Dashboards of Emergency Care	
2.5 Diagnostics	Laboratory system early adopter go lives	Next wave of laboratory go lives	Next wave of laboratory go lives	Decommission legacy laboratory system	Start re-procurement of next laboratory system	
	Support early radiology system go lives	Support next wave of radiology system go lives	Support next wave of radiology system go lives	Support next wave of radiology system go lives	Start re-procurement of next radiology system	
2.6 Digital Medicines	Further Electronic Prescription Service roll outs	Electronic Prescriptions transitioned to service	Further Electronic Prescription Service roll outs	Further Electronic Prescription Service roll outs	Further Electronic Prescription Service roll outs	
	E-Prescribing integrations and connectivity	E-Prescribing integrations and connectivity	E-Prescribing integrations and connectivity	E-Prescribing integrations and connectivity		
3.1 Health and Care Professions	Further test requesting specialities	Cardiology Test Requesting form	Further test requesting specialities			
		Deliver the Cancer prioritised enhancements	Welsh Clinical Portal Single Instance	Further Nursing forms	Nursing Care Record to Cloud. Roll out of paediatrics forms	
3.2 Patients and the Public	Developing subsequent priorities from a requirements list including patient captured information, access to patient health record documents and test results, vaccinations summaries and booking online in the App.				Service transition to DHCW complete	
4.1 Research and Innovation	Roadmap for DHCW Artificial Intelligence adoption	Refresh R&I strategy		Clinical Trial 'Find, recruit, follow up' scoping	Increase E-library collections and usage Open Access service (DHCW research deposits)	
4.2 Value from Data	Transition of data to the Cloud (with NDR programme) Data Analysis and reporting for strategic programmes					

Baseline information as at April 2025

JCC – Emergency Medical Retrieval Transfer Service

EMRTS / Air Ambulance Service

Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Review

- Powys Teaching Health Board met on Thursday 11 April to discuss and consider updated recommendations from the NHS Wales Emergency Medical Retrieval and Transfer Service (EMRTS) Review. The Board accepted the case for change and recognised the critical importance of addressing the level of unmet need identified by the review, and also to ensure that the proposed approach sufficiently addressed the concerns that had been raised by residents and stakeholders including by Llais. The Board agreed that further detail was needed in relation to Recommendation 4 and that they were not currently in a position to support the recommendations. All seven health boards met to consider the EMRTS review, and their respective views were considered at a meeting in public of the NHS Wales Joint Commissioning Committee on 23 April 2024. The Committee approved the following recommendations by majority decision:
- **Recommendation 1 – EMRTS Service Model.** The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review.
- **Recommendation 2 – Implementation.** To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review).
- **Recommendation 3 – Implementation.** The Committee approves that joint plans developed by EMRTS and the Charity that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan 14/18 EMRTS Service Review Page 15 of 18 Joint Commissioning Committee Agenda Item 2.3 23/04/2024 will be reflected in the Committee's future commissioning arrangements with EMRTS and the Charity.
- **Recommendation 4 – Additional service provision.** The Committee approved the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It recommended a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group worked in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. In July 2024, an EMRTS stakeholder A Task and Finish Group was established for Recommendation 4, with representation from the health board as well as non-voting status for a representative on behalf of Llais, with the Powys Regional Director representing Llais nationally on this group. Alongside this, the Charity is pursuing its work to secure the new operational base. In July, a Claim form was lodged with the Court and sent to a number of organisations including Powys Teaching Health Board bringing a Judicial Review (JR). The relevant response was sent from the Health Board in August and the Claimants response received in September.
- The Judicial Review of the Emergency Medical Retrieval and Transfer Service (EMRTS) Review took place on 22 and 23 January 2025, with an extended day on the 7 February 2025. The decision of the court is still awaited and therefore, in recognition of this, further work by the NWJCC team on the delivery of the Review's recommendations including on Recommendation 4 has been paused.

Baseline information as at April 2025 – see front section for update

Lewis, Ray, Cybele
13/08/2025 11:22:13

South East Wales Region



A Regional Portfolio Delivery Board is in place for the South East Wales region, the sponsor organisations for regional schemes are CTMUHB, ABUHB and CVUHB and PTHB is an attendee in recognition of the Powys resident flows into the South East Wales footprint.

Strategy / Plan

The Regional Portfolio is overseen and tracked via a Delivery Board. It comprises programmes of work for Pathology, Ophthalmology, Stroke, Cancer, Endoscopy and dependencies with the development of Llantrisant Health Park.

Headline updates:

Update from Regional Portfolio Delivery Board April 2025

- The Minister's statement on regional planning was noted, in particular the commitment to reorganise the work of the NHS Wales Executive to create a dedicated regional delivery support function and the establishment of a Regional Joint Committee for the South East region.
- The Minister's expectations in relation to Llantrisant Health Park including the timeline to deliver an Outline Business Case were also noted and discussions held on effective alignment between programmes, partners and resources. A Dashboard was provided giving an update on the overall portfolio, planned activities / decisions points and risks.
- Update reports were given on each programme, highlights noted below:
 - Pathology: Key activities include standardisation and Single Management Model development, Full Business Case scheduled for November 2026
 - Cancer: 4 priorities agreed for programme: Regional PTL; Regional Cancer Workforce; Regional MDT Resourcing and Governance and Prehab2REhab, each to become a project within the programme
 - Ophthalmology: Stabilisation Plans to be developed; 12 Month Plan for Cataracts agreed; regional Glaucoma approach experiencing some delays; workforce planning session to be held 16 May
- An updated Regional Endoscopy Plan was provided, reflecting collective planning by ABUHB, CAVUHB and CTMUHB
- An update was provided on the National Stroke Programme (see separate slide on Stroke)

Baseline information as at April 2025 – see front section for update

Lewis, Raychelle
13/08/2025 13:22:13

South East Regional Joint Committee

Strategy / Plan

Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board have been directed to establish a Regional Joint Committee to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This Committee is expected to be established by Q3 2025/26.

The Committee will be responsible for collectively determining the Committee's priorities, informed by a collective review of existing collaboration arrangements and the improvements required of health boards regarding organisation's escalation status under the Escalation and Intervention Framework. This exercise should identify areas that need attention and can be strengthened, while avoiding unnecessary duplication.

The establishment of the Committee is expected to provide a greater focus on

- regional planning and delivery of service models;
- improved outcomes and a reduction in inequalities in access;
- potential for service transformation, including new regional workforce models;
- establishing new relationships and/or resetting existing ones;
- exploring regional solutions to advance sustainable service provision and improve quality and outcomes, while addressing workforce, infrastructure, and financial constraints under the National Clinical Framework and the Value and Sustainability Board; and
- providing coordinated support to the health boards, with a particular focus on priority areas through the NHS Executive.

To enhance collaboration in integrated care, representatives are invited from Powys Teaching Health Board and Velindre NHS Trust to be Associate Members of the Committee.

New
17/06/2025 13:22:13
Ravichelle

NHS Wales Executive

Strategy

Key Points

The NHS Wales Executive is a new, national support function, operational from 1 April, 2023.

Key purpose is to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.

- The NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing NHS Wales to transform clinical services in line with national priorities and standards.
- The NHS Executive is a hybrid function bringing together Delivery Unit, Finance Delivery Unit, Improvement Cymru and Health Collaborative.
- Improvement Cymru will retain their name and brand for now.

Phase 2 Update

There are additional functions joining the NHS Wales Executive on 1 April 2024

- **Improvement Cymru** will become fully integrated into the NHS Wales Executive structure as part of a new **Quality, Safety and Improvement Directorate** and incorporated within the formal Hosting Agreement with PHW. The Quality, Safety and Improvement Directorate will continue to drive work with NHS Wales on the design, development, and delivery of system level improvements to quality and safety as set out in national policies and standards to meet the needs of the service.
- **Digital, Technology, Innovation and Value** will be a new directorate within the NHS Wales Executive structure. The directorate comprises a new team, bringing together staff from the Welsh Value in Health Centres as well as staff from Technology Enabled Care (TEC) Cymru with the latter joining the NHS Wales Executive in September 2024.
- **The Strategic Programme for Primary Care (SPPC)** is the all-Wales primary care response to A Healthier Wales and will be a new directorate within the current NHS Wales Executive structure. This national strategic programme focuses on the actions required to implement the Primary Care Model for Wales with a focus on providing care closer to home via sustainable primary and community care services. The Strategic Programme for Primary Care team is comprised of national lead roles and a Programme Management Office, which collectively support its portfolio of national work.
- **The National Programme for Urgent and Emergency Care (UEC)** oversees delivery of the six policy goals that span the urgent and emergency care pathway. These six goals reflect 11 the priorities in the Programme for Government 2021-2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The UEC (Six Goals) team comprises national clinical and professional leads and a Programme Management Office, which collectively supports its portfolio of national work. The team will be a new directorate within the current NHS Wales Executive structure.

- **Emergency Planning and Response**

The Executive Emergency Planning and Response function will provide a national focus for co-ordination in NHS Wales contingency arrangements, monitoring and assurance of emergency preparedness activities, as well as providing a mechanism for briefing and information flow across NHS Wales on behalf of Welsh Government (in accordance with the mandate and remit letter).

- The first **Women's Health Plan for Wales** was launched on 9 December 2024 setting out a 10-year vision to improve healthcare services for women. The plan, created by the National Strategic Clinical Network for Women's Health, part of the NHS Wales Executive, sets out how NHS organisations in Wales will close the gender health gap by providing better health services for women, ensuring they are listened to and their health needs are understood.

Baseline information as at April 2025 – see front section for update

Integrated Medium Term Plan 2025-28

Strategy:

The Long-Term Strategic Framework '**Delivering Excellence**' sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation our clinical services model to ensure that patients receive the '**right advice and care, in the right place, every time**'. The ambition is to evolve from a traditional ambulance and transport service, towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who make contact through 111, 999 and non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which WAST work.

The evolved Clinical Services Model is designed to be clinically led, patient centred and integrated across multiple services. To deliver this transformation, WAST will:

- Embed clinically led decision making: Clinically led care decisions from first patient contact, ensuring timely, personalised responses, reducing unnecessary interventions and improved outcomes.
- Enhance system connectivity: Systems, processes and staff integrated across WAST and supported by digital solutions to deliver consistent patient experiences and maximise resource efficiency.
- Offer choice through diversified response options: Expanding response pathways in collaboration with the wider system, will allow safe, community-based treatments while ensuring ambulance dispatch is prioritised for critical needs.
- Strengthen collaborative pathways: Partnerships with Health Boards, commissioners, and community services will create shared care pathways, enabling patients to the access most appropriate local services.

Finance:

Given the Trust's current underlying position, along with the level of funding able to be made available, and subject to some of the remaining risks highlighted in the paper presented by the Executive Director of Finance & Corporate Resources, this does provide the ability for the Trust to present a balanced financial plan for 2025/26. WAST has been asked to outline what further stretch it could make in its cost improvement/savings plans by the JCC, however this plan is presented in the context of an £8.5m savings target.

Baseline information as at April 2025

RSSPP Forum



The Regional and Specialised Services Provider Planning Forum has been established as a partnership between Swansea Bay UHB and Cardiff and Vale UHB to support the development of a collaborative approach to deliver and develop safe, sustainable, and effective specialised services across the two tertiary centres in South and West Wales in future and deliver the best quality and outcomes of care possible to patients.

Programme	Key Points
Regional and Specialised Services Provider Planning Forum	<p>The partnership will progress the following workstreams in 2025/26:</p> <ul style="list-style-type: none">• Development of a Hepato-Pancreato-Biliary Shared Delivery Network for South and West Wales to:<ul style="list-style-type: none">• Develop and manage a supraregional approach to manage Severe Acute Pancreatitis;• Address other specific gaps within the patient pathway through the development of service specifications, clinical guidelines, etc;• Provide a transition from current models to a Shared Delivery Service (A single directorate for HPB across the two organisations); and• Maintain project momentum• Working in partnership with the NHS Wales Joint Commissioning Committee to progress the second phase of the Cardiac Surgery review, which will include the development of options for future service delivery• Development of options to improve the sustainability of Gynaecologic Oncology Surgery services for the population of South Wales, West Wales and South Powys• Development of a clinical informed implementation plan for Specialised Infectious Disease Services

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Baseline information as at April 2025

Health Education and Improvement Wales (HEIW)

Integrated Medium Term Plan 2025-28

- DHCW have submitted an Integrated Medium Term Plan for 2025-28.
- **Strategy:** The Strategic Framework for the development of the IMTP (2025-28) agreed the IMTP needed to be reshaped to focus on big strategic shifts needed to deliver the 10-year Workforce Strategy and to provide a 3-year focus for delivery.
- **Finance:** The financial outlook for 2025-26 in Wales is challenging and there are some areas of risk that will need to be managed, but as per the expectation outlined in the Welsh Government Planning Framework 2025-28, the Plan is deemed approvable and financially balanced and submitted to Welsh Government on the 31 March 2025.



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Baseline information as at April 2025

Strategic Plan (IMTP) 2025-28

PHW have submitted a Strategic Plan for 2025-28.

- **Strategy:** The Strategic Plan sets out, by six strategic priorities, the actions that will be delivered over the next three years. This is informed by progress made during 2024/25, remit Letter for 2025/26 and key developments, such as the establishment of a national lung cancer programme, strategic health improvement developments (e.g. Tackling Diabetes Together) and development of key digital systems (e.g. Health Protection). An assessment of the draft plan has been undertaken, which shows that, compared to the 2024/25 plan, overall number of milestones have significantly reduced. This reflects work to improve the overall feasibility of the plan and ensure that there is focus on the key high-level actions that will have the greatest impact.
- **Finance:** PHW set out a balanced plan which ensures known cost pressures are funded and that cash releasing savings are delivered. The resources released have provided a small investment fund which will be re-prioritised across three key areas identified as part of strategic investment approach, 1. Digital and Data, modelling and artificial intelligence, 2. Strategic change and delivery and 3. Strengthening core areas and business as usual.



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NHS Wales Shared Services Partnership IMTP 2025-28

Strategic Plan (IMTP) 2025-28

Plan on a Page 2025-26

NWSSP Strategy Map

Delivering Value, Innovation and Excellence through Partnership

Our Values



Our Strategic Objectives



Our Services	Our Value	Our People
Continue with Learning Programmes, with a focus on Women's Health in maternity and neonatal services.	Continued development of Transforming Access to Medicines.	Provide revised guidance and support to NHS Wales in relation to Putting Things Right.
Support the transfer of the WIBBS scheme to the Infected Blood Compensation Authority.	Continued development of Scan for Safety as part of the modernisation programme for NHS Wales.	Developing services and specialities under the Single Lead Employer model.
Support the re-procurement and implementation of a Health Roster Solution on an All-Wales Basis.	Identify solutions to drive automation and support embedding of the Wales Ophthalmic contract.	Review and report on the long-term strategic options for Financial Management System services.
Move to mobilisation stage of the Workforce Transformation Solution.	Lead a group looking at central procurement of reusable gowns for Health Boards.	Upskill staff to prepare for increased digital and automation in the workplace.
Review reporting in the Medical Examiner Service to meet customer requirements and alignment to the Duty of Quality.	Establishing a robust service model for national delivery of seasonal vaccination Programmes.	Launch a new Welsh Language Strategy to support 'More Than Just Words' and Welsh Language standards.
Further embed the recruitment improvement programme to advance service efficiencies through innovation and digital automation.	Deliver agreed Procurement Foundational Economy workplan for NHS Wales, with milestones and deliverables being developed with WG.	Enhance our commitment to the armed forces community as a pledged employer to support the Armed Forces.
Work with Welsh Government to extend the All-Wales International Recruitment Programme.	Continue to deliver NWSSP decarbonisation actions and support more widely decarbonisation across Wales.	Continued roll out of Duty of Quality principles and embedding across the divisions.
Enhance the use of data analytics in the work of internal audit.	Undertake a full review of Engineering maintenance services to develop a more resilient and efficient laundry service.	Implement Speaking up Safely with Health Education and Improvement Wales.
Develop Primary Care Workforce Intelligence Services.	Establish a Radiopharmacy Unit from South East Wales to support NHS Wales.	Continue developing our Employee Value Proposition.
Support NHS Wales to deliver patient facing services through...	Continue with National Logistics Model for NHS Wales with a focus...	Through the NWSSP's Inclusive Culture Action Plan continue to...

Baseline information as at April 2025

Escalation and Assurance Arrangements in NHS England

An announcement was made on the 13th of March that NHS England administrative body would be abolished. Further information is awaited.

NHS Trusts in England are assessed and rated by the Care Quality Commission which is the independent regulator for health and care services in England. Current ratings for the main providers of services for Powys residents are as follows:

Organisation	Current Status
The Shrewsbury and Telford Hospital NHS Trust	Overall : Requires improvement
Wye Valley NHS Trust	Overall: Requires improvement
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Overall: Good

PTHB 3 main English providers are in the following categories - SaTH segment 4 - Recovery Support Programme, WVT & RJAH segment 3 of the NHSE Oversight Framework.

To provide an overview of the level and nature of support required across systems and target support capacity as effectively as possible, NHS England and NHS Improvement have allocated trusts and ICB's to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

For ICBs and trusts in segments 1 and 2, overall support needs will be formally reviewed on a quarterly basis by the relevant regional team (in the case of individual organisations this will happen in partnership with the integrated care board).

For trusts and ICBs in segment 3, NHS England and NHS Improvement regional teams will work collaboratively with them to undertake a diagnostic stocktake to identify the key drivers of the concerns that need to be resolved. Through this, we aim to better understand their support needs and agree improvement actions.

Those in segment 4 enter the new Recovery Support Programme (RSP). The RSP replaces the previous financial and quality special measures programmes and will provide a collaborative, ICB-focused approach for supporting those trusts and ICBs with the toughest challenges. ICBs and trusts will get intensive support to use all their levers to address the often complex, historical problems they face, and embed lasting solutions.

Herefordshire and Worcestershire Integrated Care System

Herefordshire and Worcestershire Integrated Care system was formally designated in April 2021 and Clinical Commissioning Groups functions transferred to a statutory Integrated Care Board (ICB).

Strategy	Key Points
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Integrated Care System	An Integrated Care Partnership Assembly has been established, bringing together the NHS, Local authorities, and other partners; a draft integrated care strategy has been published (see below):
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Further information is available at [Integrated Care Strategy :: Herefordshire and Worcestershire Integrated Care System \(hwics.org.uk\)](https://www.hwics.org.uk)

Programme	Key Points
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Stroke Programme	Herefordshire and Worcestershire Stroke Programme is now undertaking detailed work on service models and options, clinical pathways (Acute and Rehabilitation), demand and capacity modelling, workforce and financial assessment. At present however no final model has been agreed upon. Options have been modelled and discussed with the
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Baseline information as at April 2025 –

The preferred model being presented to Clinical Committee on 27th September 2025. The commitment to hold a Clinical Senate in part of the clinical service through guidance in England. Both the Director of Planning, Performance & Commissioning and the Director of Therapies were in attendance.

see front section for update

Robert Jones & Agnes Hunt Foundation Trust (RJAH)

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) is one of the UK's five Specialist Orthopaedic Centres. It is a leading orthopaedic centre of excellence with a reputation for innovation. The Trust provides both specialist and routine orthopaedic care to its local catchment area and nationally. It is a specialist centre for the treatment of spinal injuries and disorders and also provides specialist treatment for children with musculoskeletal disorders. The hospital has nine inpatient wards including a private patient ward; 12 operating theatres, including a day case surgery unit; and full outpatient and diagnostic facilities. The Trust works with partner organisations to provide specialist treatment for bone tumours and community-based rheumatology & orthotic services. The Trust is based on a single site in Oswestry, close to the border with Wales. The surrounding geographical area includes Shropshire, Wales, Cheshire, and the Midlands. As such, they serve the people of both England and Wales, as well as a wider national catchment and the Trust has contracts with a number of commissioners.

Strategy	Key Points
<p data-bbox="59 515 233 576">Trust Strategy 2023-28</p> <p data-bbox="59 1076 258 1138">Opening of new Theatre building</p>	<p data-bbox="305 515 1715 576">New five-year strategy, which sets out how they will deliver an innovative future for patients, colleagues and communities.</p> <p data-bbox="305 591 556 622">Five key objectives:</p> <ol data-bbox="305 668 1841 1005" style="list-style-type: none"><li data-bbox="305 668 1841 853">1. Deliver high quality clinical services - recognised for delivering outstanding standards of care for patients, address health inequalities for English and Welsh population and ensure a fair, equal and inclusive culture across the Trust. Develop services through partnership and shared decision making with clinicians, patients and partners. Empower departments to innovate and continuously improve services for patients. Recruit, retain and transform workforce to provide an exemplar experience for staff and patients<li data-bbox="305 858 1348 889">2. Develop our Veterans Service as a nationally recognised centre of excellence<li data-bbox="305 893 1166 925">3. Integrate MSK pathways across Shropshire, Telford and Wrekin<li data-bbox="305 929 935 961">4. Grow our services and workforce sustainably<li data-bbox="305 965 1166 996">5. Innovation, education and research at the heart of what we do <p data-bbox="305 1048 1818 1268">RJAH is preparing to open its new £10 million Theatre building extension, which offers the opportunity to increase capacity and reduce waiting lists. The development will initially see the addition of one new theatre, giving the capacity to carry out an additional 1,200 surgical procedures a year. RJAH also has plans to build three further new Theatres over the next three years, as well as refurbishing four existing ones. The development plans are evolving in conjunction with co-ordinated recruitment and retention activity to ensure the hospital has the staff and the skills it needs to make the most of the new facilities.</p>

Baseline information as at April 2025

The Shrewsbury and Telford NHS Trust (SATH)

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin and mid Wales. The main service locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, which together provide 99% of activity. Both hospitals provide a wide range of acute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

Strategy	Key Points
<p>SATH Trust Strategy 2022-27</p> <p>Development works</p>	<ul style="list-style-type: none"> • Our vision “ To provide excellent carer for the communities we serve”. The six strategic themes - Improve the quality of care that we provide, Deliver a better patient journey and experience, Ensure seamless patient pathways, Make our organisation more sustainable, Enhance wider health and wellbeing of communities, Make SaTH a great place to work • Work to improve hospital care for communities in Shropshire, Telford and Wrekin and mid Wales has taken another step forward, as The Shrewsbury and Telford Hospital NHS Trust (SaTH) signs the design and build contract with Integrated Health Projects (IHP). This marks a key milestone for the county’s largest investment in hospital services, as part of the Hospitals Transformation Programme (HTP). The plans have been developed and supported by clinicians and will see the Princess Royal Hospital (PRH) site in Telford specialise in planned care and the RSH site specialise in emergency care. Enabling works and site preparations are currently underway at the RSH site. The development will see the construction of the new four-storey building near the former Outpatients’ entrance, and the remodelling of the existing Emergency Department at RSH. The building will provide new emergency care, women and children’s and critical care facilities. The Trust’s clinically-led designs will include; modern fit for purpose internal healthcare spaces; external balconies; an internal atrium and single ensuite bedrooms. The benefits of the new clinical model for patients include planned care services in PRH which will be available throughout the year, enhanced urgent care services which will be available 24/7 on both hospital sites and improved emergency care services delivered from a new, purpose-built Emergency Department at RSH.
<p>Urgent temporary changes to oral and maxillofacial services</p>	<ul style="list-style-type: none"> • SATH have advised that the oral and maxillofacial service is facing significant workforce challenges. This service specialises in acute conditions and injuries affecting the mouth, jaw, face and neck. Emergency action is required to support the provision of this service as an interim measure which means that SaTH patients requiring inpatient emergency care will be referred and transferred to Royal Stoke University Hospital from 10 March 2025. SaTH have advised that there is a robust standard operating procedure in place with ORUM to ensure safe and timely transfer and they are working towards a long-term solution for the service linked with their wider hospital transformation programme
<p>Phase 1 works</p>	<ul style="list-style-type: none"> • Works to modernise and redesign the Emergency Department (ED) at Royal Shrewsbury Hospital (RSH) are well under way with the first phase of work on track for completion in April. The improvements to RSH ED at The Shrewsbury and Telford NHS Hospital Trust (SaTH) include larger purpose-built resuscitation bays new larger patient bays and improved patient visibility through modern staff bases. The refurbishment forms part of the Trusts wider HTP plans, where a four-storey expansion is currently underway at the front of the RSH site and is expected to open in 2028.

Baseline information as at April 2025 – see front section for update

NHS Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin was created on 1 July 2022, replacing NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG), as part of Shropshire Telford and Wrekin (STW) Integrated Care System.

Strategy	Key Points
Integrated Care System	<p>Integrated Care Systems (ICS) are required to produce an Integrated Care Strategy and a Joint Forward Plan. The Integrated Care Partnership (ICP) is responsible for the development of the strategy, against which the Integrated Care Board (ICB) will reflect and respond. Shropshire, Telford and Wrekin ICS have produced an interim Care Partnership Strategy with 6 focus areas: People First; Prevention and inequalities; Subsidiarity; Joint working; Empowerment; Innovation, evidence and research. Further information is available at Integrated Care Strategy and Joint Forward Plan - STWICS</p>
Programme	Key Points
Hospitals Transformation Programme (HTP)	<ul style="list-style-type: none"> • The Trust has received national approval of its Full Business Case (FBC) for the Hospitals Transformation Programme (HTP), which is the final stage of approval. This releases the full £312million investment in local services and means implementation of a new model of healthcare in the county, including construction, can begin. • The Hospitals Transformation Programme is implementing the outcome of the NHS Future Fit consultation. The HTP Board includes senior level membership from the health and care system across Shropshire, Telford and Wrekin • Shrewsbury and Telford Hospitals NHS Trust (SaTH) have taken a prime provider responsibility to lead the delivery of the HTP on behalf of the Integrated Care System. The Strategic Outline Case (SOC) has been approved, by the Department of Health and Social Care and NHS England, with certain conditions, focusing on additional analysis/ information including workforce, demand planning, timescales, delivery sensitivities, contracting and capital. The Programme Board and leads are working with Regional and National teams in NHS England, seeking clarification and responding on these. A Local Care Programme Board has been established to accelerate delivery of the local care services within the health and care system to align with the HTP • Work continues to implement the future model of care agreed as part of the NHS Future Fit programme which included extensive consultation with communities and stakeholders in Powys. • The Outline Business Case for The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme was approved in January 2024 and Integrated Health Projects has been appointed as their design and construction partner. Full Planning Permission granted for new healthcare facilities at Royal Shrewsbury Hospital and enabling works are under way. • Work is also nearing completion on the new surgical hub at Princess Royal Hospital which is a key step in establishing PRH as the Trust's main Planned Care site with the new hub set to open this Summer.

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Baseline information as at April 2025

Wye Valley Trust (WVT)

Wye Valley NHS Trust is the provider of healthcare services at Hereford County Hospital, along with a number of community services for Herefordshire and its borders including Powys.

Strategy	Key Points
<p data-bbox="71 311 253 406">Trust strategic objectives 2025/26</p> <p data-bbox="71 482 247 544">Spinal surgery referrals</p>	<p data-bbox="314 311 1773 372">The annual Trust Objectives signal the Board's key priorities for the coming year. These take account of Trust strategy, local priorities and national planning guidance.</p> <p data-bbox="314 405 1850 501">Referrals relating to possible Spinal Surgery that are sent to Wye Valley NHS Trust for procedures carried out in partnership with Robert Jones and Agnes Hunt Hospital (RJAH) are stopping with immediate effect. Referrals for Robert Jones and Agnes Hunt Hospital can now be referred directly. There is no change to referrals for the Royal Orthopaedic Hospital.</p> <p data-bbox="314 505 1812 572">For patients already referred, the service will remain in Hereford until the end of April 2025. Any patient likely to wait longer than April, will be contacted regarding onward referral locations.</p>

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Baseline information as at April 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.2

Planning, Partnerships and Population Health Committee **14 August 2025**

Subject:	Partnership Governance and Assurance Report
Approved and presented by:	Executive Director of Planning and Performance and Director of Corporate Governance/Board Secretary
Prepared by:	Assistant Director Partnership Development and contributors
Other Committees and meetings considered at:	Executive Committee - 6 August 2025

PURPOSE:
The paper provides the first report following the approval of the Partnership Governance and Assurance Framework in April 2025.

RECOMMENDATION(S):
The Committee is asked to:

- **RECEIVE** the report, taking **ASSURANCE** that an appropriate mechanism is in place to monitor the statutory partnerships the Health Board has in place (as per the Partnership Governance and Assurance Framework).

Approve/Take Assurance	Discuss	Note
Y		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Alignment	Notes
1. Focus on Wellbeing	Y	The first Partnership Governance and Assurance Report spans the main partnerships and Joint Committees involving PTHB, which between them cover all the wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The purpose of the **Partnership Governance and Assurance Report** to PPPPH Committee is to highlight key matters with implications for the health board. Please see **Annexe 1**.

The Partnership Assurance and Governance Framework was approved by the Executive Committee on the 2 April 2025 and received by the Planning, Partnerships and Population Health Committee (PPPH) Committee on the 19 May 2025 and then the PTHB Board on the 21 May 2025. The Framework was an Annual Plan requirement and addressed an Internal Audit recommendation. The Framework recommended that there should be a biannual report to PPPH Committee.

In relation to the multiagency partnerships involving Powys Teaching Health Board (PTHB) (which are predominantly statutory) the report gives a view of:

- Risks, issues and mitigation relevant to the health board
- Key changes since the Framework was approved
- Each partnership's business cycle
- Good practice
- Partnership maturity

The section on partnership maturity will be populated over time as partnership self-assessments are undertaken. Cross-cutting issues potentially affecting all partnerships are also flagged.

The report covers 12 partnerships. It attempts to not duplicate where reporting is through another route; and to provide information in a way which is succinct, meaningful, and of value to the Health Board. The investment in building and maintaining individual partnerships needs to be proportionate to the potential benefits in achieving shared strategic goals to meet the needs of the local population.

A number of the partnerships focus on vulnerable groups and trying to prevent harm and improve outcomes, which otherwise would result in avoidable primary, mental health, emergency activity and long term out of county placements.

BACKGROUND

The approved Framework attempted to provide a basis for understanding PTHB's involvement in partnerships; for ensuring appropriate governance; and a set of recommendations to improve partnership working. It used three broad categories "*statutory partnerships*" "*partnerships by choice*" and "*partnership - as a way of working*". In defining partnerships, which are many and varied, it used, as a starting point, the definition in the Welsh Government guidance in relation to Social Partnership and Procurement (Wales):

Working to achieve a mutually agreed upon goal, to the benefit of all involved groups

It was agreed that a report would be provided bi-annually under the framework, of which this is the first. The report covers the partnerships below unless otherwise indicated.

Powys (including where it is designated as a statutory region)	Regional Partnership Board	✓
	Public Service Board	✓
	Powys Community Safety Partnership	✓
	Powys Youth Justice Management Board	✓
	Area Planning Board	✓
	Primary Care Clusters	✓
	Local Partnership Forum Advisory Group	This is not included in this report as a Board Advisory Fora Report is a standing item on the Board agenda.
	Joint Leadership Team Meeting	Reference only as the group which approves Section 33 Agreements.
Wider Region	Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS) & Junior Safeguarding Children Board	✓
	Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards	✓
	Regional Housing Support Collaborative	✓
	Dyfed Powys Local Resilience Forum	✓
	Mid Wales Joint Committee for Health and Care (and NHS Regional Planning Committees)	This is to be covered by the Strategic Change report.
National	NHS Wales Joint Commissioning Committee	✓
	NHS Wales Shared Services Partnership Committee	✓

The performance of PTHB services funded via partnership grants are reported via the Integrated Quality & Performance Framework.

Development of Report

The lead director or supporting officer/Partnership Co-ordinator was asked to contribute to the Report. This has included colleagues outside PTHB.

Contributors have included:

Regional Partnership Board Co-ordinator

Governance and Policy Officer, Powys County Council
Area Planning Board Manager, Powys County Council
Housing Support Grant Manager, Powys County Council
The Director of Public Health
The Deputy Director of Finance
Assistant Director of Safeguarding
Assistant Director of Commissioning & Performance
Civil Contingencies Manager
Deputy Board Secretary
Primary Care Cluster Development Manager
Other Directors and Assistant Directors provided signposting and/or advice.

(Early, informal feedback from a number of officers who have contributed is that that they have found the process helpful and a way of looking across a range of partnerships and the further opportunities for linkage and collaboration.)

Key Risks and Issues

The report highlights key risks, issues and mitigation relevant to the health board, some of which are highlighted below:

- The need to ensure robust exit plans where grant funding of PTHB services is time-limited
- A Senedd Committee is reviewing the Future Generations Act which may provide the opportunity for better join-up across partnerships (for example, in relation to the Wellbeing Assessment and the Population Needs Assessment)
- There are opportunities for PTHB to better utilise existing services funded by Welsh Government provided through other agencies in partnership – notably in relation to alcohol and substance misuse services
- PTHB will need to work with partnerships to ensure that any changes to accountability arrangements do not lead to confusion in relation to the PTHB’s Scheme of Delegation; current statutory responsibilities; and the importance of local co-production.
- The development of the next iteration of the Health and Care Strategy will be an important opportunity to share information, to align timescales where possible and to ensure ownership of a shared vision and strategy.
- The need to balance immediate short-term pressures against longer term strategic work, including the shift to prevention, is a common challenge.
- The need to ensure prevention of violence against women, domestic abuse, sexual violence, alcohol and substance misuse need to remain a key focus of strategic partnership work – and has the potential to reduce harm and avoidable primary, mental health and emergency activity.
- The Future Generations Commissioner’s 2025 report includes the following Call to Action: *“Welsh Government must review and streamline partnership structures across Cymru to improve efficiency and reduce*

bureaucracy". (The report also highlights the importance of a "One Welsh Public Service" approach; a system approach; and primary prevention).

Those involved in co-ordinating partnerships in Powys are already working more closely together to strengthen collaboration. Steps are being taken to draw together work on assessments; to align plans; to enable people with lived experience to influence wider partnerships and programmes; and to share engagement and insight reports through the Engagement and Insight Network.

A summary of key risks in relationship to partnership working is provided at the end of the report. A new strategic risk register is being considered by the PTHB Board in July, and the Executive Committee will be responsible for the Organisational Risk Register. There may be an opportunity to add a risk in relation to "partnership working", which the report could help to inform.

NEXT STEPS:

1. By the end of Quarter 4, there will be work in line with the Annual Plan on the second report; to review the "Partnership Governance & Assurance Framework"; and on an additional schedule of "Partnerships by Choice".

IMPACT ASSESSMENT

This section must of completed for all strategic organisational decisions including approval of health board policies.

Annexe 1 – PTHB Partnership Governance and Assurance Framework High Level Report

Powys Multi-Agency Partnerships	
Regional Partnership Board (RPB)	
<p>RPBs bring together local authorities and health boards to plan and deliver integrated care services, focusing on prevention, early intervention, and better outcomes for people. They coordinate resources, develop joint plans, and manage pooled funds to support key groups such as older people, children with complex needs, and carers. Further details of the RPB's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. The RPB Chair is the Vice Chair of PTHB. The designated Responsible PTHB Executive Officer is the Executive Director for Primary, Community & Mental Health. The Director of Public Health Medicine is the lead Executive Officer for the relationship between the RPB and the Public Service Board.</p>	
Maturity	PTHB Risks, Issues and Mitigation
A baseline self-assessment is being undertake during the summer 2025 to inform a partnership development plan by 30.09.25.	<p>Resource Plan Following work early in Q1 on the 10 June 2025 the RPB agreed a revised resource plan for 2025/26 focused on the greatest system risks. Key priorities were:</p> <ul style="list-style-type: none"> • Helping people get back home to Powys from out of county; and home from hospital faster and safely • Preventing people in Powys from going into hospital and out of county • Children and young people (particular focus on children looked after; child protection; and children overweight at school entry) • New ways of integrated and whole system working • Prevention and Early Help and Support model • Enabling programmes (focused on the greatest system pressures) • Shorter term cost avoidance and cost saving for partners / savings to the system <p>In-year slippage will be directed to the revised priorities. Exit Plans funding is approximately £7.8m of which PTHB receives approx. £3.1m. In the revised 25/26 Resource plan a Cost Improvement target of at least 3% has been applied to most non ringfenced projects. RIF funding ends March 2027, with no confirmed onward arrangements. Robust exit plans need to be in place, including time for the development and approval of business cases (this will need to be considered in the annual plan for 26/27) where services need to become "Business as Usual" and for distilling lessons learned and processes if projects cease.</p>
Key Changes	
Revised Part 9 Social Services and Wellbeing Act 2014 guidance issued in April 2025 in relation to RPB arrangements. RPB Chair will change Sept 25, following changes to the PTHB Vice Chair (current RPB Chair). Welsh Government (WG) introducing changes to accountability arrangements from July 2025. First phase support for North Powys Programme received.	
Business Cycle	
<p>Development of 2025/2026 resource plan September and October 2025 / agreed plan by Dec 25 The Annual Report submitted to the public Board of PTHB in July 2025. The Annual Plan to be submitted to PPPH Committee August 2025. The updated Joint Area Plan (2023-2028) will need to be reviewed in line with the development of the next 10-year Health and Care Strategy in 2027. The RPB Co-ordinator will link with Planning leads to ensure alignment of the planning timetables.</p>	

The Population Needs Assessment (PNA) and Market Stability Report (MSR) will need to be updated in 2026/27. The PNA was last refreshed in 2025 and the MSR was first completed in 2022, although ongoing work to understand need and position of key markets have continued.

Good Practice

The RPBs Annual Report 24-25 highlights a range of good practice across the partnership, including:

- A thorough and robust **review of the RIF** Funding programme has been undertaken.
- **Partnership Development Framework** approved and being operationalised – development sessions taking place throughout the Summer.
- The **Co-production Tracker** has been tested through the RPBs Live Well Partnership and the Live Well Engagement Forum – this has helped highlight good practice and areas for improvement; as well as helping to further develop the tool itself for wider roll out.
- **Live Well Forum “lived experience” group** of people of working age with physical and sensory disability and neurodiversity has been revamped and strengthening voice and influence of this population group
- **Emotional Health and Wellbeing Model (Start Well)** Over 3,600 young people accessed emotional wellbeing support through a whole-system model, with high proportion reporting maintained or improved wellbeing—helping to demonstrate the impact of early intervention.
- **Home Support Service (Age Well)** - The Home Support Service delivered over 12,000 interventions and achieved £223,000 in cost avoidance across health and social care, including £80,000 in ambulance services—highlighting the value of preventative, community-based care.
- **Workforce Futures – ACEES Programme**
The Academy Careers Education Enterprise Scheme (ACEES) reached over 5,500 learners across Powys, doubling interest in care-related careers and significantly boosting Year 12 enrolments in health and social care qualifications.

Aspects of PTHB work funded via RIF include:

- Perinatal Mental Health;
- Dementia Home Treatment Team;
- Dementia Memory Assessment Service;
- Neuro Diversity remodel/children;
- Integrated Autism Service;
- ADHD service; Unscheduled Care Improvement;
- Ready to Go Home Units pilot;
- and major multiagency programmes such as the North Powys & Workforce Futures.

Revised Accountability Arrangements

There is a risk that there could be unintended consequences as a result of changes to the Accountability arrangements for RPBs. HB Executive directors will work with partners to influence and shape arrangements to ensure there is no confusion in relation to PTHB’s Scheme of Delegation; current statutory responsibilities; and the importance of local co-production.

Winter Planning

Increasingly Welsh Government expects the RPB to play a co-ordinating role in the winter planning response. There is a risk this could affect the RPBs ability to delivery strategic, transformational change in the longer term by having to focus on important but more short-term work. RPB partners will work to ensure a balance across short-, medium- and longer-term work.

Shared Vision and Strategy

The RPB plays a key role in implementing the Health and Care Strategy including developing the next iteration. Discussions are underway about process and timelines.

Role in Pan Powys Cluster Planning

The self-assessment will consider how the RPB Executives role as the Pan Powys Cluster Planning Group can be strengthened.

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More examples of good practice can be found in the latest RPBs Annual Report here [English](#) [Cymraeg](#)

Public Service Board (PSB)

Details of the PSB's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. This statutory partnership was established under the Well-being of Future Generations (Wales) Act 2015 and its responsibilities are: · To consult on the assessment of Well-being within Powys · To prepare and publish a local Well-being Assessment for Powys · To consult on the Powys Well-being Plan · To prepare and publish a local Well-being Plan for Powys · To review or amend the local Well-being Plan and to publish an amended local Well-being Plan where required · To consult on any amendment to the local Well-being Plan as required · To prepare and publish an annual report that sets out the Powys PSB's progress in meeting the local objectives · To review and report annually on progress to the public, Welsh Government, democratically elected members, and Powys PSB member organisations.
 PTHB representation includes the Chair, CEO and Executive Director of Public Health

Maturity:	PTHB Risks Issues and Mitigation
Initial work was undertaken on developing a maturity matrix linked to the Future Generations Act spanning governance, processes, people and culture. However, further thought is being given to the framework to be used.	<p>Closer links to Powys RPB are developing particularly around the sharing of engagement, data and associated insights. The integration of the Well-being Assessment and Population Needs Assessment is being explored in readiness for the next iteration due in 2027. The PSB ensures that the RPB is informed of activities which may impact on delivery of the Area Plan. The mechanism for how RPB progress is included within the PSB is continuing to be improved.</p> <p>There is a need to ensure timetables align, so that the work on preparing and drafting the assessments can also feed into the work on the development of the next 10-year Health and Care Strategy.</p> <p>A review of Public Service Boards by WAO in 2019 concluded that PSBs are unlikely to meet their potential unless they are given the freedom to work more flexibly and think and act differently. In the recent Future Generations Report for 2025, the Future Generations Commissioner referenced other report findings relating to PSBs, identifying the need for:</p> <ul style="list-style-type: none"> • greater recognition by senior leaders - to promote more effective collaboration across partnership structures; • a 'One Welsh Public Service' approach – to break down perceived divisions between public services to improve outcomes and reduce resource and capacity pressures; • geographical alignment of partnerships – to help senior leaders prioritise PSBs, Welsh Government must ensure new policy,
Key Changes	
Due to the change of leadership in Powys County Council, Councillor Jake Berriman is to chair the PSB following his nomination and election by the PSB's statutory membership at the Board meeting held on 15 th July 2025.	
Business Cycle	
<p>PTHB previously approved the Powys PSB Wellbeing Plan (5-year plan 2023-2028). Work in relation to the next iteration of the plan will be in 2027.</p> <p>The full Wellbeing Assessment was undertaken in March 2022.</p> <p>The 2024/25 Annual Report of the PSB is being finalised and will be submitted to the PSB in September 2025. It would be submitted to the PPPH Committee after that.</p> <p>(A mid-point review of the Population Needs Assessment was undertaken following changes made to the associated statutory guidance, with the draft shared with RPB Fora for comment in March 2025.)</p>	
Good Practice	
6-monthly Engagement and Insight Reports are being produced via the joint RPB/PSB Engagement and Insight Network, which prevents of work and potential engagement fatigue by bringing together the findings gained from existing partner engagement activity into one report, which is shared with the RPB and PSB to ensure senior leaders are informed of	

engagement findings and are aware of partners planned future engagement.

legislation and guidance reinforces the importance of PSBs and avoid adding complexity, and

- resourcing of partnerships - emphasising the five ways of working, particularly collaboration, within public sector budgets and grant funding to ensure partnerships are sufficiently resourced.

A Senedd Committee (Equality and Social Justice) is undertaking a review in relation to the Future Generations Act and is receiving evidence.

Powys Community Safety Partnership (CSP)

Details of the CSP's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the Powys Community Safety Partnership (CSP) is made up of a number of responsible authorities and agencies that by law, must work together in partnership to reduce crime, disorder, substance misuse and reoffending. Its objectives are to: reduce crime; reduce anti-social behaviour; tackle the drivers of crime (particularly drugs and alcohol); reduce re-offending; reduce the fear of crime; reduce the number of killed and seriously injured (KSI) – Road Safety.

Maturity:

A self-assessment is undertaken.

Key Changes

The Serious Violence Duty has brought in enhanced collaboration on the issue. PTHB as a relevant partner under the Police, Crime, Sentencing and Courts Act 2022 (known as the "Serious Violence Act") has a duty to co-operate. The Powys CSP feeds into the regional Serious Violence and Organised Crime Board spanning Dyfed Powys Police area.

Business Cycle

There is a Community Safety Strategy and Community Safety Action Plan. Within PTHB the Executive Director of Nursing, Quality, Women and Family Health chairs a quarterly Strategic Safeguarding Group. Specific issues are reported by exception. An annual report is submitted to the PEQS Committee and to Board covering Safeguarding, Violence Against Women, Domestic Abuse and Sexual Violence; the Youth Justice Board and Corporate Parenting.

Good Practice

PTHB Risks Issues and Mitigation

A recent strategic needs assessment undertaken by the partnership, in relation to the Serious Violence Duty, shows that violence against the person, particularly women and girls, is a significant need to be addressed.

The need to ensure prevention of violence against women, domestic abuse and sexual violence (including work within schools) needs to be retained as a focus of the health board working with partners, as this also impacts on primary, mental health and emergency activity.

Powys Youth Justice Management Board (YJMB)

Details of the YJMB's basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the Powys Youth Justice Management Board provides an inter-agency management forum to oversee and monitor the work of the Powys Youth Justice Service to meet the statutory principal aim of preventing offending and reoffending by children and young people.

Maturity:	PTHB Risks Issues and Mitigation
National representation at local meetings helps to guide, support, develop ensure linkage with other Youth Justice Boards.	PTHB actively participates and contributes resources.
Key Changes	
No key changes since the PTHB Partnership Governance and Assurance Framework was published.	
Business Cycle	
There is a Youth Justice Plan 2025-26 and progress against it monitored through a Youth Justice Report every quarter in line national KPIs. There is a national inspection cycle. Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2025 is the most recent.)	
Good Practice	
Area Planning Board (APB)	
Details of the APB's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. However, in summary the APB seeks to: strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and enhance and improve the key functions of planning, commissioning and performance management.	
Maturity:	PTHB Risks Issues and Mitigation
The APB does not yet have a self-assessment process for partnership development, but has established a strategic leads group (including the police, county council and NHS) with the aim of strengthening partnership working.	<p>The APB allocates resources of approximately £2.4m including:</p> <ul style="list-style-type: none"> the Substance Misuse Action Fund (£1.2m) and resources ring fenced for specific services such as access to Buvidol; for people with complex needs; for children and young people; and residential rehabilitation. <p>The emerging findings of the in-depth needs assessment indicate opportunities to:</p> <ul style="list-style-type: none"> strengthen referral and treatment pathways to ensure PTHB fully utilises available substance misuse services in the face of growing demand; prevent alcohol related brain-injury at an earlier treatable stage and to improve outcomes for people using services through
Key Changes	
Welsh Government guidance for APBs is currently being revised.	
Business Cycle	
The APB produces quarterly reports spanning performance against key performance indicators, progress against the annual plan and finance (which is submitted to the Area Planning Board and Welsh Government).	
Good Practice	

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An in-depth population needs analysis has been undertaken, which will be shared once it is finalised to help inform long term and multiagency planning.

- earlier intervention in Powys to avoid out of county treatment and admission
- improve shared care
- improve use of multiagency resources for those with mental health and substance misuse needs in the age group 36 to 45
- and to strengthen communication and partnership working.
- For people with alcohol and substance misuse difficulties who are not able to drive, transport to assessment and treatment appointments remains an issue.

Primary Care Clusters

Details of the Cluster’s basis, Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, Powys is served by a combination of employed health and social care staff, contractor teams (GP, Community Pharmacy, Optometry and Dentist) and third sector services. A cluster brings together all health and social care services and support across a defined geographical area, typically serving a population between 25,000 and 100,000. There is a shared ambition to achieve the best outcomes for individuals and communities which is achieved through a focus on prevention, early intervention and personalised, coordinated care. There are three key elements: The professional collaboratives; the clusters; and the pan Cluster Planning Group (which is the RPB Executive). (Whilst primary care clusters are an important part of Welsh Government guidance, they are not a statutory partnership. It is expected that Cluster Members reach consensus on decisions through informed discussion.)

Maturity:

There is a Welsh Government requirement that clusters self-assess annually against the Primary Care for Model Wales (PCMW) and the Accelerated Cluster Development (ACD) frameworks. Scores are self-assessed against “Pre-Foundation”; “Foundation”; “Developing”; and “Mature”. This is followed by a peer review in quarter 3 evaluating progress in moving towards the PCMW & ACD. The self-assessment completed in April 2025 shows scoring predominantly in the “Foundation” and “Developing” levels for the different elements of the PCMW & ACD. (In addition, the RPBE is reflecting on its role and purpose as the Pan Cluster Planning Group through its self-assessment process.)

PTHB Risks Issues and Mitigation

Ensuring clarity of purpose and an effective relationship with the Pan Cluster Planning Group (RPBE) remains key. It should be recognised that clusters work within a wider system and, therefore, the development of the primary and community model extends beyond cluster planning. There are vacant cluster lead roles within the mid and south clusters. This has been reviewed and proposed changes to the cluster model are being developed and considered. There is variation in the degree of professional engagement in collaboratives (including due to seasonal pressures) which is being addressed through improved communication. (PTHB will need to keep horizon scanning the cross-border implications of the NHS 10 year plan in England – although this is a wider issue than just primary care.)

Key Changes

There are two cluster lead vacancies, which in the South is due to the 2 year tenure rule.

Business Cycle

Annual Cluster Plans are developed as part of the IMTP process (starting in September 2025).

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<p>There are quarterly reports to the Pan Cluster Planning Group on progress of development projects. The is a Primary Care Clusters Dashboard. Clusters provide at least bi-annual reports to PPPH Committee.</p>	
<p>Good Practice</p> <p>Partnership working within the clusters is maturing. Other parts of Wales have sought to learn from Powys in terms cluster meeting structure and development.</p>	
<p>The Local Partnership Forum is included in the Framework, but to prevent duplication it is not included within this report as a Board Advisory Fora Report is a standing item on the Board agenda. However, it has been confirmed that the terms of reference of the Local Partnership Forum are being updated to take account of the requirements of the Social Partnership and Public Procurement (Wales) Act 2023.</p>	
<p>The Joint Leadership Team is not a multiagency partnership but was included as it is the meeting which ensures the Section 33 Agreements have been signed.</p>	
<p>Mid & West Wales Multiagency Partnerships</p>	
<p>Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS) & Junior Safeguarding Children Board</p>	
<p>Details of the Safeguarding Board’s statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. (CYSUR is an acronym for Child and Youth Safeguarding: Unifying the Region and is also the Welsh word for reassurance and CWMPAS is the Mid and West Wales Regional Safeguarding Adults Board and is an acronym for Collaborative Working and Maintaining Partnership in Adult Safeguarding and is also the Welsh word for scope or remit). The Executive Boards for CYSUR and CWMPAS work together as an overarching regional Board to monitor and improve regional safeguarding activity across Mid and West Wales.</p>	
<p>Maturity:</p>	<p>PTHB Risks Issues and Mitigation</p>
<p>Each partner agency has to submit an annual self-assessment against a pre-set template, which PTHB completed in Q4 2024/25. There is also an annual board development day in January, which also assists the development of the annual plan.</p>	<p>The safeguarding boards need to ensure links with the Community Safety Partnerships, National Independent Safeguarding Board and Welsh Government. PTHB provides a resource contribution.</p>
<p>Key Changes</p>	
<p>No key changes since the PTHB Framework was developed.</p>	
<p>Business Cycle</p>	<p>Partnership work has been underway:</p>
<p>There is an annual plan which is monitored via quarterly performance reports. The Annual Report from the Mid and West Wales Safeguarding Board is considered by the PTHB Strategic Safeguarding Group and is also submitted to Welsh Government. The report for 2024/25 is due to be approved and submitted. Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2025 is the most recent). PTHB’s 2024-25 Safeguarding Maturity Matrix Improvement Plan has been reported on quarterly to PTHB Safeguarding Strategic Group.</p>	<ul style="list-style-type: none"> • Developing a culture of collaboration and innovation across the partnership, which promotes a safe, skilled and resilient workforce • Measuring, evidencing and understanding the impact of this Board’s work on professional practice, and how this improves outcomes for children and adults at risk • Undertaking systemic analysis of organisational performance and change to better understand its impact on children and adults at risk. • Continuing to influence and contribute to the national strategic agenda to support improvements in safeguarding legislation, guidance and policy.
<p>Good Practice</p>	
<ul style="list-style-type: none"> • Mature partnership working 	

<ul style="list-style-type: none"> • Coproduction of regional guidance across both adult and child safeguarding • Regional audit plan • Collaborative work on National Safeguarding week and campaigns and consultations • Coordination and oversight of all safeguarding practice reviews and actions plans 	
Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards (VAWDASVRB)	
<p>Details of the VAWDASVRB's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, this statutory partnership delivers the regional strategy on violence against women, domestic abuse and sexual violence.</p>	
Maturity:	PTHB Risks Issues and Mitigation
	<p>Funding of the partnership is on an annual basis in terms of Welsh Government, which is resulting in projects of a year or less. Local agency partner funding is yet to be determined.</p>
Key Changes	
No key changes since the PTHB Framework was developed.	
Business Cycle	
<p>The Mid and West Wales Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2023-27, supported by an annual implementation plan.</p> <p>Progress is monitored via quarterly reports to the VAWDASVR Board and via an Annual Report to Welsh Government.</p> <p>Also, within PTHB quarterly updates on progress are given to the Strategic Safeguarding Group.</p> <p>Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 20025 most recent).</p>	<p>Key areas of focus are:</p> <ul style="list-style-type: none"> • Challenging public attitudes towards violence against women, domestic abuse and sexual violence across the population through awareness raising and a space for public discussion with the aim to decrease its occurrence. • Increasing awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to make positive personal choices • Increasing focus on holding to account those who commit or may carry out abusive or violent behaviour to change their behaviour and avoid offending/reoffending • Making early intervention and prevention a priority • Ensuring relevant professionals are trained to provide effective, timely and appropriate response to victims and survivors • Providing all victims with equal access to appropriately resourced, high quality, needs-led, strengths based, intersectional and responsive services.
Good Practice	
The 5 year strategy sets out the priorities.	
Dyfed Powys Local Resilience Forum (LRF)	
<p>Details of the LRP's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the Dyfed Powys Local Resilience Forum sits at the apex of local civil protection arrangements in mid and south-west Wales.</p>	

Its overall purpose is to ensure that there is an appropriate level of preparedness to enable an effective multi-agency response to emergencies which may have a significant impact on the communities of Dyfed Powys.

Maturity:	PTHB Risks Issues and Mitigation
Multiagency training and exercises take place. There are national resilience standards for LRFs. There are ad hoc peer assessments of the LRFs.	<p>The PTHB programme of work continues to be driven by national, regional and local risk assessment and responses to incidents /emergencies.</p> <p>Civil Contingencies related risks are included on both the organisational and strategic risk registers; these risks are monitored via the PTHB Executive Committee and Board.</p>
Key Changes	
No significant changes	
Business Cycle	
<p>Regular updates and assurance on the delivery of the Dyfed Powys LRF Business Plan are monitored via the Training and Coordination Group and the Strategic LRF Group</p> <p>PTHB produces an Annual Report on Civil Contingencies Planning which is submitted to the Board of PTHB and to the NHS Wales Performance and Improvement.</p> <p>The LRF is currently reviewing the Terms of Reference from all group and sub-group meetings to ensure that they remain fit for purpose.</p>	
Good Practice	
There is continued access to a range of multi-agency training and exercising opportunities is available for PTHB staff.	
Regional Housing Support Collaborative Group (RHSCG)	
The Supporting People Regional Collaborative Committee became the Regional Housing Support Collaborative Group (RHSCG) when the Welsh Government grant arrangements changed in 2019. Membership includes Powys Teaching Health Board in Mid and West Wales. However, the Group is not currently meeting as the post of Regional Development Co-ordinator is vacant.	
Maturity:	PTHB Risks Issues and Mitigation

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The self-assessment of partnership maturity is dependent on the appointment of a Regional Development Co-ordinator and the reconvening of the partnership.

Key Changes

The Powys Housing Support Programme Strategy was due to run until the end of March 2026, but is being extended for a year. This provides an opportunity to improve alignment with the development of the new Health and Care Strategy.

Business Cycle

Powys Housing Support Programme Strategy (extended to a 5th year)

Rapid Rehousing Strategy

https://en.powys.gov.uk/media/16238/Local-Housing-Strategy-for-Powys-2022-26/pdf/tkPowys_HSP_Strategy_2022-26.pdf?m=1708682315643

<https://powys.moderngov.co.uk/documents/s80685/Appendix%20A%20-%20Rapid%20Rehousing%20Transition%20Plan%20v6.pdf>

Good Practice

Regional Co-ordinator Vacancy

Work is underway to recruit to the vacancy, but difficulties are being experienced due to changes to the funding arrangements and fixed term approach.

Prevention of Homelessness

The Powys Housing Support Grant allocation for 2025-2026 is approximately £8 million and funds a range of non-statutory homelessness prevention services including:

- The Montgomery Family Crisis Centre
- Calan Domestic Violence Service
- Pobl Floating Support Service
- Mid & North Powys Mind
- Brecon Mind
- Sense Cymru
- Kaleidoscope
- 24 hour specialised social care support, including for people with learning disabilities
- Hoarding Prevention
- Housing Support Team

PTHB Representation

PTHB representation on the Housing Support Management Board would be welcomed.

Please note that the **Mid and West Wales Joint Committee** is covered by the Strategic Change Report.

National Partnerships

NHS Wales Joint Commissioning Committee (NWJCC)

Details of the JCC’s **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the JCC is a statutory partnership under The National Health Service Joint Commissioning Committee (Wales) Regulations 2024; The National Health Service Joint Commissioning Committee (Wales) Directions 2024. Hosted by CTMUHB.

Local Health Boards must jointly exercise the planning, securing and commissioning of— (a) specialised services for— (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children, (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis, (c) emergency medical services, (d) non-

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emergency patient transport services, (e) emergency medical retrieval and transfer services, (f) NHS 111 services, (g) sexual assault referral centres, and (h) other services as directed by the Welsh Ministers.

Maturity:	PTHB Risks Issues and Mitigation
<p>In line with Section 9.2 of the NWJCC Standing Orders there is regular self-assessment of the Committee’s performance & operation. The results for 2024/25 were reported on 15/7/25. Areas to further strengthen were: the Committee development programme; Risk Register & Assurance Framework (differentiating JCC and HB risks); development of a population based strategy; and report writing.</p>	<ul style="list-style-type: none"> • The impact on the other services for which PTHB is responsible (including primary and community services) if the financial requirement for JCC delegated services exceeds health board uplift. • EMRTS Judicial Review (judgement handed down 19/6/25): Implications for: Equality Impact Assessments; Public Sector Equality Duty in Board papers; good document management; ensuring appropriate governance - decisions made in the right places; clarity of roles – including in engagement and consultation. Claimant has submitted application for permission to appeal. • New Emergency Ambulance Performance Framework. • NEPTs capacity issues. • HPB Service Model – suspended. SBUHB no longer provide services for acute pancreatitis (SAP) and C&VUHB no longer accept out of area SAP referrals. • Caswell Clinic/Taith Newydd Units – due to Fire Oct 24, remedial actions to take 12-18 months, significant cost in admitted patients to alternative provision. • Waiting times: Plastic Surgery (S Wales), Obesity (Salford). • Service sustainability challenges including: C&VUHB Neurosurgery high risk posts; C&V Acute Neurosurgery Therapies MDT; SBUHB Neuro Rehab; S Wales Cochlear Impact and Bone Conduction Implants (ongoing staffing challenges); Paeds Intensive Care Beds in Children’s Hospital for Wales (insufficient capacity to meet demand); Neonatal Cots (neonatal nursing shortages). • Financial – draft Q1 position reporting overspend £1.3m to date with forecast year end overspend of £3.7m with further £16.6m of risks identified. Mitigating actions being taken including High Secure MH Contract renegotiation, NHSE contract renegotiation; actions to reduce exposure to in year cost pressures e.g. NHS Wales Medium Secure recommissioning of capacity, DTOC, Continuation of Blueteq etc. • Ensure the Collaborative Commissioning Leadership Group is providing sufficient scrutiny to support CEO decision making at the JCC
<p>Key Changes</p>	
<p>Implementation of new organisational structure. 29% vacancy rate.</p> <p>Interim Chief Commissioner. Newly appointed Directors of Commissioning for: Ambulance Service and 111; Specialist MH, LD and Vulnerable Groups (Interim); Specialised Services; Corporate Planning and Strategy (Interim); Planning (Interim).New Committee Secretary from Sept 2025.</p>	
<p>Business Cycle</p>	
<p>JCC Foundational Plan 2025/26 submitted to WG.</p> <p>Strategic priorities identified with CEO sponsor, JCC lead and CCLG lead.</p> <p>NWJCC long-term strategy development engagement and timescales (to form basis of IMTP 2026-29).</p>	

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Good Practice

• Thrombectomy service in Cardiff serving South Wales including South Powys has been implemented on a phased basis

- Series of options to be presented for discussion in Sept 2025 to mitigate financial pressures. This will need to include options which mitigate the lack of delivery in savings in Q1 and Q2.

Risks		Opportunities	
Under achievement NHSE savings related to 24-25	£8.9m	Review of HPN contract placements	(£0.5M)
Further NHSE growth	£1.1m		
NHSE additional non elective tariff funding in 2024-25	£3.8m		
Additional NICE drugs costs (above 25%)	£3.3m		
	£17.1m		(£0.5m)

Manchester Arena Inquiry: 149 recommendations, 3 specific recommendations that JC need to be aware of:

- Recommendation 105 (R105): Ambulance service trusts should review their capacity to respond to a mass casualty incident. That should include an assessment of whether they have an adequate number of trained specialist personnel to respond effectively to a mass casualty incident.
- Recommendation 106 (R106): Having carried out that review, the trusts should make recommendations to their NHS commissioners about the additional and/or different resources they require in order to ensure that they are able to respond effectively to a mass casualty incident in the numbers required
- Recommendation 107 (R107): The Department of Health and Social Care should give urgent and close consideration to any recommendations made by the Trusts and the NHS commissioners.

Following initial stakeholder workshops in relation to the recommendations the financial implications, including the need for WG support and phasing, are being considered. Further advice is being sought in relation to Recommendation 106 and a review is being undertaken.

NHS Wales Shared Services Partnership Committee (NWSSP)

Details of the NWSSP's basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. As a hosted organisation NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. (The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012)

Maturity:

PTHB Risks Issues and Mitigation

The ten NHS bodies (the Partners) in Wales participate in the Shared Services Partnership Committee and take collective responsibility for the delivery of the services through a Hosting Agreement between the Partners. (The self-assessment process for the NWSSP Committee is being confirmed.) As set out below a review of governance arrangements is underway.

Key Changes

Welsh Government has commissioned a Review of the Governance Arrangements for Shared Services.

Business Cycle

The Shared Services Partnership Committee Assurance Report summarises key matters, including achievements, progress and any related decisions. This is used to inform the PTHB Chief Executive’s update to the Board, when there is a matter of significance.

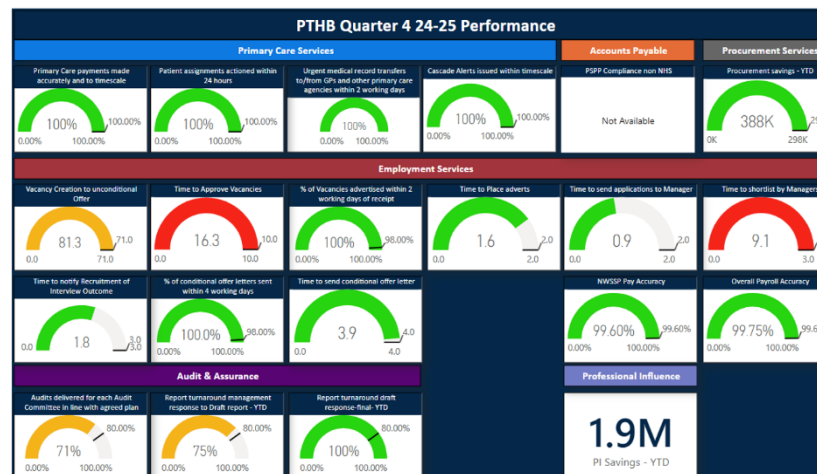
NWSSP representatives met the PTHB Executive Committee on the 11th June 2025

Good Practice

International recruitment of doctors and nurses, using the link established between Wales and Kerala in India.

- Q4 24/25 performance in relation to PTHB below, which is generally positive
- Possible areas for further collaboration include: Foundational Economy, efficiency / productivity (i.e. streamlining processes); service change, legal, procurement, regional working (ie. opportunities to do it “once for Wales”), national insourcing, cross border, rural areas, learning from England in terms of new regime and challenges, medical examiner provision, agency and recruitment processes, risk pool and risk sharing/ learning lessons.
- Key issues in current work: Procurement of a future Electronic Staff Record (ESR) workforce information system underway jointly with NHS in England. Development of a radiopharmacy facility in South Wales.
- In 2024/25 NWSSP managed a turnover of £686 million. The PTHB spend in 2024/25 for these services provided by NWSSP was £3.2m. Additionally, NWSSP is responsible for the Welsh Risk Pool. It had expenditure of £211m in 2024/25.
- Consideration of a business case for Transforming Access to Medicines (TRAMS) (involving shared pharmacy technical services) is underway. (This is in relation to the sterile preparation of medicines in Aseptic Units).

PTHB Performance Quarter 4 24-25



Lewis Raychelle
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The table below is an initial "heat map" of risks in relation to partnership working from a PTHB perspective, to help inform risk management. For the most part these are cross-cutting, but where the risk is in relation to a specific partnership this is given.

PTHB Partnership Governance & Assurance High Level Report Summary of Risks Q2 2025/2026					
LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain 5				JCC resource requirement exceeding uplift to health boards	
Likely 4			i) Difficulty focusing on areas of greatest system opportunity and impact within complex partnership arrangements. ii) Difficulty aligning strategy and planning arrangements due to different statutory requirements and timetables. iii) Focus on immediate system pressures limits resource allocation to prevention. iv) Unintended consequences of changes to RPB accountability. v) Short-term funding affects recruitment and a short term focus vi) Difficulty confirming the PTHB contribution to some partnerships (representation and/or resource)	Insufficient Exit Plans for PTHB RPB RIF funded projects/staff by March 2027	

Lewis, Raychelle
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			vii) Changes to grant funding affecting vulnerable groups in Powys. viii) Insufficient information about outcomes.		
Possible 3			PTHB Standing Orders and Scheme of Delegation not up to date in relation to partnerships.	Insufficient co-production and involvement of those with lived experience.	
Unlikely 2			i) Partners Do Not Share vision & strategy ii) Section 33 Agreements not signed	Partnerships overspend	
Rare 1					Partnership "Never Events" such as legal action between partners; non compliance with Standing Orders or the scheme of delegation.

Very Low 1-3	Low 4-8	Moderate 9-12	High 15-25
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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.3

PLANNING, PARTNERSHIP AND POPULATION HEALTH COMMITTEE **14 AUGUST 2025**

Subject:	Better Together Portfolio Update
Approved and presented by:	Debra Wood-Lawson, Executive Director People & Culture;
Prepared by:	Director of Improvement & Transformation; Deputy Director (Corporate Governance, Communication & Engagement)
Other Committees and meetings considered at:	Executive Committee – 6 August 2025 who supported the paper to PPPH Committee.

PURPOSE:

To provide an update on the progress and next steps of the Better Together Transformation portfolio

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is asked to:

- Take **ASSURANCE** on the progress made in relation to the Better Together Portfolio
- Take **ASSURANCE** on the progress made in relation to engagement and options development for adult physical and mental health community services
- **NOTE** the planned forward activity
- **NOTE** the risks identified in relation to organisational capacity to deliver the Portfolio and the timescale to deliver Phase 1

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Better Together Portfolio is aligned with all Health & Care strategy objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides an update on the Better Together Transformation Portfolio for Quarter 1 of FY 2025/26 and outlines the next steps in delivery. It builds on previous updates to the Executive and PPPH Committees and reflects the continued evolution of the portfolio in response to organisational priorities and external drivers.

The report provides an assessment of:

- Progress in implementing the revised portfolio structure and governance arrangements
- Engagement and options development for adult physical and mental health community services (Phase 1)
- Forward plan for delivery of Phase 1
- Key risks and mitigating actions

The report highlights the acceleration of Phase 1 delivery in response to the 2026 Senedd Election timeline and the Health Board's escalation status. It outlines the extensive engagement undertaken, the development of models of care and delivery options, and the preparation for formal consultation in Autumn 2025.

The Executive Committee is asked to approve the report for submission to the PPPH Committee and to take assurance on the progress made, while noting the significant risks associated with capacity, capability, and timescales.

SITUATION

The Health Board has an approved health and care strategy, which sets out our vision for health and care services across Powys. This remains our direction of travel and work has been undertaken to deliver a plan to deliver the strategy through the Accelerated Sustainable Model (ASM) and Better Together Transformation & Value programmes. Quarterly progress updates on the Better Together programmes have been delivered to Executive and PPPH Committees.

With the establishment of the Route Map to Sustainability workstreams in Summer 2024 and a new Directorate of Improvement & Transformation in October 2024 the transformation programme structure and its delivery mechanisms were reviewed with a new structure approved and put in place from January 2025.

Since establishment of the new Directorate, the Health Board has gone into Escalation & Monitoring Level 4 (Targeted Intervention) for Finance, Strategy and Planning. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan is included in Welsh Government de-escalation criteria. 'Better Together' has been reestablished as a Portfolio as the delivery mechanism for this plan.

The purpose of this report is to provide an update on the Better Together portfolio.

BACKGROUND

The ASM Discovery Phase informed the Better Together Programme structure which has been in place and delivering against the FY 2024/25 Integrated Plan. It was recognised that this plan does not go far enough to deliver the level of strategic change in the Health & Care Strategy and in the context of current system pressures. In response to this, a Route Map to Sustainability group was established in Summer 2024 to examine three areas - the future model (building on existing work), options around financial breakeven and decisions around the when and new opportunities based on analysis of data & benchmarking.

The October 2024 Executive and PPPH Committee update outlined the Q2 position against the FY 2023/24 Delivery Plan and the impact of the programme year to date. This information is also provided in the Quarterly Integrated Plan progress report to the Delivery & Performance Committee.

An additional PPPH Committee update was provided on the Route Map to Sustainability in presentation format in October 2024. This outlined workstream progress to date and plans to review the Better Together programme and Route Map to Sustainability workstream structures.

The February 2025 Executive and PPPH Committee update on the Better Together Portfolio outlined the Q3 2024/25 position and the new portfolio structure, delivery mechanisms and emerging risks. Routine reporting arrangements were noted with an acknowledgement that these were subject to further review.

A report to the Board in May 2025 provided a strategic update on the progress of Better Together. It outlined thematic focus areas, programme milestones, engagement activity and next steps including ongoing engagement and move toward formal option development and consultation.

A report to the July Board in July 2025 provided an assurance update with regards to the stage 2 engagement stage.

ASSESSMENT

Portfolio Update

A revised structure was implemented in January 2025. This provides a clear delivery mechanism and governance framework, the details of which were presented to PPPH Committee in the February 2025 update report.

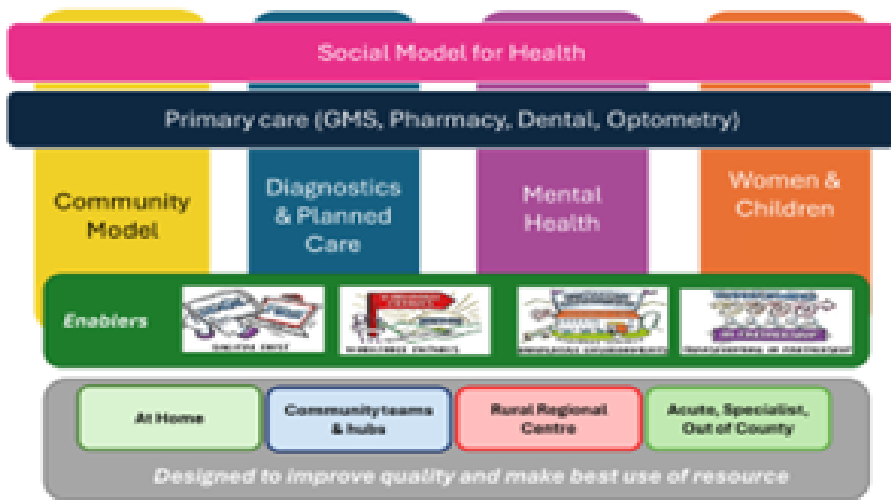
Each programme and group reporting to the Portfolio Board has an identified Executive or Deputy/Assistant Director lead, Senior Responsible Officer and Transformation Programme Manager. Programme Initiation Documents and workbooks are in place. Highlight Reports are submitted to the Better Together Portfolio Board and Executive Committee monthly.

Over this reporting period, the programmes continued to work to the FY 2024/25 Delivery Plan and development and delivery of the board approved FY 2025/26 Delivery Plan. An update on Q4 2024/25 and Q1 2025/26 progress has been included as part of the Health Board Integrated Plan progress reports to the Delivery & Performance Committee.

Wider portfolio progress for the programmes and groups listed below is reflected in the June portfolio highlight report. To note, the programme maturity matrix scoring within the highlight reports is in development and is not currently consistently applied or accurate across the programme.

- Diagnostics & Planned Care Programme
- Temporary Service Change Programme
- Business Efficiencies Programme
- North Powys Wellbeing Programme
- Commissioning for Value Workstream
- OD, Comms & Engagement Workstream
- Value Based Health Care Steering Group
- Clinical Reference Group
- Enabling Group

The approved phasing is shown in the diagram below and has been incorporated into the Integrated Plan deliverables.



An update on the delivery of phase 1 with the focus on adult physical and mental health community services is provided below under the subheadings of engagement, options development including partnership working and next steps.

Engagement

The Stage 1 Pre-engagement period on the overarching Case for Change with staff, key stakeholders and the public concluded on 25 May 2025. Analysis from this engagement, the outputs of clinical and professional workshops during May, existing work on Physical and Mental Health models and a deliberative workshop event including approximately 100 stakeholders supported the development of the Stage 2 engagement content.

Better Together Stage 2 Engagement on the Physical and Mental Health Community model commenced on 9 June 2025 for a seven-week period until 27 July 2025. The Llais Service Change Proforma was completed and submitted during the month of July, recognising that an updated version will require submission following confirmation of the options which will be recommended for consultation.

A suite of personas has been developed to support ongoing engagement, by providing examples of typical Powys residents/patients whose pathways of care can be tested against the emerging scenarios and options.

The OD, Engagement and Communication Workstream Group (ODEC) has overseen delivery of the Stage 2 engagement plan. Llais and Staff Side representatives are members of this group, with Llais joining as observers. Key elements of this plan include:

- Ongoing engagement with staff to test the emerging scenarios and develop long list of options, including through three staff workshops in partnership with Practice Solutions
- Public and stakeholder engagement including through distribution of the Stage 2 engagement document, and a series of five in-person public workshops in partnership with Practice Solutions (Brecon, Llandrindod Wells, Newtown, Welshpool, Ystradgynlais), one online workshop, and a series of drop-in events and community outreach visits to gather meaningful insights on the emerging scenarios and proposed Assessment Criteria
- Partner engagement to ensure that key partners/stakeholders (e.g. WAST, PAVO, PCC) have had the opportunity to contribute to the development of options.

Key priorities for August include:

- **Conclusion of Stage 2 engagement analysis:** A contract with Practice Solutions Ltd for the provision of independent facilitation of engagement events has been expanded to additionally include engagement analysis. Interim findings are due for the deliberative event on 13 August 2025, and alongside this the full engagement findings report is being developed bringing together insights from preliminary engagement, Stage 1 and Stage 2.
- **Development of the Stage 3 consultation plan for formal consultation from October 2025 to January 2026:** Initial discussions took place at the ODEC workstream meeting on 3 July 2025, contributing to a draft plan for discussion on 31 July 2025.
- **Onboarding of independent consultation analysis:** The contract for independent consultation analysis has been awarded to ORS following procurement using a mini-competition via ESPO - 664_21 - LOT 9a - Community Research and Engagement. An inception meeting is scheduled for 18 August 2025.
- **Conclusion of procurement of independent consultation assurance:** Open tender procurement has taken place for independent consultation assurance. Contract notice and standstill has completed, and Huw Irwin Associates has been appointed. An inception meeting is planned for week commencing 4th August.

Options Development

This section provides an update on the development of models of care and delivery options for physical and mental health community services in Powys. It outlines the methodology used to progress from a long list to a short list of options, summarises progress to date, and sets out the next steps and forward timetable.

Progress to Date

A comprehensive options development process is in progress, aligned with NHS Wales planning guidance and quality standards. The process has been informed by extensive engagement (Stages 1 and 2), clinical input, and multi-agency collaboration. Key achievements include:

Development of models of care for Urgent Care, Mental Health Inpatient, Physical Health Inpatient and Community Services.

Development of a Long List of Delivery Options across five service areas: Diagnostics, Urgent Care, Mental Health Inpatient, Physical Health Inpatient, and Community Services.

Application of Hurdle Criteria to assess each option against agreed planning principles, including clinical assurance, financial and workforce impact, accessibility, digital inclusion, and stakeholder readiness.

Shortlisting of Options At the time of writing, options have been shortlisted across the five service areas. These options are undergoing further assessment and refinement prior to being developed in greater detail, with supporting evidence and modelling data.

Person Centred Care A strong emphasis has been placed on the development of a model which provides 'care around the family' identifying the evidence base for integration of physical and mental health services, areas for joint development of pathways and services with partners and development of common language and definitions to support communication and understanding.

Stakeholder Engagement A successful 'deliberative' event in June brought together over 100 stakeholders from across the system to consider feedback from Clinical and Professional workshops undertaken in May and Stage 1 engagement on the Case for Change. A 'lock in' week took place 14th – 18th July enabling rapid progress on model of care and options development through collaborative working. Feedback was overwhelmingly positive, with participants highlighting the value of dedicated time and cross-sector dialogue. Primary care workshops have been undertaken in March and June with a further event planned in September. A primary care round table session took place in July. Regular meetings are in place with PCC and PAVO to ensure join up in delivery of key aspects of the future model, such as single point of access.

Clinical Expertise have been secured to support the options development process. This includes external expert support from Professor Anne Hendry (Consultant Geriatrician and stroke physician, honorary secretary of the British Geriatrics Society) and Dr Naeem Aziz (Clinical Director for Community Hospitals, ABUHB and SAS Lead Officer and Council Member at the Royal

College of Physicians). Additional primary care input has been secured through an expression of interest and redeployment of Health Board employed General Practitioners. A supportive assessment of Mental Health Inpatient provision was undertaken in May 2025 by the NHS Performance & Improvement Mental Health team; the report was received in July and will inform further model of care and options development.

Current Position

Models of Care and short-listed options are now being refined and developed through a structured programme of work, including:

- Completion of information gathering templates for each option.
- Workforce, activity, and financial modelling to assess feasibility and sustainability.
- Quality Impact Assessments (QIA) and risk assessments, including travel time analysis.
- Agreement of interdependencies, common language and definitions.
- Use of patient pathway evaluation to test models and support engagement and consultation.

Next Steps and Forward Timetable

The next phase of work will focus on finalising models of care and shortlisted options in preparation for options appraisal and consultation. At the time of writing key milestones include:

- Deliberative event to consider feedback from Stage 2 engagement, models of care and emerging shortlisted options – 13th August 2025
- Primary Care (GMS Focused) workshop – 4th September
- Options appraisal workshop – 11th September 2025
- Board Decision - October 2025

Supporting activities will include continued engagement with staff, partners and the public. Wider system partners will be invited to the deliberative event. Ongoing oversight of options development will take place through the Frailty & Community Programme Board, Mental Health Transformation Programme Board and Better Together Portfolio Board.

Risks

The Portfolio Risk Register was approved at the July Portfolio Board including full risk description, mitigating actions and target risk score recognising the organisational risk appetite for Transformation is 'eager'. Risks with a current score of 16 and above are as follows:

Risk	Current Risk Score
Insufficient capacity to deliver across the Portfolio	16
Timescales are too challenging to deliver	16
Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio	16
Engagement and Consultation Procurement - Stage three Consultation Delivery and Analysis & Stage 3 Consultation Assurance	16

Whilst mitigating actions have been successfully taken to increase capability to deliver Phase 1, adult physical & mental health community services through securing of additional clinical expertise and external support for demand & capacity modelling, and some mitigation has been achieved in terms of capacity through the 'lock in' approach, there is ongoing risk to delivery against the challenging timescales as a result of organisational capacity, capability and wider organisational pressures.

NEXT STEPS:

Next steps are as follows:

- Ongoing delivery of the portfolio under the structure detailed in the report
- Delivery of the planned forward activity outlined in the report

Lewis, Raychelle
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Subject:

Winter/System Resilience Planning 2025-26

Approved and Presented by:

Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Elaine Lorton, Executive Director of Primary Care, Community and Mental Health

Prepared by:

Assistant Director of Planning and Planning Managers

Purpose:

The purpose of this paper is to outline the process and timeline for the completion of the Winter System Resilience Plan 2025-26. The plan is being produced collaboratively with the Regional Partnership Board in line with guidance received from Welsh Government.

Recommendations:

The PPPH Committee is asked to DISCUSS and NOTE the process that has been put in place for coordination and completion of the Winter System Resilience Plan for 2025-26 and take ASSURANCE that mechanisms are in place to complete and submit the plan in line with Welsh Government’s timeline.

Executive Summary:

The System Resilience ‘Winter Plan’ will be developed through the Regional Partnership Board. The Plan will be developed in line with national requirements.
The Plan brings together a number of component parts which collectively represent the system-wide preparations and response arrangements over the autumn and winter period to include responses in line with outlined requirements. It is a high-level summary of the component action plans and programmes of work.
Reporting to Welsh Government is carried out via the RPB arrangements. The Health Board also reports on its responsibilities via the Integrated Quality and Performance arrangements, including IQPD and JET meetings.

Lewis Perchell
15/08/2025 15:22:13

Process

- The purpose of these slides are to provide the Planning, Partnerships and Population Health Committee with an update of the process and timeline for the completion of the Winter System Resilience Plan 2025-26. The plan is being produced collaboratively with the Regional Partnership Board in line with guidance received from Welsh Government.
- As part of preparations for Winter 2025/2026, the Welsh Government has issued correspondence at the end of June 2025 outlining the national plan and key delivery actions for health boards, NHS Trusts, and partners.
- In response, organisations are expected to review the draft plan and ensure their own strategies are sufficiently robust, with formal feedback submitted to the Welsh Government by **6 August 2025 (on-track)**.
- Health boards are asked to work collaboratively with the Regional Partnership Board to complete a self assessment template to assure ourselves that our integrated planning for Winter 2025/2026 aligns to Welsh Government's expectations, submission to Welsh Government **12 September 2025**.
- To further support winter preparedness, all partners must develop comprehensive operational resilience plans covering the critical period from **22 December 2025 to 13 January 2026**. These plans should address acute hospital surge capacity, seven-day operational leadership, and workforce planning to manage system-wide pressures, and **must be submitted by 31 October 2025**.
- Following submission, Welsh Government policy leads, and the NHS Executive's Performance and Improvement team will **review and provide feedback by 14 November 2025**, allowing time for any necessary refinements.
- There has also been a request from the Strategic Programme for Primary Care team, NHS Wales Performance and Improvement to complete 3 action plans which include Enhanced Community Care, District Nurse Capacity and 0.5% Most at-Risk Population **by Wednesday 16th July 2025 (these have been completed)**.
- The Plan brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period to include responses in line with outlined requirements. It is a high-level summary of the component action plans and programmes of work. (Further detail on each component is available through the respective leads and can be provided on request).

Key Areas of Focus

Components of 2025/26 System Resilience Plan

1. Key areas of focus from Welsh Government including:
 - Building community capacity to support care closer to home
 - Maximise available acute and community hospital capacity
 - Optimal hospital patient flow and a home first approach
2. Winter Respiratory Vaccination Programme (Flu, Covid19 & RSV)
3. Urgent & Emergency Care 6 Goals Plan
4. Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning
5. Primary Care & Accelerated Cluster Development
6. Communication & Engagement Plan
7. System Surveillance & Co-Ordination
8. Plan Sign-Off Process
9. System Checklist vs Welsh Government Winter Preparedness Letter

Key actions and areas of focus

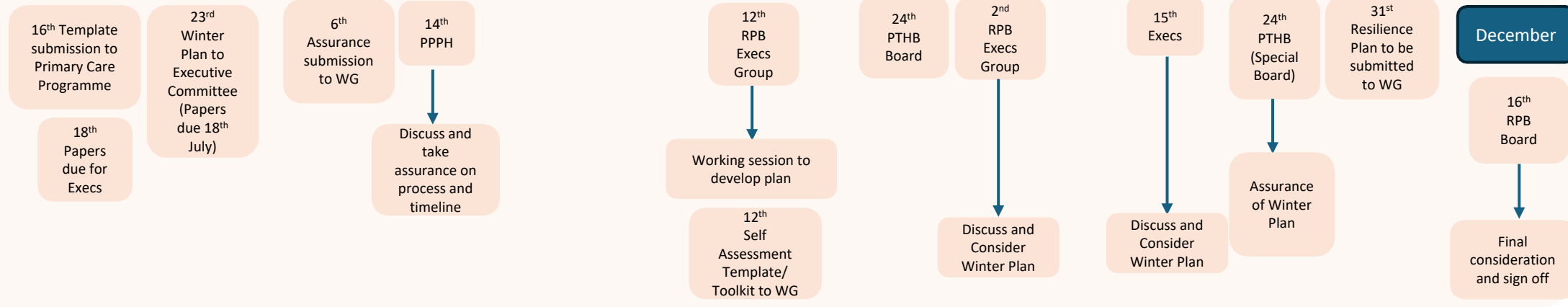
1. **Building community capacity to support care closer to home** through:
 - Prevention
 - Proactive / early intervention
 - Urgent response; and
 - 'Step Up' enhanced community care and multi professional wrap around care
2. **Maximise available acute and community hospital capacity** - ensuring there is sufficient Emergency Department and hospital capacity during peaks in demand to reduce risk of harm for people requiring emergency care
3. **Optimal hospital patient flow and a home first approach** - Strengthen discharge planning and patient flow to reduce delays and promote supported recovery at home

Lewis Michelle
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Timeline



Key dates



Winter Plan live from 22nd December 2025 – 13th January 2026

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Preventing the Preventable: Powys Population Health Strategic Framework

**Planning, Partnerships & Population Health
Committee**

14/08/25

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13/08/2025 13:22:13

Functions of Health Boards

Health Board functions:

- ❖ Local health boards are responsible for planning and delivering NHS services in their areas. These health services include:
 - ❖ dental
 - ❖ optical
 - ❖ pharmacy
 - ❖ mental health
- ❖ They are also responsible for:
 - ❖ **improving physical and mental health outcomes**
 - ❖ **promoting wellbeing**
 - ❖ **reducing health inequalities across their population**
 - ❖ commissioning services from other organisations to meet the needs of their residents

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Source: Welsh Govt (2023) Guidance: NHS Wales health boards and trusts. Available at: <https://www.gov.wales/nhs-wales-health-boards-and-trusts>

What this presentation covers

- ❖ The underlying issues we are seeking to address.
- ❖ The approach and methodology underpinning the Framework.
- ❖ The structure and content of the Framework.
- ❖ The Framework will act as the Director of Public Health Annual Report for 2025.

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PTHB Five-year Plan 2024-2029

GIG CYMRU NHS WALES Bwrdd Iechyd Adfyddu Powys Powys Teaching Health Board

Plan on a page 2024 - 2029

OUR FUTURE VISION TO 2027 AND BEYOND
 (IMPROVE HEALTH AND WELLBEING)
 WE WILL PUT THE PEOPLE OF POWYS FIRST



Better Together for a Sustainable Model of Care

Whole System Approach to Wellbeing & Prevention

- Develop a whole system prevention plan *across the life course*
- Deliver a Health Protection response including vaccination

Faster, effective diagnosis and treatment

- Improve access to Primary and Community Care
- Design and Deliver a phased Frailty and Community Model
- Deliver the Planned Care and Diagnostics Programme

Working together across Major Conditions, Physical and Mental Health

- Develop and deliver a Major Conditions Plan *respiratory & circulatory health (cardiac, diabetes, stroke) and cancer*
- Deliver the Mental Health Transformation Programme

Home first and back home fitter and faster

- Improve pathways of care *focused on system flow*
- Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*

- WG TEMPLATE Primary & Community Care
- WG TEMPLATE Enhanced Care in the Community (Pathways of Care)
- WG TEMPLATE Planned Care & Cancer
- WG TEMPLATE Mental Health
- WG TEMPLATE Urgent and Emergency Care / Six Goals



Quality is the golden thread across the whole plan

- Underpinned by the Quality Standards: Safe, Timely, Effective, Efficient, Equitable, Person-Centred (STEEEP)
 - Delivery of Duty of Quality and Duty of Candour Action Plans
- Interdependencies across the plan in relation to a Value based approach and effective Governance



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The issues

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We are getting older

Fast Forward 20 Years...

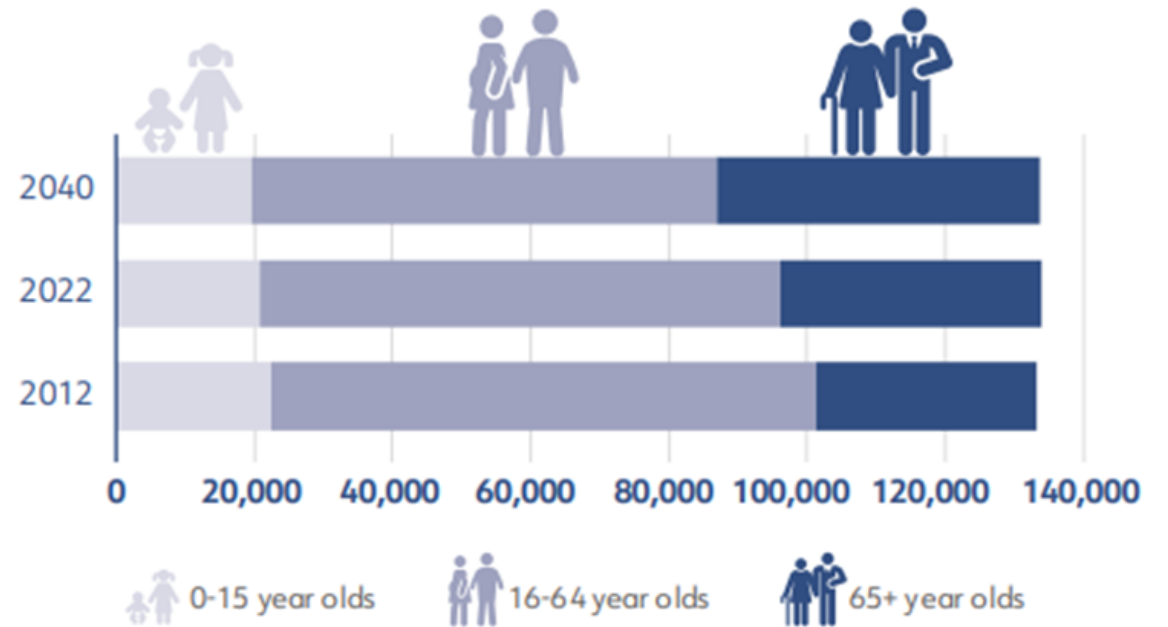


Our over-65 population is set to grow **7x faster** than the under-65s.



The number of people over 90 will **nearly double**.

Figure 1.2 Trend in Powys population by age group

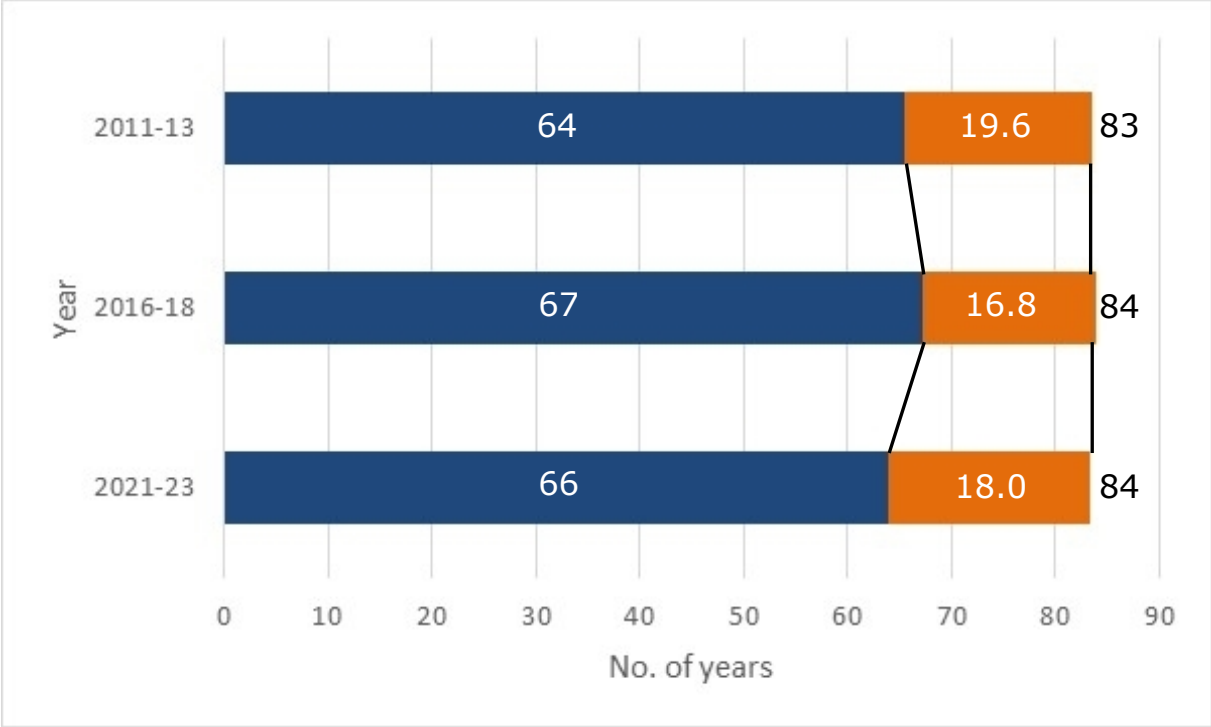
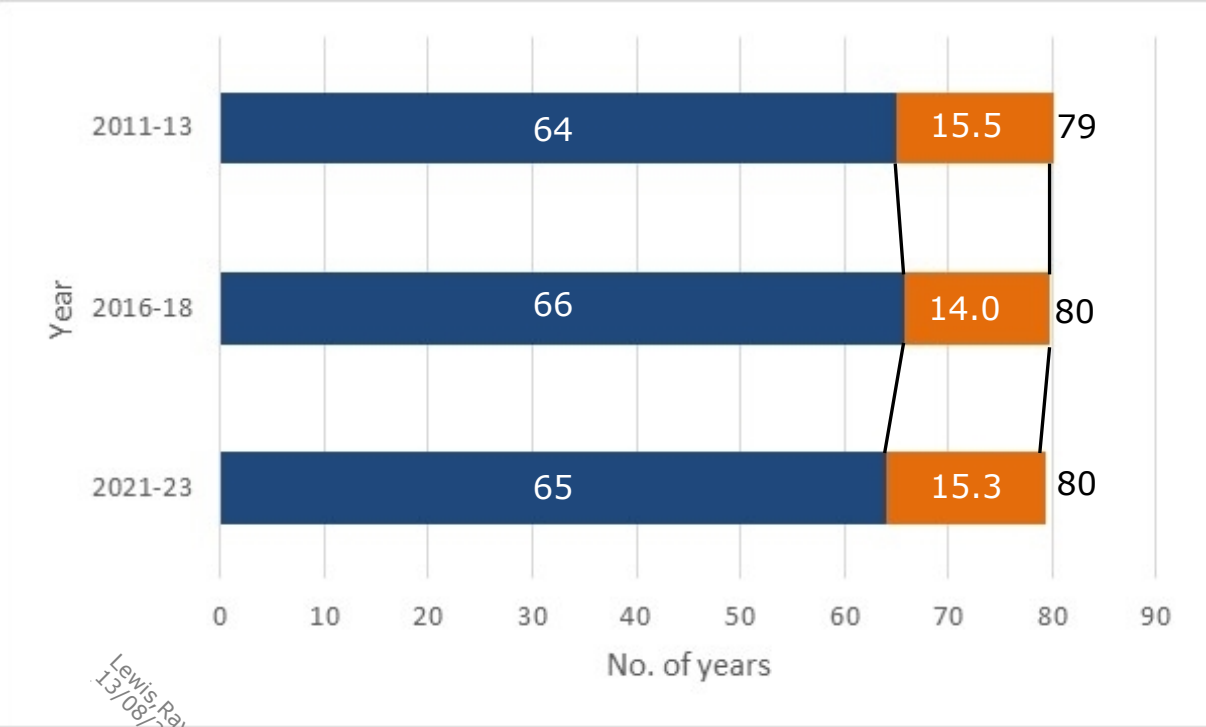


Source: Mid-year population estimates and Population projections, Office for National Statistics

Source: The Bevan Commission (2025) The Turning Point: Uniting for the Future of Health & Care in Wales

Life expectancy and years in good health are not improving.

Estimated number of years spent in good health and poorer health, Powys, 2011-13 to 2021-23



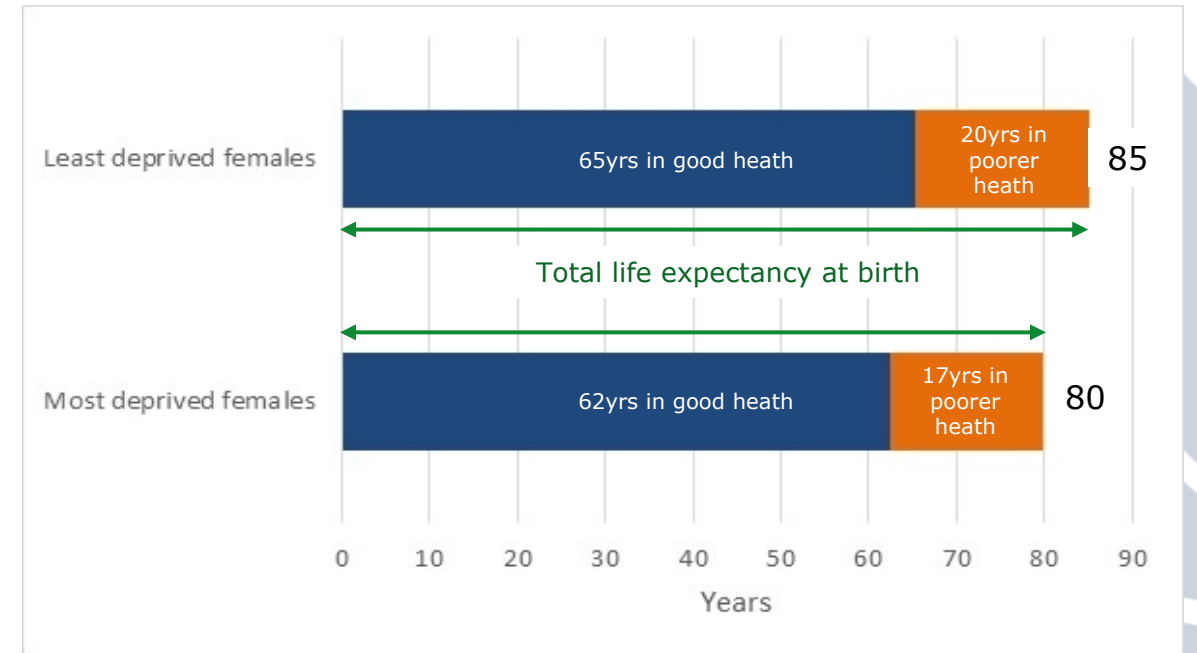
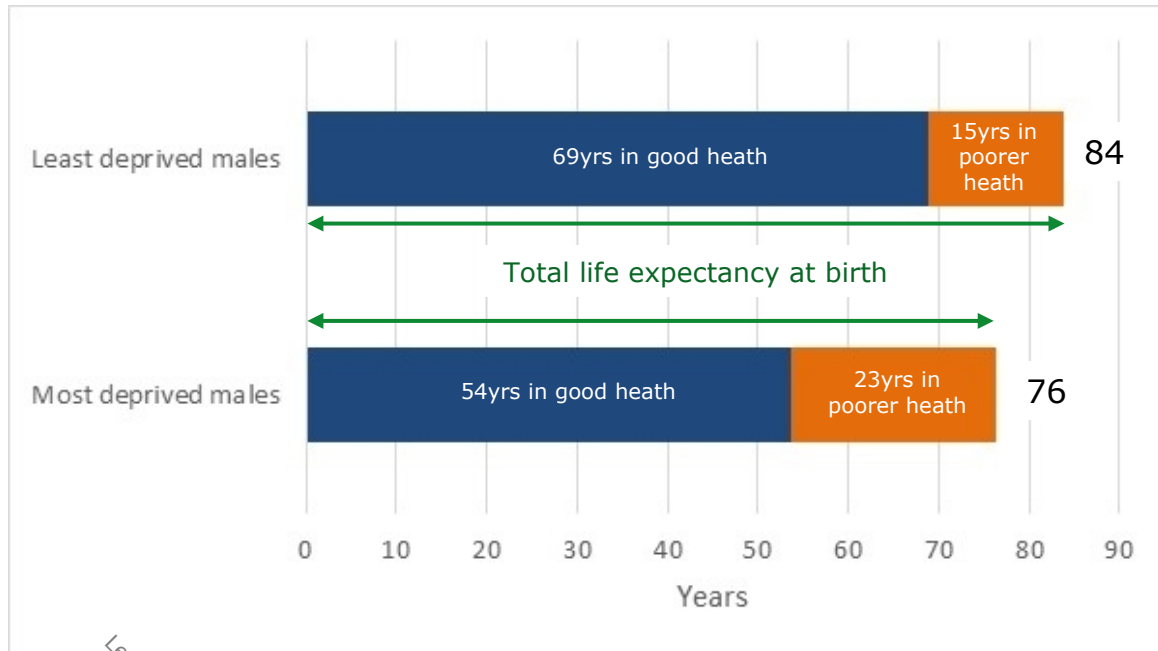
Males
■ Years in good health
■ Years in poorer health

Females

Source: Public Health Wales Outcomes Framework

Health is not fairly distributed.

Inequality in life expectancy and healthy life expectancy at birth for males and females in the most and least deprived areas in Powys, 2018 to 2020.



Males

Females

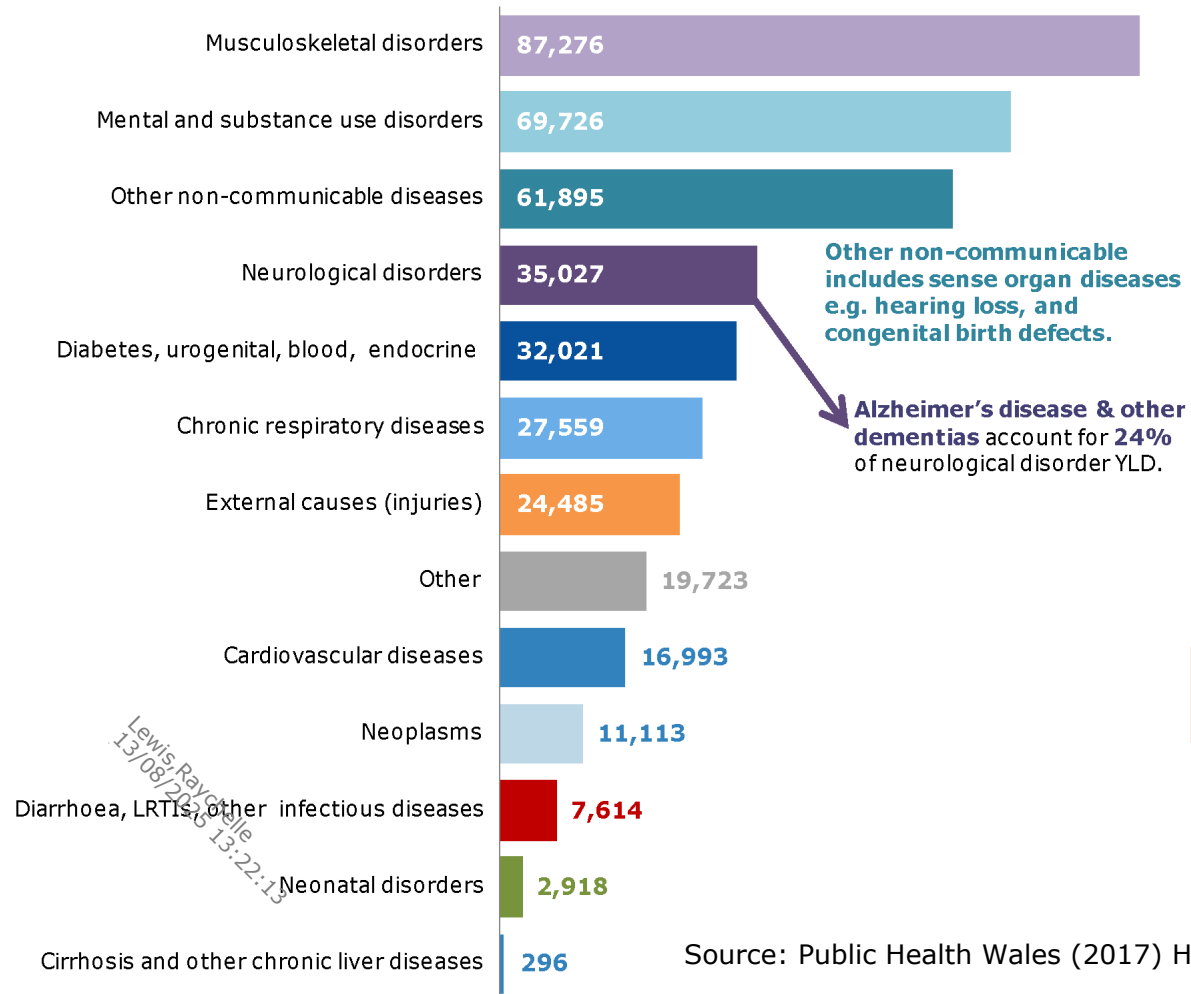
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Source: Public Health Wales Outcomes Framework

What poor health means

Years lived with disability (YLD) by cause, Wales, 2015

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



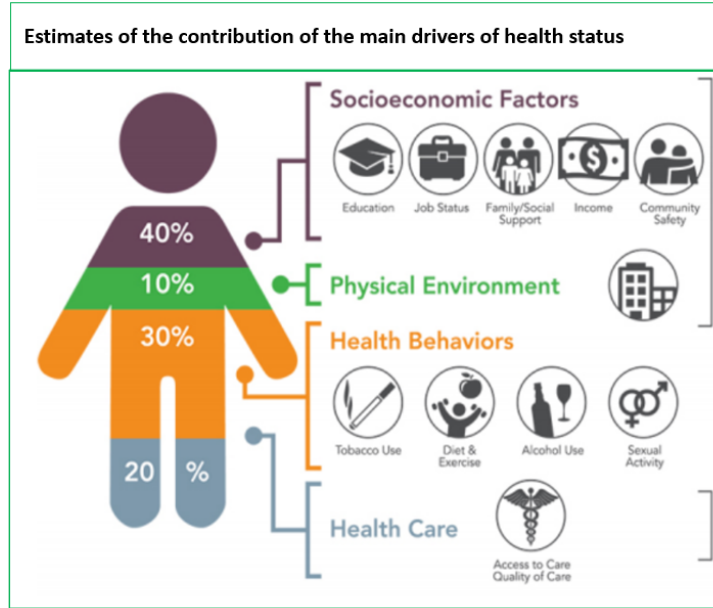
A large proportion of the disability due to disease and premature deaths in the population are because of:



Source: Public Health Wales (2017) Health and its determinants in Wales

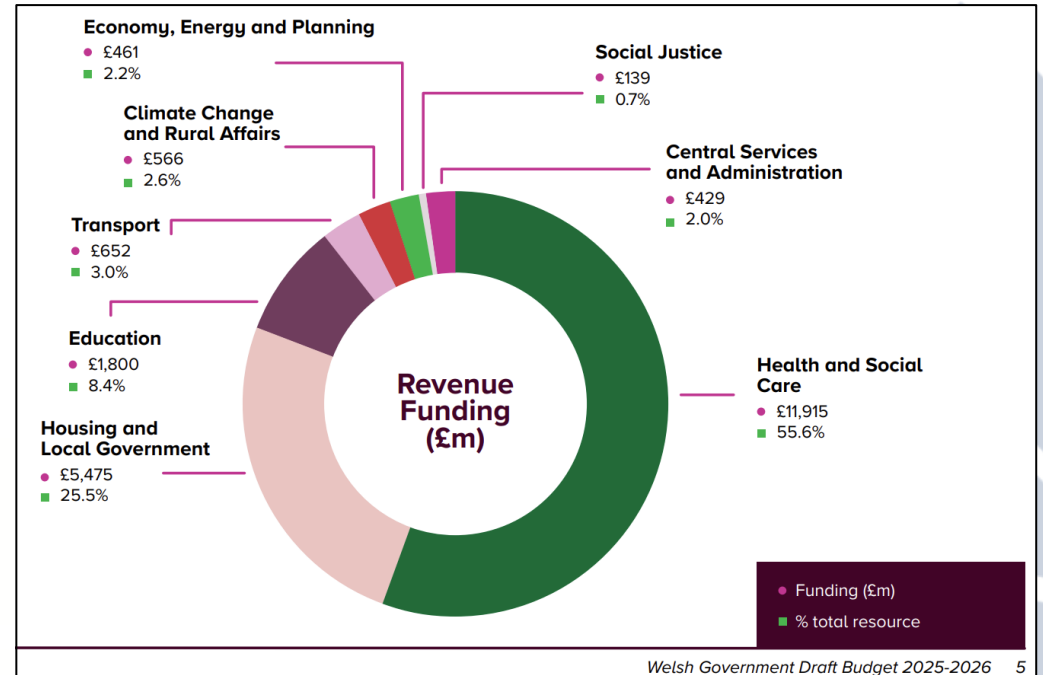
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We need to invest in the building blocks of health.



Medical Care is only **20%** of what makes us healthy.

50% of our national budget goes towards it

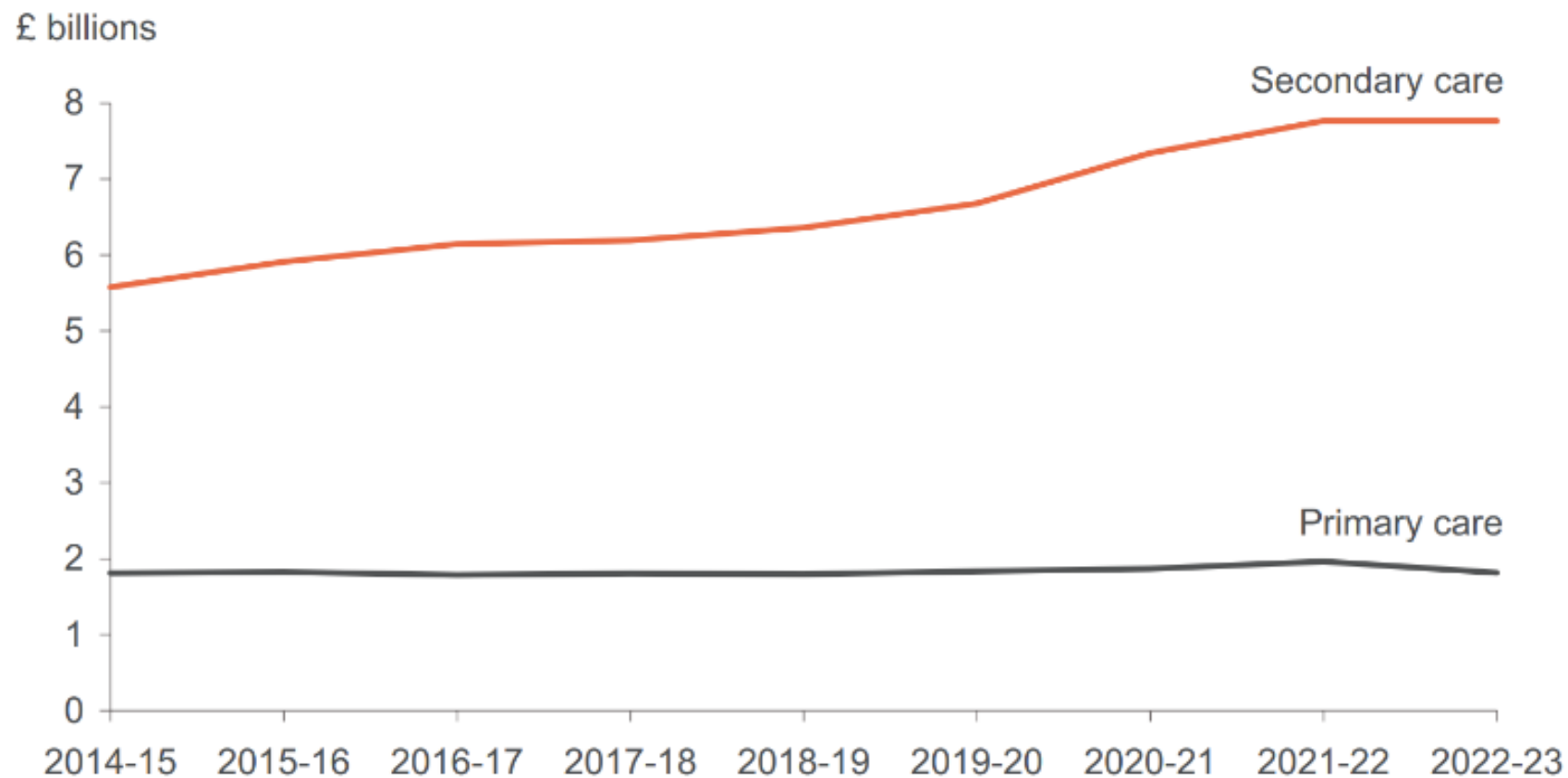


Welsh Government Draft Budget 2025-2026 5

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We need to shift left in healthcare

Exhibit 5: all Wales Local Health Board real terms expenditure on primary and secondary care services, 2014-15 to 2022-23



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13/08/2025 13:22:13

The effect over the next 20 years if we don't change



A **33%** rise in major illness.



A **70%** rise in dementias.

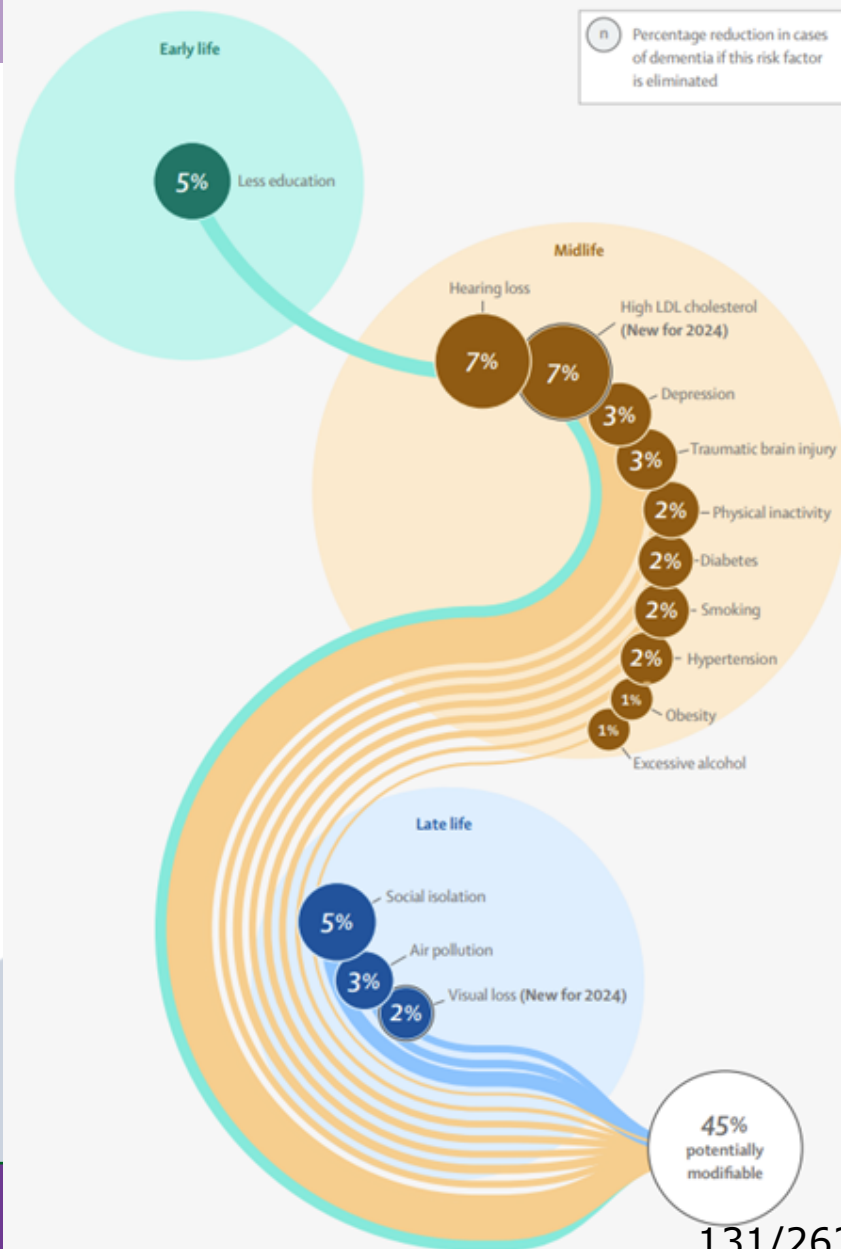
The demand on our health and care services is about to skyrocket.

Lewis, Raychelle
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Source: The Bevan Commission (2025) The Turning Point: Uniting for the Future of Health & Care in Wales

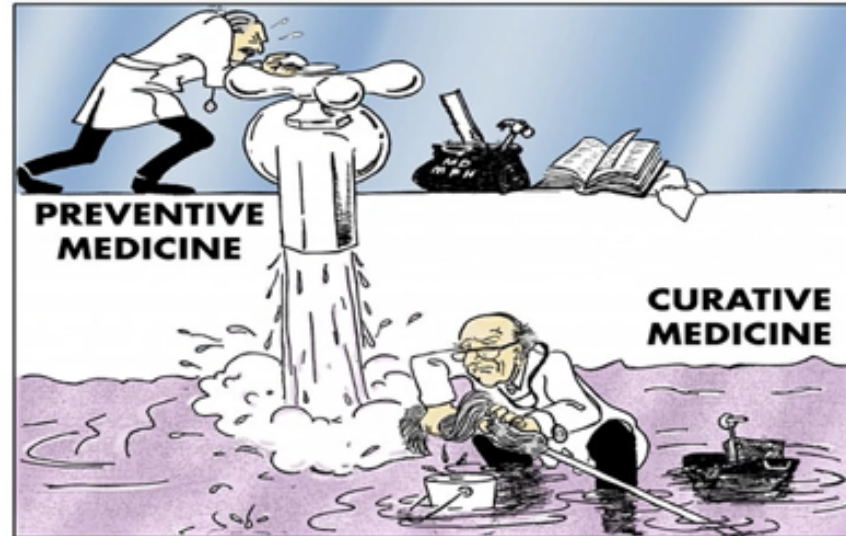
Risk factors for dementia — 2024 update

The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care adds two new risk factors (high LDL cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors.



Burden of disease

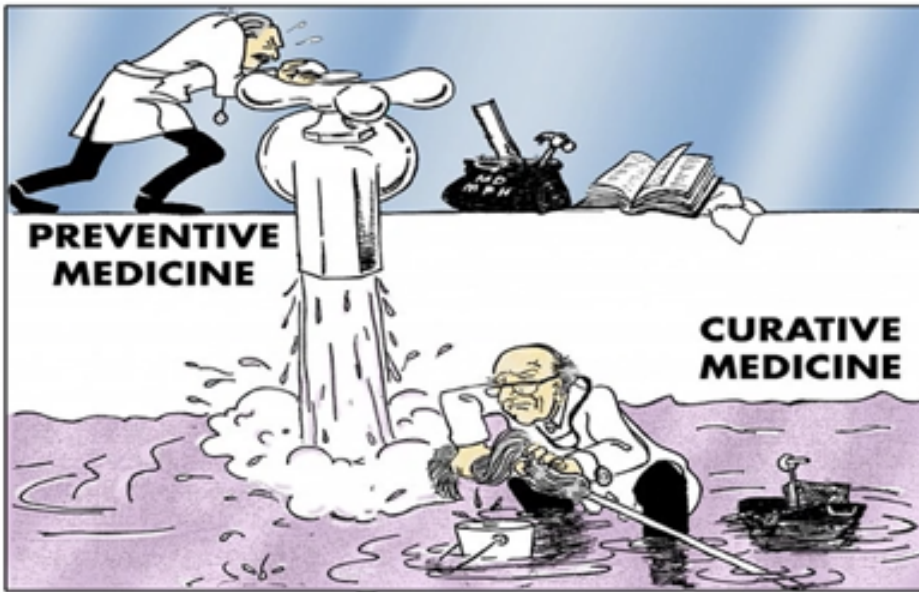
- ❖ What presents at our front door reflects the health of our population.
- ❖ We are living longer, but in poorer health
- ❖ Inequalities remain – these are unfair and unjust



- ❖ Increase in the ageing population of Powys will result in increasing numbers of age-related chronic conditions
- ❖ The burden of disease – planning for the increased demand on healthcare

Reducing the burden of disease – Prevent the Preventable

- ❖ We need to **prevent the preventable**
- ❖ Effective Prevention – invest and implement in what we know works...at scale



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Preventing the Preventable: Powys Population Health Strategic Framework

Principles and approach

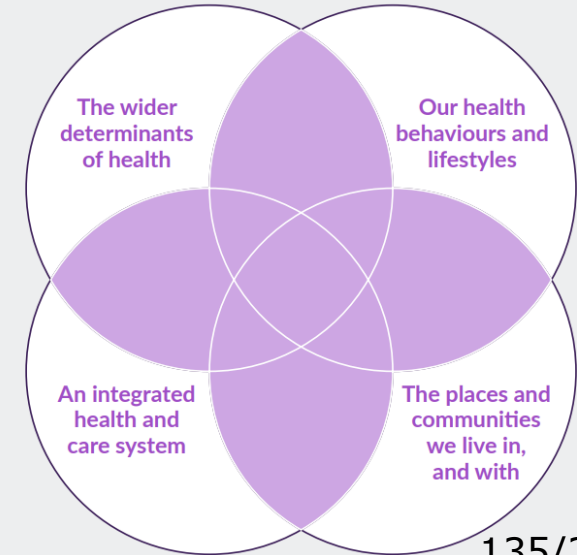
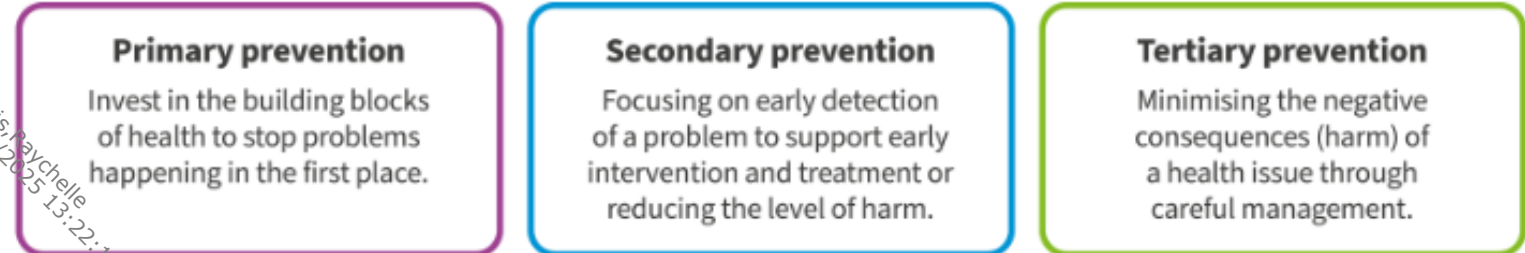
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Population health & primary prevention focus

❖ **Prevention** is about keeping people healthy and avoiding the risk of poor health, illness, injury, and early death. It has three levels:

- ❖ **Primary prevention:** taking action to stop disease/illness from occurring in the first place.
- ❖ **Secondary prevention:** detecting disease/illness early and early intervention.
- ❖ **Tertiary prevention:** improving quality of life by decreasing/delaying/limiting complications once disease/illness is established.

The four pillars of population health



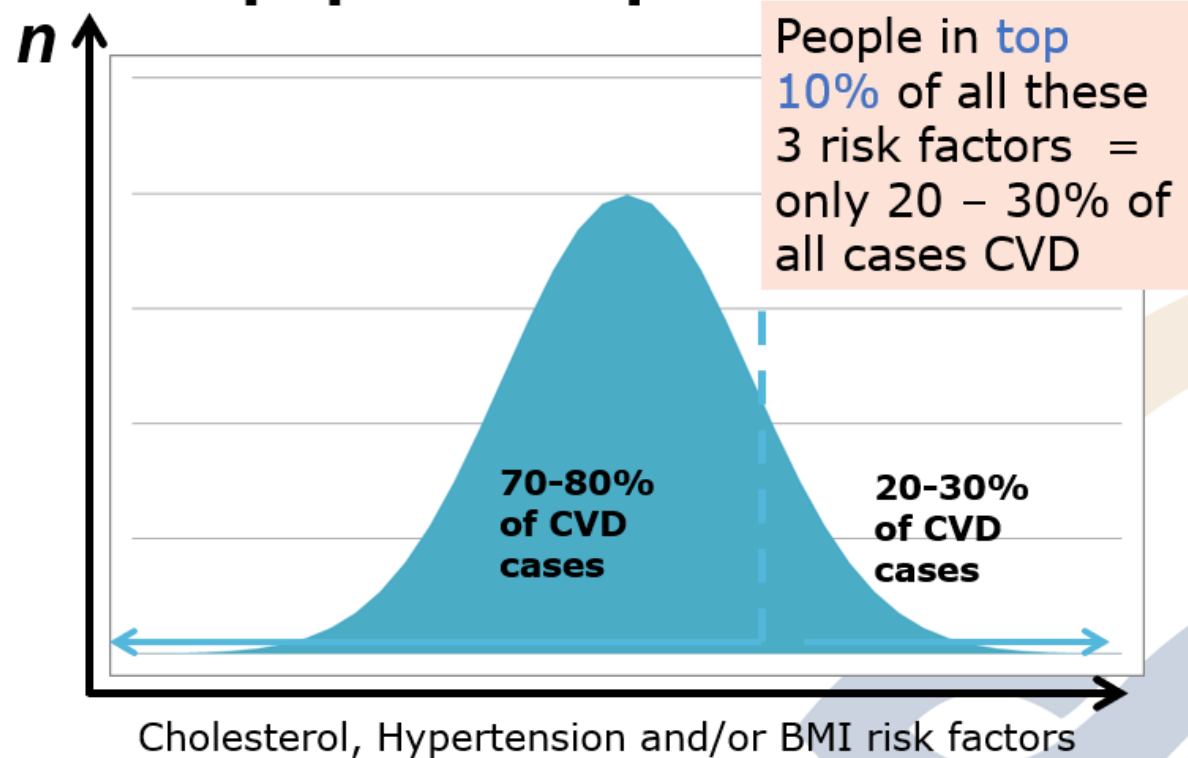
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The strategy of prevention

❖ The prevention paradox: **Small changes in large numbers of people leads to a bigger population effect than larger changes in small numbers of people.**

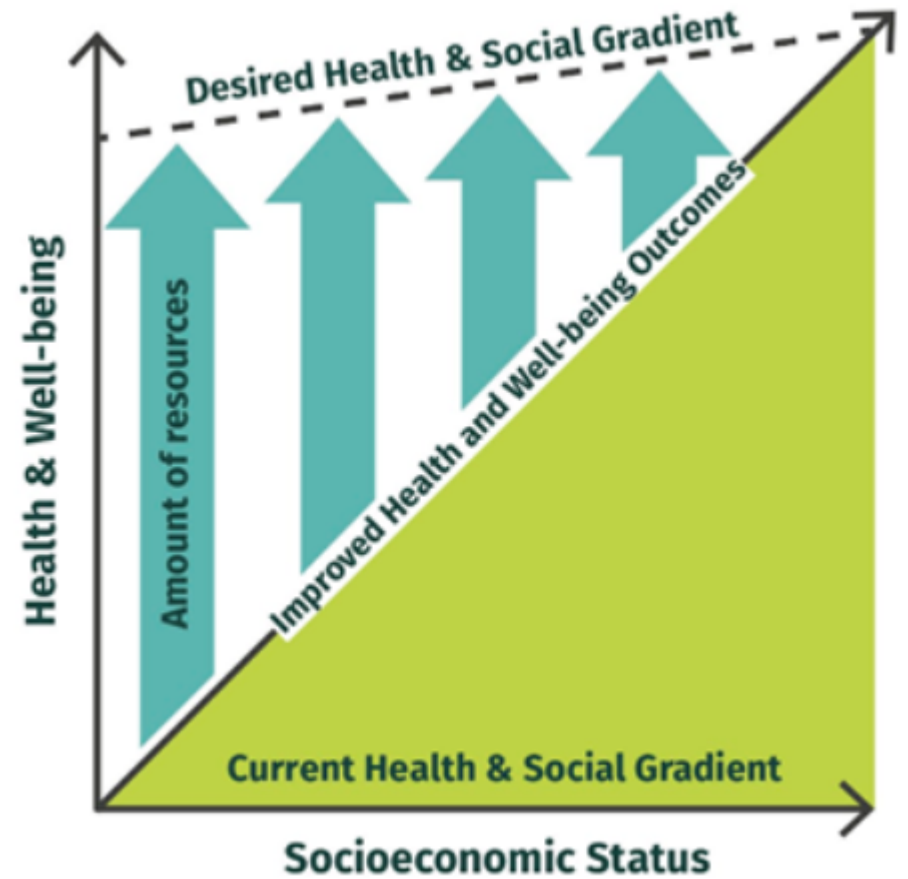
❖ Very different perspective to clinician perspective which aims to identify individuals at highest individual risk and therefore with most to benefit from intervention.

Fixing the worst doesn't address the population problem



Proportionate universalism

- Universal approaches are the way to 'shift left' BUT must be done in a way that is proportional to the scale of population need to improve population health outcomes and reduce health inequalities.
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently.
- We call this **proportionate universalism**.



Source: BC Healthy Communities, [Building Equity into Community Engagement Processes](#)

Why primary prevention? – It's good value.

Example: Obesity and hip/knee replacement¹

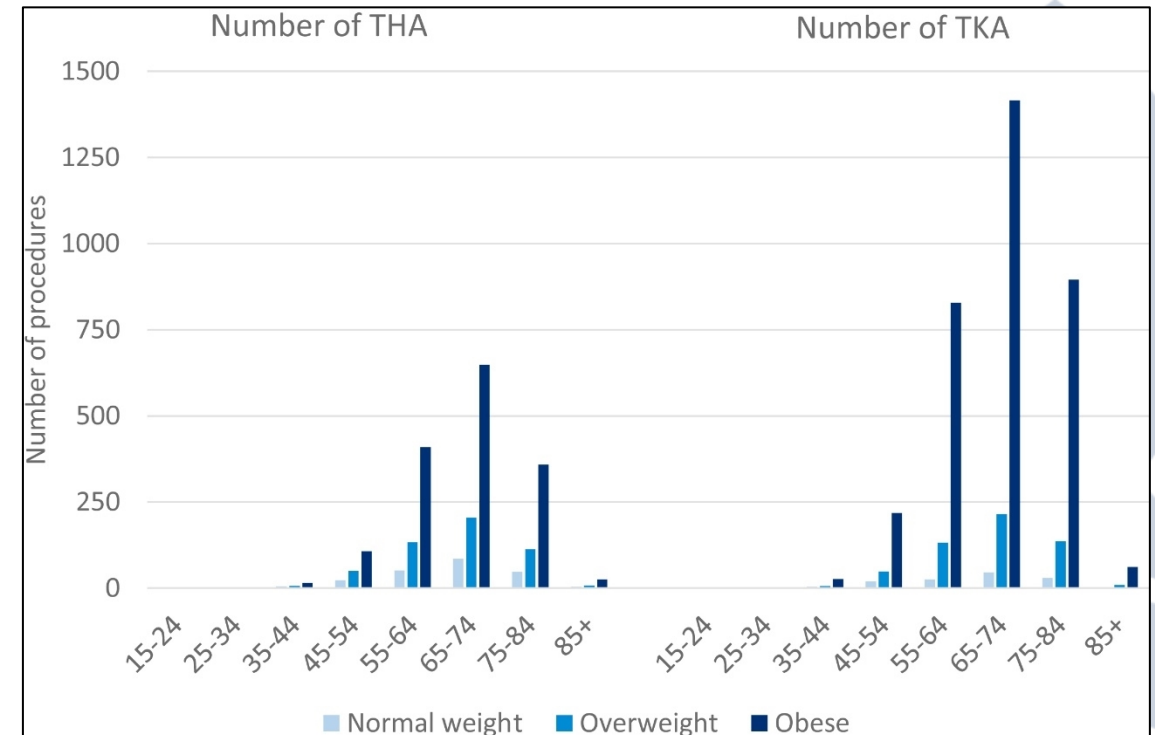
- ❖ Two thirds (68%) of all knee replacements and half (53%) of all hip replacements were provided to patients with overweight/obesity.
- ❖ In total overweight/obesity was estimated to account for a third (36%) of the total hospital spend on hip and knee replacements.
- ❖ “In accordance with prior research, the promotion of a healthy BMI is the most cost-effective strategy to control demand, despite investments in prevention programmes and weight management services that would be needed upfront.”

There were 668 primary hip and knee replacement procedures in Powys in 2023/24.

A hip replacement in Wales cost between £7,300-£11,300 in 2021/22.

57% of Powys adults were overweight/obese in 2022/23.

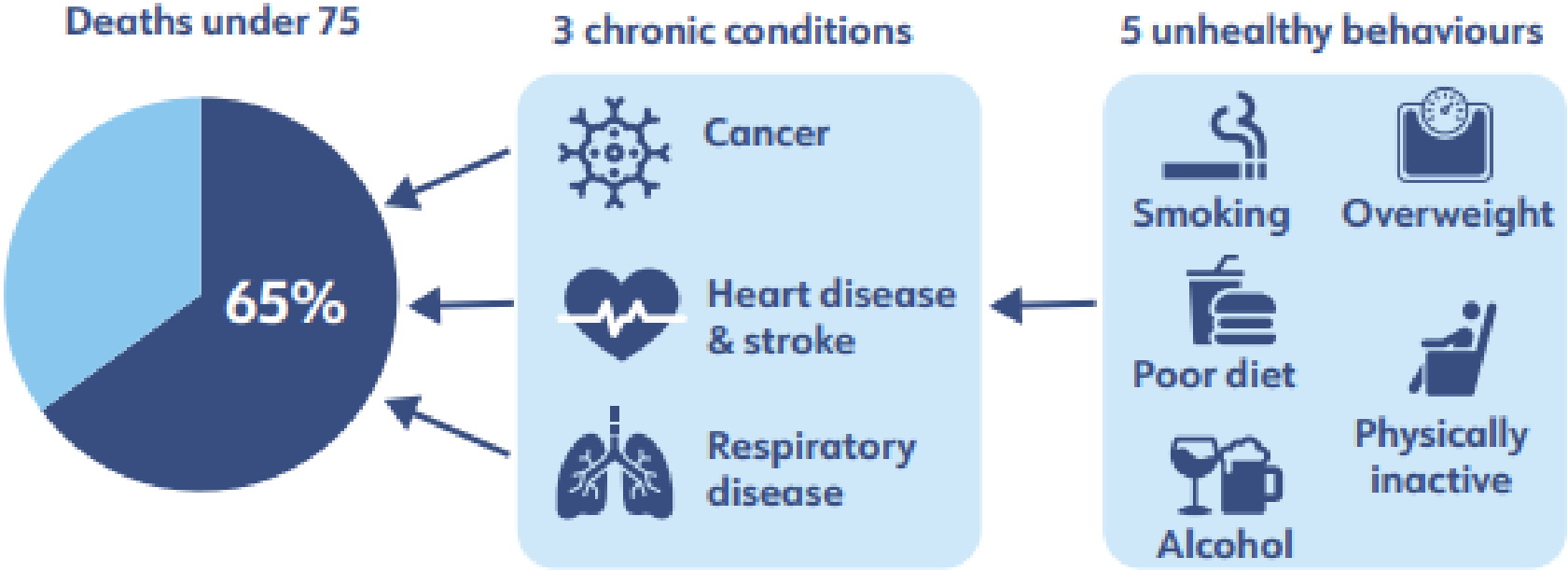
Modelled number of elective primary unilateral total knee arthroplasty (TKA) and total hip arthroplasty (THA) at Irish public hospitals in 2015, by age and weight group



1. Jabakhanji, SB et al (2021) *Modelling the impact of obesity on cost of hip and knee arthroplasty*. *Annals of Epidemiology* 54 (2021) 1-6. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1047279720303963> [Accessed: 02/04/25]

The Framework is focused on the behaviours that cause most poor health and early deaths.

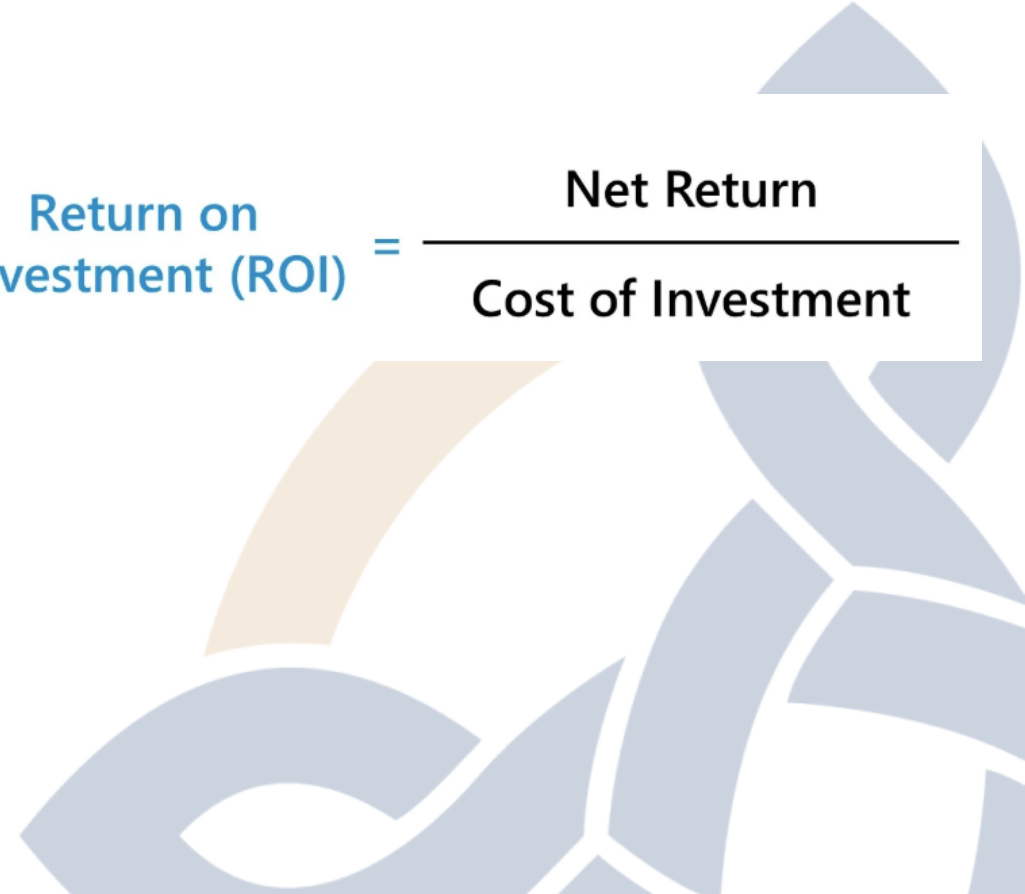
In Powys, two-thirds of early deaths are caused by 3 chronic conditions. These conditions have some major risk factors which are preventable.



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The Framework reflects evidence of value

- Return on investment (ROI) is a form of economic evaluation that values the benefits of an intervention (in £) against the total costs of its delivery.
- Derived from three things: estimates of cashable savings, reductions in demand, and the wider financial value placed on 'health'.
- Shows which interventions provide high net benefit to society and are worth paying for.


$$\text{Return on Investment (ROI)} = \frac{\text{Net Return}}{\text{Cost of Investment}}$$

Which interventions give the greatest return?

- ❖ Healthcare.
- ❖ Physical activity programmes for older adults.
- ❖ Workplace programmes to improve mental health.
- ❖ Parenting programmes to foster children's emotional and social skills development.
- ❖ Stop smoking services for pregnant women.



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Which interventions give the greatest return?

- ❖ Healthcare.
£3 for every £1 spent.
- ❖ Physical activity programmes for older adults.
£5 for every £1 spent.
- ❖ Workplace programmes to improve mental health.
£9 for every £1 spent.
- ❖ Parenting programmes to foster children's emotional and social skills development.
£16 for every £1 spent.
- ❖ Stop smoking services for pregnant women.
£17 for every £1 spent.



The Framework supports Better Together

“To improve the health of our population and reduce health inequalities, we need to think more widely about influences on the health of our population and, where possible, to reduce the risk of adverse outcomes and the need for healthcare arising in the first place. Preventative approaches have the potential to be more cost effective for the public purse than continuing to develop expensive services to treat ill health.”

- Better Together Case for Change

Lewis, Raychelle
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**Better Together
Case for Change**

**Gwella
Gyda'n Gilydd
Better
Together**

Help us shape the future of safe, quality health care services for the people of Powys.
Your views matter to us.
Please join the conversation and share your comments on this "Case for Change" by 25 May 2025.

Version 1, published on 28 April 2025

Gwella Gyda'n Gilydd
Llunio dyfodol gwasanaethau iechyd diogel, o ansawdd uchel i Bowys

Better Together
Shaping the future of safe, quality health services for Powys

**GIC
CŵMELU
NHS
WALLES** | **Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board**

The poster features a green header with the title and logo. Below is a white section with text and a green silhouette illustration of a community scene including a bridge, a person in a wheelchair, a person with a dog, a house, and a church. The footer contains logos for GIC CŵMELU NHS WALLEIS and the Powys Teaching Health Board.

Preventing the Preventable: Powys Population Health Strategic Framework

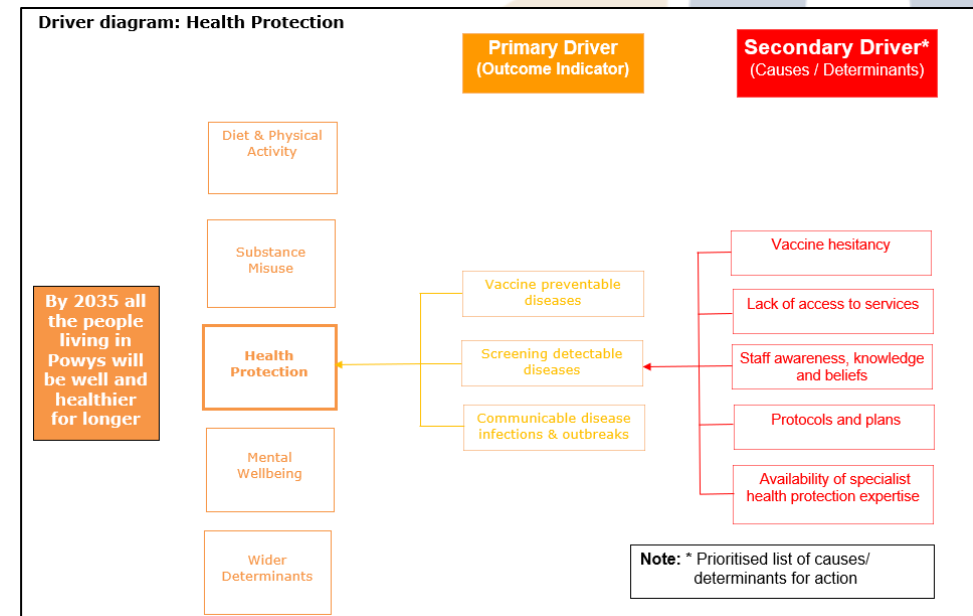
Content

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Framework content

- ❖ **Life-course approach : start well, live well, age well**
- ❖ Primary prevention focus
- ❖ Based on the five common risk factors which contribute most to non-communicable diseases:
 - Diet and physical activity
 - Substance misuse (inc tobacco & alcohol)
 - Health protection (inc vaccination & screening)
 - Mental wellbeing
 - Wider determinants/socioeconomic factors
- ❖ For each risk factor there are:
 - List of evidence-based actions.
 - Performance measures.
 - Relationship diagram.
 - Driver diagram.
 - Case studies of existing good practice.

Lewis Rayville
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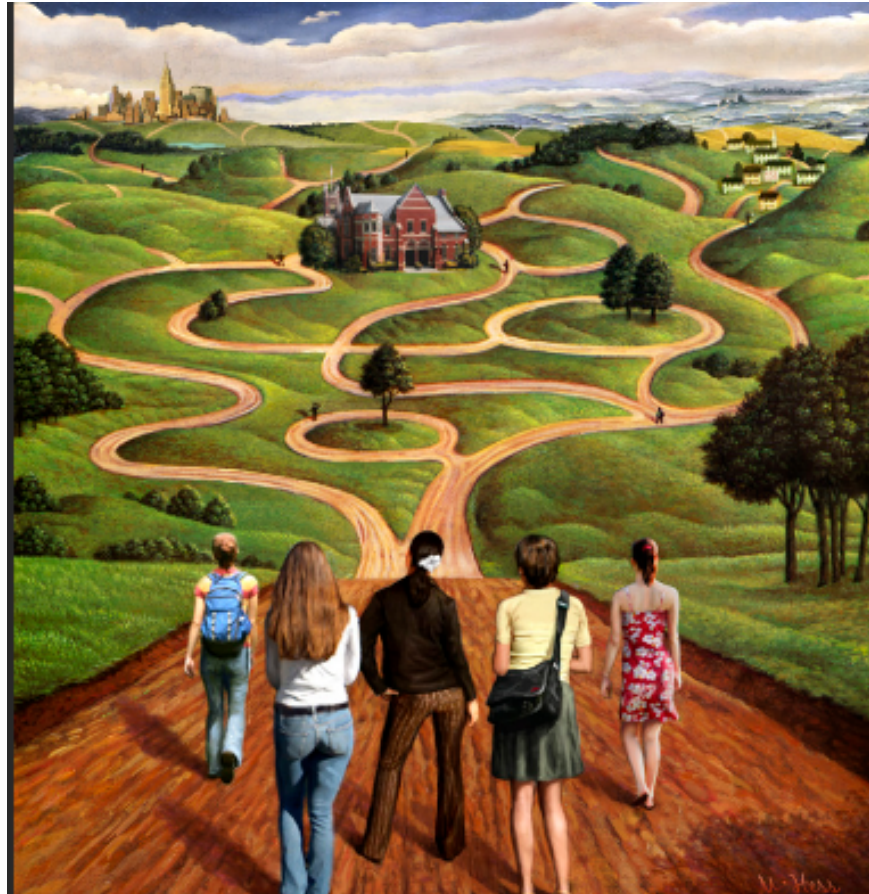
Examples of actions

Risk Factor	Start Well	Live Well	Age Well
Diet & physical activity	Deliver interventions that promote breastfeeding focusing on increasing breastfeeding rates at birth, 6 weeks and 6 months and reducing inequalities in breastfeeding rates.	Deliver programmes for adults and older people focusing on improving nutrition, increasing physical activity and reducing obesity.	Develop and deliver a comprehensive, evidence-based strategy for falls prevention in older people including those with chronic conditions.
Substance misuse	Provide programmes supporting women to quit smoking during the antenatal period.	Peer-led programmes for alcohol dependency, e.g. Alcoholics Anonymous.	
Health protection	Provide vaccination programmes for children, teenagers and pregnant women that meet national uptake targets.	Provide screening and treatment for TB, HIV, and viral hepatitis among refugees and migrants.	Deliver effective vaccination programmes for respiratory diseases (influenza, COVID-19 and RSV).
Mental wellbeing	Provide universal and targeted parenting programmes.	Ensure workplace programmes to improve mental health are in place, particularly preventative programmes.	Ensure peer support for people with dementia and carers.
Wider determinants	Universal early years education targeted at low-income families.	Healthy workplace schemes including flexible working.	Home adaptations where a serious fall is likely to occur.

Lewis, Ray, et al.
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Making the shift to preventing the preventable - the path to good health

**The case for
change is
being made**



**Committed
to Marmot
principles**

Lewis, Raychelle
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Conclusion

- ❖ This supports wider work under Better Together.
- ❖ The data and evidence tells us what we need to do – the challenge is how we achieve system transformation
- ❖ It identifies the most valuable actions we can take across the lifecourse to prevent ill health.
- ❖ We are doing a lot – but not at scale.
- ❖ It will act as the Director of Public Health Annual Report for 2025.

Comisiwn
Bevan
Commission

WHERE WE NEED TO BE

Turn it on its head: Shift focus and funding from just treating sickness to **proactively building health.**

An illustration of a diverse group of people in a community meeting. There are people of various ages and ethnicities, some sitting in chairs, some standing, and one person in a wheelchair. They are gathered around a table, looking at a presentation board. The setting is a modern, open-plan living space with a lamp, a bookshelf, and a potted plant.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.6

PLANNING, PARTNERSHIP AND POPULATION HEALTH COMMITTEE **06 AUGUST 2025**

Subject:	Powys Regional Partnership Board Annual Delivery Plan 2025–2026
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	RPB Coordinator
Other Committees and meetings considered at:	<p>Delivery Plan approved at Regional Partnership Board on 10 June 2025.</p> <p>Delivery Plan further approved at Executive Committee on 06th August 2025</p>

PURPOSE:

To present the Powys RPB Annual Delivery Plan 2025–2026, outlining the strategic projects and investment priorities across the Start Well, Live Well, Age Well, and Enabling Programmes.

RECOMMENDATION(S):

The Planning, Partnerships & Population Health Committee is asked to:

- **RECEIVE** the Regional Partnership Board (RPB) Annual Delivery Plan 2025/26 and
- Take **ASSURANCE** that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten-year Health and Care Strategy “A Healthy, Caring Powys”.
- **NOTE** the PTHB Board received the RPB annual report at its last meeting on the 30 July 2025.

Take Assurance	Discuss	Note
Y		Y

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Annual Delivery Plan supports all eight wellbeing objectives through a whole-system, place-based approach. It prioritises early intervention, integrated care, digital innovation, and workforce development,
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	

4. Enable Joined up Care	Y	and is aligned with the Board Assurance Framework and the Powys Health and Care Strategy.
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

1.0 Development of revised RPB Delivery and Resource Plan 2025-26

1.1 Strategic Priorities 2025/26

The RPB Executive Working Group refined the strategic priorities for the partnership in line with the Health and Care Strategy which were agreed by the RPB Board. These priorities for 2025/26 are:

- Prevention First: Supporting people earlier and closer to home
- Co-Production and Engagement: Putting people at the centre
- Integration and Joint Working
- Innovation and Learning: Building a more resilient system
- Strategic Planning and a focus on sustainability: Preparing for the future.

A revised RPB Delivery and Resource Plan 2025-26 was developed following an evaluation and prioritisation process of all RIF projects/programmes. For those programmes agreed for continuation by the Board, a cost improvement was also applied to the projects. This also enabled the allocation of resources to support new priorities in line with the above refined priorities. This revised process supported a more balanced programme that continues to support key strategic activity, whilst allowing some resource to be redirected to support key system challenge in partnership. The importance of exit strategies and planning for the end of RIF funding (from April 2027) was included in the Evaluation, Prioritisation and Assurance work undertaken, and work will continue with the senior responsibility officers of projects/programmes to ensure that robust exit plans or transition strategy is in place.

1.2 Evaluation, Prioritisation and Assurance Framework

The RPB asked for the development of an Evaluation, Prioritisation and Assurance Framework and the RPB agreed that additional public health capacity could be secured to help with this. During the Autumn of 2024, a comprehensive piece of work was undertaken, by a task and finish group involving Assistant Director of Partnership Development, Public Health, RPB Co-ordinator and RPB Performance Lead, to review 20 of the RIF funded projects, covering £5million. The outcome of the work was shared with members at the PPPH Committee meeting in January 2025. The learning identified included:

- Strengthen work on robust business cases, implementation plans, risk management plans and exit strategies
- Tighten up the process for submission of business cases prior to consideration by RPBE (ensure scrutinised via existing agency processes – or consider setting up multiagency Investments Benefit Group following Start, Live, Age, MH Partnership support)
- Confirm financial principles in relation to handling inflation, funding staff e.g. actual cost, NI, handling of slippage etc
- Consider agency balance of RPBE membership and quoracy
- Ensure focus of performance management on key issues highlighted to track improvements over time.

The learning informed the development of the delivery plan for 2025/26.

1.3 Delivery Plan 2025/26

The Powys Regional Partnership Board (RPB) Annual Delivery Plan 2025/26 sets out a comprehensive programme of strategic investment and transformation across the health and care system in Powys. It reflects the shared ambition of partners to deliver integrated, person-centred, and preventative services that enable people to Start Well, Live Well, and Age Well.

The plan, as seen in Appendix A, is structured around the RPB's thematic partnerships and enabling programmes. It aligns with national priorities for Wales and supports the delivery of the Powys Health and Care Strategy.

The plan is underpinned by a commitment to equity, sustainability, and innovation. It builds on learning from previous years and responds to the needs and voices of Powys residents. Delivery will be overseen through robust governance and reporting arrangements led by the RPB Officers.

Key highlights include:

- **Start Well Partnership:** Focused on strengthening emotional wellbeing, supporting children on the edge of care, and remodelling neurodevelopmental services to meet rising demand and national standards.
- **Live Well Partnership:** Investment in autism and ADHD services, emotional and physical wellbeing, complex care. The programme also supports a shift to a social model of disability and cross-sector collaboration.
- **Age Well Partnership:** Prioritises unscheduled care improvement, integrated brokerage, and dementia care through home treatment teams, memory assessment clinics, and dementia navigators. The programme

also contributes to timely discharge and recovery through Ready to Go Home units model.

- **Social Model for Health:** Expands community-based support through befriending services, home support, community connectors, and technology-enabled care. These initiatives aim to reduce isolation, promote independence, and prevent escalation of need.
- **Workforce Futures:** A cross-cutting enabler focused on recruitment, retention, digital readiness, and leadership development across the health and care workforce, including the third sector.
- **North Powys Wellbeing Programme:** A flagship transformation programme to develop a multi-agency wellbeing campus in Newtown, integrating health, care, education, and community services in a single, state-of-the-art facility.

2.0 PTHB and the Regional Partnership Board Governance and Planning Framework

This statutory Partnership was established in 2016 under Part 9 Social Services and Wellbeing Act (Wales) Act 2014. Local authorities and Local Health Boards are required to establish Regional Partnership Boards (RPB) to manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective populations.

The objectives of the RPB are to ensure the partnership bodies work effectively together to: Respond to the population assessment carried out in accordance with section 14 of the Act; Implement the plans for each of the local authority areas covered by the board, which local authorities and Local Health Boards are each required to prepare and publish under section 14A of the Act; Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act; and to Promote the establishment of pooled funds where appropriate.

There must be an integrated approach to the development of services, care and support, which focuses on opportunities for prevention and early intervention. Regional Partnership Boards must prioritise the integration of services in relation to: Older people with complex needs and long term conditions, including dementia, people with learning disabilities, children with complex needs, carers, including young carers and Integrated Family Support Services.

The RPB must develop and publish: a population needs assessment for the local area; a social care market stability report; and a 5-year area strategic action

plan that is reviewed annually (Joint Area Plan); and ensure that information, advice and assistance is accessible. The RPB formulates and oversees an investment and resource plan to deliver priorities of the Health and Care Strategy through the Joint Area Plan. The Joint Area Plan is approved by Powys County Council and Powys Teaching Health Board. The RPB ensures alignment with other partnerships and oversees delivery of the plan.

The RPB is chaired by the PTHB Vice Chair. There is Executive Director and Assistant Director membership of the RPB Executive, as chairs of age specific partnerships and as Senior Responsible Officers for cross-cutting programmes. The Executive Director of Public Health is the Executive Lead for co-ordination across the RPB and Public Service Board.

The Regional Partnership Board Executive (RPBE) also functions as the Pan Cluster Planning Group.

Regional Partnership Board meetings are held at least quarterly with recommendations to it developed and submitted via the RPBE. The Partnerships and Programmes report quarterly to the RPB Executive Group against Delivery and Resource Plans to give assurance that they are supporting system change and delivering on the Area Plan priorities and Health and Care Strategy outcomes

NEXT STEPS:

- The Health Board will continue to work in partnership with other members of the Regional Partnership Board to maximise strong relationships working together to address shared challenges.
- Monitor projects/programme through RPB Officers, and report quarterly updates to the RPB and Welsh Government in line with governance arrangements
- Planning for the future of time-limited programmes, ensuring that successful initiatives have a clear exit or transition strategy.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

FORWARD LOOK

The Powys RPB remains firmly committed to working together to improve health and wellbeing outcomes for people across Powys. The past year has demonstrated the value of collaboration, and our focus remains to strengthen and deepen our partnerships, embedding innovation, and ensuring that people remain at the heart of everything we do.

Our Strategic Focus for the Year Ahead

The RPB's work will continue to be guided by our Joint Area Plan (2023–2027), with a clear and targeted Annual Delivery Plan for 2025–26. This plan sets out the specific actions we'll take to deliver real change, with a strong emphasis on prevention, citizen voice; partnership working and integration; innovation and learning; and sustainability of good practice.

1. Prevention First: Supporting people earlier and closer to home

Prevention remains a golden thread throughout our work this year—from Early Help Hubs for children and families to the community-based support services for older people. In 2025–26, we'll continue to invest in prevention and early intervention models that reduce escalation of need and support people to live independently for longer.

2. Co-Production and Engagement: Putting People at the Centre

We've made real strides in involving citizens and carers in shaping services—from the Junior Start Well Board to the Live Well and Older People Forums. In the year ahead, we'll go even further.

- We'll continue to test and refine the Powys Co-production Journey Tracker, helping us build more equal partnerships with communities.
- We'll strengthen the Powys Engagement and Insight Network (PEIN), ensuring that insight informs every stage of planning and delivery.
- We'll support more people with lived experience to take part in decision-making, including through training, mentoring, and accessible engagement tools.

3. Integration and Joint Working

The RPB's strength lies in its ability to bring together partners from across health, social care, housing, education, and the third sector. This year, we've seen the benefits of this approach in a range of projects.

In 2025–26, we will:

- Continue to develop integrated models of care, including trusted assessor roles and a joint brokerage system.

Lewis, Raychelle
13/08/2025 13:22:13

- Strengthen our use of shared data and intelligence through new tools like the new Demand and Capacity Dashboard and RPB Reporting Dashboards.
- Support joint workforce development through the Workforce Futures Programme, including shared induction, leadership training, and volunteering pathways.

4. Innovation and Learning: Building a more resilient system

Innovation has been a key enabler of progress— we'll continue to foster a culture of learning and improvement across the partnership:

- We'll continue to strengthen our reporting methods that combine data with lived experience to better understand impact.
- We'll share best practice across Powys and beyond, contributing to national learning and policy development.
- We'll support innovation through the Regional Innovation Coordination Hub, helping partners test and scale new ideas.

5. Strategic Planning and a focus on sustainability: Preparing for the Future

As we approach the final years of our current Health and Care Strategy and key funding programmes, we'll begin shaping the next chapter including:

- Reviewing our delivery and resource plans to ensure they remain fit for purpose, financially sustainable, and are focused on addressing the biggest system challenges.
- Planning for the future of time-limited programmes, ensuring that successful initiatives have a clear exit or transition strategy.

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6. Annual Delivery Plan

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Start Well Partnership

The Start Well Partnership aims to strengthen and transform services for children and young people in Powys. The Partnership is aimed at meeting some of the key priorities of the Start Well Board across the spectrum of need including children with complex needs, focussing on and informed by the emerging evidence base relating to the effects on children and young people of the pandemic, aspects which matter most to the wellbeing of the population of Powys, and interventions which will work best to address some of the most complex needs identified.

Strategic Projects - 2025/2026	Description	Funding Allocation
<p>Emotional Health and Wellbeing Programme (including NYST / NEST)</p>	<p>The Emotional Health & Wellbeing Project will support services to deliver an enhanced wellbeing programme of support to children and young people across Powys using a whole system approach in line with NYTH/NEST model. It will provide additional capacity to services already delivering emotional health support as well as new projects based on identified needs, primarily at an early intervention and prevention level. The new Therapeutic and Positive Attachment Team will provide emotional health support to practitioners and staff and some direct therapeutic intervention to those children or young people who are not receiving support through other services.</p>	<p>£627,590.00</p>
<p>Children on the Edge of Care Service</p>	<p>The Powys Edge of care service/project will support children and families who are at risk of becoming looked after by the Local Authority – otherwise referred to as “Edge of Care” support. The service will aim to prevent the need for children to be placed into care by providing targeted support to address the underlying issues that might lead to such situations. Furthermore, the project will offer support to families in crisis, helping to keep families together</p>	<p>£591,700.00</p>

Lewis, Raychelle
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and prevent the trauma associated with family separation. It will do so by focusing on the root causes of problems, such as mental health issues, substance abuse, and domestic violence, providing tailored interventions to address these challenges.

Live Well Partnership

The Live Well Partnership aims to create a supportive, empowering environment in Powys that will enable people to “Live Well” and achieve good health outcomes, through being healthy and active and by being able to access the right help and support, at the right time. The Partnership will address the wider determinants of health and wellbeing of the working age population in Powys through a public health and asset-based community development lens, including to strengthen and transform ways of working and services for people with disabilities.

Lewis, Michelle
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Strategic Projects - 2025/2026	Description	Funding Allocation
<p>Integrated Autism Service (IAS)</p>	<p>This project will further strengthen support for Autism through the Strategic Autism Steering Group, including support for wider neurological conditions in line with the Autism Code of Practice. It is recognised that services for autism and other neurodivergent conditions are inconsistent and under-developed across Wales, including Powys. The project will seek to improve capacity in existing services and to address significant gaps in support through a whole systems approach and will be developed in partnership across sectors, such as health, education and social care. Improvement will be co-produced with people with lived experience. The improvement programme is intended to drive through transformational change reducing reactive activities such as waiting list initiatives, whilst continuing to grow innovative, co-produced services that support families pre and post diagnosis.</p>	<p>£337,000.00</p>

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	<p>Carers giving them a break from their caring role, showing that they are valued and the work they do is important. The project will include bespoke grants give hope and a feeling of being truly listened to. This coupled with action that happens in a timely manner makes all the difference. The project will work flexibly to respond to both planned respite as well as more urgent or emergency-based respite provision.</p>	
Live Well Perinatal Mental Health Support	<p>The project will work with women, men and their families, practitioners, third sector and voluntary organisations across Wales, to ensure that all who need it receive the right care, at the right time and from the right people. Perinatal mental health covers the period during pregnancy and the first year after having a baby. It will develop a specialist model of perinatal mental health care through a partnership collaborative approach for success. This will include a comprehensive pathway from support in the community right through to specialist Health provision. More than this, the project will continue to gain accreditation through the National standards required for specialist services in Wales.</p>	£52,979.00

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Age Well Partnership

The Age Well Partnership aims to support older people (including those with frailty and frailty of memory) to live a thriving and independent life maximising opportunities in the community and providing care closer to home through an early, intervention and prevention approach. Where individuals care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs, again, with an emphasis on a 'home first' ethos.

Strategic Projects -2025/2026	Description	Funding Allocation
Unscheduled Care Improvement	The project will enable the Local authority and Health Board to continue testing ways to relieve hospital pressure, to enable a support service that can promptly discharge patients and provide a recovery/reablement support individuals at home and then assess. This includes facilitating discharges from hospitals for individuals with low level needs who may require point of care or residential support. This will be achieved by maintaining essential urgent care access in primary and community settings including minor injuries and out of hospital pathways, the home first ethos with discharge to recover and assess and the virtual hospital model. It will ensure there is alignment with National Plans and Programmes and neighbouring providers and systems is key for Powys in relation to the complex set of pathways and services needed for its residents, this includes partnership work as part of the Emergency Ambulances services committee (EASC).	£234,734.00
Integrated Brokerage	This project will evolve the initial work to deliver a fully developed integrated brokerage and trusted assessor approach through the Powys owned care homes workstream and in so doing, fully integrate commissioning between the Local Authority and the Health Board. The scope of this project will include the brokering of Powys Teaching Health board domiciliary care contracts via the Powys County Council DPS for an initial period to facilitate an evaluation of this approach, to be funded permanently by Powys Teaching Health board-based budget at the end of the funded request. More than this, it will enable the attendance of the brokerage officers at Ready To Go Home units to facilitate trusted assessor approaches and to	£86,155.00

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	improve flow through the system to facilitate speedy return to home. The project will also see to develop an improved joint commissioning of residential and nursing care via integrated approaches as part of the Powys owned care homes workstream.	
Dementia Home Treatment Team (DHTT)	The Dementia Home Treatment Team (DHTT) project will further develop the service to support people living with dementia or probable dementia to live in the place they call home. The purpose was to manage the stress and distress associated with the Behavioural and Psychological Symptoms of Dementia (BPSD), and to do so by supporting the person experiencing this to remain in their own home, or usual place of residency. The project seeks to reduce the risks associated with some of the emotional, psychological and behavioural difficulties of dementia that could result in a crisis, leading to admission to an Older Adult Mental Health Ward should the DHTT not intervene.	£259,766.00
Dementia Memory Assessment Clinic (MAS)	The project will further develop and evolve the delivery of the South Powys Dementia Home Treatment Team (DHTT), a “team around the individual” who provide a targeted, specialist community dementia service supporting patients living in South Powys during periods of crisis to maintain living successfully, safely and independently at home or within their current care environment (e.g. residential/nursing homes). The project will ensure the following: alignment to the All-Wales Dementia Care Pathway of Standards, provide specialist risk assessments and management of family/care home placement breakdown, facilitate timely discharge from hospital of in-patients with dementia who have complex needs and partner with the third sector to provide appropriate support for the person with dementia and their families/carers.	£133,000.00
Dementia Connectors	The project will recruit and develop a team of dementia connectors, as defined nationally, to support people living with dementia and their carers by coordinating their care more effectively and timeously. This project will address the challenge that	£100,000.00

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	<p>numerous people diagnosed with dementia are not being supported by the core statutory dementia services. However, the function of this role will be aligned to the Social Service and Wellbeing Act (Wales) 2014 requirements of coordination and Mental Health (Wales) Measure 2010 care coordinator.</p>	<p>The Ready to Go Home units provide more focused care for people who are ready to go home but are waiting for a package of care in the community. The programme of work helps people to remain mobile and active, which is important to reduce the risk of deconditioning in a hospital setting. This will seek to ensure people's wellbeing and function continue to be maximised, and to wrap Health, Social Care and third sector support around these individuals with an aim for the earliest possible discharge to their long-term care. This project will draw on the evidence in relation to the outcomes, legal and policy requirements, optimal pathways and quality statements.</p>	<p>£600,000.00</p>
<p>Powys Assessment Units / Ready to go Home Units</p>			

Social Model for Health Programmes

The vision and purpose of the Social Model for Health is to support Powys citizens to live at home with confidence, in good health and wellbeing, independently and safely, and can help themselves and access the right support and care in the right place and at the right time.

Strategic Projects - 2025/2026	Description	Funding Allocation
<p>Powys Together</p>	<p>The Powys Together Project is a locality-based project working with communities in Newtown, Welshpool, Llanidloes and Machynlleth. The Powys Together project will aim to create system change in some of the most deprived areas of Powys, increasing opportunities and reducing disadvantage for children, young people and families. The Powys Together Project will work with children, young people and families to develop and provide projects, events and activities that meet the communities' needs. The project will work in communities working with other organisations, services and networks to co-ordinate and enhance the services and opportunities already being</p>	<p>£136,800.00</p>

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<p>Powys Befriending Services (PBS)</p>	<p>delivered. The Powys Together Project consults with and listens to communities to understand the locality needs and to address identified gaps.</p> <p>The project will build on the established project to improve the independence of people aged 50+ to maintain their social networks and remain independent, reducing or delaying the need for higher level health and social support services. This will be achieved by reducing loneliness and isolation through facilitating the development of befriending activities and provision of social activities for people aged 50+. Through these activities we will support individuals to carry out tasks of daily living independently, learn new skills, to feel part of their local community, and enable carers to have a break from their caring routine. The project will deliver a county-wide quality befriending service, maintaining and increasing a network of volunteer befrienders across all geographical communities, providing 1:1 and group befriending activities and emotional support through face to face, telephone and digital systems for a 12-month period after which the clients are able to access social opportunities independently within the community. The service will link to a wide variety of referring agencies in both the statutory and voluntary sectors.</p>	<p>£244,692</p>
<p>Home Support</p>	<p>The Home Support is a prevention and early help and support service for citizens (50+) that enables and provides the support and practical assistance an individual may need in their day-to-day life to live at home with confidence, in good health, independently and safely. Home Support services are free. This project will look to be integrated into the Social Model for Health and expand its reach and impact after successfully being delivered in key areas. The access to this service is not means tested or dependent on inclusion/exclusion criteria, and individuals can self-refer. Some of the things Home Support can help with include: community care line responders 24/7/365, proactive wellbeing checks, promotion of independence and wellbeing and healthy lifestyles, practical support and assistance, assisting carers with their role, temporary personal support and care as well as information, advice and assistance to access local community groups, support and services.</p>	<p>£311,874.00</p>

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<p>Community Connectors</p>	<p>The project will build on the success of the established Community Connector Service to support people (aged 18+) to access community-level services and activities that help them to maintain independent lives and prevent the need for higher level health or social care services and also promote early discharge from hospital. The focus will be on: supporting people to access the right community services at the right time, working with health and social care to prevent admission to hospital and working with health, social care and third sector to support people to go home from hospital. The focus will be on support the prevention and early intervention focus through working with clients in community and hospital/GP settings to identify what matters, our team will support them to access community services and activities to support them. Community Connectors will continue to deliver information and support in line with the model of social prescribing which is being developed by Welsh Government into a National Framework for Social Prescribing.</p>	<p>£632,850.00</p>
<p>Technology Enabled Care (TEC)</p>	<p>Technology Enabled Care can provide support to vulnerable individuals which can reduce, avoid or delay the need for face-to-face support by e.g. Care agencies. Technology can also provide support to unpaid carers to keep a “remote eye” on the cared for, thus enabling family carers to have or maintain a life outside caring</p>	<p>£155,200.00</p>
<p>Social Value</p>	<p>The project will further nurture and enable voluntary action at local level in communities across Powys. To achieve this, the project will co-ordinate and facilitate the Social Value Forum. The Locality Networks feed into the Social Value Co-ordinating Group which together forms the Social Value Forum. This mechanism will manage a grant scheme (including monitoring and evaluation of services funded) and provide development support to organisations delivering social value activities. The</p>	<p>£242,726.00</p>

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	<p>interventions are many and varied, targeted to deliver on unmet need and priority populations. The Social Value Co-ordinating Group has access to local intelligence via the Networks in respect of unmet needs or unequal provision. This co-production approach enables identification of gaps in services, leading to prioritisation of particular populations, geographical locations or needs. Social Value organisations are able to apply to the fund for resources to develop innovative and sustainable solutions, to ensure greater equity in access to services and support to overcome challenges for individuals and communities.</p>	<p>This project will enable unpaid carers to receive innovative, bespoke and person-centred respite delivered in a unique way for individuals or families. This project seeks to transcend a traditional model of respite and enables families to try out something different to see if this works for them, before taking on a longer-term commitment or asking for statutory funding or services. The short breaks element in this project provides carers with respite that support their circumstances and will be aligned to their outcomes. This will be co-ordinated by Ceredu and achieved through partnership working. To support life alongside caring, this project will provide individual grants and short breaks that support respite in a multitude of models and provides respite events with peer support, friendships and a sense of belonging mitigating feelings of isolation and loneliness. This project will ultimately aim to prevent unpaid carers reaching points of crisis and enable them to continue in their caring role over a sustained period.</p>	<p>£163,841.00</p>
<p>Identifying and Valuing Unpaid Carers Project</p>	<p>This project will raise awareness of unpaid carers, through innovative and responsive work digitally, in print, face-to-face, at events and presentations, in all health and education settings, and in partnership with the wider voluntary and statutory sectors. The priority population group that this project aims to reach is hidden, isolated carers in our rural communities in Powys. Furthermore, the project will enable learning to be shared with a view to supporting our services in Powys and reduce the chance of carer breakdown, thereby reducing the pressure experienced by health and social care. The project will include the identification and valuing of carers across population groups</p>	<p>£48,500.00</p>	

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	and will consistently evolve the language and messaging used to be even more inclusive. The ultimate goal of the project is to create sustainability and self-sufficient, aware, support systems and embed this into practice.	
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Workforce Programme

Workforce is the single most important factor in the quality of care we deliver and is therefore integral to achieving what is set out in Powys' Health and Care Strategy. Powys' health and care system has set out an exciting strategy for the future of its workforce, which focuses on high quality, person-centred care and greater partnership working. We consider our workforce in the wider context, and this includes people working across the private, independent and the third sector. We also recognise volunteers and carers play a significant role as part of our team.

Strategic Projects - 2025/2026	Description	Funding Allocation
Workforce Futures	The Workforce Futures Programme is an enabling theme of the Health and Care Strategy 2017-2027. The strategy recognised that our workforce is the single most important factor in the quality of care we deliver and is therefore integral to achieving the ambitions within the strategy. The programme work is to enable the following: an engaged motivated and healthy workforce; increase attraction and recruitment; seamless workforce models; building a digitally ready workforce enabling excellent education and learning; leadership and succession and increase workforce supply within health and social care.	£476,000.00

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North Powys Wellbeing Programme

The North Powys Wellbeing programme is a once in a generation opportunity to improve health and wellbeing across north Powys. Plans are underway to develop a new state of the art facility in Newtown.

Strategic Projects - 2025/2026	Description	Funding Allocation
North Powys Wellbeing Programme	<p>The programme will deliver significantly improved and enhanced local services, delivered from a single location within sustainable and fit-for-purpose accommodation, maximising efficiency, integration and innovation opportunities across multiple sectors. This is a longer-term programme which will provide significant benefits for the local community, including a wider range of services being delivered in county. The programme of work will include the development of a multi-agency wellbeing campus in the centre of Newtown, bringing together the town’s health and social care provision alongside provision from the voluntary sector. The campus will also include a replacement building for Ysgol Calon y Dderwen, a front door with a range of wellbeing services, health and care academy, library and information services as well as accommodation for supported living, academy students and visiting health and social care specialists.</p>	£666,073



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Powys Teaching
Health Board

Agenda item:5.7

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE **DATE 14 August 2025**

Subject:	Meeting the needs of Children with Additional Learning Needs in Powys
Approved and presented by:	Claire Roche, Executive Director of Nursing, Quality and Family Health
Prepared by:	Head of Nursing, Children’s Services. Designated Education Clinical Lead Officer (DECLO)
Other Committees and meetings considered at:	Previous Paper presented to PPPHC 5 Feb 2024 Executive Committee – 6 August who supported the paper to Committee.

PURPOSE:

This paper provides the Committee with an update on the Health Board’s responsibilities and ongoing activity to work with Education partners in meeting the needs of children and young people with additional learning needs. Successfully doing so ensures that Powys Teaching Health Board is meeting its statutory obligations under the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (the ALN Act), supporting better outcomes and better experience for children and young people with additional learning needs and their families.

It provides information that:

- that structures are now in place to ensure that the Health Board complies with its statutory duties under the ALN Act, and for the management and escalation of compliance issues.
- that activity is progressing, to support ongoing collaboration between the Health Board and Powys County Council (PCC), in keeping with the ethos of the legislation.
- That the action plan following the internal audit committee report received by Executive Committee 27th February 2025 regarding the implementation of the ALN Act remains on track for completion.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is asked to:

- Take **ASSURANCE** this report is an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act.
- Take **ASSURANCE** regarding activity to date and plans moving forward to meet the requirements of the ALN Act.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

This paper provides an update on the development of the Powys interagency ALN system to meet the additional learning needs (ALN) of individuals in a timely way and in doing so, PTHB will achieve their statutory duties of the ALN Act. The paper provides a position on the Health Board's compliance with its duties. It goes on to provide an update of progress since February 2025 Planning and Performance Committee Paper and the subsequent internal audit actions. Key priorities for the next period and challenges associated with the Act are outlined in closing.

The ALN legislative framework was created by the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (the ALNET Act, ALN Act), the Additional Learning Needs Code for Wales 2021 (the ALN Code) and regulations made under the Act.

The Act became law in 2021, but implementation was phased over a four-year period. The Act also continues the existence of the Special Educational Needs Tribunal for Wales, which hears and decides appeals and applications in relation to children and young people who have or may have ALN but renames it the Education Tribunal for Wales.

The ALN code sets out clearly the responsibility of the health board in supporting a partnership approach between education and health in a co-ordinated way.

Health Boards are not currently required to report on their compliance with their legal obligations under the ALN Act, though Welsh Government have advised that a national assurance framework will be implemented in due course. There is not clear timescale for the finalisation of this framework, meaning that in the interim, Health Boards are required to provide robust internal assurance that they are fulfilling their legal duties.

PROGRESS:

1.1 The Local Context: Previous Reports to Committee

The last report provided to PPPH Committee in February 2025, provided assurance that there had been a 'launch' of the operational process by which the Health Board supports person-centred planning for children and young people with ALN and thereby fulfils key legal duties under the ALN Act. This process is supported by a digital system that enables the Health Board to report on its compliance.

It highlighted that the number of statutory requests for involvement to the Health Board had been low and were expected to increase as new processes are embedded. Data that was available showed a high rate of compliance with the

Health Board's statutory duties. The report outlined ongoing work between the Health Board and Powys County Council to establish a joint, longer-term strategic approach to the collaboration required to ensure positive outcomes and experience for children and young people with ALN.

There had been progress made in key areas:

1. Implementation of the operational processes through which the Health Board complies with its key legal duties under the Act.
2. Ongoing development of the digital infrastructure that will provide the Health Board with assurance that it is complying with its key legal duties.
3. Establishing internal Health Board processes to provide assurance.
4. Collaboration with Powys County Council through the ALN Integrated Steering Group (AISG).

1.2 Current position ALN System

The ALN system supports children and young people aged 0 to 25 in Wales with ALN and replaces the special educational learning needs (SEN) system. The ALN system has been slowly implemented and evolved over a four-year period, which concludes in August 2025. Multi-agency collaboration is a key principle underpinning the ALN Act, and the oversight and strategic leadership of multi-agency working within the ALN system take the form of the ALN Integrated Steering Group. This group is jointly led by Powys County Council's ALN and Inclusion Lead Officer and PTHB's Head of Children's Public Health Nursing and Paediatric Services. Lead officers across both education and health are represented within this group. The group has had a refresh recently to ensure the system remains on track. Governance has been strengthened with defined reporting lines within respective agencies: the AISG Chairs jointly prepare quarterly update report and escalate via respective reporting lines include both W&C IQPG and Execs/PPPH as necessary and PCC Inclusion Leadership Team and Accelerated Improvement Board, respectively. Terms of Reference have been amended accordingly.

Alongside and complementing the work of the AISG, activity is currently progressing under the governance of the Start Well Board to establish a whole-system approach involving the Health Board, Education, Social Care, and the Third Sector aimed at better meeting the needs of children with neurodevelopmental differences. While many of these children have additional learning needs, this activity is separate from the focus of this paper and is therefore not reported on here.

The **priority areas** within the steering group align with key implementation areas of the code requiring health / education collaboration, including:

- Early Identification and Notification (S64)
- Person Centred Planning (S65, S20)

- Integrated Health Care Plans / supporting children’s health care needs in school.
- Transition - Post 16 support, including the process for young people requiring specialist post-sixteen education.
- Complex out of county placements & responding to appeals to Education Tribunal for Wales

These priority areas are underpinned by **enabling functions** of the group:

- Leadership and shared vision
- Partnership working and communication.
- The voice of children and young people and their families
- System wide shared knowledge and understanding
- System wide digital enablement

Each priority area work stream has PCC and PTHB co-chairs. The service improvement initiatives within these areas have evolved over the implementation phase and now look to a final focus of activity to complete any outstanding actions including a further phase of system wide teaching. This will be due to be completed over the autumn school term.

The next phase involves the provision of assurance that the system is embedded. This will be evidenced through an audit and learning phase including feedback themes from CYP, families and staff. In addition, a “shared learning” regular agenda item will be included in the steering group meetings where case studies can be presented including where things went well, where things did not go so well and cases that have reached Tribunal. This may, in turn, identify additional service improvements as we evolve further.

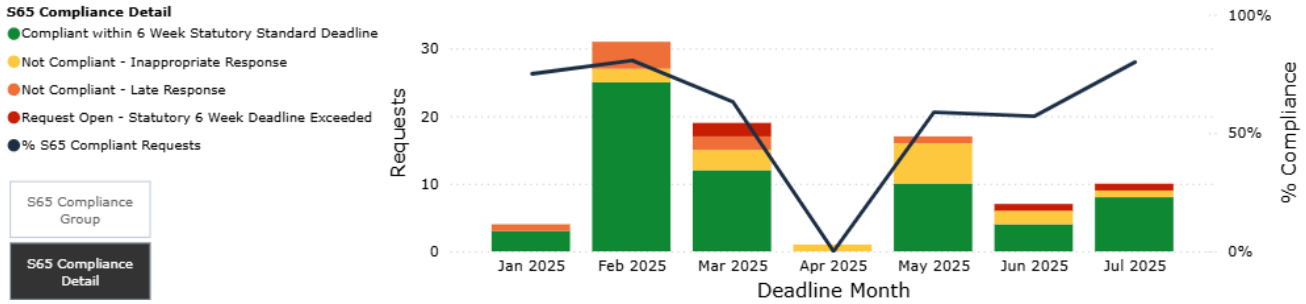
Implementation of a compliance monitoring structure

A structure to support compliance including regular meetings between the DECLO and Service Leads to review compliance data is in place. These meetings will inform Women and Children’s Quality and Performance meetings on a quarterly basis, ensuring co-ordination across services and senior-level engagement and ownership within the Directorate. With recent refinement of the digital system, we are able to report the current Health Board compliance with its requirement to provide timely information requested by the Local Authority to support its decision-making and planning for children and young people with ALN (S65) as below.

Note that the block graph shown below represents the number of requests for which a response was due in each month, with number or requests shown on the left-hand axis. The line graph represents the percentage of requests that were complied with each month, with percentages shown in the right-hand axis.

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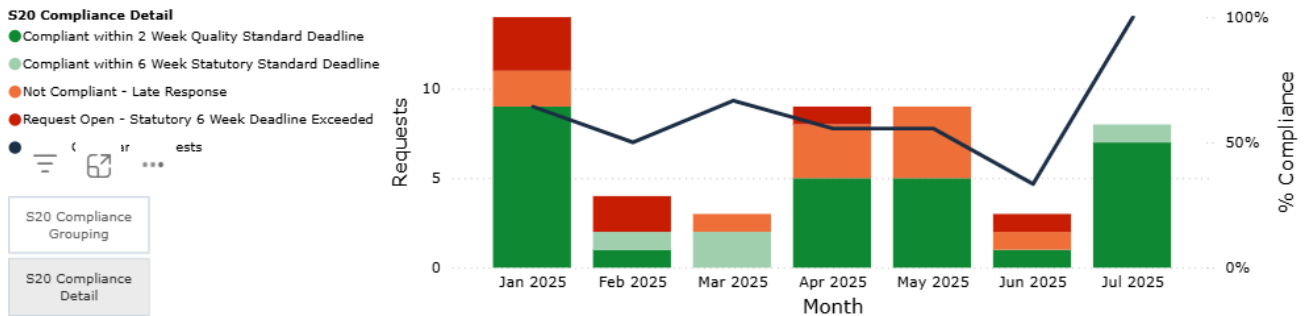
S65 Response Compliance by Month



Of the 89 total S65 person centred planning requests were received from the Local Authority requiring a response this current calendar year, 62 were responded to within 6 weeks (70% compliance). A response within 6 weeks is a legal requirement set out in statutory guidance that supports the ALN Code, to support timely decision-making and planning by Education. The current understanding of the legislation across Health Boards nationally is that 6-week response requirement does not imply a requirement to expedite assessment or intervention for children awaiting assessment. As such, there is no direct tension between this requirement and the 14-week referral to treatment time for paediatric therapies.

A further 34 requests were received from schools, from which there is no statutory requirement to respond but where a timely response is nonetheless critical to ensuring that children benefit from holistic plans to meet their needs. 23 were responded to within the same 6-week timescale, showing a similar level of performance (68%).

S20 Response Compliance by Month



Of the 56 S20 requests asking the Health Board if there is a relevant treatment or service likely to be of benefit in addressing a child’s additional learning needs, 38 were responded to within the statutory 6 weeks, providing a compliance of 69%.

The graphs above show some month-on-month variation in the number of statutory requests for involvement received by the Health Board under the ALN Act, often linked to the school timetable. Analysis of data trends will support forward planning for operational services.

It should be noted that during the period reported on, there have been issues with the Health Board’s ALN digital infrastructure that have hindered access to

timely and accurate compliance data. Through positive and ongoing engagement with Digital Services, we are optimistic that these issues have now been fully addressed. Activity is underway to confirm that the data above accurately captures the Health Board's compliance. It is anticipated that access to timely and accurate data moving forward will support the Health Board to continue to improve its compliance. Targeted support including further training for staff have been identified to ensure improved compliance across services.

It should be noted that functionality in the ALN digital infrastructure is being developed that will enable the Health Board to report on its duty to deliver provision where the need for this is identified following a S20 request. Additionally, S64 early notification of concern being shared with LA colleagues are not currently monitored in the way both S65 and S20 are – there is a need for further development here.

It is anticipated that with further local actions, compliance will improve for PTHB.

1.3 PTHB Internal Audit March 2025

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 Sufficient progress is being made to implement the ALN Act through developing strategies, policies and procedures, and delivery plans.	1	Reasonable
2 There is sufficient training and engagement with staff.	2	Limited
3 Arrangements are in place to ensure effective multi-agency working between the health board, local authorities, and other partner organisations who cohesively engage and communicate with the public and service users.	3	Limited
4 There is an efficient and consistent system for recording and managing ALN requests, referrals, and notifications along with monitoring outcomes.	4, 5	Reasonable
5 There are robust quality assurance measures in place to demonstrate compliance with the ALN Act.	4	Reasonable
6 There are appropriate mechanisms for dealing with complaints, disputes, and appeals to the Tribunal.		Substantial
7 Appropriate governance framework is in place to provide oversight of compliance with the ALN Act including that the statutory roles and responsibilities of the Designated Educational Clinical Lead Officer (DECLLO) are being met.		Substantial

The Internal Audit Committee concluded reasonable assurance in the Health Board's implementation of its duties under the ALN Act. The matters requiring management attention include:

- Collaborative Governance arrangements for the partnership are insufficiently robust.
- Whilst training exercises have taken place, currently there is no formal training programme in relation to ALN operating within PTHB.
- The partnership's Work Plan has not been subject to adequate monitoring or scrutiny.
- Data validation processes are ongoing with respect to the case management system and therefore assurances cannot yet be placed on the accuracy of data contained within it.

Internal Audit Management Action Log

Key **Red** – not started, **Amber** in progress/development, **Green** Action complete, **Blue** - embedded

Finding	Action	Status
Responsible individuals have been designated within each partner organisation but robust collaborative working governance arrangements are yet to be established	An agenda item will be raised at the ALN Integrated Steering Group (AISG) with the intention of establishing more clearly defined governance arrangements in respect of the partnership working arrangements. It will be requested that the newly established governance arrangements are employed to ensure that the strategic plan and actions listed within the work plan are subject to a documented approvals process and that monitoring procedures are established to address outstanding actions.	Complete due Sept 2025 HoN Children
Comment: Joint Chairs of AISG have met and implemented the governance processes for the AISG. Health and LEA partners will have approval via W&C Integrated Quality and Performance Group, and the LEA Accelerated Improvement Board, respectively. This will include approval of a revised Integrated Steering Group Improvement Plan and quarterly oversight monitoring of progress reports. Terms of Reference have been updated accordingly and process to be embedded Q2.		
The DECLO has undertaken some training initiatives and offers individual assistance to colleagues who require guidance in relation to ALN issues, but a formal or regular training programme is not currently in place	Training initiatives will be revisited; a training schedule will be produced, informed by existing or refreshed data about staff knowledge and confidence, and details of training availability will be made available to relevant staff. Records will then be maintained of attendance at completed training	In Progress Due Sept 2025 DECLO
Comment: DECLO is preparing an audit of training needs to inform an ongoing training schedule. Opportunity to join training up to include the strategic knowledge, operational responsibilities, and actions with the lived experience of service users with an offer of support from the Facilitator of the Co Production Group (Parents Voices in Wales). Note that progress has been delayed by a need to focus on data validation work (see below) so there may be slippage against the September deadline.		
AISG Strategic Priorities Plan Monitoring A plan is in place, and whilst listed outcomes were appropriate, some were found to be unclear in terms of the means by which they are to be achieved. Target dates either have not been listed, are ambiguously defined, or have elapsed.	Monitoring procedures in relation to the partnership's Strategic Priorities Plan will be reviewed and it will be ensured that regular reports are made at an appropriately senior level, with reference to the reviewed governance arrangements specified in Key Finding 1.	In progress Due Sept 2025 HoN Children
Comment: Head of Nursing and DECLO have a standard agenda item on the W&C IQPG to report progress on AISG Improvement Plan as well as current compliance levels. An updated/reworked AISG Strategic Priorities Plan is in draft for approval		
Data Validation Data validation exercises are being undertaken but assurances cannot yet be made with respect to the completeness of data contained in the ALN App.	Data validation exercises will continue, and regular compliance reports will be made to the Planning, Partnerships and Population Health Committee.	In Progress Due Dec 2025 HoT (IT Systems lead)
Comment: HoT working closely with digital to resolve IT issues with PTHB ALN App/dashboard. Data integrity improving. Local operational validation embedding. Further validation and nuances within the system being worked through currently		
Section 64 Notifications The system by which notifications of suspected cases where additional learning needs have been identified and are issued to parents / carers and the Local Authority is yet to be established.	The system will be finalised and validated. Progress reports will be made in the ALN Update to the PPPH Committee	In progress HoN & DECLO Dec 2025

Comment: *The mechanism through which the Health Board fulfils its legal duty to notify the Local Authority where a preschool child is likely to have ALN has been agreed and a mechanism for data capture needs to be established. Activity is on track for completion by December deadline.*

2.0 Focus moving forward – Oversight.

Ensuring governance arrangements fully embed

Timescale: December 2025

The Co-chairs of AISG will review and evidence that the governance arrangements are embedded through Q2/Q3 25/26 including approved revised TOR, approved and revised AISG work plan with quarterly escalation report evidenced, demonstrating effective challenge and support from respective senior teams within both PCC and PtHB.

Ensuring robust refreshed ALN Integrated Steering Group plan

Timescale: December 2025

This will take the form of a service improvement /transformation priority plan with SMART actions identified within each workstream. Progress and completion of activity will be closely monitored with a requirement to audit locally to demonstrate embedded processes. An agreed quarterly report will be presented at both PCC and PtHB governance meetings capturing progress and raising any difficulties hindering the embedding of improvement initiative.

Assessing and articulating the demand / capacity impact of the ALN Act on operational services.

Timescale: For review March 2026

The ALN Act places new statutory demands on NHS operational services (especially children's therapies services, and in particular Speech and Language Therapy) but has been introduced without additional resource for the NHS. Planned work to assess the demand / capacity impact of the Act on operational services has previously been noted but has not been prioritised due to low numbers of requests for statutory involvement. It is expected that numbers of requests for statutory involvement and thus pressures on operational services will increase, and the data infrastructure now in place will support analysis of the impact of this.

Over the next period, with a pace and depth to be determined by the level of the demand / capacity pressures facing services, initial analysis of the demand / capacity implications of the ALN Act and its implications for longer-term service planning will be carried out.

The ALN Act does present some challenges for the Health Board as it needs to comply with its new statutory obligations and to continue to develop its collaboration with PCC to meet the Act's requirements. These challenges are expected to increase over the coming year as, with maturation of the existing systems, the numbers of statutory requests for involvement will rise.

Consequences of not meeting these challenges would include potential breaches of the Health Board's statutory duties; risk of complaints, appeals to Education Tribunal and potentially even Judicial Review; and risk of poorer outcomes for children and young people.

However, these challenges are mitigated by a number of factors:

- the clear and effective operational processes through which the Health Board fulfils its key statutory duties under the ALN Act.
- the digital infrastructure that both supports compliance and provides data for purposes of assurance.
- collaborative arrangements in place between the Health Board and its key delivery partner, PCC, through the AISG.
- the compliance monitoring infrastructure that is in place, with initial teething problems resolved
- processes to monitor and escalate concerns within Women & Childrens services and PCC.

It is recognised that full implementation of the Act will place additional demand on operational services, especially in the Women and Children's Directorate. As the new and additional demands presented by the Act come into fuller effect over the next year, demand / capacity activity will be key to articulating this risk and identifying potential solutions.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS PAPER

This section must be completed for all strategic organisational decisions including approval of health board policies.



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Powys Teaching
Health Board

Agenda item: 5.8

Planning, Partnerships and Population Health Committee **Date: 14 August 2025**

Subject:	Committee Risk Register
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Board Development – 8 May 2025 Executive Committee – 14 May 2025 Board – 30 July 2025
Appendices:	Appendix A – Committee Risk Register

PURPOSE:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the newly developed Strategic Risk Register (SRR), to provide a summary of the significant risks to delivery of the health board’s strategic objectives.

This copy of the Committee Risk Register is based upon the newly developed SRR considered by the Board on 30 July 2025.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the corporate risks within the committee’s remit
- **DISCUSS** any relevant issues and
- take **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

Approve/Take Assurance	Discuss	Note
Y	Y	X

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board’s strategic objectives and therefore underpin all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	

7. Put Digital First	Y	
8. Transforming in Partnership	Y	

REVISED COMMITTEE RISK REGISTER

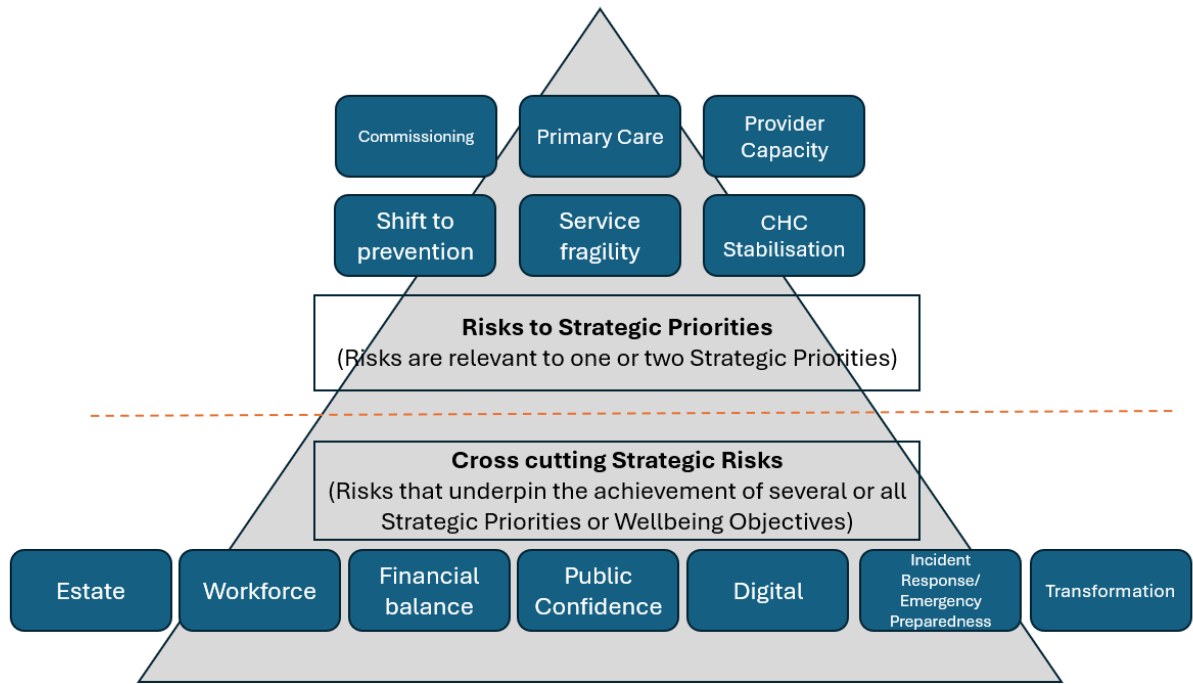
The Committee has routinely received a Committee Risk Register which draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to the Health Board’s within the Committee’s remit.

In March 2025 the Board approved a revised Risk Management Framework (RMF), The key fundamental change within the revised framework was the closure of the Corporate Risk Register (CRR), to be replaced with a Strategic Risk Register (SRR), owned by the Board and an Organisational Risk Register (ORR), focused on significant and cross-organisation operational risk, owned by the Executive Committee.

In the weeks following on from the approval of the revised RMF the Corporate Governance Team has been working closely with the Board, individual Executive Directors and Assistant and Deputy Directors to develop the new SRR.

On 21 May 2025, an update on progress was reported to the Board which provided a summary of the identified risks to the delivery of the Health Boards Strategic Priorities and their associated risk descriptors. It was noted that some of these risks had been identified as ‘cross-cutting’ (underpinning the achievement of several or all Strategic Priorities or Wellbeing Objectives) and risks to Strategic Priorities which were relevant to one or two of the Strategic Priorities identified within the Health Board’s Integrated Plan. An overview of this update is provided below:

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The proposals were supported by the Board on 21 May 2025, and the Board received the fully developed SRR on 30 July 2025.

The Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of risks as set out above.



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Committee Risk Register

Planning, Partnerships and Population Health Committee

August 2025

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STRATEGIC RISK DASHBOARD – JULY 2025

Risk Lead	Risk ID	Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	At Target ✓/✗	Lead Board Committee	Link to Strategic Priorities:
EDP&C	SRR 002	Innovation and Strategic Change	The Health Board is unable to successfully deliver and realise the benefits of transformation	3 x 4 = 12	*	Eager	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPCC MH	SRR 005	Performance and Service Sustainability	Primary Care is unable to respond to demand.	4 x 4 = 16	↓	Open	✗	Planning, Partnerships and Population Health Committee	Several SPs and WBOs 4 and 8
EDPH	SRR 008	Innovation and Strategic Change	The Health Board is unable to shift to a primary prevention focused health care system	16	*	Eager	✗	Planning, Partnerships and Population Health	SP 1 and WBO 1
EDPH	SRR 010	Safety	The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	4 x 4 = 16	*	Averse	✗	Planning, Partnerships and Population Health	Cross-cutting (All SPs and WBOs)

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KEY:

Executive Lead	
<i>EDP&C</i>	Executive Director of People and Culture
<i>EDPCCMH</i>	Executive Director of Primary Care, Community and Mental Health
<i>EDPH</i>	Executive Director of Public Health
Trend	
*	New risk
→	Risk score unchanged since last report
↓	Risk score decreased since last report
↑	Risk score increased since last report

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RISK HEAT MAP – JULY 2025

Almost certain 5					
Likely 4				SRR 005 – Primary Care SRR 010 – Emergency Response	
Possible 3				SRR 002 – Transformation	
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

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SRR 002	There is a risk that: The Health Board is unable to successfully deliver and realise the benefits of transformation	
Current Risk Score: 12	Risk rating detail: (likelihood x impact) Current: 3 x 4 = 12 Inherent: 4 x 4 = 16 Target: 2 x 4 = 8	Risk Category: Innovation and Strategic Change Boards Risk Appetite: Eager
Executive Lead: Executive Director of People and Culture		Assuring Committee: Planning, Partnerships and Population Health
Latest review date: July 2025 Added to register: July 2025 Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs <i>Lewis, Raychelle 13/08/2025 13:22:13</i>		Risk cause/source: <ul style="list-style-type: none"> • Insufficient capacity to deliver across the Better Together Portfolio • Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio • Lack of organisational and public readiness for change • Timescales are too challenging to deliver • Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio • Financial recovery plan FY25/26 impacts on ability to deliver the Better Together portfolio • Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change • Misalignment with key dependencies both external and internal to the portfolio Risk materialising would result in:

		<p>Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures.</p> <p>Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps</p> <p>Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate.</p> <p>Unable to realise wider benefits of transformation in a timely manner</p> <p>Reputational damage</p>		
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
2.1	<p>Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.</p> <p><i>Lewis, Rachelle 13/08/2025 13:22:13</i></p>	<ul style="list-style-type: none"> Transformation updates provided to Executive Committee Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the Better Together Portfolio including North Powys Wellbeing Programme, Frailty & Community Model 	Reasonable	Executive Committee

		incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Business Efficiencies Programme and Temporary Service Change Programme		
2.2	Better Together Portfolio Board established as a Sub—Group of the Executive Committee	<ul style="list-style-type: none"> Regular reporting to the Executive Committee 	Substantial	Executive Committee
2.3	Oversight of Better Together and Transformation integrated into Terms of Reference of F&P, P&C and PPPH Committees	<ul style="list-style-type: none"> Regular reporting to Board Committees and onwards assurance provided to Board 	Substantial	Multiple Board Committees
2.4	Better Together Phase 2 engagement programme has been developed and commenced including staff roadshows and workshops as well as several public events across Powys.	<ul style="list-style-type: none"> Review and report on outcomes arising from engagement 	Reasonable	Better Together Portfolio Board
2.5	Monthly informal Planning update meetings with WG including Better Together update	<ul style="list-style-type: none"> Regular informal discussion with WG leads 	Substantial	N/A
2.6	Wider stakeholder engagement plan in place with regular Primary Care, PCC, PAVO and Llais interface.	<ul style="list-style-type: none"> Inputs and reporting from primary care workshops and meetings. Inputs and outputs from wider stakeholder engagement meetings. 	Reasonable	Better Together Portfolio Board

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2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	<ul style="list-style-type: none"> Portfolio Board reporting to Executive Committee 	Reasonable	Better Together Portfolio Board
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Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DSI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DSI&T; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and under evaluation.	July 2025	On track
Ongoing public, staff and stakeholder communication & engagement	DSI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track
Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track

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Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track
Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
Additional information:				
N/A				
Associated organisational risks (ORR):				
<ul style="list-style-type: none"> Organisational Risk Register under development Q2 2025/26. 				

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SRR 005		There is a risk that Primary Care is unable to respond to demand																			
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	Risk Category: Performance and Service Sustainability																			
		Boards Risk Appetite: Open																			
Executive Lead: Executive Director of Primary Care, Community and Mental Health		Assuring Committee: Planning, Partnerships and Population Health Committee																			
Latest review date: July 2025	<table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr> <td>Sep 23</td> <td>16</td> <td>12</td> </tr> <tr> <td>Nov 23</td> <td>16</td> <td>12</td> </tr> <tr> <td>Jan 24</td> <td>16</td> <td>12</td> </tr> <tr> <td>Feb 24</td> <td>16</td> <td>12</td> </tr> <tr> <td>Mar 25</td> <td>16</td> <td>12</td> </tr> </tbody> </table>	Month	Risk Score	Target Score	Sep 23	16	12	Nov 23	16	12	Jan 24	16	12	Feb 24	16	12	Mar 25	16	12	Drivers/causes of risk:	
Month		Risk Score	Target Score																		
Sep 23		16	12																		
Nov 23	16	12																			
Jan 24	16	12																			
Feb 24	16	12																			
Mar 25	16	12																			
Added to register: July 2024	<ul style="list-style-type: none"> Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures 																				
Link to Strategic Priorities and Wellbeing Objectives: SP 4 and WBO 8	Risk materialising would result in: <ul style="list-style-type: none"> Related workforce challenges may lead to services becoming unsustainable 																				

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Controls (What has been implemented to manage the risk?)	Sources of Assurance	Level of Assurance	Highest Assurance provided to:
<p>7.1 Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.</p> <p>Additional national and local investment into GMS for 24/25. National 25/26 negotiations about to commence.</p> <p>Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans in place with specific practices.</p> <p>Implementing a local sustainability framework to consider supporting practices who do not meet the National Sustainability Assessment Framework criteria.</p>	<ul style="list-style-type: none"> • Escalation Tool • Sustainability matrix score • National Sustainability Assessment Framework 	Reasonable	Executive Committee
<p>7.2 National Contract Assurance Framework embedded to support contract assurance.</p> <p>23/24 CAF cycle completed, with a mixture of targeted Practice visits and action plans. Outstanding actions being picked up as part of the 24/25 review process</p>	<ul style="list-style-type: none"> • Contract Assurance Framework • Annual Return • Supplementary Service Audits • Prescribing Data • Practice Declarations • GP Clinical Governance Self-Assessment Tool 	Reasonable	Executive Committee / Finance & Performance

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	<p>24/25 evidence reviews commenced, including a comparison of clinical indicators across the 2 years for consistency/improvement assurance</p> <p>GMS Contracts Management Group meeting in mid July to confirm practice action plan requirements or targeted practice visits required as part of the 24/25 cycle.</p>	<ul style="list-style-type: none"> Information Governance Toolkit 		
7.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p>Cluster IMTP plans agreed by RPB Executive Group – 09/01/25</p>	<p>Cluster Plan progress reported to RPB Executive Group</p>	Reasonable	Executive Committee / Finance & Performance
7.4	<p>OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/01/26 (including extensions).</p> <p>The future long-term viability of Shropdoc continues to be a high-risk concern for PTHB. The long-term company viability review is currently under review by the Health Board. This is not having an impact on current service delivery, however, is an ongoing risk for PTHB.</p> <p>Resolve and secure current commissioning arrangements with SBUHB for 25/26 to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. Meeting dates being arranged/</p>	<ul style="list-style-type: none"> Weekly Rota (triage & base cover) Monthly achievement against OOH Performance Standards Quarterly Performance Review Commissioning Assurance Framework 	Limited	Executive Committee / Finance & Performance

	Quarterly Performance Reviews continue to monitor out of hours services.			
7.5	<p>Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed.</p> <p>Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Current location is Bronllys and from September onwards Gwynfyd High School.</p> <p>Non-Recurrent investment added to contracts in areas of need (geographical and service need) securing increased access provision.</p>	<ul style="list-style-type: none"> Dental Access Portal Contract Reform new patient and historic patient metrics. GDS monitoring Group 	Limited	Executive Committee / Finance & Performance

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Desk top reviews to commence in July	October 2025	On track
Review and assess completion of General Practice Improvement Plans	ADPC	Not yet commenced - linked to desktop reviews above.	March 26	On track
To undertake GDS End of year review visits with all contract holders	ADPC	Arranged for July/August 25. Includes 3 face to face visits	August 25	On track

Undertake GDS Mid-Year Review visits	ADPC	Will be undertaken in October/November 2025	November 25	On track
Review of GMS sustainability matrix	ADPC	To be undertaken in Q2	November 25	On track
Relocate mobile dental clinic to Gwernyfed High School	Associate Dental Director/ADPC	Agreed implementation plan in place with the school	October 25	On track
Offer additional non recurrent GDS access opportunities across Powys	ADPC	3 non-recurrent ortho contracts being progressed. Also Clifton Dental Practice non recurrent CVN agreed	September 25	On track
Procure additional recurrent GDS access opportunities across Powys	ADPC	Crickhowell contract currently out to tender	April 25	On track
Assessment of delivery model of current GMS OOH service provision and future procurement options	Executive Director of Primary Care, Community and Mental Health (EDPCCMH/ADPC)	GMS out of hours review and future model appraisal group with multiple stakeholder representation set up, to consider various options for the future OOH GMS service delivery and model across Powys. This will be presented to September Board for approval	September 25	On track
Complete Procurement for future provision of GMS OOH services	EDPCCMH/ADPC	Will commence following Board approval in September to proceed.	March 26	On track
Ensure future provision of general medical services for patients registered	EDPCCMH/ADPC	Procurement process being worked through with 2 bidders	July 2025	On track

at Rhayader Medical Practice post 30th September 2025

for Board approval of selected bidder (July Board)

Additional information:

Rationale for current score:

- Current Shropdoc OOH contract due to end 30/06/25
- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability support in place for Llanfyllin
- Practice Sustainability applications for support being prepared for Llanidloes and Knighton.
- Termination of Rhayader Medical Practice contract, effective from September 2025.
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- DAP waiting list currently at 3,710 patients on the waiting list.
- Orthodontic demand continues to exceed capacity across Powys.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by appropriately trained workforce.

Associated organisational risks (ORR):

- Organisational Risk Register under development Q2 2025/26.

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SRR 008	There is a risk that: The Health Board is unable to shift to a primary prevention focused health care system	
Current Risk Score: 16	Risk rating detail: (likelihood x impact)	Risk Category: Innovation and Strategic Change
	Current: L x I = 16 Inherent: L x I = 20 Target: L x I = 6	Boards Risk Appetite: Eager
Executive Lead: Executive Director of Public Health		Assuring Committee: Planning, Partnerships and Population Health
Latest review date: July 2025 Added to register: July 2025 Risk source: SP 1 and WBO 1 <i>Lewis, Raychelle 13/08/2025 13:22:13</i>		Cause of risk and rational for current score: <ul style="list-style-type: none"> • NHS historically structured around acute and reactive care • The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention • NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes. • Predominately community-based prevention services undertaken by the Health Board for tobacco control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding.

		<p>Risk materialising would result in:</p> <ul style="list-style-type: none"> Without increased focus and resources on prevention and shifting of healthcare system towards a preventative model risks: more people will develop avoidable chronic conditions, and live more years in poorer health, and further increased unsustainable demand on acute care/services and escalating healthcare costs Preventable disease disproportionately affects disadvantaged communities and groups, widening health inequalities 		
Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
2.1	The Health Board <i>Annual Plan 2025/26</i> contains a number of prevention focused activities under the strategic priority 'Focus on Wellbeing'.	PTHB Annual Plan internal performance reporting procedures.	Reasonable	Board/ Committee/ Executive Committee/ Group
2.2	The Powys Public Services Board <i>Wellbeing Plan</i> has the objective that 'People in Powys live happy, healthy, and safe lives' with the associated delivery step 'Taking a whole systems approach to healthy weight'.	Powys Public Services Board internal and external reporting requirements.		
2.3	The Powys Regional Partnership Board <i>Area Plan 2023-28</i> includes 'Priority 1.3 Population health improvement, including health inequalities'.	Powys Regional Partnership Board internal and external reporting requirements.		
2.4	PTHB is required to report against vaccination uptake and smoking cessation targets contained in the <i>NHS</i>			

Lewis Psychology
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	<i>Wales Performance Framework 2025-26.</i>	NHS Wales Planning Framework reporting procedures.		
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
The <i>Better Together</i> consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	Phase 2 consultation underway until end July.	End of 2025/26	On track
A Population Health Framework for Powys (DPH Annual Report) will be published.	Executive Director of Public Health	In progress.	24/09/25	
Additional information:				
Rationale for current score: The controls currently in place are considered sufficient to reduce the inherent score to a current score of 16.				
Associated organisational risks (ORR):				
<ul style="list-style-type: none"> Organisational Risk Register under development Q2 2025/26. 				

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SRR 010	There is a risk that: The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident	
Current Risk Score: 16	Risk rating detail: (likelihood x impact)	Risk Category: Safety
	Current: 4 x 4 = 16 Inherent: 4 x 4 = 16 Target: 4 x 3 = 12	Boards Risk Appetite: Averse
Executive Lead: Executive Director of Public Health		Assuring Committee: Planning, Partnerships and Population Health Committee
Latest review date: July 2025 Added to register: July 2025 Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs		Cause of risk and rational for current score: <ul style="list-style-type: none"> • Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency. Risk materialising would result in: <ul style="list-style-type: none"> • Adverse impacts on delivery of care to patients • Inability to respond to a major incident to meet needs of those affected • Harm or injury to population, patients and/or staff • Health Board breaches statutory duties under the Civil Contingencies Act 2004 • Litigation & financial penalties • Reputational damage and loss of public confidence • Staff absence (injury, wellbeing)

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Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
10.1	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan are in place and updated on an annual basis.	<ul style="list-style-type: none"> Plan approved by Executive Committee Civil Contingency Annual Report 	Substantial	Executive Committee
10.2	Business Continuity Policy in place, with supporting 'Business Continuity Toolkit' available for operational services to develop service level business continuity plans.	<ul style="list-style-type: none"> Policy approved by Executive Committee 	Substantial	Executive Committee
10.3	PTHB Pandemic Framework is in place to guide the Health Board's response to a new or emerging pandemic. The Health Board is currently awaiting the publication of updated UK Pandemic Guidance, prior to completing a further review of the Framework.	<ul style="list-style-type: none"> Framework approved by Executive Committee 	Substantial	Executive Committee
10.4	PTHB Adverse Weather Arrangements is in place and is updated on an annual basis.	<ul style="list-style-type: none"> Arrangements approved by Executive Committee 	Substantial	Executive Committee
10.5	Internal protocols are in place for the management of patients self-presenting with a suspected High Consequence Infectious Diseases (HCID) are in place and are subject to regular review.	<ul style="list-style-type: none"> Protocols in place 	Substantial	Executive Director
10.6	PTHB Civil Contingencies Training Plan in place and updated on an annual basis.	<ul style="list-style-type: none"> Plan approved by Executive Committee 	Substantial	Executive Committee
10.7	Corporate level Business Continuity arrangements subject to internal audit 2023/24.	<ul style="list-style-type: none"> Audit Report – substantial assurance (Dec 2023) 	Substantial	Audit Committee
10.8	Operational level Business Continuity arrangements subject to internal audit 2024/2025.	<ul style="list-style-type: none"> Audit Report – substantial assurance (May 2025) 	Substantial	Audit Committee
10.9	The Health Board is fully engaged in Dyfed Powys Local Resilience Forum's planning and response structures.	<ul style="list-style-type: none"> Minutes of meetings 	Substantial	Executive Director

		<ul style="list-style-type: none"> • Training and exercise records 		
10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	<ul style="list-style-type: none"> • Minutes of meetings • Training and exercise records 	Substantial	Executive Director
10.11	<p>The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive):</p> <ul style="list-style-type: none"> • Exercise Mighty Oak (National Power Outage) • Exercise Pen Y Darren (Mass Casualty) • Exercise CYD (Communicable Disease) • Exercise Fad Fellin (Mpox/HCID) • Exercise Solaris (Pandemic) • Exercise Redstreak (Water disruption) • Exercise Wales Connect (Regular Pan Wales Response Plan activation test) • Walkthroughs of the operational response to major incidents/Mpox arrangements 	<ul style="list-style-type: none"> • Exercise Reports 	Substantial	Executive Director
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	<ul style="list-style-type: none"> • Debriefs from internal responses to incidents 	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	<ul style="list-style-type: none"> • Internal repository 	Substantial	Executive Director
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target

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Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31 st March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31 st March 2026	On Track
Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies		October 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead		September 2025	On Track
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31 st March 2026	On Track
Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31 st March 2026	On Track

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Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures to strengthen the Health Board's future response to incidents	Civil Contingencies Manager		31 st March 2026	On Track
<p>Additional information: The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital</p>				
<p>Rationale for current score: There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.</p>				
<p>Associated organisational risks (ORR):</p>				
<ul style="list-style-type: none"> Organisational Risk Register under development Q2 2025/26. 				

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Planning, Partnerships and Population Health Committee 2025-2026						
Theme	Item Title	Duration (mins)	May 19/05/2025	August 14/08/2025	November 20/11/2025	February 03/02/2026
Governance	Minutes of previous meeting		✓	✓	✓	✓
Governance	Declaration of Interests		✓	✓	✓	✓
Governance	Action Log		✓	✓	✓	✓
Governance	Committee Reflections	5	✓	✓	✓	✓
Governance	Committee Risk Register	5	✓	✓	✓	✓
Governance	Annual Work Programme	15	✓			
Governance	Work Programme (updated through year)	0		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	25	✓			
Governance	Committee Governance Action Plan	10		✓		✓
Governance	Committee Annual Report	10	✓			
Governance	Review of Terms of Reference	10	✓			
Planning	IMTP - Approach for development	25			✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix	25			✓	
Planning	Strategic Change Report and Engagement Report	30	✓	✓	✓	✓
Planning	Primary Care Cluster Reporting against delivery 2024/25	20	✓			
Planning	Strategic Commissioning Framework	20			✓	
Partnerships	Regional Partnership Board - Annual Delivery Plan	15		✓		✓
Partnerships	Public Service Board Annual Report (to include Climate change)	15			✓	
Partnerships	North Powys Wellbeing Programme	20		✓		✓
Partnerships	NWSSP Performance Report	5	✓ Year-end		✓ Mid-year	
Partnerships	Transformation and Change	25	X (direct to Board)	✓	✓	✓
Partnerships	Partnership Governance Framework	10	✓		✓	
Population Health	Whole Systems Approach to prevention of obesity	15	✓			
Population Health	Adult Weight Management Pathway Update	20	✓			
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	15	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC	15				✓
Partnerships	Partnership Governance and Assurance Framework Report	10		✓		✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	15	X	✓		
Population Health	Health Protection Summary Report	10				✓
Population Health	Child Immunisation Annual Report	10			✓	
Population Health	Endoscopy Services Update	15		X	✓	✓
Population Health	Additional Learning Needs (ALN)	10		✓		✓
Population Health	Winter Plan 2025/26	15		✓		
Population Health	Vaping Deep Dive	20		X	✓	
Population Health	Tobacco Control Action Plan (Annually at request of Committee)	20			✓	
Population Health	Reasons why health is deteriorating - age, MH, substance misuse, vaping, co morbidity.	20				
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	NA	✓			
JCC Report	Any updates from JCC Planning, Performance and Finance Sub-Committee		✓			
Population Health	Oral Health - Design to Smile Programme	15			✓	
Statutory Compliance	Wellbeing of Future Generations Act Report	10			✓	✓
Population Health	Charter for Families Bereaved by Public Tragedy			X		✓
Transformation & Value	Specific projects from the Transformation programme would be brought back to future meetings to look at financial innovation and transformation.	15				
Planning	Final Integrated Annual Plan 2025/2026 Second look needed at joint PPPH and D&P meeting March 2026 - 16.03.26 HOLD	25				

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Agenda item:7.2

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE **DATE: 14 AUGUST 2025**

Subject:	Primary Care Optometry Eye Health Needs Assessment
Approved and presented by:	Elaine Lorton, Executive Director Primary Care, Community and Mental Health
Prepared by:	Optometric Advisor Assistant Director of Primary Care
Other Committees and meetings considered at:	Eye Care Collaborative Group 02/04/2025 - APPROVED Executive Committee – 16 April 2025 who approved the paper and assessment.

PURPOSE:

As part of the legislative changes and to support the eye care needs of communities, Welsh Government imposed a duty on Local Health Boards to conduct an eye health needs assessment every three years to ascertain the needs on the public in terms of eye care provision in both primary and secondary care, with the future aim for the services to be provided by primary care optometry. This paper provides an introduction and sets the scene for the Powys Eye Health Needs Assessment which is an attachment to this cover paper.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is asked to:

- **TAKE ASSURANCE** that a comprehensive review of current and future ocular conditions has been considered for the future provision of primary care eye care services
- **Take ASSURANCE that** Eye Health Needs Assessment (EHNA) fulfils the health board requirements as detailed in the National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024 and that Executive Committee have approved the Needs assessment and the transition plans between 2024/2025 to 2026/2027.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The National Health Service (Ophthalmic Services) (Wales) Regulations 2023, came into force on the 20th of October 2023 reflecting the new optometry contract to secure the delivery of more clinical work in primary care optometry services from hospital eyecare services, helping to reduce the demand for and increase capacity to provide specialist eye care.

Health Boards are responsible for ensuring provision of the Enhanced Optometry Services.

The *Future Approach for Optometry Services*, founded on the key principles of prudent healthcare aligned to the *Primary Care Model, A Healthier Wales* and the strategic direction set in Programme for Government has informed the ongoing reform of optometry.

Optometry Contract Reform supports the primary care optometry workforce to deliver additional pathways in optometry, with an emphasis on glaucoma, medical retina and hydroxychloroquine pathways to increase the number of optometrists with higher qualifications to provide these services.

The upskilling of the optometry profession is required to achieve a sustainable workforce needed to deliver the 'shift left of' services from secondary care into primary care.

Across the four nations, NHS Wales leads the clinical reform of Optometry with a clinical patient centred focus and upskilling the profession to embrace the delivery of clinical services in primary care optometry.

As part of the legislative changes and to support the eye care needs of communities, Welsh Government imposed a duty on Local Health Boards to conduct an eye health needs assessment every three years to ascertain the needs on the public in terms of eye care provision in both primary and secondary care.

BACKGROUND:

The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024 requires all Health Boards to prepare and publish, for its area, an Eye Health Needs Assessment in accordance with the Directions. PART 2 of the Directions relate to Health Boards and the functions they need to exercise individual. Paragraph 4 states the following requirement:

4.— (1) Each Local Health Board must prepare and publish, for its area, an eye health needs assessment in accordance with these Directions.

(2) Each Local Health Board must prepare and publish its first eye health needs assessment within 12 months of the commencement date.

(3) Subject to paragraph (3), each Local Health Board must prepare and publish a revised eye health needs assessment no later than 3 years after it has published its first eye health needs assessment in accordance with paragraph (2) and every 3 years thereafter.

(4) A Local Health Board must prepare and publish a revised eye health needs assessment as soon as reasonably practicable after identifying changes, which are of a significant extent, since the previous publication of its eye health needs assessment unless it is satisfied that doing so would be a disproportionate response to those changes.

(5) A Local Health Board may publish a statement explaining changes to the provision of any or all of WGOS 1-5 since the previous publication of its eye health needs assessment where the Local Health Board—

(a) is satisfied that making a revised eye health needs assessment would be a disproportionate response to those changes, or

(b) is in the course of making a revised eye health needs assessment and is satisfied that immediate modification of its eye health needs assessment is essential in order to prevent detriment to the provision of ophthalmic services in its area.

(6) Where a Local Health Board publishes an eye health needs assessment for its area in accordance with paragraphs (2), (3) or (4), or a statement for its area in accordance with paragraph (5), the Local Health Board must notify the joint committee of its publication as soon as reasonably practicable.

As per the requirements in the Directions, the attached EHNA relates to all of the WGOS levels 1–5 and includes:

- a. an assessment and summary of the provision of WGOS 1–5;
- b. an assessment and summary of the demand for WGOS 1–5;
- c. proposals for further ophthalmic services that may be needed to meet demand for those services;
- d. an outline of the prevalence and impact of vision impairment in each Local Health Board’s area, including the aetiology, risk factors, demographics and public health and other consequences of vision impairment;
- e. an analysis of the information provided by all data sources;

- f. a map that identifies the premises at which any or all of WGOS 1-5 are provided in each Local Health Board's area.

In addition, to inform the EHNA, consideration has been given to the geography of the area, existing secondary care pathways, population demographics, future prevalence predictions and the likely future needs of the population, along with the skill set (current and future requirements) of the optometry workforce. The RNIB (2023) Sight Loss Data Tool has been used to inform the future prevalence of a number of ocular conditions for PTHB. This data has been used to inform the Powys future eye healthcare needs.

Currently across Powys there is a very small cohort of Optometrists with specialist skills and qualifications to provide WGOS4 services. The complexity of Powys secondary care pathways and the lack of available data regarding secondary care activity makes it difficult to identify the true demand of services that can be transferred into primary WGOS 4, to inform the EHNA.

While this assessment has gone some way to provide an understanding of eye health need across Powys and the increasing demand, it has been limited by the limitations of detailed data about key eye health conditions and health service delivery and uptake in secondary care. Additional intelligence around good quality more complete data is required to further obtain an understanding of existing eye condition activity in secondary care to inform further 'shift left' opportunities.

NEXT STEPS:

The Primary Care Department will continue to implement the transition plan to increase local service delivery of WGOS4 with Optometry Practices.

IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

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Powys Teaching Health Board
Primary Care Optometry
Eye Health Needs Assessment
March 2025

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1. Executive Summary

To support the eye care needs of communities, in 2024 Welsh Government imposed a duty on Local Health Boards to conduct a primary care Optometry eye health needs assessment every three years to ascertain the needs of the public in terms of eye care provision in both primary and secondary care and the opportunities that primary care optometry pathways and services can support local need. It identifies opportunities to support the 'shift left' agenda, providing care closer to home within primary care optometry, and is not a full assessment of secondary care and planned care Powys ophthalmology services.

Higher levels of clinical services identified by the local eye care needs assessments will be delivered on a Cluster level to bolster this provision. Taken together, the needs assessment combined with delivery on a Cluster footprint will ensure that local population needs will be fully considered and delivered against.

This eye health needs assessment is prepared in accordance with Legislative Direction and relates to primary care optometry services (only) and includes all of WGOS 1–5 provided under arrangements made by the health boards and includes:

- a. an assessment and summary of the provision of WGOS 1–5;
- b. an assessment and summary of the demand for WGOS 1–5;
- c. proposals for further ophthalmic services that may be needed to meet demand for those services;
- d. an outline of the prevalence and impact of vision impairment in each Local Health Board's area, including the aetiology, risk factors, demographics and public health and other consequences of vision impairment;
- e. an analysis of the information provided by all data sources;
- f. a map that identifies the premises at which any or all of WGOS 1–5 are provided in each Local Health Board's area.

In preparing this Eye Health Needs Assessment, the Health Board

- a. has regarded, in so far as it is practicable to do so, the following matters—
 - (i) the demography of its area,
 - (ii) any different needs of different localities within its area,
 - (iii) the ophthalmic services provided under arrangements with any neighbouring Local Health Board which affect the need for ophthalmic services in its area,
 - (iv) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (iii)) which affect the need for ophthalmic services in its area,

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(v) any relevant information provided to the Local Health Board either under the Legislative Directions or the 2023 Regulations, and

b. has taken into account the likely future needs having regard to changes to the number of people in its area who will require any or all of WGOS 1–5.

2. Introduction

2.1 Wales population eye health

Wales spans an area of approximately 20,700 km² and has a population of roughly 3.1 million.

It is served by seven distinct Local Health Boards (LHBs). The boundaries of these LHBs vary significantly in size, from less than 500 km² for Cardiff & Vale University LHB to over 6,000 km² for Betsi Cadwaladr University LHB. The populations within these LHBs also differ, with Powys Teaching LHB housing around 134,500 residents and Betsi Cadwaladr University LHB accommodating approximately 692,000. The more urban and post-industrial regions represented by Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg, and Swansea Bay University LHBs account for 60% of Wales' population, yet only cover 17% of its land area.

In contrast, Powys Teaching, Betsi Cadwaladr, and Hywel Dda University LHBs are largely composed of rural areas.

In the UK (population circa 68.27 million), approximately 1.93 million individuals are estimated to be living with vision impairment or blindness caused by conditions such as age-related macular degeneration (AMD), cataracts, diabetic eye disease, glaucoma, and uncorrected refractive errors.

Vision impairment can significantly diminish quality of life by hindering a person's ability to carry out daily tasks, restricting mobility, and affecting independence. Additionally, individuals of working age with vision impairment are less likely to be employed compared to their sighted counterparts. These challenges can further limit a person's ability to engage with the world, leading to social isolation and feelings of loneliness.

Unsurprisingly, vision impairment imposes a substantial socioeconomic burden, which was estimated at £15.8 billion in the UK in 2013.

Wales is projected to see an ageing population over the next two decades, leading to a higher prevalence of age-related eye diseases. From 2023 to 2033, the number of individuals aged over 80 is expected to rise by 16.0%, and by 2043, this increase will

reach 56%. By 2033, the anticipated changes in incidence and prevalence for various conditions are as follows:

- Cataracts: incidence is expected to rise by 11%, with prevalence increasing by 12.5%
- Glaucoma: incidence is projected to increase by 11.7%, and prevalence by 13%
- Retinal diseases: incidence is anticipated to grow by 13%, with prevalence increasing by 12.6%

2.2 NHS Wales

NHS Wales is the public funded National Health Service of Wales providing healthcare to some 3 million people who live in the country. The Welsh Government sets the health care strategy and NHS in Wales delivers that strategy and services via the seven Local Health Boards, three NHS Trusts and two Special Health Authorities. The NHS has 5 core principles:

- Putting quality and safety above all else,
- Integrating improvement into everyday working,
- Focusing on prevention, health improvement and inequality,
- Working in true partnerships and
- Valuing all that work for the NHS.

Key strategic drivers for NHS Wales include:

➤ **The Well-being of Future Generations (Wales) Act 2015**

The Well-being of Future Generations (Wales) Act 2015 invites collaboration across services and sectors and with the individual to improve wellbeing and reduce demand on services.

Optometry Contract reform embedded collaboration of services and sectors. Optometrists and dispensing Opticians work closely with patients and other health care professionals to improve eye health and general health, ensuring preventative advice is given to improve wellbeing and reduce demand on secondary care.

➤ **A Healthier Wales**

This policy encourages a more holistic approach to health and social care and supports the use of community-based services rather than secondary care where appropriate. The quadruple aim outlines the use of a motivated workforce, the

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higher value of care being provided, the improved population health and wellbeing, and the improved quality and increased access to care.

➤ **Future Approach for optometry services**

This transformation paper outlines the expectations of the Welsh Government for the delivery of eye care services over the next decade. To inform this approach, considerations have been made based on past and present experiences, as well as an analysis of current population access, demand, treatments, technologies, and outcomes.

2.3 Wales General Ophthalmic Services

Wales General Ophthalmic Services (WGOS) were introduced on the 20th October 2023, with unification of the service architecture, governance and evaluation across Wales to provide care closer to home and ensure that people only attend hospital eye services when required. WGOS is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered service comprising of the following:

- WGOS 1: eye examinations and patient management plan.
- WGOS 2: made up of three bands:
 - Band 1 – Acute eye care and referrals for examination from another healthcare professional.
 - Band 2 - Further examinations following WGOS 1 to inform or prevent a referral.
 - Band 3 - Follow up examinations to WGOS 2 Band 1 and Cataract Post-operative Assessments.
- WGOS 3:
 - Assessments for those with low vision and providing low vision aids where appropriate, as well as holistically supporting the patient and providing rehabilitative support.
 - Certification of Vision Impairment for patients whose leading cause of vision loss is Dry Age-Related Macular Degeneration
- WGOS 4: examinations for patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in primary care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway for patients:
 - with or with suspected medical retina conditions
 - with or with suspected glaucoma or ocular hypertension; and
 - who are at risk of retinopathy due to taking hydroxychloroquine or chloroquine

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- WGOS 5: examinations in primary care for acute eye conditions that require management by an independent prescriber optometrist to reduce the need for onward referrals to Hospital Eye Services.
- NHS Optical vouchers: financial support for the provision of spectacles or contact lenses to patients in eligible categories determined by Welsh Government.

2.4 Welsh Index Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation. Deprivation is the lack of access to opportunities and resources, which we might expect in our society. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived). It is a National Statistic produced by statisticians at the Welsh Government. Small areas are Census geographies called Lower-layer Super Output Areas (LSOAs).

The full index is updated every 4 to 5 years. The most recent index was published in 2019. There are numerous indicators that feed into WIMD. Some of these are updated annually (when possible), some periodically, some only for the overall WIMD update and some only when census data becomes available.

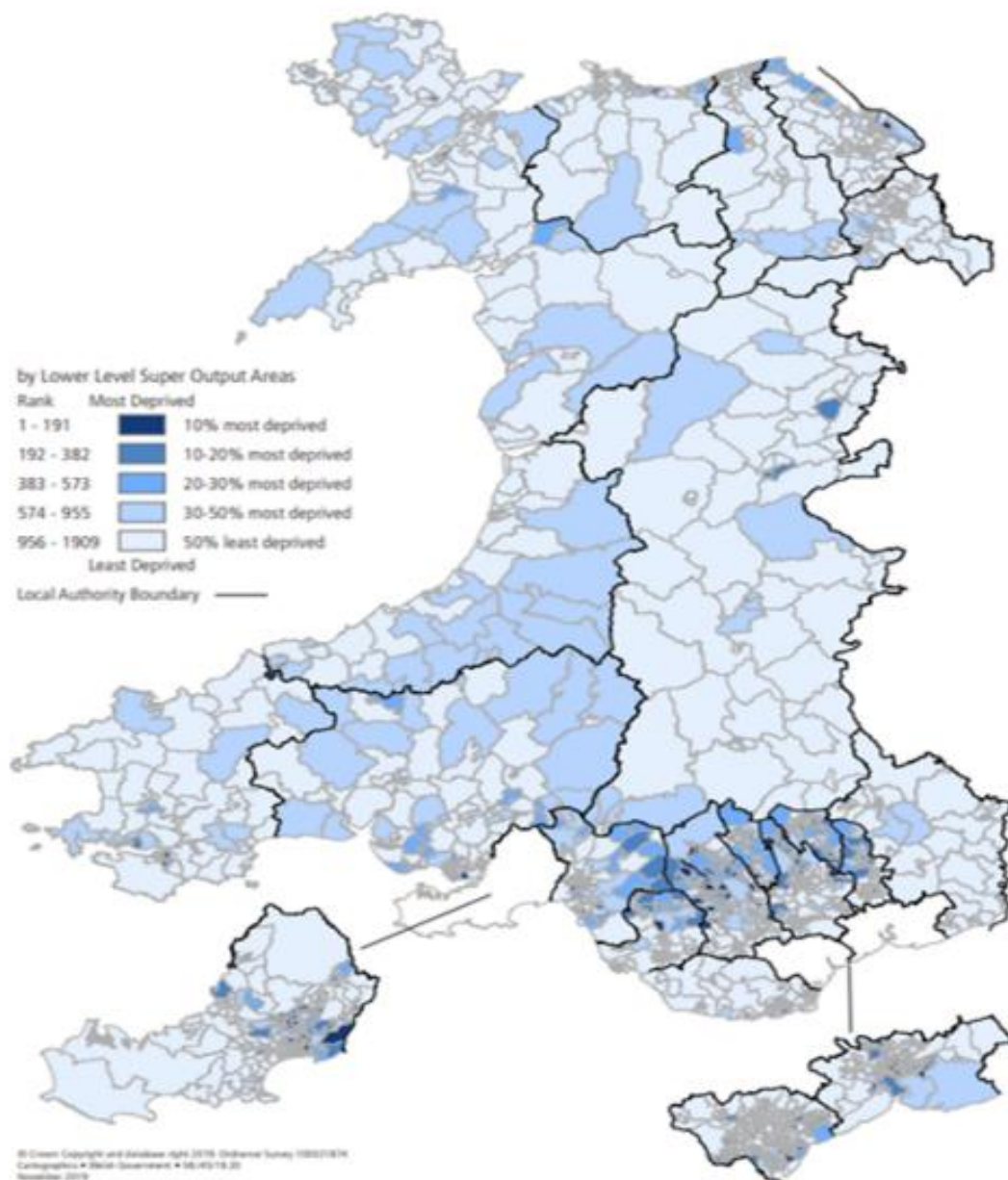
The Welsh Index of Multiple Deprivation statistics look at:

- Income Deprivation
- Employment
- Health
- Education
- Access to Services
- Housing
- Community Safety
- Physical Environment

The health domain measures a lack of good health. The indicators are:

- People with a GP-recorded diagnosis of a Chronic condition (indirectly age-sex standardised)
- People with a GP-recorded diagnosis of a Mental health condition (indirectly age-sex standardised)
- Cancer Incidence (indirectly age-sex standardised)
- Limiting Long-Term Illness (indirectly age-sex standardised)
- Premature Death Rate (death of those under the age of 75)
- Children aged 4-5 who are obese
- Low Birth Weight, single births (live births less than 2.5kg)

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The indicators above are age-sex standardised to adjust for the expected prevalence of disease within the underlying population. This allows the index to identify areas where health deprivation exists beyond the effect of age and sex.

The association between deprivation and health is clearly apparent across Wales especially in the post-industrial valley communities in South Wales. Here poorer health outcomes are significantly worse than Wales as a whole.

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3. Powys population eye health

3.1 Our population

Powys Teaching Health Board (PTHB) covers the Local Authority of Powys, which encompasses a quarter of the landmass of Wales. As of the 2021 Census, there was approximately 133,000 people in Powys¹.

The Powys Population Assessment² and Powys Wellbeing Assessment³ have been updated and provide a refreshed understanding of life in the County. Insights from these two core sources of analysis have been used to inform the Health Board's Integrated plan⁴ and some of the key population findings are summarised below:

- Powys is at the forefront of the issue of ageing population. The average age is higher than Wales and UK, with 28% of the population over 65 years old and this is predicted to increase.
- 75% of areas in Powys are in the top 30% most deprived in Wales in terms of Access to Services.
- There is a rural economy with low-income employment.
- 79.2% of people are economically active and 17.8% are self-employed, but unemployment has grown and 5% of working-age people are unemployed.
- The average household income is lower in Powys at £33,458 (compared to Wales £34,700, UK £40,257).
- 55% of households in Powys earning below the County average and 4,088 families live in absolute poverty.
- In relation to the quality of housing, 48% of homes have a poor energy rating.
- The Housing Demand register indicates unmet need for affordable housing of the right size and geographies.
- Surveys of wellbeing often show high levels of people feeling happy and in good health.
- Life expectancy for men and women is higher than the Wales average but there are variations in the county. People in Powys live longer in good health than the population of Wales and the UK overall.
- 20% of those seeking support from PAVO (Powys Association of Voluntary Organisations) described loneliness and isolation.
- 12% of the population are unpaid carers.
- Powys has a low population density of 26 people per square km (compared to Wales 153 per km² and Cardiff 2620 per km²).
- The number of elderly people in Powys is projected to rise by 15%, whilst the working age population is projected to fall by 3,200 (4%).

Powys' population density differs across the thirteen localities that make up the Local Authority¹.

High Density Areas include:

- Newtown locality (North Cluster) with 78 people per km² (highest density)
- Welshpool and Montgomery locality (North Cluster) with 64 people per km² (second highest)
- Ystradgynlais (South Cluster) is the third highest with 61 people per km².

Low Density Areas include:

- Builth and Llanwrtyd (Mid Cluster) is the most sparsely populated with 11 people per km².
- Machynlleth (North Cluster) with a population density of 12 per km² (second lowest)
- Llanfyllin (North Cluster) with 17 people per km² (third lowest).

Total Powys residents, registered with Powys General practices, totals 130,111, noting that GP registered patients is slightly higher at 139,000.

A detailed summary of the population including age profile, is outlined below.

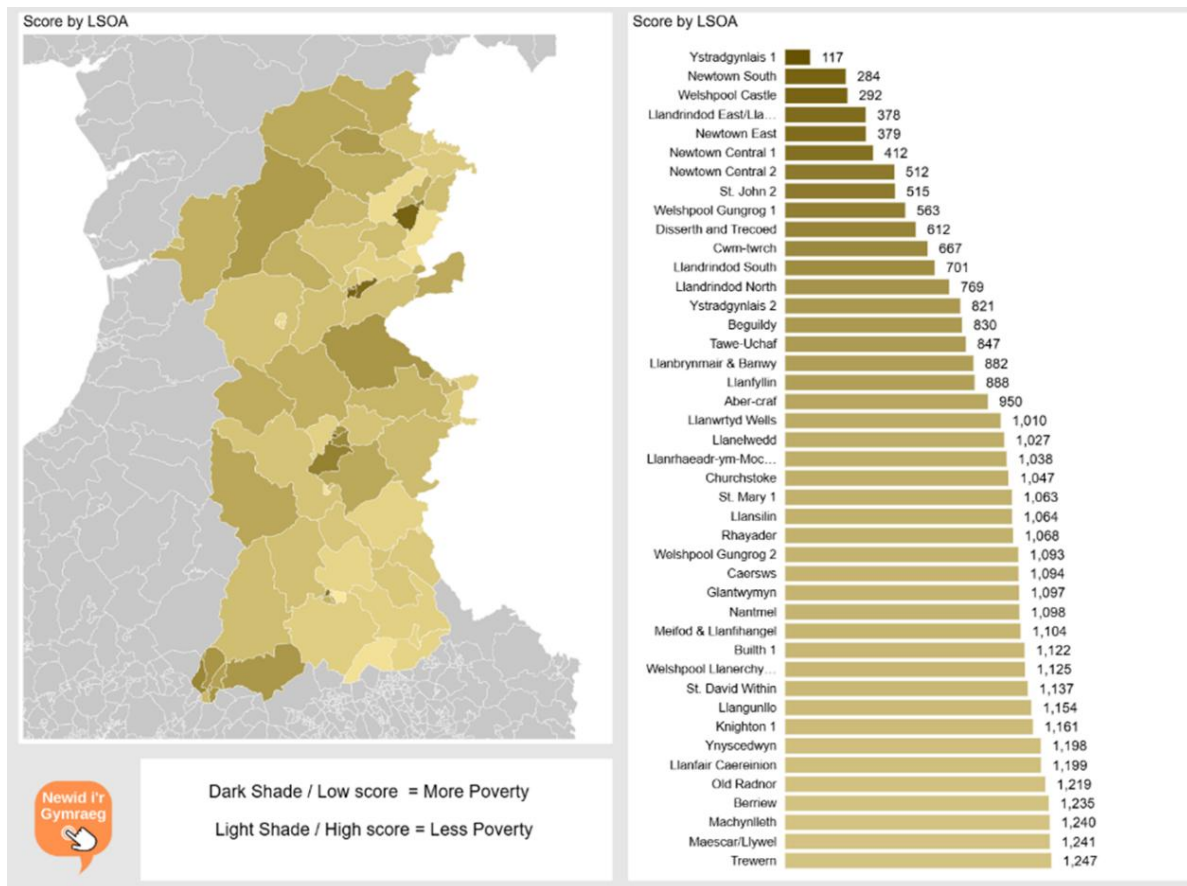
Cluster	Sex	Age					Total by Sex	TOTAL
		0-17	18-64	65-74	75-84	85+		
North	F	5406	17351	4240	3213	1315	31525	63245
	M	5606	18013	4190	3011	894	31714	
	Other/not stated	0	5	0	1	0	6	
Mid	F	2169	7527	2279	1747	649	14371	28799
	M	2414	7722	2192	1613	487	14428	
	Other/not stated	0	0	0	0	0	0	
South	F	3074	10424	2842	2178	859	19377	37967
	M	3263	10217	2620	1894	595	18589	
	Other/not stated	0	0	0	0	1	1	

3.2 Welsh Index Multiple Deprivation (WIMD)

For Powys, the WIMD 2019 data indicates that, while it generally fares better than many other areas in Wales, there are still pockets of deprivation⁵.

Powys' Lower Layer Super Output Areas (LSOAs) are highlighted below in terms of geography and score⁶:

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The most deprived areas in Powys relate to access of services, reflecting the rural nature of the county and needs to be considered in the provision and planning of Optometry services. In terms of WIMD category 'access to services', of Powys's 79 LSOAs, 75% (59) are amongst the top 30% most deprived in all of Wales:

- 51% (40) of Powys' LSOAs are in the top 10% most deprived
- 18% (14) LSOAs are in the top 20% most deprived
- 6% (5) LSOAs are in the top 30 % most deprived
- 9 LSOAs rank in the top 30 LSOAs in Wales for most deprived for access to services, with Beguildy ranking as the 2nd most deprived area in the whole of Wales.
- Powys does not contain any LSOAs in the top 10% least deprived for access to services in Wales².

4. WGOS Service Provision

There are currently 15 Optometry practices across PTHB and 4 mobile contractors all offering a mandatory level of service of WGOS 1 and 2 and a range of additional services across WGOS 3-5.

There is an additional mobile contractor providing WGOS 3 mobile services only.

4.1 WGOS 1 and WGOS 2

The Powys WGOS 1 & 2 mandated access offer is detailed below:

Business name	Location	Core Hours Monday - Friday	Core Hours Weekend
Jonathan Partridge Optometrists	Welshpool	09:15 - 13:00 13:50 - 16:40	Test one Sat a month, core hours on that day 9:00 - 12:30
Specsavers Welshpool	Welshpool	09:00 - 17:30	09:00 - 17:00
Mehta Opticians	Welshpool	09:30 - 13:00 14:00 - 16:30	
Mehta Opticians	Newtown	09:30 - 13:00 14:00 - 16:30	
Specsavers Vision Plus	Newtown	09:00 - 17:00	09:00 - 17:00
Probert & Williams Eyecare	Machynlleth	9:30 – 16:00 Weds only, no clinical offer	
S G Marshall Metropia Optics	Builth Wells	09:30 - 13:00 14:00 - 17:00 (Weds 9:30 – 13:0)	
S G Marshall Metropia Optics	Llandrindod Wells	09:30 - 13:00 14:00 - 17:00	
Evans and Jones	Llandrindod Wells	09:00 - 13:00 14:00 - 17:00	
Specsavers Brecon	Brecon	Mon/Tue/Wed/Fri 09:00 - 17:30 Thu 09:00 – 18:30	Sat - 09:00 - 16:30 Sun - Closed
Vision Express	Brecon	09:00 - 17:30	09:00 - 17:00
First Optic	Brecon	09:00 - 17:00	09:00 - 16:00 (Sat)
Jackson & Gill Opticians	Hay on Wye	09:00 - 17:00	09:00 - 16:00 alternate Saturdays
Crickhowell Optometrists	Crickhowell	Mon/Wed/Fri 09:30 - 13:30 (Term time only)	
David R Jenkins Optometrist	Ystradgynlais	09:00 - 12:45 14:00 - 17:00	
Mobile Providers			
Outside Clinic Services	Swindon		Core hours mobile 9:00 - 17:30
Catvog Domiciliary Specsavers Home Visits	Barry	09:00 - 17:00 Tuesday	

Clwyd and Snowdonia Domiciliary	Mold	09:00 - 17:30 mobile only	
Gwent Domiciliary Specsavers	Caerphilly	09:00 - 17:30 mobile only	
Jamo Group athome Healthcare	Newport	09:00 - 17:00 WGOS 3 only	

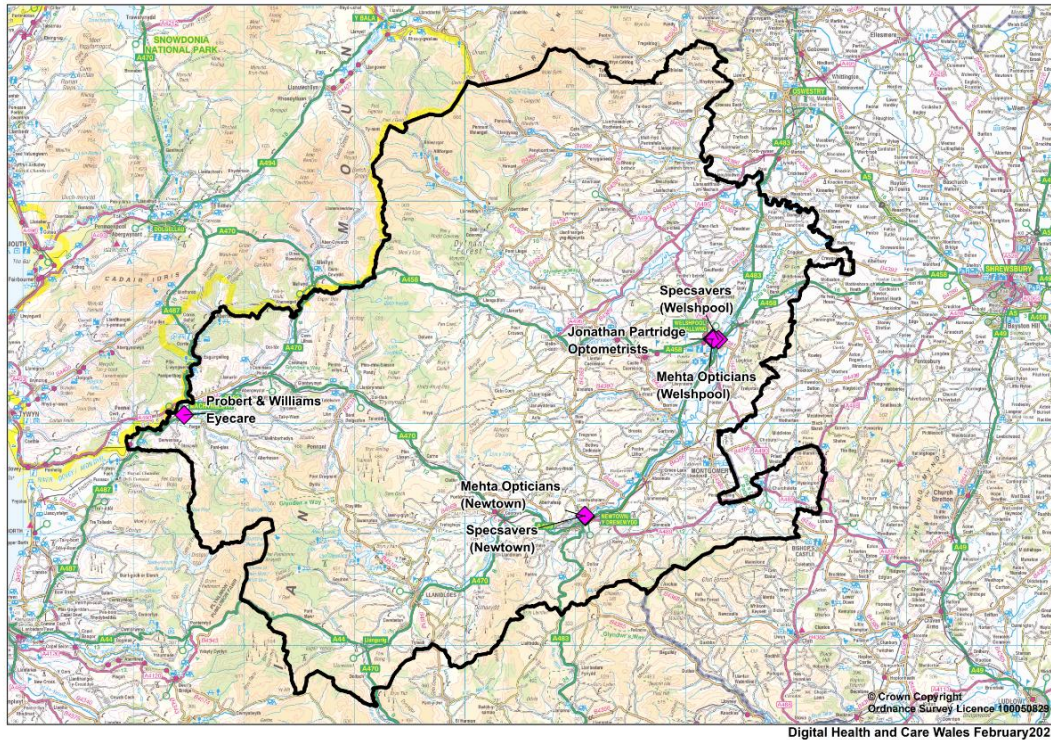
4.2 Location of WGOS providers across PTHB

Patient access to optometry services is not linked to patient registration and therefore patient choice informs where patients choose to access optometry services. Many Powys residents choose to access across border optometry services. This includes both Wales and England services. Following Optometry Contract Reform in Wales patients may not be aware the opportunity WGOS offers compared to English GOS creating inequity of service provision being offered.

The following maps outline the current location of Optometry practices across each of the three Powys Cluster footprints:

a) North Cluster:

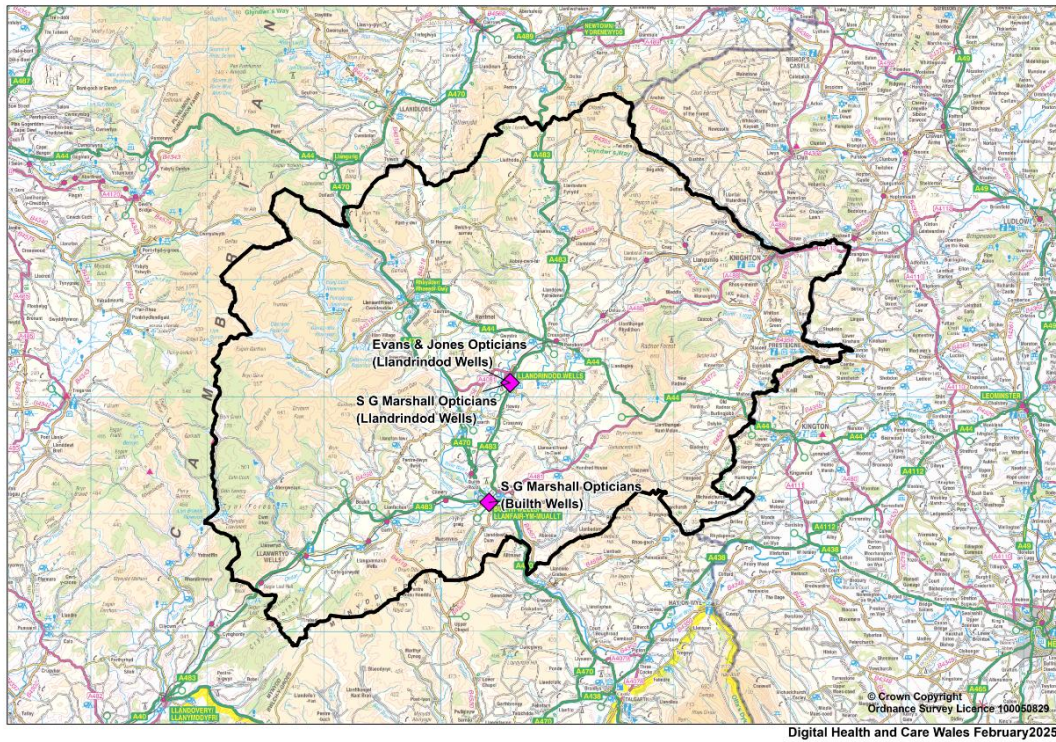
Powys Teaching Health Board - North Cluster Optometrists



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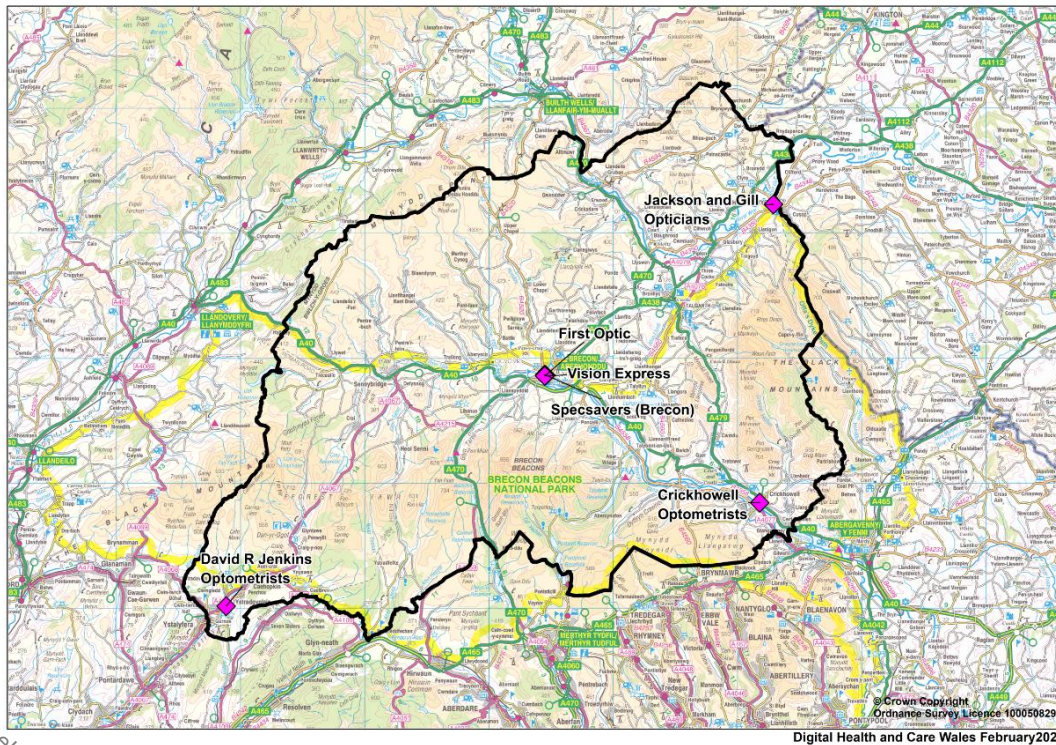
b) Mid Cluster

Powys Teaching Health Board - Mid Cluster Optometrists



c) South Cluster

Powys Teaching Health Board - South Cluster Optometrists



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All 15 practices and the 4 mobile providers are mandated to provide WGOS 1 and WGOS 2 across their core hours. There is a reasonable geographical spread of these services across the Health Board, however noting there are no optometry practices in some of the Powys towns where there is main General Medical Services provision.

There is no optometry service provision in the following Powys towns:

North Cluster	Mid Cluster	South Cluster
<ul style="list-style-type: none"> • Llanfyllin, • Llanfair Caereinion • Montgomery • Llanidloes 	<ul style="list-style-type: none"> • Knighton • Presteigne • Rhayader 	<ul style="list-style-type: none"> • Talgarth

d) North Cluster

One practice in North-West Powys (Machynlleth) declares 'zero core' hours which leaves an ongoing service provision gap in this area for both WGOS 1 and 2. The lack of provision for acute appointments under WGOS 2 is more of an issue. Currently, patients face increased travel to access a WGOS 2 service, often this will be out of Powys to either Hywel Dda University Health Board (H DUHB) to the West, or Betsi Cadwaladr University Health Board (BCUHB) to the North.

The table below highlights the increased travel for patients who are not currently able to access services from the registered contractor in Machynlleth:

Destination	Distance from Machynlleth	Travel time from Machynlleth
Aberystwyth	18 miles	35 minutes
Dolgellau	16 miles	25 minutes
Newtown	32 miles	50 minutes

e) Mid Cluster

In addition to the service gap in North-West Powys, there has also been a recent practice closure in the Mid-Cluster. During January 2025, there was a permanent practice closure in Knighton. Whilst the records transferred to the main branch of this business in Llandrindod Wells, it has resulted in reduced access in the Knighton area. Patients now face increased travel to access Optometry services either to Llandrindod Wells or Newtown within Powys, or outside of Wales to Kington, Leominster, or Hereford.

The table below highlights the increased travel for patients who are no longer able to access services from an Optometry practice in Knighton:

Lewis Rantelle
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Destination	Distance from Knighton	Travel time from Knighton
Newtown	20 miles	35 minutes
Llandrindod Wells	19 miles	30 minutes
Kington	13 miles	22 minutes
Leominster	19 miles	34 minutes

4.3 WGOS 3

There are currently eleven WGOS 3 practices and one mobile provider (providing WGOS 3 only). There is good coverage across all three clusters. However, the limited mobile provision presents challenges across a geographically large, rural Health Board.

4.4 WGOS 4

Implementation of WOS4 services has had a slow start, due to recruitment, capacity and optometrist skill set limitations across the county. This is further compounded by the complexity of the Powys secondary care commissioning arrangements.

- **Glaucoma Filtering:** There are currently two practices offering this service in Mid-Powys (Builth Wells and Llandrindod Wells). As of Q4 2024/25, there is a lack of higher qualified (or in training) workforce to provide a health board-wide WGOS 4 Glaucoma Filtering service. Additionally, there is a lack of available provision in North and South Powys.
- **Glaucoma Monitoring:** As of Q4 2024/25, pathway not yet commenced.
- **Medical Retina:** As of quarter four, 2024/25, pathway not yet commenced.
- **Hydroxychloroquine monitoring:** As of quarter four, 24/25, pathway not yet commenced. However, two practices in North Powys (Welshpool and Newtown) meet the necessary qualification and equipment requirements to provide this service.

4.5 WGOS 5

As of Q4 2024/25, there is WGOS 5 provision in two out of three Clusters. WGOS 5 services are currently provided in North Powys (Welshpool and Newtown) and South Powys (Brecon). There is no provision in Mid-Powys.

4.6 WGOS 1 - 5 service provision summary

PTHB Optometry contractors and full WGOS service provision is summarised below, noting that WGOS 3 -5 are not mandatory services.

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Percentage of practices providing WGOS 1-5 across PTHB Clusters									
	WGO S 1	WGO S 2	WGOS 3	WGOS 4 MRF (not live)	WGOS 4 MRM (not live)	WGOS 4 GF	WGOS 4 GM (not live)	WGOS 4 HCQ (not live)	WGOS 5
North Cluster	100%	100%	67%	0%	0%	0%	0%	0%	33%
Mid Cluster	100%	100%	100%	0%	0%	67%	0%	0%	0%
South Cluster	100%	100%	67%	0%	0%	0%	0%	0%	33%
	100%		>50%						<50%

4.6.1 Summary of WGOS activity

The table below summarises WGOS activity (levels 1-5) across quarters 1 to 3, 2024/25, per Cluster including mobile provision.

Activity Q1-3 24/25	North Powys	Mid Powys	South Powys	Mobile	POWYS Total
WGOS1	10506	3652	7674	704	22536
WGOS2 B1	1357	583	1542	2	3484
WGOS2 B2	691	180	301	37	1209
WGOS2 B3	492	185	365	4	1046
WGOS3	48	54	65	9	176
WGOS4	0	0	0	0	0
WGOS5 New	179	0	287	0	466
WGOS5 Follow-up	47	0	122	0	169

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5. Third sector support service resources

In Wales, social prescribing involves linking individuals to community resources to enhance their health and well-being. This approach is holistic and person-centred, shifting away from a purely medical model to one that includes cross-sectoral signposting and referrals beyond just healthcare or primary care.

As part of WGOS provision, all Optometrists and Ophthalmic Medical Practitioners (OMPs) are expected to be knowledgeable about local services and to guide or refer patients to suitable resources. Contractors should ensure that all performers are informed about local services and understand how to engage with or refer to them.⁷

Below is a summary of current rehabilitation, third sector and support services within Powys⁸. The list of services and support in the area, is hosted at <https://wcbccd.org.uk/perspectif/powys>

Befriending	Clubs and Social groups	Counselling and emotional support
<ul style="list-style-type: none"> Friendly phone service (Visual Impairment Breconshire) Telephone befriending (Sight Cymru) 	<ul style="list-style-type: none"> Radnorshire Association for the Blind Visual Impairment Breconshire Social Club Welshpool and District VI Club 	<ul style="list-style-type: none"> 111press2 ASUK Wellbeing Service Cruse Bereavement Support C.A.L.L. Childline Deafblind UK Beat Fight Against Blindness Royal Society for Blind Children Young Minds Local Minds LOOK mentoring service Macular Society Counselling Service Red Cross Support Line RNIB Counselling Samaritans
Helplines	Welfare benefits advice	Rehabilitation
<ul style="list-style-type: none"> Age Cymru Behcet's UK Citizens Advice Contact Deafblind UK The Dystonia Society Equality Advisory Support Service Esme's Umbrella 	<ul style="list-style-type: none"> Advicelink Cymru Age Cymru Contact Blind Veterans Macular Society On-line Benefits adviser (UK Government) Turn2us Citizens Advice 	<p>Powys Vision Rehabilitation Specialist (VRS)</p>

<ul style="list-style-type: none"> • Glaucoma UK • MACS (Microphthalmia, Anophthalmia & Coloboma Support) • Macular Society • Nystagmus Network • Retina UK • RNIB • British Sjogren's Syndrome Association • SNAP Cymru 		
Support groups	ECLO	
<ul style="list-style-type: none"> • Macular Group - Brecon • Macular Group – Newtown • Macular Group - Welshpool • Macular Group - Ystradgynlais 	<ul style="list-style-type: none"> • Full time ECLO service operates from a range of community clinics including Ystradgynlais, Brecon, Llandrindod Wells, Llanidloes, Machynlleth, and Welshpool. 	

6. Increasing demand for eye care services

The proportion of people aged 75 years and over in the Powys Teaching Health Board is higher than the average for Wales. 13% of the population are aged 75 plus, compared to 10% in Wales.

Sight loss is linked to advancing age, the RNIB⁹ projects that by 2032 there are expected to be 7,210 people in the Powys Teaching Health Board living with sight loss, an estimated increase of 18% over the next decade.

The table below summarises PTHB'S estimated prevalence of sight loss over time (2022-2032), by severity⁹:

Severity of sight loss	2022	2032
Mild sight loss	3,910	4,620
Moderate sight loss	1,350	1,580
Severe sight loss	840	1,010
Total	6,100	7,210

The RNIB (2023) Sight Loss Data Tool⁹ estimates the prevalence of a number of ocular conditions for PTHB. This data has been used to inform the Powys future eye healthcare needs.

6.1 Age-Related Macular Degeneration (AMD)

Across PTHB, the RNIB estimate:

- 8,310 (6.2 %) people are living with the early stages of AMD;
- 640 (0.48%) are living with late-stage dry AMD;
- 1,320 (0.99%) are living with late-stage wet AMD.
- 1,860 (1.39%) combined late-stage AMD
- Between 2022 and 2032 the RNIB estimates an increase of 22% (409) in the number of people living with late-stage AMD

6.2 Cataract

The RNIB estimate that, across PTHB:

- 2,080 (1.56%) people living with cataract.
- Between 2022 and 2032 there is estimated to be an increase of 22% (458) in the number of people living with cataract.

6.3 Glaucoma

Across PTHB, the RNIB estimate:

- 3,030 (2.278%) people are living with ocular hypertension.
- A further 1,940 (1.45%) people are living with glaucoma.
- Between 2022 and 2032 there is estimated to be an increase of 14% (272) in the number of people living with glaucoma.

6.4 Diabetic Retinopathy

Across PTHB, RNIB estimate

- 2,700 (2.03%) people are living with diabetic retinopathy.
- Of these, it is estimated that 250 (0.18%) have severe diabetic retinopathy likely to result in significant and potentially certifiable sight loss.
- Between 2022 and 2032 there is estimated to be an increase of 2% (54) in the number of people living with diabetic retinopathy.

6.5 Related disease prevalence and factors that affect eye conditions

Diabetes provides a significant risk to eye health, as it can lead to an increased risk of glaucoma, diabetic retinopathy and cataracts. Current Powys prevalence is 8%¹⁰.

In addition to chronic conditions, key risk factors such as obesity increases the risk of developing diabetes, leading to an increased risk of a range of eye related health conditions, as detailed above.

The percentage of people self-reported by lifestyle criteria and Local Authority for obesity is as follows¹¹:

Criteria	BMI
Powys residents with BMI 25 – under 30 (overweight but not obese)	32.04%
Powys residents with BMI 25 (overweight or obese)	49.99%
Powys residents with a BMI 30 (obese)	17.95%

Smoking is known to increase the risk of developing age-related macular degeneration (AMD) and cataracts. 10.73% of Powys residents self-reported a smoker lifestyle¹¹.

Certain ethnic groups are more at risk of having sight loss, in particular Black, Asian or Minority Ethnic are at an increased risk of glaucoma and diabetic retinopathy. The Powys population with these ethnic groups is lower than all Wales average as detailed below¹².

Ethnic group of usual residents: Powys - Wales - Wales (2021)		
Classification	Powys %	Wales %
Asian, Asian British or Asian Welsh	0.9	2.9
Black, Black British, Black Welsh, Caribbean or African	0.2	0.9
Mixed or Multiple ethnic groups	0.9	1.6
White	97.7	93.8
Other ethnic groups	0.3	0.9

7. Current secondary care eyecare pathways

PTHB has one of the most complex healthcare flows in the UK, which includes Powys based in-reach services, and patients travelling to more than fifteen other NHS organisations, spanning five health economies across England and Wales.

A review of the January 2025 Ophthalmology R1 (patients considered at risk of irreversible harm or significant adverse outcomes if their target appointment date is missed) outpatient waiting list for Glaucoma and Retina reveals patients suitable to receive WGOS 4 services across all three Cluster areas.

Due to current optometry skill set, the implementation of pathways in primary care optometry is limited, therefore secondary care pathways will continue to be place until adequate primary care optometry provision can be implemented.

The first phase of WGOS4 service transformation to optometry is initially focusing on Powys Provider activity only.

Powys Provider Ophthalmology is commissioned from Wye Valley NHS Trust (main provider), Hywel Dda UHB, Shrewsbury & Telford NHS Trust, Swansea Bay UHB on an in-reach basis, supported by a PTHB eyecare multi-disciplinary team.

The Powys eyecare multi-disciplinary team supports the delivery of routine Ophthalmology services from six community hospitals: Ystradgynlais, Brecon, Llandrindod Wells, Welshpool, Llanidloes, and Machynlleth. In addition, WeT AMD and daycase services are currently provided in theatres in Brecon and Llandrindod Wells Community Hospitals.

Powys provider @ Sept 2024	Follow-up	New patients	Total
Diabetic Retinopathy	85	21	106
Medical Retina	145	60	205
Glaucoma	968	136	1104

The Hydroxychloroquine provider service in Powys is due to commence in quarter 1 2025/26. There have been significant delays due to equipment supplier/digital health challenges. Currently, Hydroxychloroquine activity was delivered in neighbouring NHS Wales and NHS England Providers for Powys residents.

At the time of writing this Eye Health Needs Assessment, detailed referral data to PTHB Commissioned services is not readily available, however below is the 2023/24 Outpatient Activity by Commissioned Provider for all Outpatient Ophthalmology pathways, which is referenced for proxy purposes. Further work is ongoing to understand the detail sitting behind these numbers to support the 'shift left of services' and the additional eye health resource, for revised pathways to be implemented within optometry WGOS 4 services.

Provider	OP Activity All Ophthalmology Pathways
Shrewsbury & Telford NHS Trust	5994
Wye Valley NHS Trust	5916
Swansea Bay University Health Board	1902
Hywel Dda University Health Board	1518
Aneurin Bevan University Health Board	557
Betsi Cadwalader University Health Board	442
Cwm Taf Morgannwg University Health Board	261
Cardiff & Vale University Health Board	113
2023/24 All Providers	16703

8. DDA compliance

Data not available at time of publishing.

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9. Welsh Language

On 30 May 2019, the Welsh Language Standards were introduced for all Primary Care

Contractors, by Welsh Government.

These Duties require the following from Contractors:

1. Notify the Local Health Board if services are provided through the medium of Welsh.
2. Provide Welsh language versions of all documents or forms provided by the local health board.
3. Ensure that any new sign or notice provided is bilingual.
4. Encourage staff to wear a badge or lanyard to show that they are able to speak Welsh or are learning Welsh.
5. Establish and record the language preference of a patient.
6. Encourage and assist staff to utilise information and/or attend training courses or events provided by the local health board.

Across Powys, there is an increasing thriving Welsh culture ⁴. Data from the 2021 Census¹³ revealed that:

- 75% of residents in Powys had 'No Welsh Skills'
- 13% could 'Speak, Read and Write Welsh'
- 13 % had other combinations of Welsh language skills, including 'Speaking and Reading Welsh' and 'Speaking and Understanding Spoken Welsh'

The top three localities with the highest percentage of Welsh speakers are¹³:

- Machynlleth locality (North Cluster)
- Ystradgynlais locality (South Cluster)
- Llanfyllin locality (North Cluster)

There are Welsh speakers within every locality in Powys and that the language is used in communities across the Health Board.

In line with the Welsh language duties for independent primary care providers ¹⁴, the 2025 Quality for Optometry submissions collected Welsh Language provision data. Across PTHB, only two (10.5%) Contractors reported the ability to provide Optometry services via the medium of Welsh. This provision can be found within one fixed premises provider in Welshpool (North Cluster) and one pan-Health Board mobile provider. All contractors can, however, access the Wales Translation and Interpretation Service (WITS).

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10. Workforce

10.1 Ophthalmic Performers List

The PTHB currently has 39 registered professionals.

Optometrists	Student Optometrists	Dispensing Opticians
32	4	3

Of these 39 professionals, 35 are known to be associated with a named Contractor. This can be summarised as:

- North Cluster: 17 professionals
- Mid Cluster: 6 professionals
- South Cluster: 11 professionals
- Mobile: 1
- Unspecified: 4

10.2 Higher qualified workforce

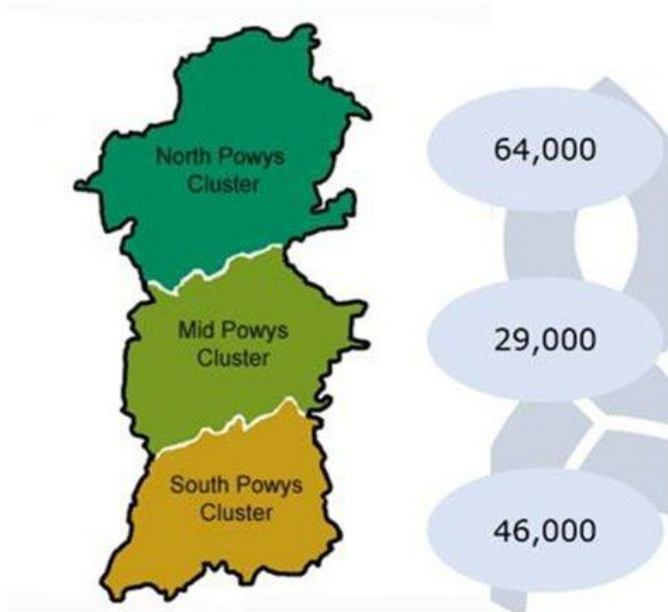
The local higher qualified workforce aligned with WGOS 3-5 is summarised below:

Higher Qualified workforce					
	Higher Certificate Glaucoma	Professional Certificate Glaucoma	Professional Certificate Medical Retina	Independent Prescribers	Low Vision
North Cluster					
Welshpool	0	2	3	2	2
Newtown	0	1	2	1	1
Machynlleth	0	0	0	0	1
Mid Cluster					
Llandrindod Wells	1	1	1	0	2
Builth Wells	1	1	1	0	1
South Cluster					
Hay-on-Wye	0	0	0	0	0
Crickhowell	0	1	1	0	1
Brecon	0	1	1	2	2
Ystradgynlais	0	1	0	0	1

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11. Powys Clusters

Powys is divided into three Clusters: North Powys, Mid Powys, and South Powys, each shaped by the county's natural geography and community footprints.



These Clusters work alongside the Health Board to create plans aimed at enhancing the health and wellbeing of the local population. Their goal is to design services that meet specific community needs, improve access by offering more local services, and reduce the demand for acute care.

The Clusters bring together various community and service representatives to develop plans that focus on:

- Enhancing local population health and wellbeing
- Improving the quality-of-care services (ensuring they are timely, safe, effective, individualized, and dignified)
- Increasing the efficiency of care service delivery⁴.

The Powys Clusters collaborate on planning and delivering care, creating opportunities to advance a sustainable care model as part of the Area Plan. They align their efforts with ministerial priorities, the area plan, and the health board plan, considering local population needs. For 2025/26, the Powys Clusters have set priorities and actions in five key areas:

- Improving Access to Primary & Community Services
- Pathways of Care, essential services, and business continuity
- Urgent & Emergency Care
- Mental Health and Wellbeing
- Workforce & Wellbeing

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11.1 North Cluster

The North Powys Cluster is made up of seven GP Practices, located in the following towns:

- Llanfyllin, with branch surgeries in Llanrheadr Y Mochnant and Four Crosses
- Welshpool, with a branch surgery in Guilsfield
- Llanfair Caereinion
- Montgomery, with a branch surgery in Newtown
- Newtown
- Machynlleth
- Llanidloes, with a branch surgery in Caersws

All north cluster practices are dispensing practices, providing health services to a rural population of approximately 64,000 patients.

Ten NHS dental practices located in the following towns:

- Llanfair Caereinion
- Llansantffraid
- Llanidloes
- Machynlleth
- Newtown
- Welshpool

Eight Community Pharmacies located in the following towns:

- Newtown
- Welshpool
- Llanfyllin
- Llanidloes
- Machynlleth

Six Optometry practices located in the following towns:

- Welshpool
- Newtown
- Machynlleth

There are four community hospitals, located in Machynlleth, Newtown, Llanidloes and Welshpool, providing a range of differing services across the four sites such as Outpatients facilities, Minor Injury Unit, X-ray Facilities, Therapy services, Midwife led Birth Centre, Inpatient general medical ward, Dialysis, specialist Stroke services,

rehabilitation and palliative care services. Secondary care Ophthalmology services are provided from Machynlleth, Llanidloes and Welshpool.

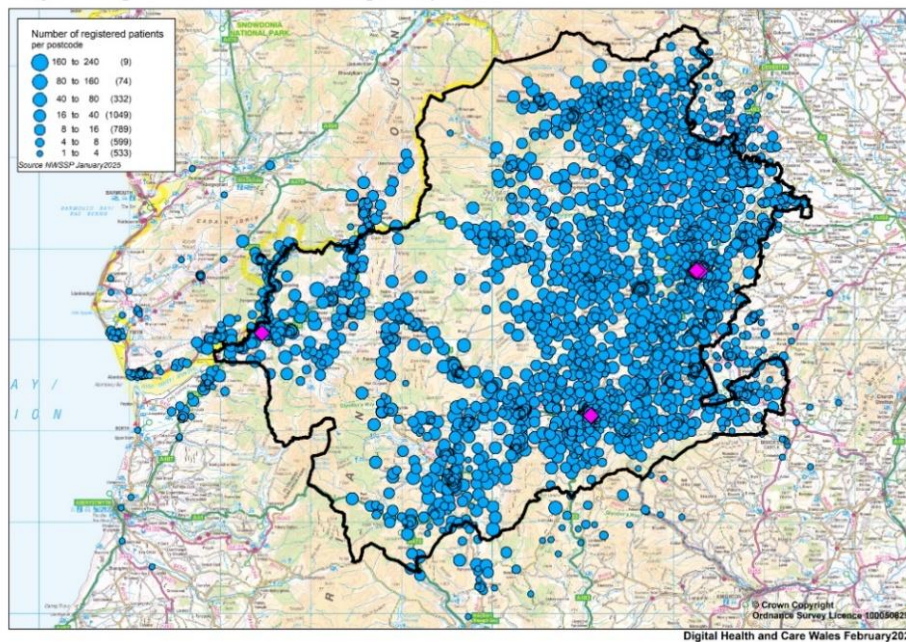
There is also a Children’s Centre, providing a range of Community clinics for children and young people, and dedicated Mental Health facility, located in Newtown, providing a range of community mental health services.

There are a range of Third sector services provided across the North Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and Powys Teaching Health Board, provide a Community Connectors Service, a Cancer Community Connector, and Health and Wellbeing engagement service, and a Mental Health Information service.

The below map highlights the North-Cluster GP registered patients and the location of Optometry Practices:

Powys Teaching Health Board - North Cluster registered patients



Jonathan Partridge Optometrists	Welshpool
Specsavers Welshpool	Welshpool
Mehta Opticians	Welshpool
Mehta Opticians	Newtown
Specsavers Vision Plus	Newtown
Probert & Williams Eyecare	Machynlleth

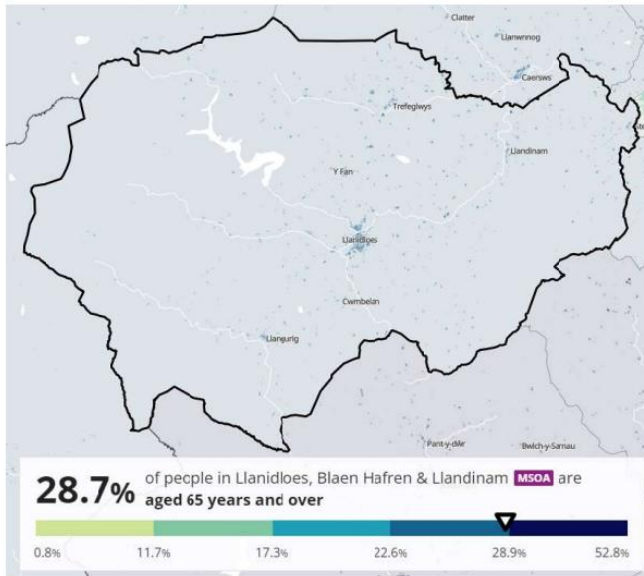
11.1.1 Key demographic features of the North-Cluster include:

Llanidloes, Blaen Hafren and Llandinam MSOA

- This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs
- 34.8% of households are one-person households
- 13.4% of the population are 75 years and over
- 28.7% are aged 65 years and over

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Llanidloes, Blaen Hafren & Llandinam MSOA



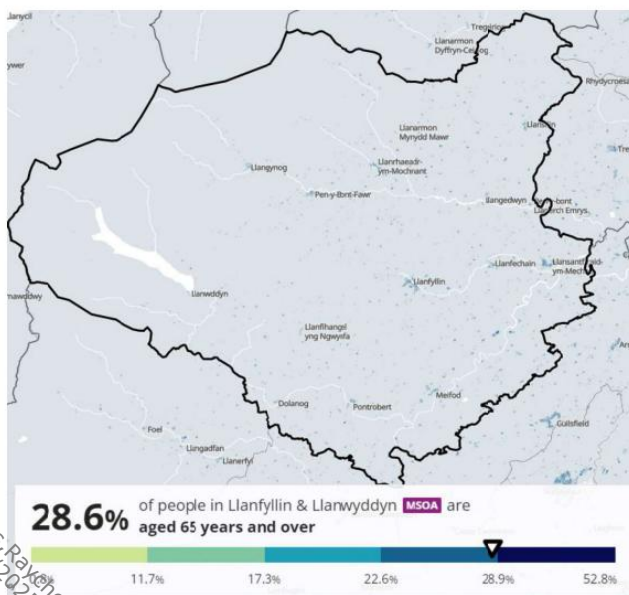
Age groups	Proportion of population
Aged 15 years & younger	15.4%
Aged 16 – 64 years	55.9%
Aged 75 years & over	13.4%
Ethnic group	Proportion of population
White	98.4%
Other Ethnic Populations	1.6%
Deprivation	
34.8% of households deprived in one dimension	
13.3% of households deprived in two dimensions	
2.3% of households deprived in three dimensions	
0.1% of households deprived in four dimensions	
34.8% of households are one-person households	

This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs.

Llanfyllin and Llanwyddyn MSOA

- This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs
- 29.5% of households are one-person households
- 13.4% of the population are 75 years and over
- 28.6% are aged 65 years and over

Llanfyllin & Llanwyddyn MSOA



Age groups	Proportion of population
Aged 15 years & younger	15.4%
Aged 16 – 64 years	56.1%
Aged 75 years & over	13.4%
Ethnic group	Proportion of population
White	99.2%
Other Ethnic Populations	0.8%
Deprivation	
35.2% of households deprived in one dimension	
12.1% of households deprived in two dimensions	
2.0% of households deprived in three dimensions	
0.1% of households deprived in four dimensions	
29.5% of households are one-person households	

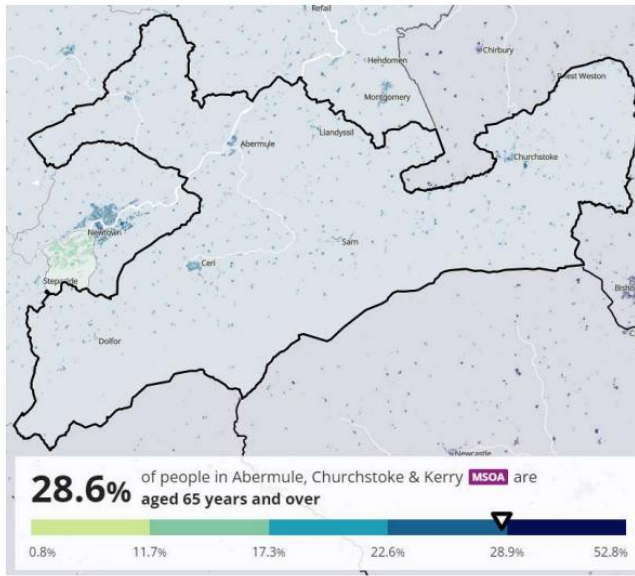
This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs.

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Abermule, Churchstoke & Kerry MSOA

- This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs
- 26.23 of households are one-person households
- 13.1% of the population are 75 years and over
- 28.6% are aged 65 years and over

Abermule, Churchstoke & Kerry MSOA



Age groups	Proportion of population
Aged 15 years & younger	14.9%
Aged 16 – 64 years	56.5%
Aged 75 years & over	13.1%

Ethnic group	Proportion of population
White	98.9%
Other Ethnic Populations	1.1%

Deprivation
34.7% of households deprived in one dimension
11.9% of households deprived in two dimensions
1.4% of households deprived in three dimensions
0% of households deprived in four dimensions

26.3% of households are one-person households

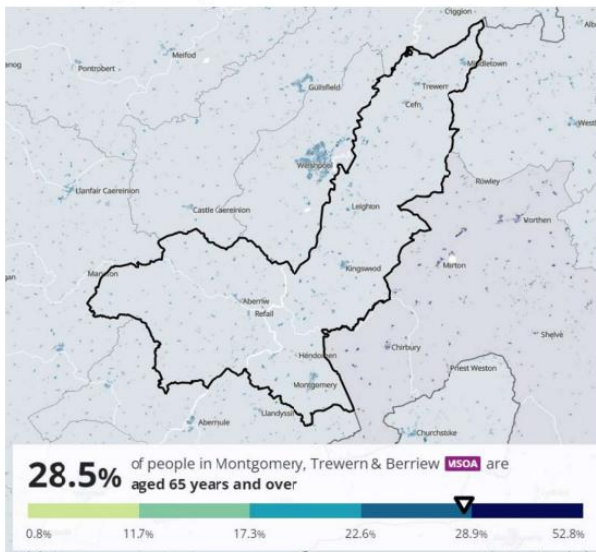
This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs.

Montgomery, Trewern & Berriew MSOA

- This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs
- 29.5% of households are one-person households
- 14.0% of the population are 75 years and over
- 28.5% are aged 65 years and over

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Montgomery, Trewern & Berriew MSOA



Age groups	Proportion of population
Aged 15 years & younger	14.9%
Aged 16 – 64 years	56.6%
Aged 75 years & over	14.0%

Ethnic group	Proportion of population
White	99.1%
Other Ethnic Populations	0.9%

Deprivation
34.8% of households deprived in one dimension
11.3% of households deprived in two dimensions
1.7% of households deprived in three dimensions
0% of households deprived in four dimensions

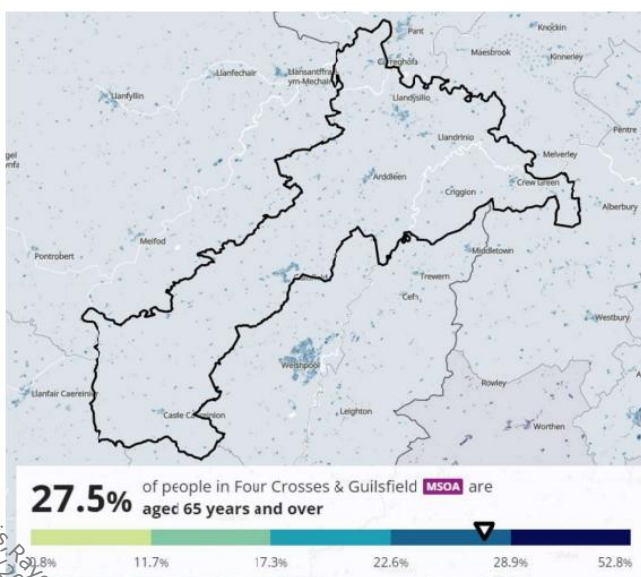
29.5% of households are one-person households

This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs.

Four Cross and Guilsfield MSOA

- This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs
- 27.8% of households are one-person households
- 12.9% of the population are 75 years and over
- 27.5% are aged 65 years and over

Four Crosses & Guilsfield MSOA



Age groups	Proportion of population
Aged 15 years & younger	15.1%
Aged 16 – 64 years	57.4%
Aged 75 years & over	12.9%

Ethnic group	Proportion of population
White	98.1%
Other Ethnic Populations	1.9%

Deprivation
32.6% of households deprived in one dimension
11.8% of households deprived in two dimensions
1.8% of households deprived in three dimensions
0% of households deprived in four dimensions

27.8% of households are one-person households

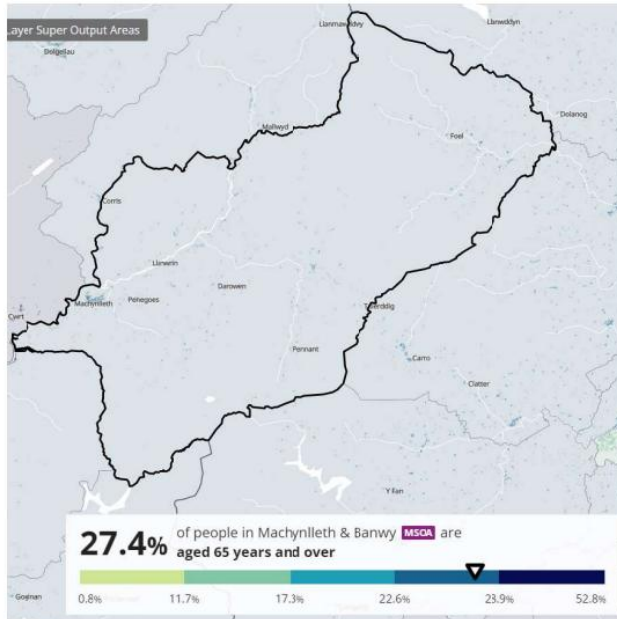
This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs.

Lewis, Rachelle
13/08/2025 13:22:13

Machynlleth and Banwy MSOA

- This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs
- 35.5% of households are one-person households
- 11.8% of the population are 75 years and over
- 27.4% are aged 65 years and over

Machynlleth & Banwy MSOA



Age groups	Proportion of population
Aged 15 years & younger	15.1%
Aged 16 – 64 years	57.5%
Aged 75 years & over	11.8%

Ethnic group	Proportion of population
White	98.2%
Other Ethnic Populations	1.8%

Deprivation
35.1% of households deprived in one dimension
14.4% of households deprived in two dimensions
2.7% of households deprived in three dimensions
0.1% of households deprived in four dimensions

32.5% of households are one-person households

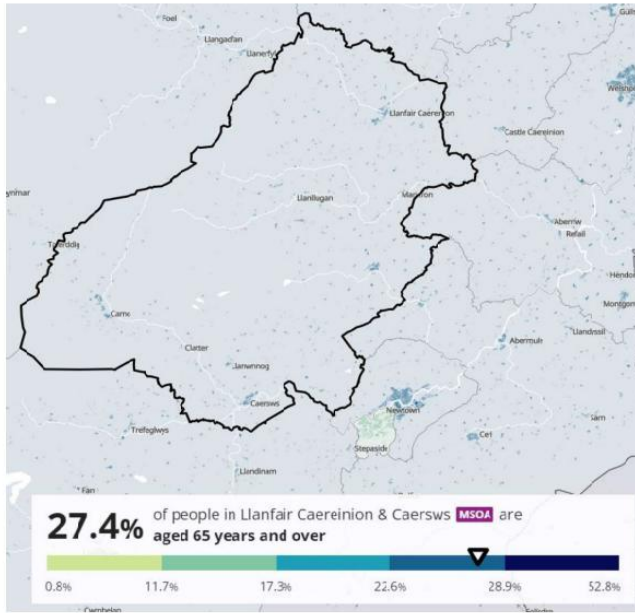
This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs.

Llanfair Caereinion and Caersws MSOA

- This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs
- 28.4% of households are one-person households
- 11.8% of the population are 75 years and over
- 27.4% are aged 65 years and over

Lewis, Raychelle
13/08/2025 13:22:13

Llanfair Caereinion & Caersws MSOA



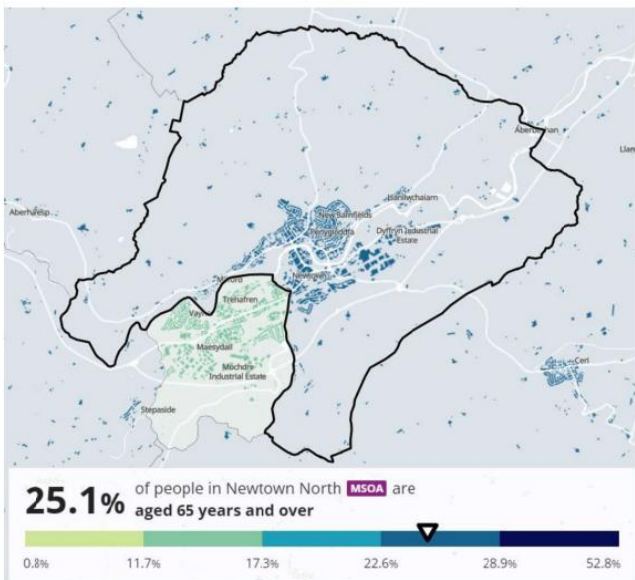
Age groups	Proportion of population
Aged 15 years & younger	15.5%
Aged 16 – 64 years	57.1%
Aged 75 years & over	11.8%
Ethnic group	Proportion of population
White	98.7%
Other Ethnic Populations	1.3%
Deprivation	
34.2% of households deprived in one dimension	
12.9% of households deprived in two dimensions	
2.6% of households deprived in three dimensions	
0.1% of households deprived in four dimensions	

28.4% of households are one-person households
 This MSOA has none of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs.

Newtown North MSOA

- This MSOA has 1 of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs
- 40.7% of households are one-person households
- 12.2% of the population are 75 years and over
- 25.1% are aged 65 years and over

Newtown North MSOA



Age groups	Proportion of population
Aged 15 years & younger	15.8%
Aged 16 – 64 years	59.0%
Aged 75 years & over	12.2%
Ethnic group	Proportion of population
White	96.3%
Other Ethnic Populations	3.7%
Deprivation	
33.8% of households deprived in one dimension	
15.9% of households deprived in two dimensions	
3.7% of households deprived in three dimensions	
0.1% of households deprived in four dimensions	

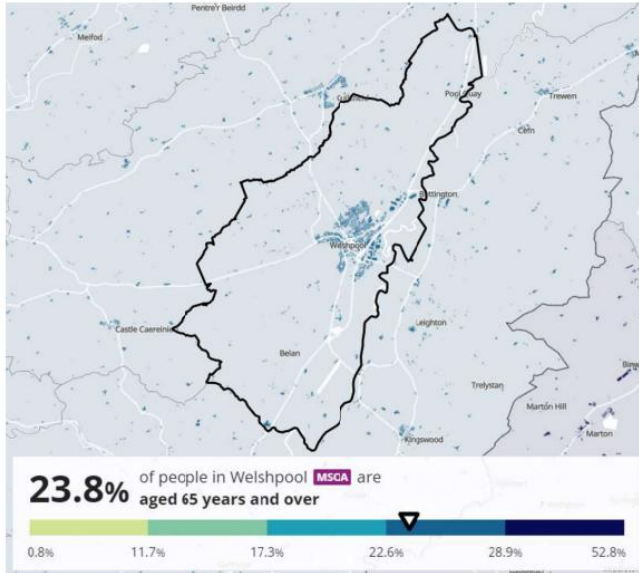
40.7% of households are one-person households
 This MSOA has 1 of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs.

Weishpool MSOA

Lewis, Raychelle
 13/08/2025 11:22:13

- This MSOA has 1 of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs
- 32.6% of households are one-person households
- 11.6% of the population are 75 years and over
- 23.8% are aged 65 years and over

Welshpool MSOA



Age groups	Proportion of population
Aged 15 years & younger	16.6%
Aged 16 – 64 years	59.6%
Aged 75 years & over	11.6%
Ethnic group	Proportion of population
White	97.6%
Other Ethnic Populations	2.4%
Deprivation	
35.8% of households deprived in one dimension	
17.7% of households deprived in two dimensions	
5% of households deprived in three dimensions	
0.2% of households deprived in four dimensions	

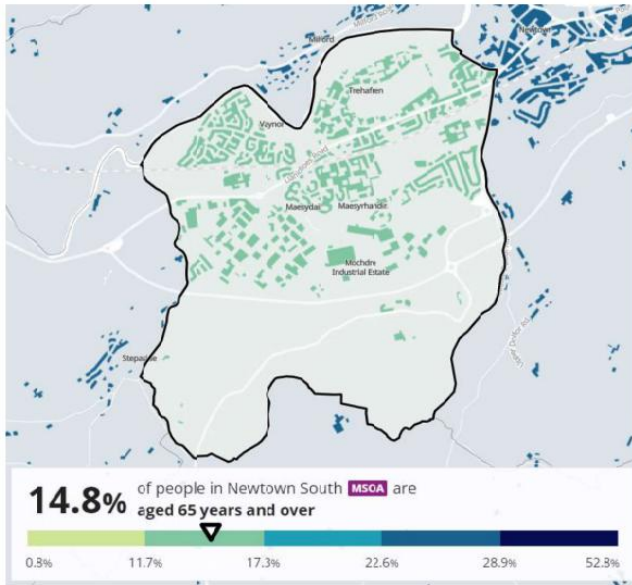
32.6% of households are one-person households
 This MSOA has 1 of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs.

Newtown South MSOA

- This MSOA has 1 of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs
- 32.4% of households are one-person households
- 6.8% of the population are 75 years and over
- 14.8% are aged 65 years and over

Lewis, Raychelle
 13/08/2025 13:22:13

Newtown South MSOA



Age groups	Proportion of population
Aged 15 years & younger	23.1%
Aged 16 – 64 years	62.0%
Aged 75 years & over	6.8%

Ethnic group	Proportion of population
White	97.7%
Other Ethnic Populations	2.3%

Deprivation
34.2% of households deprived in one dimension
21.0% of households deprived in two dimensions
5.1% of households deprived in three dimensions
0.2% of households deprived in four dimensions

32.4% of households are one-person households

This MSOA has 1 of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs.

11.2 Mid Cluster

The Mid Powys Cluster is made up of five GP Practices, providing services to a rural population of approximately 29,000 patients. The practices are located at

- Builth Wells
- Llandrindod Wells
- Presteigne
- Knighton Rhayader

Six dental practices located in the following towns:-

- Builth Wells
- Llandrindod Wells
- Rhayader
- Knighton

Seven Community Pharmacies located in the following towns:-

- Builth Wells
- Knighton
- Llandrindod Wells
- Llanwrtyd Wells
- Presteigne
- Rhayader

Lewis, Raychelle
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Three Optometry practices located in the following towns

- Builth Wells
- Llandrindod Wells

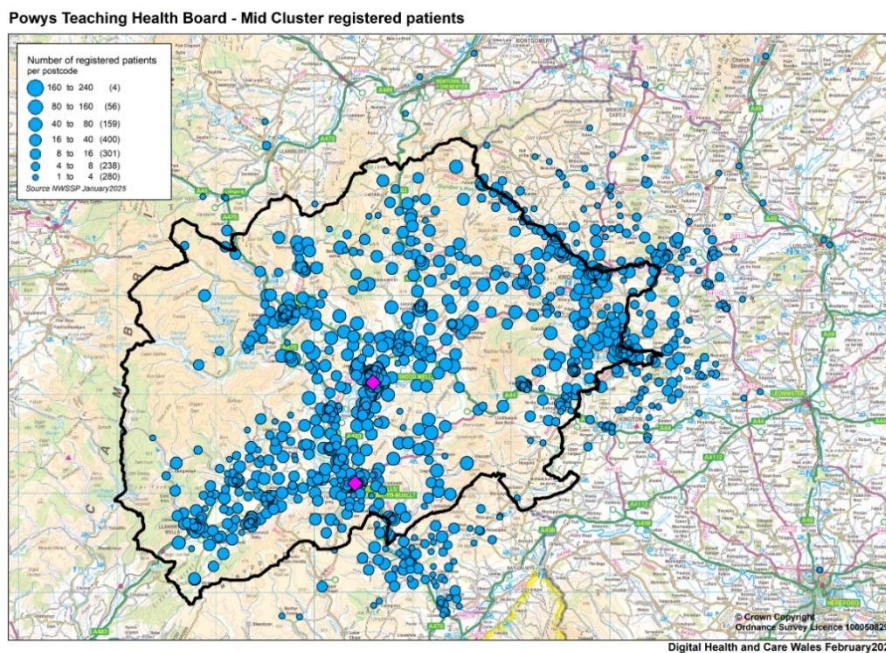
There is a community hospital, located in Llandrindod Wells providing a range of differing services including Outpatients services, Minor Injury Unit, X-ray Facilities, Therapy services, Minor Surgery and Endoscopy, Mid-wife led Birth Centre, inpatient general medical ward, Dialysis, Midwife-led birth centre, Inpatient General / Medical Ward, and elderly Mental Health Ward. The community hospital in Llandrindod Wells provides secondary care Ophthalmology services.

There is also a Community Mental Health facility, located in Llandrindod Wells, and an Integrated Health and Care Centre, providing short stay reablement services.

There are a range of Third Sector services provided across the Mid Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and Powys Teaching Health Board, provide a Community Connectors Service, a Cancer Community Connector, and Health and Wellbeing engagement service, and a Mental Health Information service.

The below map highlights the Mid-Cluster GP registered patients and the location of Optometry Practices:



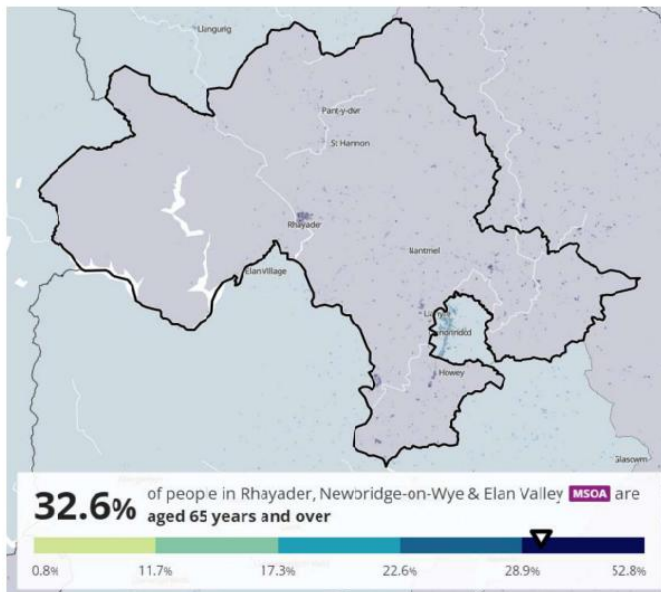
Evans & Jones	Llandrindod Wells
SG Marshall	Llandrindod Wells
SG Marshall	Builth Wells

Lewis, Raychelle
13/08/2025 13:22:13

Rhayader, Newbridge on Wye and Elan Valley MSOA

- This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs
- 32.2% of households are one-person households
- 15.6% of the population are 75 years and over
- 32.6% are aged 65 years and over

Rhayader, Newbridge-on-Wye & Elan Valley MSOA



Age groups	Proportion of population
Aged 15 years & younger	14.8%
Aged 16 – 64 years	52.6%
Aged 75 years & over	15.6%

Ethnic group	Proportion of population
White	98.3%
Other Ethnic Populations	1.7%

Deprivation
35.8% of households deprived in one dimension
13.8% of households deprived in two dimensions
2.6% of households deprived in three dimensions
0.1% of households deprived in four dimensions

32.2% of households are one-person households

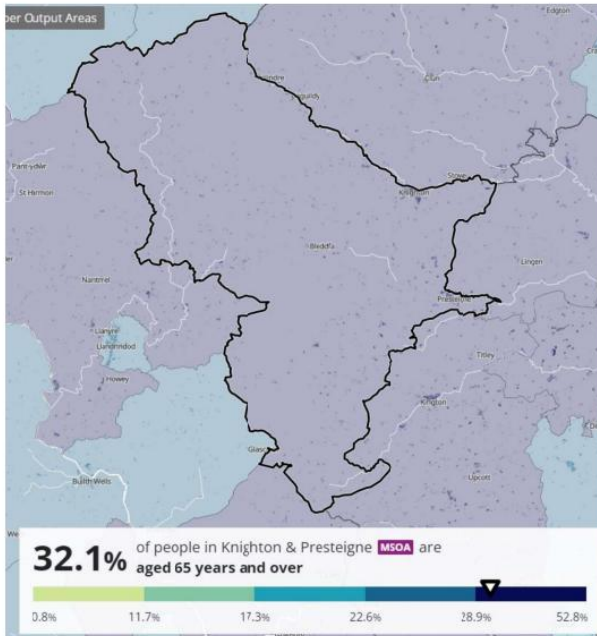
This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs.

Knighton and Presteigne MSOA

- This MSOA has none of its 7 LSOAs within the most deprived 20% of all Welsh LSOAs
- 32.1% of households are one-person households
- 14.7% of the population are 75 years and over
- 32.1% are aged 65 years and over

Lewis, Raychelle
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Knighton & Presteigne MSOA



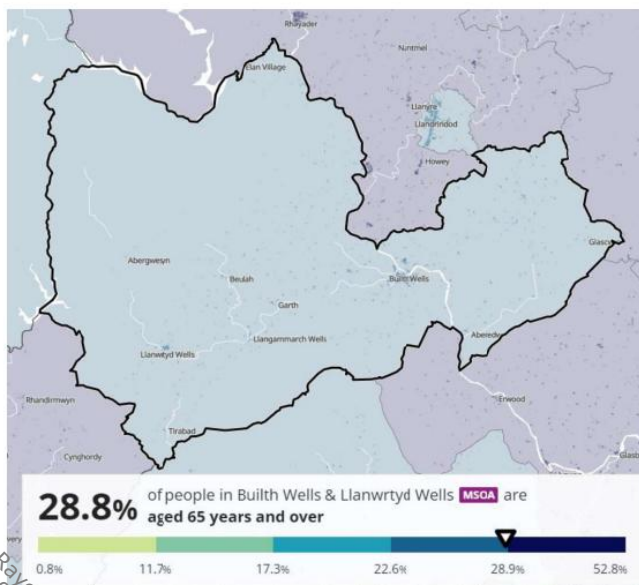
Age groups	Proportion of population
Aged 15 years & younger	13.7%
Aged 16 – 64 years	54.1%
Aged 75 years & over	14.7%
Ethnic group	Proportion of population
White	98.6%
Other Ethnic Populations	1.4%
Deprivation	
36.1% of households deprived in one dimension	
13.3% of households deprived in two dimensions	
2.0% of households deprived in three dimensions	
0.1% of households deprived in four dimensions	

32.1% of households are one-person households
 This MSOA has none of its 7 LSOAs within the most deprived 20% of all Welsh LSOAs.

Builth Wells and Llanwrtyd Wells MSOA

- This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs
- 33.2% of households are one-person households
- 12.4% of the population are 75 years and over
- 28.8% are aged 65 years and over

Builth Wells & Llanwrtyd Wells MSOA



Age groups	Proportion of population
Aged 15 years & younger	14.9%
Aged 16 – 64 years	56.3%
Aged 75 years & over	12.4%
Ethnic group	Proportion of population
White	98.6%
Other Ethnic Populations	1.4%
Deprivation	
33.9% of households deprived in one dimension	
13.8% of households deprived in two dimensions	
2.3% of households deprived in three dimensions	
0% of households deprived in four dimensions	

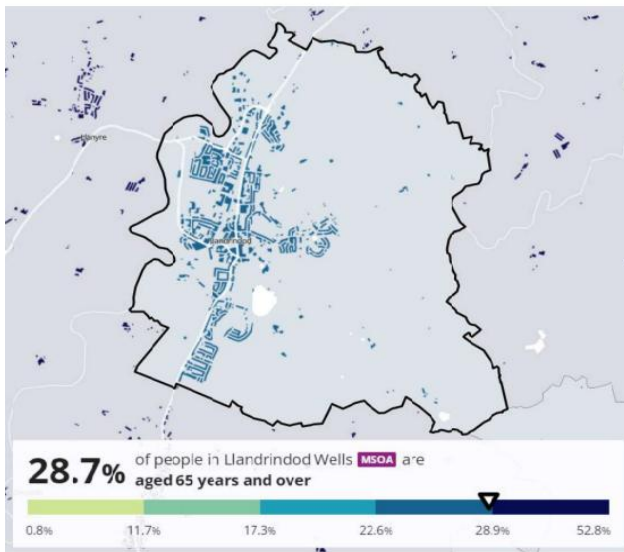
33.2% of households are one-person households
 This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs.

Lewis, Raychelle
 13/08/2025 13:22:13

Llandrindod Wells MSOA

- This MSOA has 1 of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs
- 43.3% of households are one-person households
- 15.1% of the population are 75 years and over
- 27.7% are aged 65 years and over

Llandrindod Wells MSOA



Age groups	Proportion of population
Aged 15 years & younger	15.3%
Aged 16 – 64 years	56.0%
Aged 75 years & over	15.1%

Ethnic group	Proportion of population
White	96.8%
Other Ethnic Populations	3.2%

Deprivation
33.8% of households deprived in one dimension
17.4% of households deprived in two dimensions
5.5% of households deprived in three dimensions
0.3% of households deprived in four dimensions

43.3% of households are one-person households

This MSOA has 1 of its 3 LSOAs within the most deprived 20% of all Welsh LSOAs.

11.3 South Cluster

The South Powys Cluster is made up of four GP Practices, providing services to a rural population of approximately 36,000 patients at the following locations:

- Hay-on-Wye
- Brecon
- Crickhowell
- Ystradgynlais

Six Dental practices located in the following towns:-

- Brecon
- Crickhowell
- Ystradgynlais
- Mobile Dental Unit

Lewis, Raychelle
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Eight Community Pharmacies located in the following towns:-

- Brecon
- Crickhowell
- Ystradgynlais
- Talgarth
- Lower Cwmtwrch
- Hay

Six Optometry practices located in the following towns:-

- Brecon
- Hay on Wye
- Crickhowell
- Ystradgynlais

There are three Community hospitals, located in Brecon, Bronllys and Ystradgynlais providing a range of differing services including Outpatients services, Minor Injury Unit, X-ray Facilities, Therapy services, Minor Surgery and Endoscopy, Midwife led Birth Centre, Therapy Services, inpatient general medical ward, Dialysis, Midwife-led birth centre, Inpatient General / Medical Ward, and elderly Mental Health Ward, and day hospital services. Secondary care Ophthalmology services are provided from Brecon and Ystradgynlais.

There is also a Children's Centre, providing a range of community clinics for children and young people, along with dedicated Mental Health Resource centres, located in Brecon and Ystradgynlais, providing a range of community mental health services.

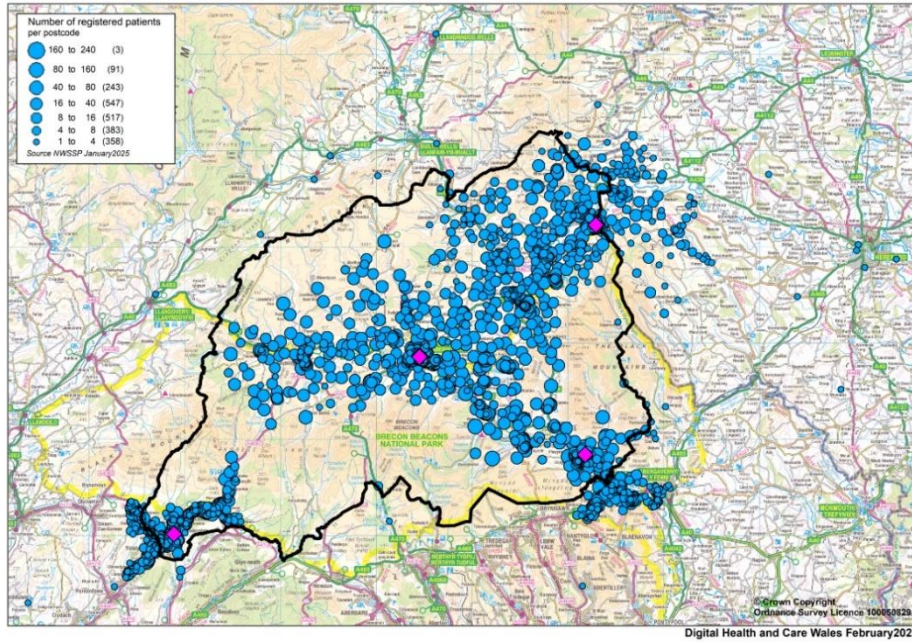
There are a range of Third sector services provided across the South Powys Cluster, including mental health, home support and befriending services.

Powys Association of Voluntary Organisations working in partnership with Powys County Council and Powys Teaching Health Board, provide a Community Connectors Service, a Cancer Community Connector, a Health and Wellbeing engagement service, and a Mental Health Information service.

The below map highlights the South-Cluster GP registered patients and location of Optometry practices:

Lewis, Raychelle
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Powys Teaching Health Board - South Cluster registered patients

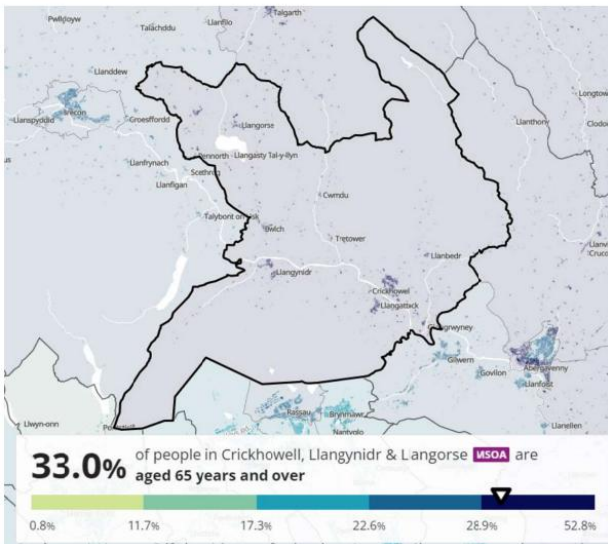


Jackson & Gill	Hay on Wye
Crickhowell Optometrists	Crickhowell
First Optic	Brecon
Brecon Specsavers	Brecon
Vision Express	Brecon
David R Jenkins	Ystradgynlais

Crickhowell, Llangynidr and Llangorse MSOA

- This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs
- 28.4% of households are one-person households
- 14.6% of the population are 75 years and over
- 33.0% are aged 65 years and over

Crickhowell, Llangynidr & Llangorse MSOA



Age groups	Proportion of population
Aged 15 years & younger	14.0%
Aged 16 – 64 years	53.0%
Aged 75 years & over	14.6%

Ethnic group	Proportion of population
White	97.2%
Other Ethnic Populations	2.8%

Deprivation
34.0% of households deprived in one dimension
9.2% of households deprived in two dimensions
1.9% of households deprived in three dimensions
0.1% of households deprived in four dimensions

28.4% of households are one-person households

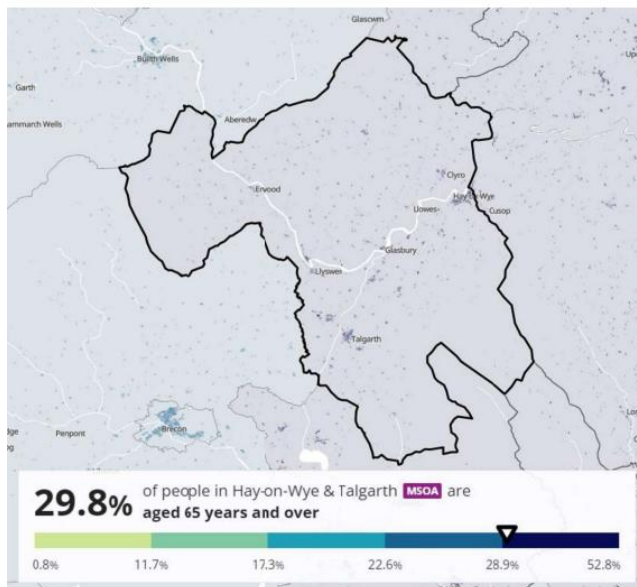
This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs.

Lewis, Raychelle
13/08/2025 13:22:13

Hay on Wye and Talgarth MSOA

- This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs
- 34.9% of households are one-person households
- 13.3% of the population are 75 years and over
- 29.8% are aged 65 years and over

Hay-on-Wye & Talgarth MSOA



Age groups	Proportion of population
Aged 15 years & younger	14.5%
Aged 16 – 64 years	55.7%
Aged 75 years & over	13.3%

Ethnic group	Proportion of population
White	98.4%
Other Ethnic Populations	1.6%

Deprivation
35.3% of households deprived in one dimension
10.3% of households deprived in two dimensions
2.1% of households deprived in three dimensions
0.1% of households deprived in four dimensions

34.9% of households are one-person households

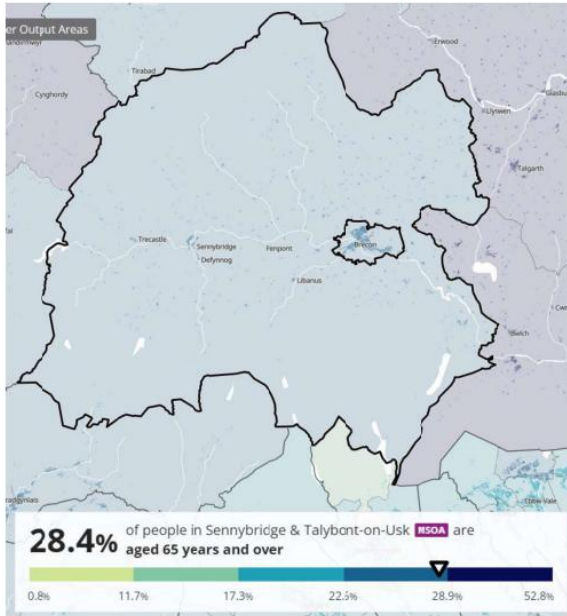
This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs.

Sennybridge and Talybont on Usk MSOA

- This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs
- 26.8% of households are one-person households
- 12.5% of the population are 75 years and over
- 28.4% are aged 65 years and over

Lewis, Raychelle
13/08/2025 13:22:13

Sennybridge & Talybont-on-Usk MSOA



Age groups	Proportion of population
Aged 15 years & younger	14.7%
Aged 16 – 64 years	56.9%
Aged 75 years & over	12.5%

Ethnic group	Proportion of population
White	98.7%
Other Ethnic Populations	1.3%

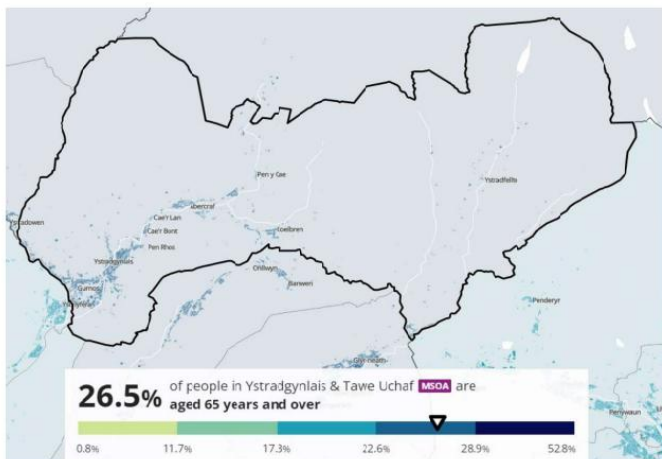
Deprivation
32.6% of households deprived in one dimension
10.9% of households deprived in two dimensions
1.3% of households deprived in three dimensions
0% of households deprived in four dimensions

26.8% of households are one-person households
 This MSOA has none of its 4 LSOAs within the most deprived 20% of all Welsh LSOAs.

Ystradgynlais and Tawe Uchaf MSOA

- This MSOA has 1 of its 6 LSOAs within the most deprived 20% of all Welsh LSOAs
- 34.2% of households are one-person households
- 12.7% of the population are 75 years and over
- 26.5% are aged 65 years and over

Ystradgynlais & Tawe Uchaf MSOA



Age groups	Proportion of population
Aged 15 years & younger	16.2%
Aged 16 – 64 years	57.3%
Aged 75 years & over	12.7%

Ethnic group	Proportion of population
White	97.4%
Other Ethnic Populations	2.6%

Deprivation
35.5% of households deprived in one dimension
18.3% of households deprived in two dimensions
5.0% of households deprived in three dimensions
0.1% of households deprived in four dimensions

34.2% of households are one-person households

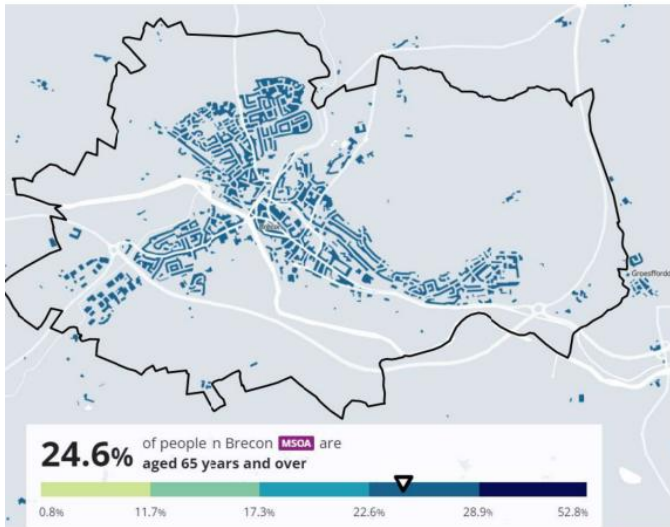
This MSOA has 1 of its 6 LSOAs within the most deprived 20% of all Welsh LSOAs. That same LSOA is also within the most deprived 10% of all Welsh LSOAs.

Lewis, Rowan
 13/08/2022 13:22:13

Brecon MSOA

- This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs
- 38.0% of households are one-person households
- 11.9% of the population are 75 years and over
- 24.6% are aged 65 years and over

Brecon MSOA



This MSOA has none of its 5 LSOAs within the most deprived 20% of all Welsh LSOAs.

Age groups	Proportion of population
Aged 15 years & younger	16.5%
Aged 16 – 64 years	59.0%
Aged 75 years & over	11.9%
Ethnic group	Proportion of population
White	91.6%
Other Ethnic Populations	8.4%
Deprivation	
34.5% of households deprived in one dimension	
13.9% of households deprived in two dimensions	
2.9% of households deprived in three dimensions	
0.2% of households deprived in four dimensions	
38.0% of households are one-person households	

11.4 Optometry Professional Collaborative

The pan-Powys Optometry Professional Collaborative, representing all practices within the three clusters and including mobile providers, has seen good engagement from practitioners with leads in place from each cluster.

However, as of Quarter 4 2024/25, there are no Optometry leads due to competing time commitments. The Optometric Advisor is now chairing the Collaborative and attending Cluster meetings.

Previous Optometry cluster projects have included funding and support for qualifications and workforce in the North and Mid Clusters, and a primary care ROVI pilot in the South Cluster. Priorities for 2025/26 include continuing to engage all contractors with Collaborative attendance and supporting cluster priorities. The Health Board will work with the Regional Optical Committee and Optometry Wales to support Collaborative members and seek to recruit leads for all three cluster areas.

Lewis Raychelle
13/08/2025 13:22:13

12. Transition/Transformation Plans to meet future eye health needs

Due to an ageing population and increasing prevalence of most major eye conditions, there is an increasing demand for all levels of WGOS across PTHB. Access to Optometry services within Powys has reduced over the years with practices closing, however the demand for WGOS 1-3 continues to be met through reasonable geographical coverage across the Health Board, with the notable exception of service gaps in some main towns and in particular North-West Powys.

Currently across Powys there is a very small cohort of Optometrists with specialist skills and qualifications to provide WGOS4 services. This includes no WGOS 4 provision in some clusters, or a low level of service provision, providing an inequitable service offer.

The complexity of Powys secondary care pathways and the lack of available data regarding secondary care activity makes it difficult to identify the true demand of services that can be transferred into primary WGOS 4. However, based on the Powys population eye health demographics and the RNIB future predictions for prevalence of ocular conditions, it is clear that there is a particular need to focus on increased service delivery for WGOS4 including glaucoma, medical retina and hydroxychloroquine within primary care optometry.

The estimated increase in sight loss prevalence highlights the increased demand on eye care services. This reflects the ongoing need to support workforce development across PTHB to meet the future WGOS demand.

The PTHB aspiration is for a minimum of 50% of Practices to be delivering the full range of WGOS services.

The Health Board's priority, in order to meet future demand, will be to continue to support the provision and development of WGOS services including supporting and promoting the optometry workforce to expand their skill set and gain the required accreditation.

Lewis, Raychelle
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	Current service provision	Planned increase 2025/26	Future aspiration 2025 - 2028
WGOS 4			
Glaucoma Filtering (Higher Certificate Glaucoma qualification requirement)	Mid cluster provision only Two practices currently providing, located in Llandrindod Wells & Builth Wells	Two practices in the north cluster anticipated to join the service in Q4 2025/26 (Welshpool and Newtown). This will provide a total of 27% of Powys coverage, but only in the north and mid cluster area. The mid cluster may have capacity to support south cluster referrals. This will need to be scope with the mid practices.	To encourage South Cluster practices to progress required qualification through HEIW. To aspire to a minimum of 50% practices offering the service.
Glaucoma Monitoring (Professional Certificate Glaucoma qualification requirement)	No provision currently in place	Eight practices are anticipated to start providing in 2025/26, with coverage across all three clusters. Three practices in North Powys (Welshpool x 2, Newtown x1). Two practices in mid Powys (Llandrindod Wells and Builth wells). Three practices in south Powys (Crickhowell, Brecon and Ystradgynlais). This will provide 53% of coverage across Powys.	To maintain a minimum of 50% of practices offering the service.
Medical Retina monitoring and filtering (Professional Certificate Medical Retina qualification requirement)	No provision currently in place	Nine practices anticipated to start providing Medical Retina services in 2025/26, both monitoring and filtering, providing coverage across all three clusters. Five practices in North Powys (Welshpool x 3, Newtown x 2). Two practices in mid Powys (Llandrindod Wells and Builth wells). Two practices in south Powys (Crickhowell and Brecon). This will provide 60% of coverage across Powys.	The assumption is that the Medical Retina provision will be sufficient to meet health board demand. To maintain a 60% service offer.

Lewis, Raychelle
13/08/2025 13:22:13

<p>Hydroxy-chloroquine monitoring:</p>	<p>No provision currently in place</p>	<p>Two practices in North Powys (Welshpool and Newtown) who meet the necessary qualification and equipment requirement.</p> <p>Anticipated service due to commence in 25/26.</p> <p>This will provide 13% of coverage across Powys, but in the north cluster only.</p>	<p>To aspire to a minimum of 50% practices offering the service</p>
<p>WGOS 5</p>	<p>North and South cluster service provision already in place</p> <p>Five practices providing</p> <p>North Cluster – Welshpool x 2, Newtown x 1</p> <p>South Cluster – Brecon x 2</p>	<p>Anticipated that a further two practices will provide this service in 2025/26.</p> <p>The service will be extended to Crickhowell (south cluster) and Llandrindod Wells (mid cluster).</p> <p>This will provide 47% of coverage across Powys, available in all three clusters</p>	<p>To encourage a further mid Cluster practice to progress required qualification through HEIW</p> <p>To aspire to a minimum of 50% practices offering the service</p>
<p>Mobile Provision</p>	<p>4 mobile providers delivering core level 1 & 2 services</p> <p>1 mobile provider delivering WGOS 3 services only</p> <p>Poor access being offered to Powys residents due to the geography of the county and the mobile providers being placed out of county.</p>	<p>To engage with existing providers to further understand the Powys offer alongside confirmed core hours</p>	<p>To secure additional mobile providers and increase access offer to patients</p>

Lewis, Raychelle
13/08/2025 13:22:13

Implementation of WGOS4 will enable opportunities for referral management support across both PTHB in-reach and commissioned services and pathways.

The implementation and roll out of WGOS 4 will support the 'shift left' of services by enabling care closer to home and freeing up Ophthalmology capacity within community hospitals in reach services and secondary care. It is important to note that Patients will continue on existing secondary care pathways until WGOS pathways can be implemented.

The Health Board's priority, in order to meet future demand, will be to continue to support the provision and development of WGOS services, including supporting and promoting the optometry workforce to expand their skill set and gain the required accreditation.

Optometry capacity to undertake WGOS extended services needs to be considered against the following factors

- practices capacity to deliver
- performer capacity to deliver
- the location of the service (due to rurality)
- other available WGOS services in the practice/cluster, and
- to not be at the detriment of the delivery of mandatory services (WGOS 1 & 2)

The pace of change to implement WGOS pathways is dependent on the above factors.

Unfortunately, due to the geography and size of optometry practices in Powys, there is, and will continue to be a high risk of potential single points of failure for WGOS pathways. WGOS pathways are reliant on individuals with the required qualification working in practices and service provision can be impacted by sick leave, retirement, and optometrists moving out of the area. Therefore, alternative pathway arrangements need to be considered to mitigate this potential eventuality, so patients do not get lost in the system.

The WGOS 4 service delivery cannot be to the detriment of WGOS mandatory services. WGOS 1 & 2 has to be maintained. Practitioner capacity to meet WGOS service demand along with the continuation of WGOS 1 & 2 will need to be continually reviewed and monitored.

To meet the current and future demands, The Health Board, through its primary care, Academy and Cluster teams, will continue to work with HEIW to support targeted workforce upskilling in the necessary areas.

Cluster funding opportunities and initiatives that allow optometry workforce development including succession planning are being progressed to support the implementation and ongoing sustainability of WGOS services across cluster footprints.

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GIG
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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (June 25)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ABUHB	Aneurin Bevan University Health Board
AFC	Agenda for Change
AGW	The Auditor General for Wales
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
AR	Audit Recommendations
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development

CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team
H&S	Health and Safety

HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MD	Ministerial Direction
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MHD	Mental Health & Learning Disability
MIU	Minor Injury Unit

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MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MV	Mass Vaccination
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
NNA	Nursing Needs Assessment
OBC	Outline Business Case
OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIF	Regional Investment Fund
RISP	Radiology Information System Procurement
RJAH	Robert Jones and Agnes Hunt
RN	Registered Nurse
RPB	Regional Partnership Board
RTT	Referral to Treatment

RTS	Routemap To Sustainability
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
QSEG	Quality, Safety and Experience Group
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SBUHB	Swansea Bay University Health Board
SDEC	Same Day Emergency Care
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WPAS	Welsh Patient Administration System
WPOCT	Welsh Point of Care Test System
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
YTD	Year to Date

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