

Planning, Partnerships and Population Health Committee

Mon 19 May 2025, 10:00 - 13:00

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

Simon Wright

📄 PPPH_19May2025_Agenda Final.pdf (3 pages)

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

📄 PPPH_1.2_Register of Interests Board Members 2024-25Feb.pdf (4 pages)

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

0 min

The Chair will ask if there any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.

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

0 min

3.1. Minutes of the previous meeting held on 04 February 2025.

📄 PPPH_3.1_PPPHMinutes_04Feb2025.pdf (13 pages)

3.2. Committee Action Log

📄 PPPH_3.2_Action Log 2025-26.pdf (1 pages)

3.3. Committee Annual Work Programme 2025/26

📄 PPPH_3.3_Work Programme 2025-26.pdf (1 pages)

10:00 - 10:00 4. ESCALATED ITEMS

0 min

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

0 min

5.1. Strategic Change Report Engagement Report

Director of Planning and Commissioning

📄 PPPH_5.1_Strategic Change Cover Paper.pdf (4 pages)

📄 PPPH_5.1a_Strategic Change Stocktake May 2025.pdf (40 pages)

Lewis Raychelle
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📄 PPPH_5.1b Service Change Engagement and Consultation Report.pdf (15 pages)

5.2. Whole System approach to prevention of Obesity

Director of Public Health

📄 PPPH_5.2_Whole System Approach to Obesity.pdf (12 pages)

5.3. Primary Care Cluster Reporting against delivery 2024/25

Executive Director of Primary, Community Care and Mental Health

📄 PPPH_5.3_Primary Care Cluster Reporting .pdf (8 pages)

📄 PPPH_5.3a_Primary Care Cluster Reporting South Project Status.pdf (2 pages)

📄 PPPH_5.3b_Primary Care Cluster Reporting Mid Project Status.pdf (2 pages)

📄 PPPH_5.3c_Primary Care Cluster Reporting North Project Status.pdf (3 pages)

📄 PPPH_5.3d_Primary Care Cluster Reporting Appendix 4.pdf (1 pages)

5.4. Partnership Governance and Assurance Framework

Director of Corporate Governance

📄 PPPH_5.4_Partnership Governance and Assurance Framework.pdf (6 pages)

📄 PPPH_5.4a_PTHB Partnership Governance and Assurance Framework.pdf (50 pages)

📄 PPPH_5.4b_Partnership Governance Final IA Report (Advisory).pdf (13 pages)

5.5. Adult Weight Management Pathway update

Executive Director Community, Primary Care and Mental Health

📄 PPPH_5.5_2025_Adult Weight Management Pathway.pdf (16 pages)

5.6. Healthy Child Wales Programme Health visiting programme

Executive Director of Nursing, Quality and Family Health

📄 PPPH_5.6_Delivery and Performance of Health Child Wales Programme.pdf (13 pages)

5.7. Committee Risk Register

Verbal *Director of Corporate Governance*

5.8. Annual assessment of Committee Effectiveness

Director of Corporate Governance

📄 PPPH_5.8_Annual Assessment of Committee effectiveness_2024-25.pdf (26 pages)

5.9. Committee Terms of Reference Review

📄 PPPH_5.9_PPPH Committee Terms of Reference Review.pdf (3 pages)

📄 PPPH_5.9a_Appendix A_Committee Terms of Reference Approved May 2024.pdf (10 pages)

📄 PPPH_5.9b_Appendix b_Committee Terms of Reference (Draft April 2025).pdf (10 pages)

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

0 min

There are no items for discussion

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1 Internal Audit Report Additional Learning Needs Legislation

Lewis, Rayshelle
13/05/2025 16:39:29

Executive Director of Nursing, Quality and Family Health

📄 PPPH_7.1_Internal Audit Report_ Additional Learning Needs Report.pdf (10 pages)

7.2. NWSSP Performance Report

Deputy Chief Executive and Executive Director of Finance, Capital and Support Services

📄 PPPH_7.2_NWSSP Performance Report_Powys Q4 24-25.pdf (18 pages)

7.3. Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Highlight Report

Director of Corporate Governance

📄 PPPH_7.3_JCC_ PPF Highlight Report.pdf (5 pages)

7.4. Glossary

Director of Corporate Governance

📄 PPPH_7.4_Powys Teaching Health Board Glossary April 2025.pdf (5 pages)

7.5. Committee Annual Report

Director of Corporate Governance

📄 PPPH_7.5_PPPH_Committee Annual Report_2024-25.pdf (10 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: 14 August 2025

Lewis-Raychelle
13/05/2025 16:39:38

**PLANNING, PARTNERSHIPS AND
POPULATION HEALTH COMMITTEE
19 MAY 2025**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**10:00-13:00
VIA MICROSOFT TEAMS
CHAIR: SIMON WRIGHT**

DRAFT AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of Interest <ul style="list-style-type: none"> Board Member register of Interests 2024/2025 	Verbal	All
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of previous meeting held on 04 February 2025	Attached	Chair
	3.2	Committee Action log	Attached	Chair
	3.3	2025/2026 Committee Work Programme	Attached	Director of Corporate Governance
	4	ESCALATED ITEMS		
There are no items for inclusion within this section.				
	5	ITEMS FOR ASSURANCE		
10:10	5.1	Strategic Change Report Engagement Report	Attached	Executive Director of Planning, Performance and Commissioning and Director of Corporate Governance
10:40	5.2	Whole Systems approach to prevention of Obesity	Attached	Executive Director of Public Health
10:50	5.3	Primary Care Cluster Reporting against Delivery 2024/2025	Attached	Executive Director of Primary, Community Care and Mental Health
11:10	5.4	Partnership Governance and Assurance Framework	Attached	Director of Corporate Governance/ and Executive Director of Planning, Performance and Commissioning

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11:20	5.5	Adult Weight Management Pathway update	Attached	Executive Director Community, Primary Care & Mental Health
COMFORT BREAK (10mins)				
11:50	5.6	Healthy Child Wales Programme (CR) Health visiting programme	Attached	Executive Director of Nursing, Quality and Family Health
12:05	5.7	Committee Risk Register	Verbal	Director of Corporate Governance
12:10	5.8	Annual assessment of Committee Effectiveness	Attached	Director of Corporate Governance
12:35	5.9	Committee Terms of Reference Review	Attached	Director of Corporate Governance
6 ITEMS FOR DISCUSSION				
There are no items for inclusion within this section.				
7 CONSENT AGENDA				
12:45	7.1	Internal Audit Report: <ul style="list-style-type: none"> Additional Learning Needs Legislation Partnership Governance Framework Purpose: For Assurance	Attached	Executive Director of Nursing, Quality and Family Health Director of Corporate Governance
	7.2	NWSSP Performance Report Purpose: For Assurance	Attached	Deputy Chief Executive and Executive Director of Finance, Capital and Support Services
	7.3	Joint Commissioning Committee Planning, Performance & Finance Sub-Committee Highlight Report Purpose: For Assurance	Attached	Director of Corporate Governance
	7.4	Glossary Purpose: Information	Attached	Director of Corporate Governance
	7.5	Committee Annual Report (For Approval)	Attached	Director of Corporate Governance
8 OTHER MATTERS				
12:50	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
	8.3	Committee Reflections	Verbal	All
	8.4	Date of the next meeting: 14 August 2025 at 10:00 via Microsoft Teams		

Lewys, C. (Celle)
15/05/2025 16:39:38

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

Whilst Committee meetings are not public meetings, questions are invited and welcome from members of the public – please submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to PowysDirectorate.CorporateGovernance@wales.nhs.uk.

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2024/25

Updated: February 2025

Position	Name	Nature of Interest	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned	Last day in Powys Teaching Health Board
INDEPENDENT MEMBERS									
PTHB Chair	Carl Cooper	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	03/02/2025	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2025	Ongoing	Stepdaughter's partner is a Pharmaceutical Control Analyst employed by Cardiff & Vale Health Board.	Nil		
Vice Chair	Kirsty Williams	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	May-22	Current	Deputy Director Samaritans Powys	None	22/05/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Nov-22	Current	ILEP- A Subsidiory of Cardiff University	None		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (General)	Rhoert Lewis	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Nov-21	Current	Chair NPTC Group of Colleges	NIL	08/04/2024	
				Sep-23	Current	Chair Confederal Governance UWTSO	NIL		
				Nov-21	Current	Member of National Assesmbly of Wales Cross-Party Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL				
Independent Member (Trade Union)	Cathie Poynton	Personal	NIL	NIL	NIL	NIL	02/04/2024		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Information and Technology)	Ian Phillips	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	Remunerated	08/04/2024	22/08/2024
		Spouse/Partner/Other	NIL	NIL	NIL				
Independent Member (finance)	Steve Elliot	Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	04/02/2024	Current	Director of Oshi's World Private Limited Company	NIL	19/08/2024	
		Personal	Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	22/09/2023	31/03/2024	Special Advisor (Finance) to Powys tHB Audit and Delivery and Performance Committees	Yes		
		Spouse/Partner/Other	A position of authority in a Charity or Voluntary Body in the field of health and/or social care	04/02/2024	Current	Trustee of Oshi's World Charity	NIL		
Independent Member (General)	Ronnie Alexander	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	15/08/2024	
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Mar-21	Current to Dec-27	Personal: Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	Simon Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University- Various Healthcare Programmes	Salaried Employment		

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		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment	08/07/2024	
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment		
Independent Member (Third Sector)	Jennifer Owen Adams	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	30/04/2024	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	Trustee of Impelo Dance CIO	None		
				Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None		
		Spouse/Partner/Other	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL		
Independent Member (Local Authority)	Christopher Walsh	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	09/09/2024	
			Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner: CTW Genealogy Research and	NIL		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.		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		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.		Ongoing	Labour Party	NIL		
Independent Member (Capital)	Michael Giannai	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member	Ian Thomas	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Jan-23	Current	Family Fund (UK Charity)	NIL	09/01/2025	
				Jun-24	Current	Family Fund Business Services (FFBS)	NIL		
EXECUTIVE MEMBERS									
Chief Executive Officer	Hayley Thomas	Personal	NIL	NIL	NIL	NIL	NIL	30/05/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Executive Director of Planning, Performance & Commissioning	Stephen Powell	Personal	NIL	NIL	NIL	NIL	NIL	03/07/2024	18/10/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Executive Director of Finance, Capital	Pete Hopgood	Personal	NIL	NIL	NIL	NIL	NIL		

and Support Services		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Ongoing	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2024	
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/04/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2018	Current	Member of the Royal College of Nursing	NIL	22/08/2024	
				1994	Current	Member of the Royal College of Midwifery			
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Medical Director	Kate Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		12/08/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of People and Culture	Debra Wood Lawson	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	18/11/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Public Health	Mererid Bowley	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Member of Faculty of Public Health	NIL	23/05/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	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	NIL		
Interim Executive Director of Operations	Joy Garfitt	Personal	NIL	NIL	NIL	NIL	NIL	No change from 2023 submission	30/09/2024
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance/ Board Secretary	Helen Bushell	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	03/06/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Director and Chair of the Board Cadarn Housing Ltd (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Jul-24	Oct-24	Spouse member of the PTHB Bank working occasionally for the Health Board	Paid per hour/day of work		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		
Associate Director of Capital and Estates	Wayne Tannahill	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Director of Pembrokeshire Surveyors Ltd. Sole proprietor, small architectural business, made dormant April 2016 (formally closed April 2017)		24/04/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Daughter Kate was Company Secretary			
Director of Strategic	Lucie Cornish								

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Improvement and Transformation		Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024	
Executive Director of Planning, Performance & Commissioning	Nicola Johnson From 07/10/24	Nil	Nil	Nil	Nil	Nil	Nil	16/10/2024	
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton From 30/09/2024	Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	Nov-19	Current	Chair – West Wales Care & Repair	Nil	17/10/2024	
				Apr-24	Current	Independent Member – ateb	£2,960 Per Annum		

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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 04 FEBRUARY 2025 VIA MICROSOFT TEAMS

Present:		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Kirsty Williams	KW	Independent Member (PTHB Vice Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
Simon Wright	SW	Independent Member (University)
In Attendance:		
Debra Wood-Lawson	DW-L	Executive Director of People and Culture
Mererid Bowley	MB	Executive Director of Public Health
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Joe Wellard	JW	Strategic Commissioning and Project Manager for Regional Partnership Board (RPB)
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Zoe Ashman	ZA	Assistant Director of Quality and Safety
Luke Jones	LJ	Designated Education Clinical Lead Officer
Carly Skitt	CS	Strategic Planning Manager
Carl Cooper	CC	PTHB Chair (Observing)
Ian Thomas	IT	Independent Member (General)
Katie Blackburn	KB	Llais (Observing)
Stella Gwynne	SG	Deputy Board Secretary (Observing)
Beth Powell	BP	Corporate Governance Officer (Committee Support)
Apologies for absence:		
Hayley Thomas	HT	Chief Executive
Lucie Cornish	LC	Director of Improvement and Transformation
Rachel Jowitt	RJ	Governance & Transformation Senior Manager

Meeting started:10:00

PRELIMINARY MATTERS

WELCOME AND APOLOGIES FOR ABSENCE (PPPH/24/054)

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.

DECLARATIONS OF INTEREST & BOARD MEMBERS REGISTER OF INTERESTS (PPPH/24/055)

RA declared an interest against agenda item 5.8, Endoscopy Services (Including JAG) as he is a JAG assessor, although he confirmed he has not carried out any assessments within Powys, and does not expect to do so in future. It was agreed no further action was required.

KW requested an amendment to her declaration submitted within the Board members Declarations register and that she is now the Director of Samaritans Powys. KW would provide the relevant amendments to the register.

CONSENT BUSINESS AGENDA

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

ITEMS FOR APPROVAL/DECISION/RATIFICATION

UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 14 NOVEMBER 2024 (PPPH/24/056)

The Committee **APPROVED** the minutes of the meeting held on 14 November 2024, as being a true and accurate record.

COMMITTEE ACTION LOG (PPPH/24/057)

The Committee Action Log was received, and ongoing actions were discussed.

PPPH/24/012 - Antibiotic Resistance

Can clarity be provided on Antibiotic Resistance reporting and what specific responsibilities across the Organisation does the Pharmacist have?

MB explained that the action plan reports are submitted to the Infection, Prevention and Control (IPC) Committee and onwards to the Patient Experience, Quality and Safety Committee (PEQS), under the responsibility of the Executive Director of Nursing, Quality, Women & Family Health. There is a Welsh Health Circular in place which corresponds to the action plan which is supported by a lead Pharmacist. The specific responsibilities of this role would be confirmed outside of the meeting.

Action: Director of Public Health

PPPH/24/042 – Winter Respiratory Vaccination Campaign

EL explained that all General Practices had been contacted to support the rollout of the RSV Campaign. A small number of practices had responded to support the programme.

PPPH/24/046- Cluster Leads quality and performance.

EL provided an update where the Primary and Community Academy have been reviewing resilience and leadership. There is a national programme of work in place which focuses on competence, skills and development. Powys has General Practice collaborative across the three areas, noting that Mid Powys does not have a Cluster lead at present, with initial discussions underway to explore opportunities and needs across the Clusters.

Two actions are Not Yet Due but remain on track (PPPH/24/038 & PPPH/24/027).

Four actions were recommended and AGREED for closure (PPPH/24/024, PPPH/24/045, PPPH/24/038a and PPPH/24/039)

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

ESCALATED ITEMS

There were no items for inclusion within this section.

ITEMS FOR ASSURANCE

STRATEGIC CHANGE REPORT (PPPH/24/058)

NJ presented the quarterly report and provided an update against the service changes which impact the Powys population and services. NJ drew attention to the report format change and the key highlights which had been included within the cover paper. A list of the escalation status for all Wales Health Boards was highlighted.

A report was shared with members which outlined the detail of changes across Stroke services which impact Powys residents and neighbouring Health Boards and Trusts. Powys has key clinical relationships across all services and partners and the importance of tracking change and maintaining relationships will be important moving forwards. Key themes included:

- Cwm Taf Morgannwg University Health Board (CTMUHB) have implemented a temporary change to stroke service provision to the Royal Glamorgan Hospital (RHG) (Llantrisant) from Prince Charles Hospital (PCH) (Merthyr Tydfil),
- The new Velindre satellite radiotherapy centre at Nevill Hall Hospital is due to open to patients in June 2025,
- The NHS Executive launched the first Women's Health Plan for Wales setting out a 10-year vision to improve healthcare services for women,
- NHS England launched "The Elective Reform Plan" which sets out a whole system approach to hitting the 18-week referral to treatment target and;
- Shrewsbury and Telford NHS Trust have signed the design and build contract which will include construction to facilitate the Princess Royal Hospital site in Telford to specialise in planned care and the Royal Shrewsbury Hospital specialise in emergency care.

Service Change Engagement Report

AO provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services. Key highlights included:

- **Temporary Service Changes:** Engagement on temporary changes to Powys services including Minor Injury Unit (MIU) and community hospital inpatient wards closed on 8 September 2024. The proposals were approved by the Board on 10 October and have now moved to implementation. An update was presented to the Board on 29 January 2025.
- **Emergency Medical Retrieval and Transfer Service (EMRTS):** Recommendation 4 of the EMRTS review had been anticipated to a meeting of the

Joint Commissioning Committee (JCC) in January. However, this update has been deferred with proposed engagement timetable remain outstanding.

- **The Commissioned and Cross-Border Services Watch List** included: urgent measures to make temporary changes to stroke services at CTMUHB with transfer from PCH to RGH, impacting residents in the south of the county. An update on the Hywel Da University Health Board (HDUHB) clinical services plan was discussed at their Board Meeting in November 2024 with engagement on the next steps including potential changes to stroke services anticipated from Spring 2025.

Members asked the following questions:

Are we confident that Powys has the ability to repatriate patients for rehabilitation within Community Hospitals across Powys?

CM explained that wards in Newtown and Brecon had been configured to become Stroke focused, to provide care for those patients who are repatriated into Powys. The Home First approach remains the first choice of transfer with the Neurorehabilitation service and Outreach workers placed across hospitals with the exception of The Grange.

What contingency discussions and analysis are being undertaken given the potential changes to Nurse Education as a result of the ongoing consultation at Cardiff University?

DWL explained there had been conversations with All Wales Nurse Directors and Health Education Inspectorate Wales (HEIW) as the contract for nurse commissioning placements runs up to 2029. Powys have bespoke arrangements in place and do not commission Nurse placements through Cardiff. Powys had issued an internal statement last week with the nursing team linking with all students to ensure they are supported. This would be kept under close review to ensure there are no unintended consequences locally.

SW confirmed that as Independent Member of Cardiff University he has not had any involvement in recent discussions around the proposed changes of Nurse Education. The University, due to competition of marketing regulations, are unable to enter into any discussion with other providers until the proposals are announced.

Do we have the ability to be able to keep up with tracking change across Powys borders and to what extent are we at risk to ensure potential implications are captured and incorporated into the plan?

Changes are tracked through the Planning team, and they produce the Strategic Change report as part of their core work to ensure that risks and also opportunities are captured and incorporated into the planning, commissioning and, where necessary, operational response.

How can the Board be assured that The Elective Reform Plan which sets out a whole system approach is built into future planning?

NJ explained that the ambition for NHS England is that under 65% of patients are on a waiting list which is set out within their constitution over the five-year plan. Discussions at Board Development with providers and Welsh Government are scheduled for February and early March to discuss choices around the plan and differences across performance ambitions to inform next year's plan.

How long are the EMERT's transfer service delays to be expected?

AO & HB responded that the hearing took place on 22 and 23 January, however a decision had not been made. A further hearing has been scheduled on 7 February to conclude the discussion and decision. The JCC is undertaking work in relation to Recommendation 4 with progress made collectively to develop commissioning intentions which was presented to Welsh Ambulance Service Trust (WAST) for consideration. An initial response had been received; however, it had been recognised that further scrutiny against the financial implications was required. An update on progress would be reported back to committee in due course. Detail within the JCC meeting papers would be circulated to members outside of the meeting

Action: Deputy Director of Communications and Engagement.

Is there a sense of what is emerging from the Sustainable Powys Engagement workshops that have taken place recently?

AO explained that this would be picked up within the 'Better Together' item on the agenda.

What was the outcome following the Ophthalmology South-East regional review meeting held in August 2024?

AO explained that an update is yet to be received. This would be shared with members in due course.

Action: Deputy Director of Communications and Engagement.

Is communication shared closely with Shrewsbury and Telford, Wye Valley Trust and Robert Jones and Agnus Hunt Health Boards in relation to system pressures?

Powys are in close dialogue with providers and highlighted the importance of relationship management with the Integrated Care Board (ICB) across two systems remains significant.

Is it anticipated that the EMERT's judicial review would conclude at the next hearing and are Health Boards contributing one seventh of the associated financial costs?

HB explained that it is anticipated that the review would be concluded on Friday. Powys will contribute to one seventh of the costs, including the additional costs associated with the additional day of the review.

Is it anticipated that the Grange University Hospital would actively see more Stroke patient activity from the South than in Llantrisant?

NJ explained that WAST's operation protocol is to convey suspected Stroke patients to an Acute Stroke Unit. Following CTMUHB's declaration of modelling difficulties at PCH, patients nearest option would be the Grange University Hospital if transferred by an ambulance. Powys will need to track behaviour changes should Stroke patients self-present.

The Committee **NOTED** the report and took **ASSURANCE** that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

JW joined the meeting 10:20

REGIONAL PARTNERSHIP BOARD (RPB) APPROACH TO THE DELIVERY PLAN 2025/26 (PPPH/24/059)

MB and JW provided an overview of the development work undertaken across the RPB Evaluation, Prioritisation and Assurance (EPA) Framework, to strengthen decision making for the future Regional Investment Fund (RIF) funding programme into 2025/26.

The findings from the EPA process were presented to the RPB Executive and RPB Board in December which highlighted areas of stronger compliance and subjective support. The following areas were highlighted from the EPA process:

- The scoring generally worked as designed, noting a small number of questions led to some clustering of responses – the responses regarding population impact indicates a need to improve understanding;
- scores were consistent and aligned – which was positive in terms of the design process;
- More focus on business case development, monitoring of implementation plans, management of risk and development of exit strategies was indicated;
- Current performance management arrangements may not be picking up/addressing key issues, and;
- Differences between primary, secondary and tertiary prevention requires further work within the RPB partners

Members acknowledged the recommendations, and the process presented to the RPB Board on 31 January 2025 was endorsed.

KW highlighted the challenges going forward and the availability of resources to support the framework. Members noted the need to focus on exit strategies should projects be transferred and the need to capture learning for integrated into future programmes. KW thanked Joe Wellard, Mererid Bowley and colleagues from across the Voluntary sector and Powys County Council for the work undertaken.

The Committee **RECEIVED** the Regional Partnership Board Update for information noting the annual plan would be provided at the appropriate time.

TRANSFORMATION PROGRAMME: BETTER TOGETHER (PPPH/24/060)

DWL introduced the item and highlighted the new version of the report which Committee members would receive going forward as a result of the establishment of the Transformation and Improvement Directorate. CS provided members with an overview of the Better Together Transformation Portfolio. The following key areas were highlighted:

- A framework is currently in development for the portfolio approach, the overarching structure was presented at the January Better Together Portfolio Board with further development due in February.
- Work is ongoing under the Site Review Workstream to align Clinical Strategy with Estates Strategy, an update was presented to Informal Executive Committee on 18 December.
- The programme continue to work to the 2024/25 Delivery Plan, an update on Q3 progress has been included as part of the Health Board Q3 Integrated Plan progress report to the Delivery & Performance Committee.

The most significant risk identified for the present phase is the capacity across the organisation and partner organisations to deliver the Better Together portfolio, affected by a number of operational pressures, delivery of Temporary Service Changes and other monitoring and reporting requirements against the clinical model.

Members recognised the difficult decisions that the Board would need to consider based on the financial position together with the transformation agenda offering opportunity to alleviate system pressures. Members acknowledged and welcomed the collaboration of work undertaken under one governance model.

Independent Members sought assurance by asking the following questions:

Do you think there is capacity to stretch and increase pace against the deliverability and impact?

A moderation session was due to take place the following day with Executive colleagues to review the plan prior to submission to Welsh Government at the end of March. This is to ensure the priority elements are incorporated which contribute to the financial challenges, the development of financial planning and to seek opportunities for next year's implementation.

Is there a strategic interface of how Powys collaborate working with the Local Authority and sustainable Powys?

Given the scale of change over the next year, further discussion was required around reinvestment of money within existing allocations for change management, recognising further discussion was yet to take place. CS explained that the six projects are under review to form the model for Health and further assessment was required to understand the alignment of work across Powys County Council (PCC) and the Better Together Programme.

Has there been external change and leadership management facilitation or are there existing internal skills in place?

There is a Change Management process in Powys, however it was recognised that the landscape is cluttered with various methodologies utilised. Following the evaluation of the RPB, opportunity maybe presented to refine capacity.

The Committee:

- Took **ASSURANCE** on the progress made in relation to the Better Together Portfolio/Route Map to Sustainability;
- **NOTED** the planned forward activity and the risks identified in relation to organisational capacity to deliver the Portfolio and actions in place to support assessment and;
- **NOTED** further actions to be taken in relation to future reporting arrangements.

JW left the meeting 11:00

ADDITIONAL LEARNING NEEDS (ALN) UPDATE (PPPH/24/061)

CR introduced the report which outlined the activity under the Additional Learning Needs (ALN) since May 2024. ZA provided an overview on the structures that have been implemented to ensure Powys complies with its statutory duties under the Act.

Activity had progressed to support the collaboration between the Health Board and PCC in line with legislation. Significant activity had progressed to ensure that relevant

operational services have a clear understanding of the Health Education processes and mechanisms to ensure that these are correctly followed. Challenges with access to the ALN App and the development of dashboards had been delayed and the development of robust data validation processes implemented. A structure of regular meetings and bi-monthly reporting had been setup to provide assurance going forward.

It was noted that validated compliance data is not currently available, this would be available from April 2025 as a result of key changes in development. An update would be provided to the committee when available.

Members asked the following questions:

Do we think we are complying with statutory obligations under the terms of the Act?

LJ explained that key work had progressed in relation to this, and refinement of digital infrastructure was due to be undertaken to validate data. It was anticipated that data validation would be completed by the end of March and would be shared with members at the next meeting.

With future demand projected to rise contributing to the additional pressures on operational and the delivery of services, can the service meet the demand?

It was recognised that full implementation of the Act will place additional demand on operational services, especially in the Women and Children's Directorate. As new and additional demands presented by the Act come into effect over the next year, the demand and capacity activity will be fundamental to articulating risks and identifying potential solutions. Collaborative working with the Local Authority and Education Wales remains key to enabling mitigating actions identified which will report to the Women and Children's Quality and Performance Meeting on a regular basis.

Members recognised that learning from neurodevelopmental services is to be shared across ALN and the importance of children's referral patterns are in the right place. The service is challenged against the flow into the service and the education system where demand is variable. Members discussed the importance of connecting services across Education, Social Services, Family Support and the Health Board to support individual assessments and child requirements.

The Committee:

- **RECEIVED** the report and accepted it as an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act;
- **NOTED** an internal audit is underway reviewing the structures and processes in place to ensure compliance with the requirements of the ALN Act- an update would be provided to members when available.
- Took **ASSURANCE** of the activity to date and plans moving forward to meet the requirements of the ALN Act and;
- recognised that relevant data is not available to comply with Statutory Obligations and a further update would be received in due course.

Ian Thomas left the meeting at 11:39

Zoe Ashman, Luke Jones and Claire Roche left the meeting at 11:45

NORTH POWYS WELLBEING PROGRAMME (PPPH/24/062)

CS presented an update on the North Powys Wellbeing Programme, the key activity undertaken to date and a look forward of the programme including decisions pending from Welsh Government (WG) on Capital funding for the Integrated Wellbeing Hub. Assurance was provided that risks are being fully assessed and a robust plan to enable the partners to determine an appropriate way forward to deliver the case for change for Newtown that was strongly articulated in the Strategic Outline Case (SOC), dependent on WG funding decisions. The following key themes were highlighted:

- Submission of a joint letter from the Chief Executives of PTHB and PCC setting out a phased approach for capital development, but also clearly seeking full approval for the whole programme before partners could commit to taking forward the Integrated Wellbeing Hub as Phase 1.
- Submission of a bid to the Health & Social Care Integration and Rebalancing Capital Fund (IRCF) for first phase of the development: the Integrated Wellbeing Hub. The bid is to develop a combined Strategic and Outline Business Case (SOC/OBC) for the Hub to secure further capital funding to deliver the scheme.
- Ongoing liaison with WG officials to discuss next steps in relation to the IRCF application, with outcome expected by mid-March 2025.

Members recognised the importance of stakeholder and public engagement. This had been well received to date in relation to the campus in Newtown and therefore continuation of communication on progress remained a priority. It was recognised that since the inception of the North Powys Wellbeing programme a lot had changed, and it would be important to align work across organisations and their new strategies. It was noted establishment of the new Improvement and Transformation Directorate would provide opportunity to take stock and determine priorities for the future of the North Powys Wellbeing programme.

Members asked the following questions:

Is the anticipated IRCF funding likely to be fully or partly received?

The application is yet to be considered, noting larger schemes have been funded circa £40m. An update would be shared with members once received.

Can clarity be provided on the position of registered social landlords for student accommodation?

There is a common challenge across Powys for adequate accommodation for Students, visiting Doctors and International Educated Arrivals (Nurses and/or Medics) with appropriate facilities and further accommodation for wider families.

The Committee:

- **NOTED** progress on the programme;
- **NOTED** the commitment of the partners to the whole campus and original strategy but acknowledgment of the decision to a phased approach due change in funding strategy from Welsh Government (WG) due to availability of funding; and;
- **Took ASSURANCE** that robust programme management is being applied and that the Partnership has processes in place to determine the future strategy for delivery of the Campus.

SUMMARY OF SCREENING PROGRAMMES (PPPH/24/063)

MB provided a summary of the current adult screening uptake across Powys. There is geographical variation in uptake and Powys are generally higher compared to the average for Wales. Breast screening was noted to be the only programme where uptake is slightly below the national average.

The overall screening performance across Powys was relatively good with the inequity gap within individual programmes providing a more reliable insight into where activity should be focused.

Members asked the following questions:

Where are Powys' major and/or minor vulnerabilities?

MB explained uptake in Bowel Screening is relatively good, noting the reduction in age eligibility which continues to be monitored. Further work was required in terms of patient pathways. There has been a decrease in Cervical screening uptake which corresponded with introduction of HPV vaccination. The service continues to highlight the importance of attending for cervical screening which can be accessed through Primary Care.

Are we making an impact to reduce the inequality gap?

MB explained progress had been made in this area, recognising gaps are still present and further work required to reduce the impact.

What more can be done to reverse the reduced uptake trend across Breast and Cervical screening?

MB explained both services had been in recovery mode which had impacted coverage. Access to screening services across Powys had seen an improvement, and in February and March of this year, Breast Screening Wales is due to attend Knighton to provide services, which historically had not been available.

Diabetic Eye Screening uptake had seen an improvement at uptake of 84%. Work had been undertaken with Screening services to reduce and limit patients travel time to provide services within communities. An improvement in access of services has seen a positive impact on patient's health and reducing inequalities in uptake.

Members recognised the progress undertaken to date and suggested in future reporting to include a wider comparison in data from other regions beyond Wales.

The Committee took **ASSURANCE** from the actions being undertaken to maintain and increase further uptake and reduce inequity.

HEALTH PROTECTION SUMMARY REPORT (PPPH/24/064)

MB provided a summary of health protection incidents and outbreaks responded to during the last 12 months and updated on some of the proactive health protection work undertaken to respond to wider health protection threats.

Health boards have been allocated health protection funding to transition and develop an agile, integrated team with the ability to maintain ongoing response to the pandemic / post emergency pandemic phase and prepare for future health protection threats.

Members asked the following questions:

Due to the importance of the multi-agency exercise meeting on a regular basis, when is the next exercise likely to take place?

The last exercise which took place in March 2024 was well received. The M-pox exercise focused on the outbreak control plan which was utilised in the exercise response. There is a UK exercise being planned for later this year which will focus on looking at the pandemic response.

Where does Health Prevention begin and Health Protection end?

Looking at proactive health protection, a lot of work has been undertaken across Care Homes regarding Infection Prevention and Control (IPC) and the importance of providing support to prevent incidents occurring and preventing spread of infections. Health Improvement has a wider scope which includes working with individuals and population groups to modify behaviours.

The Committee:

- **RECEIVED** the contents of the report regarding health protection incidents/outbreaks responded to during the last 12 months;
- Took **ASSURANCE** that a process is in place to collect and report relevant data and;
- **NOTED** the proactive work undertaken to respond to wider health protection threats.

ENDOSCOPY SERVICES UPDATE (PPPH/24/065)

EL provided members with an update on the Powys Endoscopy Service JAG site reaccreditation assessment undertaken in March 2024 and progress undertaken to date against the required actions. It was noted that of the 19 endoscopy sites in NHS Wales, only three are currently JAG accredited the others are all working toward accreditation.

Following the assessment, it was advised that accreditation standards around speciality leadership had not been met and the award accreditation was deferred. JAG required the appointment of a new consultant speciality lead and job planned time for speciality leadership role. Recognising the significant service progress to date, JAG have advised that the re accreditation process will be scheduled for November 2025.

Members raised the following observations:

- The accreditation loss is a disappointing loss for staff and the importance to ensure that the team continue to be supported in their strength of work of achievement is acknowledged.
- To consider making contact with the medical assessor prior to the next assessment in November 2025 to gain assurance on the progress being made on medical in-reach services is coherent and robust.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that actions are in place in readiness JAG reaccreditation later in 2025.

COMMITTEE RISK REGISTER (PPPH/24/066)

HB presented the report and explaining that the Committee Risk Register had been in development and now provided an updated Risk Register inclusive of the two risks allocated to the Committee by the Board for enhanced oversight. All corporate risks continue to be reviewed by the relevant lead Directors prior to the next iteration of updates. The committee cycle and timing of each meeting will impact on whether the risk register updates have already been considered by the Board. The version shared in meeting had been presented to the Board on 29 January.

HB drew members attention to Risk 007 – Primary Care Services. It was noted that following a procurement process for General Practice Out of Hours service by Shropshire, Telford and Wrekin Integrated Care Board, it had been confirmed that the contract for Shropshire, Telford and Wrekin was due to be awarded to MEDVIVO. Currently this service is provided by ShropDoc, who also provide General Practices Out of Hours service for Powys under separate contract arrangements. Work is being undertaken to understand any potential impact in relation to Powys. An update would be provided on next steps at the relevant time.

It was noted that Committee has a key role to consider the relevant risks in more detail seeking assurance about the effective management of corporate risks.

Members asked the following questions:

CRR-010 Public Health Enquiry: *Two actions remain 'At Risk' although the deadline reflects different, can this be confirmed?*

MB confirmed the Business Continuity Audit of Community Services is due to be completed in Q4 2023/24 which remains 'on track' and a management plan is in place for care homes pathways and therefore has been completed. The status would be updated to reflect this.

The Committee:

- **RECEIVED** and **DISCUSSED** the corporate risks within the Committee's remit and;
- **TOOK ASSURANCE** that risks are being managed in line with the Risk Management Framework.

ITEMS FOR DISCUSSION

There are no items for inclusion within this section.

CONSENT AGENDA

NWSSP PERFORMANCE REPORT (FOR ASSURANCE)(PPPH/24/067)

The Committee **RECEIVED** the NWSSP Performance Report.

INTERNAL AUDIT REPORTS:

BOARD AND COMMITTEE STRUCTURE/EFFECTIVENESS (Substantial Assurance) (PPPH/24/068)

The Committee **RECEIVED** the Board and Committee Structure Effectiveness report.

COMMITTEE WORK PROGRAMME (PPPH/24/069)

The Committee **RECEIVED** the Work programme.

POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY

The Committee **RECEIVED** the PTHB Glossary.

OTHER MATTERS

ANY OTHER URGENT BUSINESS (PPPH/24/070)

There was no urgent business raised.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/24/071)

None.

COMMITTEE REFLECTIONS (PPPH/24/072)

The following summary and reflections were provided by Committee members:

- Comprehensive nature of Screening Programmes Update well received,
- Quality reporting and comprehensive discussions,
- ALN item – recognised the importance of receiving validated data,
- Good meeting flow and well chaired.

DATE OF THE NEXT MEETING (PPPH/24/053)

19 May 2025 at 10:00, via Microsoft Teams.

Meeting ended: 12:37

DRAFT

Lewis, Raychelle
13/05/2025 16:39:38

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

Lewis, Raychelle
13/05/2025 16:39:38



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item:5.1

Planning, Partnerships and Population Health Committee **19 May 2025**

Subject:	Strategic Change Report
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning, Planning Managers, Deputy Director (Engagement, Communication and Corporate Governance), Assistant Director for Performance and Commissioning
Other Committees and meetings considered at:	Executive Committee – 30 April 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.

Information that is additional in this quarter has been highlighted in red font and highlighted in this cover paper.

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	Y

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
2. Provide Early Help and Support	Y/N	

3. Tackle the Big Four	Y/N	Wales and England which may have an impact on Powys residents.
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 report provides an update of the broad, whole system view of each area's strategic change ambitions and plans and an overview of plans submitted to Welsh Government in March 2025 (where appropriate). It should be noted that the majority of health board plans in NHS Wales remain unsupported by Welsh Government at the time of publishing this report.

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

The report also includes the more detailed Service Change Engagement Report 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).

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. 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.

This report provides an update on the broad, whole system view of each areas strategic change ambitions and plans. These are subject to change, and this stocktake should be read with the caveat that it is based on intelligence at the time of producing the report.

The most recent Escalation and Intervention status, for each organisation in NHS Wales, has been included along with the Care Quality Commission ratings for English providers.

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.

The report also includes the more detailed Service Change Engagement Report 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).

Due to the timing of the report, information has been included relating to the submission of Plans to Welsh Government (where relevant).

Additional information in the slides for this quarter include:

- Changes in Escalation and Intervention Status for Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Swansea Bay UHB and Digital Health Care Wales
- Updates relating to Powys County Council "Sustainable Powys", "North Powys Wellbeing Programme" and "Better Together"
- Mid Wales Joint Committee priorities for 2025/26
- An update on Swansea Bay UHB independent review into maternity and neonatal services
- The workstream priorities for 2025/26 for the Regional and Specialised Services Provider Planning Forum
- An update on the Cwm Taf Morgannwg UHB temporary change to stroke service provision to the Royal Glamorgan Hospital Llantrisant from Prince Charles Hospital
- The new Velindre satellite radiotherapy centre at Nevill Hall Hospital is due to open to patients in June 2025 and Aneurin Bevan UHB engagement on their local general hospitals is planned for Summer 2025
- An update from the Southeast Wales Regional Portfolio Delivery Board
- The establishment of Southeast Regional Joint Committee
- An update on the National and Regional Stroke Programmes
- The outcome is still awaited on the Judicial Review of the Emergency Medical Retrieval and Transfer Service (EMRTS) Review
- Digital Health Care Wales have escalated from Level 1 to Level 3 related to delivery of major programmes
- The Shrewsbury and Telford NHS Trust (SATH) have made urgent temporary changes to oral and maxillofacial services and commenced Phase 1 works to modernise and redesign the Emergency Department (ED) at Royal Shrewsbury Hospital (RSH)

- There is a change to the spinal surgery referral pathway for patients referred to Wye Valley Trust for services provide by Robert Jones and Agnes Hunt Orthopaedic Hospital.

NEXT STEPS:

- The report will be shared with other key stakeholders including Welsh Government and Llais.
- The report is updated on a quarterly cycle, but views are welcomed on the frequency of this report and whether biannual reporting would be preferred.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

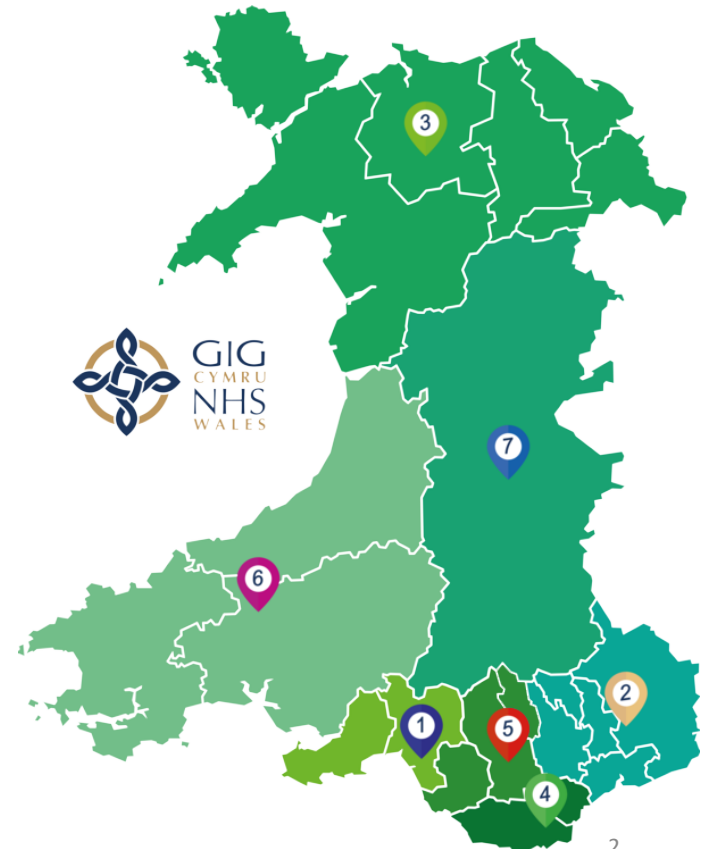
Strategic Change Update

Planning, Partnerships and Population Health Committee
May 2025

Lewis, Raychelle
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Purpose

- This report provides a broad, whole system view of each area's strategic change ambitions as recently published in their plans submitted to Welsh Government in **March 2025**. (Additional information and updates are included in red font).
- 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.

HDUHB& SBUHB Joint Committee established March 2024.

ARCH programme includes regional centre of excellence / regional services.

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

South West Wales Cancer Centre programme in place.

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

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

CTMUHB and CAVUHB are engaging on Stroke services in South Central Wales (as part of wider National Stroke Programme).

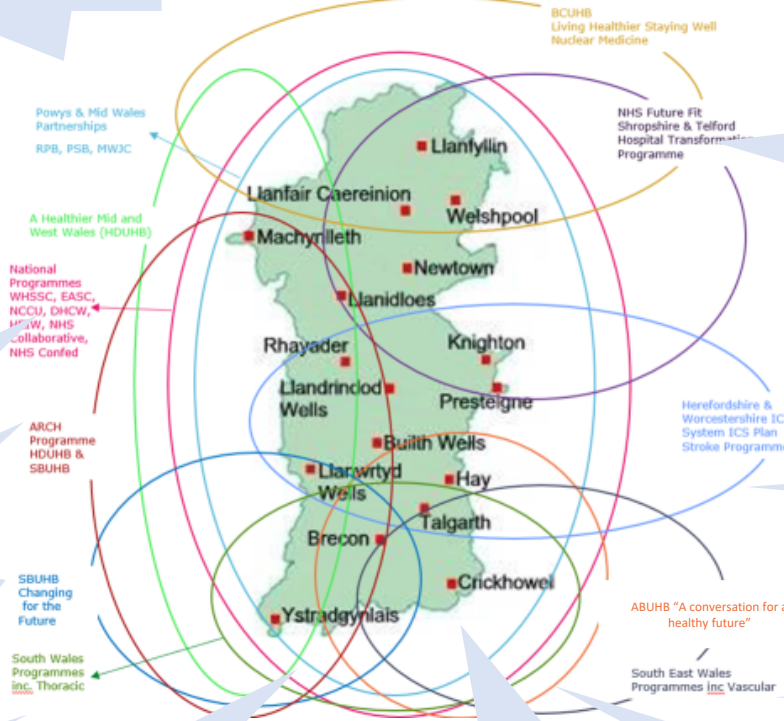
CTMUHB have developed an Integrated Medium Term Plan 2025-28.

South East Wales Regional Portfolio Board in place.

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

South East Wales Joint Regional Committee has been established.

Velindre 'Transforming Cancer Services' in South East Wales Programme includes Radiotherapy Satellite Centre at NHH, **due to open Summer 2025.**



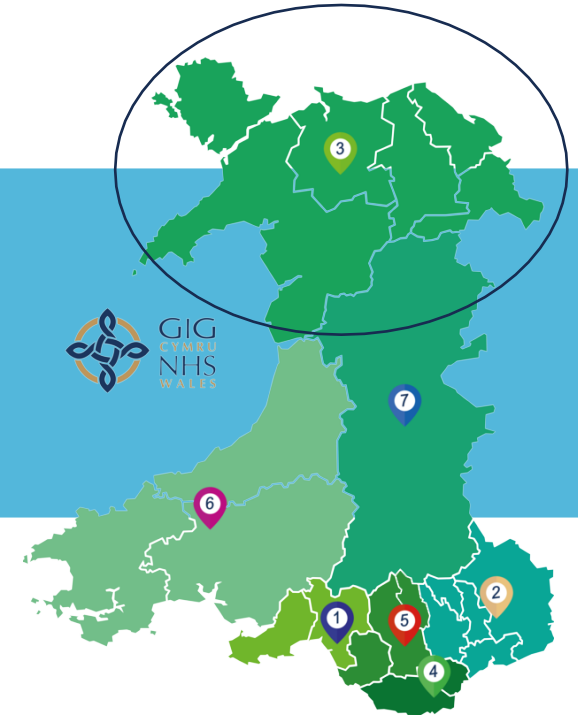
Welsh Government Escalation and Intervention Arrangements

(Latest statuses published 11th March 2025)

Organisation	Current Status
<ul style="list-style-type: none"> Aneurin Bevan University Health Board 	<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 pathways at The Grange University hospital emergency department.
<ul style="list-style-type: none"> Betsi Cadwaladr University Health Board 	<ul style="list-style-type: none"> Level 5 - Special measures
<ul style="list-style-type: none"> Cardiff and Vale University Health Board 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning (previously level 3)
<ul style="list-style-type: none"> Cwm Taf Morgannwg University Health Board 	<ul style="list-style-type: none"> Level 3 for finance, strategy and planning, and performance and outcomes relating to cancer and planned care (previously level 4) Level 4 for performance and outcomes relating to urgent and emergency care
<ul style="list-style-type: none"> Hywel Dda University Health Board 	<ul style="list-style-type: none"> Level 3 for leadership and governance, and performance and outcomes related to planned care and children and adolescent mental health (CAMHS). Level 4 for finance, strategy and planning, performance and outcomes, fragile services (including cancer and ophthalmology), urgent and emergency care, and Healthcare Associated Infections
<ul style="list-style-type: none"> Powys Teaching Health Board 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning
<ul style="list-style-type: none"> Swansea Bay University Health Board 	<ul style="list-style-type: none"> Level 3 for maternity and neonatal and performance and outcomes relating to planned care and children and adolescent mental health (CAMHS) Level 4 for finance, strategy and planning, performance and outcomes relating to cancer, urgent and emergency care and HCAIs.
<ul style="list-style-type: none"> Digital Health and Care Wales 	<ul style="list-style-type: none"> Level 3 for performance and outcomes related to deliver of major programmes (previously level 1)
<ul style="list-style-type: none"> Public Health Wales NHS Trust Velindre University NHS Trust Welsh Ambulance Services University NHS Trust Health Education and Improvement Wales 	<ul style="list-style-type: none"> Level 1 - Routine arrangements

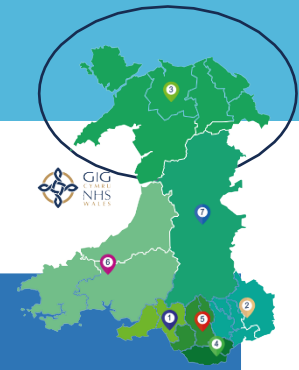
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North Wales



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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

- BCUHB have developed a 3 Year Plan 2025-28 which sets out the Health Boards 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 Health Boards's long term strategy, "Living Healthier, Staying Well". The Plan is required to respond to requirements following the escalation into Special Measures in March 2023 and also reflects shared priorities within the strategic partnerships in North Wales and nationally.
- The Board has set out five Strategic Objectives to guide improvement:
 - **Building an Effective Organisation** - Effective systems of governance, Establishing the Foundations for the Future, Responding to Legislative Requirements, Implementing the Quality Management System
 - **Developing Strategy and Long-lasting Change** - Developing and delivering a Health Board Strategy and Clinical Services Plan, Strengthening Planning and Commissioning, Improving the Environment, Estate and Facilities, Enhancing digital, data and technology approaches, Developing and delivering value and sustainability, Improving workforce planning and development, Working with regional partners
 - **Creating Compassionate Culture, Leadership and Engagement** - Culture Development, Leadership Development, Citizen engagement and partnership working, Welsh language and culture
 - **Improving Quality, Outcomes and Experience** - Prevention and Early Intervention, Primary Care including Clusters, Community Care, Planned Care, Cancer & Diagnostics, Urgent and Emergency Care, Adult Mental Health & Learning Disability, CAMHS, Neurodevelopment, Dementia, Currently 'Challenged Services', Women's services, Children & Young People, Pharmaceutical services, Palliative, End of Life and Bereavement Care, Dental services
 - **Establishing an Effective Environment for Learning** - University & Further Education Partnerships, Research, Development and Innovation, Academic Careers, Intelligence Led, Learning Organisation

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Mid and West Wales



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Powys has a 'co-terminous' health board and local authority, with one Powys Regional Partnership Board (and one Area Plan) and one Public Services Board (with one Wellbeing Plan).

Strategy / Plan	Key Points
A Healthy Caring Powys – 10 year Health and Care Strategy 2017 – 2027 (Powys Area Plan)	<ul style="list-style-type: none"> Shared health and care strategy formally approved by the RPB, PTHB, PCC in March 2018 and reviewed 2021/2022 to inform the refresh of the Area Plan. Area Plan submitted April 2023 followed by a refresh in 2024.
The Powys Well-being Plan – Towards 2040	<ul style="list-style-type: none"> This is overseen by the Powys Public Services Board (PSB); sets out ambitions for very long term 'inter-generational' sustainable development of Wellbeing in Powys
PTHB Annual Plan 2025-26	<ul style="list-style-type: none"> The Board approved Annual Plan submitted to Welsh Government on 31st March 2025 responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities. The Plan was written in Year 2 of the 5 year Plan submitted last year and continues to set out the Vision, Objectives and Strategic Priorities for the organisation. At time of publication, the plan remains unsupportable by Welsh Government given the deficit position planned for the year. Dialogue is ongoing with Welsh Government.
Powys County Council – Corporate Plan 'Stronger Fairer Greener'	<ul style="list-style-type: none"> The County Council have published 'Stronger Fairer Greener' which combines the Corporate and Strategic Equality plan; available at https://en.powys.gov.uk/article/14174/Our-Corporate-and-Strategic-Equality-Plan. Powys County Council are taking forward 'Sustainable Powys' which is about working together to design a future model, and also building resilience so community-led solutions can help meet local need. It is about being here for those who need support most"
North Powys Wellbeing Programme	<ul style="list-style-type: none"> The outcome of an IRCF bid has been received from Welsh Government in relation to Phase One of the revised three phase approach to establish the new multi-agency facility in Newtown. The first phase focusses on a range of integrated community facilities and work is now underway to revise and re-establish the work programme including the engagement & communication approach from Spring 2025.
Better Together	<ul style="list-style-type: none"> The aim of the Better Together Portfolio is 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. The staff feedback survey on the case for change closed in March, and feedback is being reviewed. Later this Spring, an updated Case for Change will be published ready for further engagement with patients, the public and wider stakeholders to shape the future of safe, quality health services for Powys.

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Powys – Plan on a Page



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



WORKFORCE FUTURES

CRITICAL ACTION:

- Workforce Transformation



DIGITAL FIRST

CRITICAL ACTIONS:

- Cybersecurity
- WCCIS Replacement



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP

CRITICAL ACTION:

- RPB Prioritisation for greatest system impact

Wellbeing Objectives

Strategic Priorities

Enablers



Bwrdd Iechyd Adlysgu Powys
Powys Teaching Health Board



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
<p>Strategic Intent</p>	<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>
<p>Vision - The population of mid Wales has access to safe, sustainable, bilingual and high quality integrated health and care services</p>	<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 effective, 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>
<p>Mid Wales priorities for 2025/26</p> <p><i>Lewis Raychelle 13/05/2025 16:39:38</i></p>	<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>

Mid and South West Wales



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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.

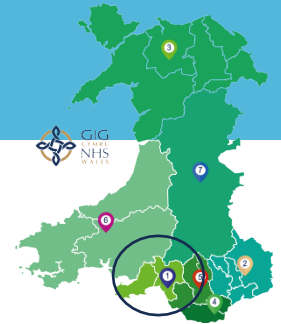
Strategy:

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, Diagnostics 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

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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. The plan reflects three overlapping drivers: the health needs of the population (which are particularly significant in some communities); the Cabinet Secretary's priorities (informed by the people of Wales) and vision to become a high-quality organisation, delivering excellent care and supporting healthy lives.

There is 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.

Strategic Objectives set out what the future of Swansea Bay UHB looks like for the population, community, staff and partners.

- People of Swansea Bay live healthier, equitable and more equal and prosperous lives
- Care is high quality, safe, efficient and delivers the best possible outcomes for people
- Care is delivered in safe and appropriate settings supported by innovative digital solutions
- The health board is a great place to work where staff feel valued and work together towards a common goal
- The health board is a resilient, financially sustainable and responsible organisation

Priorities and Special Programmes

Through our Planning we have identified particular areas for delivery and transformation to address key risks and fragility of services. In 2025/26, we will direct particular focus on these areas.

Ares of Focus		Special Programmes		
Urgent and Emergency Care	Frailty	Mental Health	Regional Pathology	Children & young People
	Diabetes			
Planned Care	Respiratory	Emergency Department	Cancer	Maternity & Neonatal
	Cardiovascular			

- 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 has completed its engagement with families on services and a report will be published by the end of April 2025.

Lewis Raychelle
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Update on
maternity and
neonatal review:

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”

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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 (HDUHB). 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 13/05/2025 16:39:38</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.

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 13/05/2025 16:39:38</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. The 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.



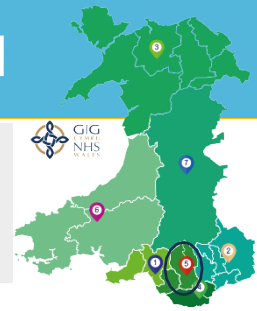
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

South / South East Wales



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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 Integrated Medium Term Plan for 2025 – 2028.

“CTM 2030: Our Health, Our Future” is the organisational strategy, which sets strategic goals and the ‘life course’ approach to support the delivery of the goals. CTM 2030 covers all aspects of population health delivery through public health, primary, community and mental health; integrated care with local authorities and third sector; and hospital services.

“Creating Health Strategic Plan” was drafted in 2025 and delivery will commence in 2025-26. The delivery of this will deliver improved outcomes for the population. The Primary and Community Services Transformation Programme will continue, with further work on expanding integrated enhanced community services which 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 and focuses on the changes to acute services provided across hospital sites and how these interface with primary and community services. Collaborative working regionally and nationally will continue to be vital with work towards delivery of the Llantrisant Health Park alongside other priorities in the South East Wales Regional Portfolio.

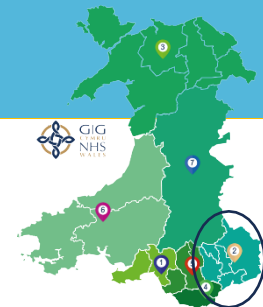
Putting Patients First: Guiding Principles:

- Preventing ill health
- Equity in care
- Bringing care closer to home
- Embracing digital healthcare
- Empowering staff and patients
- Improving the environment for care
- Leading by example in sustainability
- Collaboration is key

Change to stroke service provision:

Further information relating to the temporary change in stroke provision at Prince Charles Hospital can be found on slide 26.

Lewis, Raychelle
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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

Plan:

ABUHB have submitted an Integrated Medium Term Plan for 2025-28.

The plan sets out what will be achieved for the population over the next three years, but with a greater level of detail on the next 12 months. System changes are expected to be delivered across five themes:

- 1.Embedding prevention and population health in all that we do - Health Protection, Best Start in Life, Women's Health, Preventable Premature Mortality
- 2.Progressing place-based models of care and sustainability in primary and community services - Rightsizing of Commissioned Care, Access & Sustainability, Focus on Community Pathways, Place Based
- 3.Improving the urgent & emergency care system focusing on experience, access and discharge pathways – Admission Avoidance, Integrated Front Door, Integrated Back Door, Medical Service Redesign
- 4.Continuing to prioritise cancer, urgent and the longest waiting patients for planned care - Single Cancer Pathway, Health Pathways, Theatre Maximisation, Outpatient Transformation
- 5.Improving mental health services - Quality Improvement, Ministerial Priority Performance, Neuro-developmental Services, Rightsizing Inpatient & Transforming Community Services

Strategy:

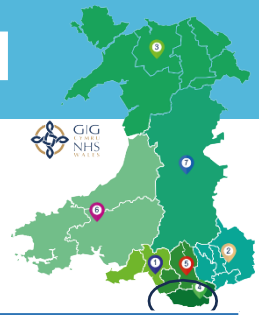
- The Health Board is currently finalising its new long term strategy following an extensive and successful public engagement in 2024. This is due to be considered by the Board in July. [A conversation for a healthy future - Aneurin Bevan University Health Board \(nhs.wales\)](#)

Satellite radiotherapy unit at Nevill Hall:

- 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.

Engagement:

- 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.



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.

Integrated Annual Plan 2025-26

Plan:

Cardiff and Value UHBB have submitted an Integrated Annual Plan which sets out how they will navigate the challenging operating environment whilst delivering outstanding quality in a sustainable way for patients through:

- Being clear on priorities, and focussing on actions that will have the greatest impact for people and the wider system
- Being bold and brave in leadership and thinking, to tackle the complex system-wide challenges faced in new and innovative ways
- Being transparent and realistic about what can be achieve within constraints

It is recognised that the organisation needs to change to mobilise the level of transformation required to deliver the strategy, *Shaping Our Future Wellbeing 2025-2035*, and vision, to reduce health inequities and deliver outstanding services for the population.

A set of Strategic Shifts have been developed to guide that change and next steps in delivering the strategy and strategic objectives over the next three years:

- From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing
- From variable quality of care and experience to utterly consistent quality and outcomes for all
- From analogue buildings to digitally connected people and places
- From firefighting today to planning for a sustainable tomorrow

“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.

Strategy:

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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 / decision 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)

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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.

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All Wales

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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 Centre 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.

National & Regional Stroke Programmes

With the establishment of the NHS Wales Executive in April 2023, the National Stroke Programme Board was subsumed within the Cardiovascular Strategic Network as a Stroke Implementation Network, with the work to develop a comprehensive stroke model forming a key part of the portfolio of work. A National Stroke Implementation Group and Board were established by the Welsh Government. National arrangements have been under review to consider effective alignment of programmes and resources for regional planning.

There are strategic changes in all areas of NHS Wales and cross border as noted below:

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.

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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.



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 a joint plan is 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.**

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Integrated Medium Term Plan 2025-28

Plan:

WAST have submitted an Integrated Medium Term Plan for 2025/28. The plan outlines the strategic vision and the steps to enhance and improve services, ensuring to continue to meet the needs of the public & patients, people and partners across Wales.

The health and care system remains under significant pressure, and as a national provider, WAST are acutely aware of the challenges this presents. However, they are also committed to identifying areas for improvement, increasing efficiency, and meeting the expectations of commissioners. This is a plan which aligns with Welsh Government priorities, particularly the Six Goals for Urgent & Emergency Care but also to take forward the recent announcement on ambulance response targets made by the Cabinet Secretary in March 2025 in the Senedd.

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 of 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.

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Digital Health and Care Wales (DHCW)

Integrated Medium Term Plan 2025-28

- DHCW have submitted an Integrated Medium Term Plan for 2025/28. DHCW has this year, 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 is incorporated in the Integrated Medium Term Plan, submitted to Welsh Government by 31 March 2025.

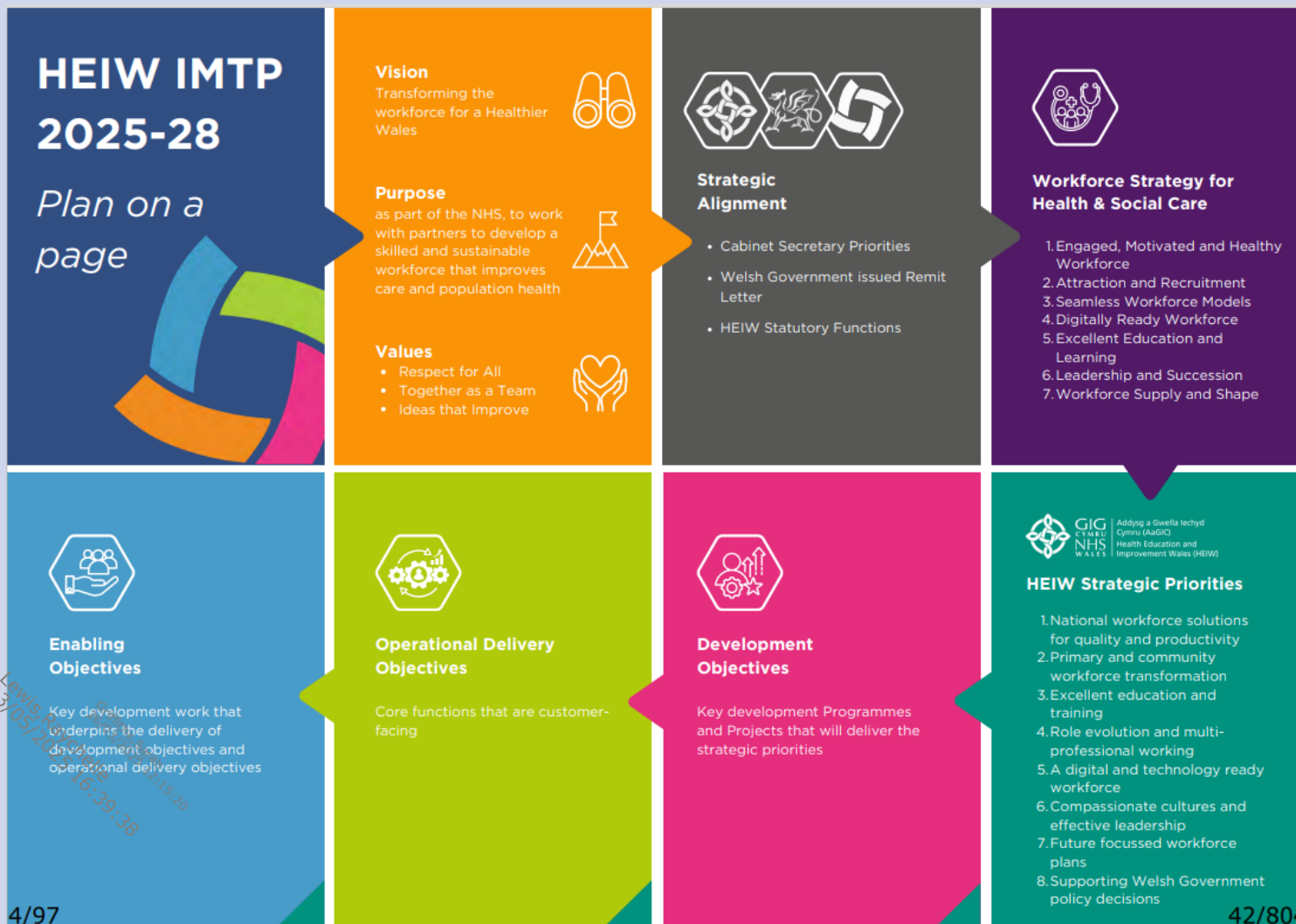
Portfolios	Plan on a Page 2025-28					
	QTR1	QTR 2	QTR 3	QTR 4	2026/27	2027/28
1.1 Data Platform and References Services	Encounters available in the Care Data Repository (CDR) to consume via APIs	Commence early wave of Health Board/Trusts migrations into the national data and analytics platform	National 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					

Missiion 5 Enablers: People and culture, finance, sustainability, stakeholder enqagement, quality and safety, governance, performance and assurance, commercial services, clinical informatics and business change.

Health Education and Improvement Wales (HEIW)

Integrated Medium Term Plan 2025-28

- HEIW have submitted an Integrated Medium Term Plan for 2025-28.



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Public Health Wales

Strategic Plan (IMTP) 2025-28

PHW have submitted a Strategic Plan for 2025-28. 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.



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Strategic Plan (IMTP) 2025-28

NWSSP Strategy Map

Delivering Value, Innovation and Excellence through Partnership

Our Values



Our Strategic Objectives



Plan on a Page 2025-26

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 enhanced emergency preparedness and resilience.	Continue with National Logistics Model for NHS Wales with a focus on rationalisation and standardisation.	Through the NWSSP's Inclusive Culture Action Plan continue to embed Anti Racist Wales Action Plan.



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Health Board

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Escalation and Assurance Arrangements in NHS England

- 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 shown below.
- 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).

Organisation	Current Status
The Shrewsbury and Telford Hospital NHS Trust	<p>Overall : Requires improvement</p> <p>Segment 4 - Recovery Support Programme (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.</p>
Wye Valley NHS Trust	<p>Overall: Requires improvement</p> <p>Segment 3 - of the NHSE Oversight Framework. (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)</p>
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	<p>Overall: Good</p> <p>Segment 3 - of the NHSE Oversight Framework. (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)</p>

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

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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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>	<ul style="list-style-type: none"> • Vision “ To provide excellent care 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
<p>Development works</p>	<ul style="list-style-type: none"> • 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 urgent conditions or 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 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.
<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.

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 262 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 851">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 1344 889">2. Develop the Veterans Service as a nationally recognised centre of excellence<li data-bbox="305 896 1166 928">3. Integrate MSK pathways across Shropshire, Telford and Wrekin<li data-bbox="305 935 935 966">4. Grow our services and workforce sustainably<li data-bbox="305 973 1170 1005">5. Innovation, education and research at the heart of what we do <p data-bbox="305 1051 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>

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

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):



Further information is available at [Integrated Care Strategy :: Herefordshire and Worcestershire Integrated Care System \(hwics.org.uk\)](https://www.hwic.org.uk)

Programme

Key Points

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 preferred model being presented at a Clinical Senate on 27th September 2024. The requirement to hold a Clinical Senate is part of the clinical service change guidance in England. Both the Director of Planning, Performance & Commissioning and the Director of Therapies were in attendance.

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
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Trust strategic objectives 2025/26

Spinal surgery referrals

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.

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.

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.

Our objectives 2025/26

QUALITY
 Improve urgent and emergency care with our One Herefordshire system partners, resulting in reduced demand for acute in patients beds and more care in the community
 Improve the inpatient experience by working with our partners to improve food quality

WORKFORCE
 Improve attendance and improve staff wellbeing
 Deliver and monitor job planning and e-rostering across all clinical services
 Increase the number of opportunities to grow our volunteer workforce, in numbers and reach

PRODUCTIVITY
 Deliver our Diagnostic Centre project to reduce waiting times for our population
 Implement our neighbourhood health model with One Herefordshire partners and deliver better value from the Better Care Fund

DIGITAL
 Improve the functionality of existing systems, improving user and patient experience and productivity whilst reducing paper usage
 Test artificial intelligence technology to deliver productivity and quality improvements and develop business cases for rapid implementation
 Develop a plan that sets out the future direction for electronic patient records

SUSTAINABILITY
 Deliver agreed secondary prevention initiatives and schemes that reduce referrals for elective services by working with general practice teams
 Improve the financial sustainability of the organisation by delivering a significant transformation programme

DELIVERED THROUGH PARTNERSHIP WORKING

Home First supported by technology and collaboration
 Supporting Domiciliary Care
 Be a very flexible employer
 Good health and wellbeing for everyone
 Embed prevention in every service
 Lead the NHS on carbon reduction

Our mission:
 To provide a quality of care we would want for ourselves, our families and friends

Wye Valley NHS Trust
 @WyeValleyNHS
 @WVTNHS
 www.wyevally.nhs.uk

Lewis, Raychelle
 13/05/2025 16:39:38

Briefing to PTHB Planning, Performance and Population Health Committee on 19 May 2025

Subject:	NHS Service Change Engagement and Consultation Quarter 4 (January 2025 to March 2025)
Approved and Presented by:	Helen Bushell, Director of Corporate Governance Nicola Johnson, Executive Director Planning, Performance and Commissioning
Prepared by:	Deputy Director (Engagement, Communication and Corporate Governance) Engagement Manager
Purpose:	This paper provides an overview of current and forthcoming NHS Service Change engagement and consultation activity with a potential impact for Powys residents, patients and services.
Recommendations:	<ul style="list-style-type: none">Take ASSURANCE from the report with regards to the delivery of engagement/consultation programmes for which the health board is directly responsible, and our contribution to partnership programmes (e.g. service change led by national committees, or by neighbouring health boards and Trusts)
Executive Summary:	<p>Health boards have key statutory duties to ensure continuous engagement in the planning and delivery of health services for which we are responsible (s183 NHS Wales Act). We must also ensure that we fulfil statutory and mandatory requirements in relation to service change engagement and consultation, including through liaison with Llais in accordance with national guidance on changes to health services (Welsh Government, May 2023).</p> <p>Engagement programmes and requirements are kept under review by the Deputy Director and the Engagement Manager drawing on intelligence from PTHB programmes, and cross-border forums. This includes a six-weekly strategic change review forum that brings together PTHB engagement, planning and commissioning team colleagues.</p> <p>The current priority programmes are summarised on page 3. Key highlights in this report include:</p> <ul style="list-style-type: none">24-001 Better Together: Stage One Engagement with patients, public and communities from 28 April 2025.24-004 EMRTS Rec 4: Engagement on recommendation 4 of the EMRTS review is paused pending the outcome of the Judicial Review that took place in January and February. The outcome is awaited. 23-010 EMRTS Phase 3 has been merged into this report.25-001 Hywel Dda Clinical Services Plan: New project opened to reflect forthcoming consultation by HDUHB on their clinical services plan.The Commissioned and Cross-Border Services Watch List has been updated to reflect plans by ABUHB for engagement later this year on their eLGH model including the future of services at NHH. <p>In addition, 23-005 (South Wales Hepatopancreatobiliary) and 23-007 (South Wales Specialist Auditory Hearing Implant Services) have been moved to the watch list as no engagement/consultation activity is imminent. 23-003 (South East Wales Cataracts) has moved into implementation with minimal impact for PTHB and has therefore been closed.</p>

Helen Bushell
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NHS Service Change Engagement and Consultation Report

Q4 UPDATE

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Engagement and Consultation Exception and Highlight Report

Engagement Under Way	24-001 Better Together Engagement	Ongoing
Consultation Under Way	None	
Engagement Planned or Under Consideration	23-002 South Central Wales Stroke Services	TBC
	23-004 North Powys Wellbeing Programme (Newtown Health and Wellbeing Campus Phase One Combined SOC/OBC)	From Summer 2025
	23-006 National Stroke Review	TBC
	24-004 Engagement on Recommendation 4 following the WAA/EMRTS review (see also 23-010)	Pending JR Outcome
Consultation Planned or Under Consideration	23-008 Herefordshire and Worcestershire Stroke Services	Expected during 2025
	25-001 Hywel Dda Clinical Services Strategy (NEW)	Expected May 2025
Outcome awaited	None	
Watch List:	PTHB Primary Care Watch List	See Slide
	Commissioned and Cross-Border Services Watch List	See Slide
Implementation:	24-002a PTHB Temporary Changes to health services in Powys (MIUs, community hospital model)	Implemented Q3 25/26
Archived / Transferred:	<p>The following projects have transferred to the watch list since the last report as engagement and/or consultation is not considered imminent:</p> <ul style="list-style-type: none"> - 23-005 South Wales Hepatopancreatobiliary - 23-007 South Wales Specialist Auditory Hearing Implant Services <p>In addition, 23-010 EMRTS Review has been merged with 24-004, and 23-003 South East Wales Cataracts has been closed</p>	Any programmes can be re-opened in future reports if further engagement or consultation actions are planned or initiated.

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Engagement Under Way	24-001 Better Together
Current Status	<ul style="list-style-type: none"> • The first phase of the three-phase engagement process is underway to seek views from the public and key stakeholders on the future permanent shape of safe and sustainable health services in Powys. • Engagement on protected characteristics nearing completion. See 24-001a for more details. • Staff engagement and analysis of feedback took place in March 2025 and resulted in a revised Case for Change.
Lead Body	<ul style="list-style-type: none"> • PTHB
Overview	<ul style="list-style-type: none"> • PTHB is using data/evidence around health needs to develop and agree the future model of health services for Powys residents • An initial period of integrated engagement by PTHB and PCC on Better Together / Sustainable Powys took place in February and March 2024. Progress was affected by the General Election period and then by the need to re-focus on measures to improve the immediate and in-year financial position. • The Better Together approach was refreshed following the appointment to the key role of Director of Improvement and Transformation. Programme governance and methodology was finalised with engagement on a detailed case for change being socialised and tested with the public and Powys communities. Including some specific engagement around protected characteristics to inform the EQIA. • In support of this work, a review of engagement activity during 2024 was undertaken in to identify key insights and themes arising from engagement to support the development of the case for change. • PTHB also undertook engagement on a number of proposed temporary service changes (see 24-002) whilst planning for Better Together.
Impact and interdependency	<ul style="list-style-type: none"> • This work potentially affects all residents of Powys who use both health board and council services including those who are registered patients who may live just outside our borders. • There are interdependencies with public experience and perception of both council and health services, and with the Powys County Council Sustainable Powys Programme.
Key Dates	<ul style="list-style-type: none"> • Staff survey closed 7 March 2025. Additional insights captured by WOD and all views analysed and fed into a revised Case for Change. • Pre-engagement underway until 25 May with public/stakeholders on the draft C4C seeking views using a SWOT format. • Prior to this, an initial period of engagement took place during February and March 2024 with third sector and TCCs. Outputs from this work were published on the Have Your Say Powys website in May 2024.
Key Materials	<ul style="list-style-type: none"> • Engagement materials including the summary Case for Change, the survey and additional information around key challenges, key themes heard from engagement and an Easy Read are available on the Have Your Say Powys website at https://www.haveyoursaypowys.wales/better-together-spring25 • The outputs of engagement during February and March 2024 are also available from the Have Your Say Powys website at Better Together Engagement - a sustainable approach for Powys Have Your Say Powys
Engagement Planning	<ul style="list-style-type: none"> • Plans are being developed by the Programme Team/ODEC group for Phase II on Adult Community & Frailty and Adult Mental Health services.
Llais Liaison	<ul style="list-style-type: none"> • Llais continues to be briefed through our regular touchpoints. Better Together Programme governance has been developed with Llais invited to attend the relevant meetings.
4/15 Updated	15 April 2025

Current Status	<ul style="list-style-type: none"> • Early engagement with Powys residents and groups who match the protected characteristics set out in the Equality Act 2010 took place during March and April. • Feedback is being analysed, and a report is due by end May 2025 to support and complement the feedback report for the end of the Phase I engagement
Lead Body	<ul style="list-style-type: none"> • PTHB with Practice Solutions
Engagement Overview	<ul style="list-style-type: none"> • The work was conducted by both a contracted company (Practice Solutions) and PTHB engagement officers to help PTHB better understand how our services are viewed, accessed and rated. • Feedback from this will aid development of a comprehensive EQIA for the Better Together programme. • Engagement took place with individuals, advocates or groups from the following protected characteristics: Age, Disability, Gender reassignment, pregnancy and maternity, race, sex, and sexual orientation. • Engagement specifically related to marriage and civil partnership, and religion or belief was not undertaken. The latter was due to a lack of response to requests made to engage with parishioners attending some churches in the county.
Impact and interdependency	<ul style="list-style-type: none"> • The engagement with individuals, advocates and groups will support and supplement the feedback received to date from 2024, from staff and from the current Phase I pre-engagement. • Views collated from this piece of work will be analysed and feed into both the EQIA and the feedback report required for Board.
Key Materials	<ul style="list-style-type: none"> • A script and key questions were agreed and a SWOT chart also developed for use in engagement sessions as appropriate.
Last Updated	15 April 2025

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Current Status	<ul style="list-style-type: none"> • South East Wales regional planning group held a briefing session with Llais on 27 November 2024. A joint summit between CAV and CTM determined the current position and intentions for delivering stroke services in the South-Central Wales region and made recommendations to the South East Wales Regional Portfolio Delivery Board on 11 April 2025. Next steps awaited.
Lead Body	<ul style="list-style-type: none"> • CAVUHB (host) and CTMUHB
Overview	<ul style="list-style-type: none"> • Cardiff and Vale University Health Board (CAVUHB) and Cwm Taf Morgannwg UHB (CTMUHB) are working, with other partners including the Stroke Association, to improve the quality and outcomes of stroke care. This is part of the wider national stroke review (see 23-006). • Public engagement work has been paused since November 2023. Work resumed with a briefing for Llais on 27 November 2024.
Impact and interdependency	<ul style="list-style-type: none"> • PCH was the main provider of hyperacute and acute stroke services for many communities in south Powys. Urgent changes were introduced in January 2025 to temporarily consolidate stroke services at RGH including temporarily closure of services at PCH. • There are interdependencies for Powys residents with the review under way on the future shape of stroke services in Herefordshire and Worcestershire (see 23-008) and with the national stroke review for Wales (see 23-006)
Key Dates	<ul style="list-style-type: none"> • Briefing with Llais regional directors took place on 27 November 2024. • Urgent temporary changes to stroke services at PCH announced December 2024 and commencing from w/b 6 January 2025: • CAV/CTM summit made recommendations to Regional Oversight Board, which considered them on 11 April 2025
Key Materials	<ul style="list-style-type: none"> • Information about previous engagement is available from Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales) and on the PTHB website https://pthb.nhs.wales/news/health-board-news/stroke-services-in-south-central-wales1 • Information about the next steps on engagement will be added here once confirmed.
Engagement Planning	<ul style="list-style-type: none"> • PTHB has been working with CAVUHB and CTMUHB, and as part of the national stroke review in Wales. • PTHB is in contact with stroke teams and undertaking stakeholder mapping to identify potential opportunities to engage with affected communities via third sector and direct comms/engagement.
Llais Liaison	<ul style="list-style-type: none"> • Regular local touchpoints provide a forum for any updates and escalations.
Last Updated	<ul style="list-style-type: none"> • 17 April 2025

Llais: Raychelle
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Current Status	<ul style="list-style-type: none"> • Welsh Government has confirmed IRCF funding (27th March 2025) to support the development of a combined SOC/OBC for Phase One as part of the revised three phase approach. Planning is now under way for engagement to support SOC/OBC development.
Lead Body	<ul style="list-style-type: none"> • PTHB & PCC / RPB
Overview	<ul style="list-style-type: none"> • As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown. Plans for the health and wellbeing campus include a new hospital building for Newtown (including an Urgent Care Centre, in-patient beds, a midwife-led birthing unit, more planned care services as well as improved diagnostic equipment), social care and well-being facilities (working in hand with the voluntary sector), a new Health and Care Academy - working closely with the town's library. • The site will also be an innovative partnership as the location for the new Ysgol Calon y Dderwen building replacing the current primary school facilities is on the site. • Welsh Government has indicated that a phased approach is more likely to be affordable within public sector capital constraints. PTHB and PCC have set out a phased approach and Welsh Government has recently approved IRCF bid for funding to support the development of a combined SOC/OBC for Phase One of a three phase programme.
Impact and interdependency	<ul style="list-style-type: none"> • The scheme supports overall mitigation associated with the NHS Future Fit decisions being implemented in Shropshire and Telford & Wrekin through the Hospitals Transformation Programme (HTP). Specifically, the HTP aims to establish Royal Shrewsbury Hospital as the main Emergency Care Centre within The Shrewsbury and Telford Hospital NHS Trust, with Princess Royal Hospital as the main Planned Care Centre. This will bring more emergency care services closer to North Powys but some planned care services for North Powys residents will transfer from RSH to PRH. The North Powys Wellbeing Newtown campus aims to provide more planned care services within Powys to support mitigation. • The scheme has a key interdependency with the PCC schools' transformation programme including plans for a co-located new school build. • The future development of the North Powys Wellbeing programme will interface with the Better Together programme.
Key Dates	<ul style="list-style-type: none"> • Next phase of structured engagement currently being finalised following recent approval on IRCF bid • This will include the next joint Town and Community Council session with PCC (Newtown Hub area, 1 May 2025)
Key Materials	<ul style="list-style-type: none"> • Regular Programme Bulletins will be relaunched for stakeholders: POWYS WELLBEING WELLBEING HEALTH.
Engagement Planning	<ul style="list-style-type: none"> • The next phase of engagement activity is being developed following the recent IRCF bid outcome.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoint meetings provide an opportunity to engage with the Llais regional director.
Last Updated	<ul style="list-style-type: none"> • 15 April 2025

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Current Status	<ul style="list-style-type: none"> • The national engagement and communication workstream has been paused since Spring 2024 and an update has been requested.
Lead Body	<ul style="list-style-type: none"> • NHS Wales Executive (National Stroke Programme Board) with four regions: North (BCUHB), South West (HDdUHB and SBUHB), South Central (CAVUHB & CTMUHB), South East (ABUHB) and all seven health boards.
Overview	<ul style="list-style-type: none"> • Several factors affect the clinical sustainability of these services and there is an opportunity to review the overall model of service delivery to ensure the best outcomes for the people of Wales. A programme of work is under way to identify options for a sustainable future. • A new Network Support Manager has been appointed, which it is hoped will support the reinvigoration of national programme activity.
Impact and interdependency	<ul style="list-style-type: none"> • Changes to stroke services in any of the four regions may have an impact on pathways for Powys residents. There is a need at a national level to ensure that there is a co-ordinated approach across all four regions, to consider the impact and interdependency of regional proposals for Powys and, also interface with change programmes in England. (Shropshire and Telford & Wrekin Hospital Transformation Programme, Herefordshire and Worcestershire Stroke Review)
Key Dates	<ul style="list-style-type: none"> • The immediate focus is expected to be on socialisation of the case for change as well as a refreshed FAST campaign.
Key Materials	<ul style="list-style-type: none"> • Next steps to be developed and agreed through re-established national workstream meetings.
Engagement Planning	<ul style="list-style-type: none"> • Next steps to be developed and agreed through re-established national workstream meetings.
Llais Liaison	<ul style="list-style-type: none"> • Fortnightly touchpoints with Llais Regional Director provide an opportunity to share updates on this work.
Last Updated	<ul style="list-style-type: none"> • 13 January 2025

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Current Status	<ul style="list-style-type: none"> • Engagement on a proposed new emergency service for remote, rural and coastal communities arising from Recommendation 4 following the EMRTS/WAA review is paused pending the outcome of Judicial Review.
Lead Body	<ul style="list-style-type: none"> • JCC is co-ordinator for this engagement on behalf of all health boards, with health boards having key responsibilities for delivery of engagement in their areas.
Overview	<ul style="list-style-type: none"> • Recommendation 4 following the EMRTS/WAA review led to the establishment of a task and finish group to look at options for an enhanced rural road service. • An update on this work was presented to a meeting of the JCC on 12 November 2024 setting out the high level commissioning intentions, the work of the Task & Finish group and some operating principles which were all supported. WAST has been asked to develop a delivery model for the service in response to these commissioning intentions. An update on this work is expected to be presented to JCC later in Q4. • However, further engagement is paused pending the outcome of judicial review
Impact and interdependency	<ul style="list-style-type: none"> • Interdependency with EMRTS/WAA outcomes, current judicial review, and wider emergency care system.
Key Dates	<ul style="list-style-type: none"> • Judicial Review took place January / February 2025 with outcome awaited. • Next steps on Recommendation 4 engagement pending.
Key Materials	<ul style="list-style-type: none"> • TBC
Engagement Planning	<ul style="list-style-type: none"> • A regular touchpoint meeting is in place with representatives from JCC, health boards, WAST, EMRTS and WAA to support a coordinated approach to engagement.
Llais Liaison	<ul style="list-style-type: none"> • Fortnightly touchpoints with Llais Regional Director provide an opportunity to share updates on this work. • Llais Powys Regional Director attends national Task and Finish Group as observer
Last Updated	<ul style="list-style-type: none"> • 15 April 2025

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Current Status	<ul style="list-style-type: none"> • Timetable for formal consultation awaited
Lead Body	<ul style="list-style-type: none"> • Herefordshire and Worcester Integrated Care System Stroke Programme Board. PTHB and WAST are members of the programme board, with Llais Powys region as observers.
Overview	<ul style="list-style-type: none"> • A review of stroke services in Herefordshire and Worcestershire is currently under way. This includes the stroke services provided at County Hospital in Hereford. They are looking at the best way to deliver quality stroke services, including for the patients they serve in Powys. A key driver is the challenge in recruiting and retaining sufficient specialist staff including specialist stroke consultants to meet national clinical standards for hyperacute and acute stroke services on two sites. • Discussions have been ongoing for several years, including previous engagement activities with local stakeholders to raise awareness of the challenges and discuss possible solutions. • A formal period of engagement took place from 20 September 2022 to 11 November 2022. Following engagement, refined proposals are being developed for review through the Clinical Senate process in England. • A Clinical Senate review took place in September 2024. Following this, H&W ICB is working up plans for future consultation but a timetable remains to be confirmed.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals affect people in mid and east Powys for whom Hereford County Hospital is their main acute hospital for hyperacute and acute stroke services. Under the proposals, County Hospital would no longer provide hyperacute and acute stroke services which would be centralised to Worcester. A pathway would be in place for triage, assessment and diagnostics at County Hospital including provision of thrombolysis as needed. • Local rehabilitation and community services in Powys are not directly affected, and nor are stroke pathways for residents in other parts of Powys (e.g. Princess Royal Hospital, Bronglais Hospital, Morrision Hospital – although temporary changes to stroke services at Prince Charles Hospital have been introduced from January 2025). • There are important interdependencies with proposals for the future shape of stroke services in Wales (see 23-006) and in neighbouring regions (see 23-002).
Key Dates	<ul style="list-style-type: none"> • Timetable awaited
Key Materials	<ul style="list-style-type: none"> • Website for engagement period: https://pthb.nhs.wales/hereford-stroke
Engagement Planning	<ul style="list-style-type: none"> • A local PTHB engagement plan was delivered to raise awareness of these proposals amongst Powys populations and stakeholders.
Llais Liaison	<ul style="list-style-type: none"> • There has been ongoing liaison with Llais and previously with the CHC. Llais Powys region has observer status on the Herefordshire & Worcestershire Stroke Programme Board.
Last updated	<ul style="list-style-type: none"> • 15 April 2025

Current Status	<ul style="list-style-type: none"> • Formal consultation expected from May 2025
Lead Body	<ul style="list-style-type: none"> • HDUHB
Overview	<ul style="list-style-type: none"> • HDUHB is developing a clinical services plan to support the medium to long term safety and sustainability of a range of services they provide, including to respond to fragility issues until the new Emergency and Planned Care Hospital is established. • The following pathways are being reviewed: critical care; urgent & emergency paediatrics; planned care (dermatology, elective orthopaedics, ophthalmology, urology); emergency general surgery; stroke; diagnostics (endoscopy & radiology); primary care & community.
Impact and interdependency	<ul style="list-style-type: none"> • Work is under way to develop a baseline assessment of Powys utilisation of the affected pathways, and to map the potential impacts of scenarios under consideration by PTHB. However, based on updates presented to HDUHB Board the key impacts appear to relate to stroke services for which all preliminary options propose that BGH becomes “treat and transfer” with acute inpatient stroke services located in Llanelli or Withybush. • PTHB expects to be undertaking engagement on Better Together and further development of North Powys Wellbeing during the consultation period. In addition, there are potential interdependencies with other neighbouring service development and fragility issues (e.g. CTM Stroke).
Key Dates	<ul style="list-style-type: none"> • January to May 2025: Planning consultation • May to August 2025: Consultation period • August to October 2025: Analysis and conscientious consideration • November 2025: Board decision
Key Materials	<ul style="list-style-type: none"> • Further information awaited from HDUHB
Engagement Planning	<ul style="list-style-type: none"> • HDUHB holds monthly touchpoints with neighbouring health boards. PTHB has provided HDUHB with our KLOEs for assurance of consultation relating to commissioned services.
Llais Liaison	<ul style="list-style-type: none"> • Fortnightly touchpoints provide an opportunity to discuss current position and next steps with Llais Powys including planning for consultation.
Last updated	<ul style="list-style-type: none"> • 15 April 2025

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Primary Care Watch List - last updated 15 April 2025

Issue	Description	Engagement / Communication
Llanfair Caereinion replacement surgery premises	Planning for new premises for Llanfair Caereinion Medical Practice.	Next community newsletter under consideration. Updates on the current position have been provided to Llais via regularly fortnightly touchpoint meetings.
Montgomery Medical Practice branch surgery relocation	Relocation of Ladywell branch surgery to St David's House.	CLOSED: Montgomery Medical Practice has moved from their previous premises in Ladywell Surgery in Newtown to new premises in St Davids House in Newtown. Move took place week commencing 3 March 2025.
Shropshire and Telford & Wrekin GP Out of Hours	Re-procurement of GP Out of Hours in Shropshire and Telford & Wrekin	Shropshire and Telford & Wrekin Integrated Care System has been undertaking a procurement process for GP out of hours services. Following a recent announcement of the extension of the standstill period an update is awaited. In the meantime, PTHB will be planning ahead for our own procurement process once the current contract with Shropdoc ends.
Belmont Branch Surgery (23-011)	Closure of Crickhowell Medical Practice branch surgery in Gilwern.	The next steps include plans by Llais for further follow-up survey with local communities to be distributed in early June 2025 ahead of their Llais Local engagement in Crickhowell in July.
Rhayader GP Surgery	Termination of contract by current contractor	A letter has been issued to the households of all registered patients to explain that a procurement process is under way and to reassure patients that they will continue to access GP primary care services in the normal way.

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Commissioned & Cross-Border Services Watch List

Our watch list includes:

- Service changes in neighbouring health board and ICB areas that have not reached the threshold for active public/community engagement planning and activity by PTHB
- Intelligence regarding issues where active engagement and/or communication programmes is not currently underway, but is anticipated in future

ABUHB	<ul style="list-style-type: none"> • ABUHB launched "A conversation for a healthy future" as part of the development of a 10-year plan for healthcare in Gwent: A conversation for a healthy future - Aneurin Bevan University Health Board (nhs.wales) • Work is underway on next steps on Nevill Hall Hospital service model as part of wider ABUHB programme to define the role of eLGHs (also in context of RAAC). This will include engagement on some core principles regarding the eLGH model with some work on ward reconfiguration. Timeframe for engagement to be confirmed.
CAVUHB	<ul style="list-style-type: none"> • An 8-week engagement on "Paediatric Service Redesign - Shaping Our Future Clinical Services" has concluded: Shaping Our Future Clinical Services - Shaping our Future Wellbeing. Next focus will be on emergency care although the timetable is awaited due to staffing.
CTMUHB	<ul style="list-style-type: none"> • Next steps on acute clinical services plan • Temporary changes to POW maternity and neonatal services ended in February 2025 – no direct impact for Powys pathways • Urgent temporary service changes to stroke services are in place from w/b 6 January 2025 including the transfer of stroke services from Prince Charles Hospital to the Royal Glamorgan Hospital. Work under way with CTM, WAST and other partners regarding impact for residents in the south of the county for whom PCH is normally their nearest stroke centre.
Other South East Region	<ul style="list-style-type: none"> • Next steps on South East Wales regional programmes currently under discussion – establishment of new Regional Committee recently announced by Cabinet Secretary. • South East Wales cataracts moving to implementation.
HDUHB	<ul style="list-style-type: none"> • Next steps on the Clinical Service Plan is now included as 25-001 with planning under way for consultation from May 2025. • Temporary changes to paediatric inpatient services at Bronglais General Hospital due to staffing challenges. • Decision to close inpatient beds at Tregaron hospital - no direct impact for Powys but shared for wider strategic awareness. • Decision to temporarily close PPH MIU close overnight from 1 Nov as an urgent change – no direct impact for Powys but shared for wider strategic awareness. Formal consultation on future model taking place for 12 weeks from April 2025.
SBUHB	<ul style="list-style-type: none"> • Engagement in relation to the future of Cwmllynfell branch surgery took place in 2019 but the process did not reach a conclusion at that time. The branch, which is accessed by some residents of south-east Powys, is temporary closed. Engagement on the future of the branch is expected at some point but timetable confirmed.
Other South & West Region	<ul style="list-style-type: none"> • None identified
Other South Wales	<ul style="list-style-type: none"> • South Wales Oesophago-gastric Cancer Surgery – potential for future engagement and/or consultation on sustainable clinical model. • Interventional radiology and vascular services in South Wales. • South Wales Specialist Auditory Hearing Implant Devices – the JCC continues to seek a designated provider for the service. • Further updates awaited on South Wales Hepatopancreatobiliary services
BCUHB	<ul style="list-style-type: none"> • Nuclear Medicine / PET CT – clarification requested from WHSSC regarding mitigation action if decision is made to locate future PET CT in permanent location in Glan Clwyd rather than current mobile location in Wrexham Maelor. • Community hospital beds in Tywyn remain temporarily closed
All-Wales	<ul style="list-style-type: none"> • Cessation of provision of secondary care allergy services from outside Cardiff & Vale. WG has asked for information to map alternative provision.
Herefordshire & Worcestershire	<ul style="list-style-type: none"> • WVT haematology service arrangements.
Shropshire and Telford & Wrekin	<ul style="list-style-type: none"> • We continue to take a watching brief in relation to The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme which will establish Royal Shrewsbury Hospital as the main centre for emergency care and Princess Royal Hospital as the main centre for planned care. As part of the current enabling works at RSH the outpatient entrance is currently closed and phlebotomy services have temporarily relocated to south side.
Other England	<ul style="list-style-type: none"> • None identified

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Current Status	<ul style="list-style-type: none"> • Proposals were approved by PTHB Board on 10 October 2024 following engagement from 29 July to 8 September 2024. Progress reports are presented to PTHB Board every two months. Evaluation of six-month temporary change period and recommendations for next steps due to be considered by the Board in July 2025.
Lead Body	<ul style="list-style-type: none"> • PTHB
Overview	<ul style="list-style-type: none"> • A six-week engagement took place on temporary changes to the opening hours of Minor Injury Units in Brecon and Llandrindod Wells and to the PTHB inpatient community bed model (introduction of two "ready to go home" units in Llanidloes and Bronllys, and clinical colocation of inpatient rehabilitation in Brecon and Newtown).
Impact and interdependency	<ul style="list-style-type: none"> • Primary impact relates to (a) people who may experience a minor injury overnight in the Brecon or Llandrindod Wells areas and (b) people experiencing community hospital admission particularly those assessed as medically fit for discharge and those requiring rehabilitation. • Given the nature of the proposed changes there are minimal interdependencies with neighbouring health boards. Integrated working taking place with key partners including PCC and PAVO to ensure coordinated approach to health and care planning. Potential for additional travel for some families/carers to visit patients in hospital.
Key Dates	<ul style="list-style-type: none"> • Engagement on temporary service changes took place from 29 July to 8 September 2024. • Board Approval of recommendations following engagement on 10 October 2024. • MIU temporary changes implemented from w/b 18 November 2024. • Inpatient temporary changes implemented from w/b 2 December 2024. • Monitoring and evaluation ongoing with report due to be presented to Board in July 2025.
Key Materials	<ul style="list-style-type: none"> • Bespoke leaflets created for Ready To Go Home Units and Rehabilitation Units • Regular updates issued via HB channels including static content available from PTHB website
Engagement Planning	<ul style="list-style-type: none"> • Recommendations for the next steps will be considered by the Board in July based on evaluation of the temporary changes.
Llais Liaison	<ul style="list-style-type: none"> • Ongoing liaison through Llais touchpoints and Temporary Service Change Programme Board
Last Updated	22 April 2025

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Sources of Intelligence

The key sources of intelligence informing this report include:

- Ongoing horizon scanning of commissioned services (e.g. board papers, websites, social media)
- Fortnightly touchpoint meeting with Llais Regional Director and PTHB Directors & Deputy Directors
- Monthly touchpoint meeting with Llais Deputy Regional Director and PTHB Engagement Manager
- Monthly meeting of NHS Wales Directors of Communication
- Six-weekly meeting of NHS Wales Heads of Engagement
- Monthly system meeting with NHS and local authority partners from Shropshire and Telford & Wrekin (monthly strategic communications forum, monthly involvement and insight network)
- Monthly system meeting with NHS and local authority partners from Herefordshire and Worcestershire

Insight is reviewed at a monthly meeting of the PTHB Engagement Team, and at least quarterly in a Strategic Change touchpoint session with colleagues from PTHB Planning and Commissioning teams.

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Subject:

Whole System Approach to Healthy Weight in Powys – briefing and update on progress in 2024/2025

Approved and Presented by:

Mererid Bowley, Executive Director of Public Health

Prepared by:

Head of Service, Public Health Programmes and Projects
Principal Public Health Practitioner

Purpose:

The purpose of this paper is to provide an update on the Whole System Approach to Healthy Weight programme in Powys and assurance about the progress made on delivery during 2024/25.

Recommendations:

Committee Members are asked to:

- **NOTE** the contents of this briefing
- Take **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.
- **NOTE** 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.
- **NOTE** 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.

Committee Summary:

Overweight and obesity are risk factors for a wide range of health conditions and are associated with significant costs for health and social care services. Healthy weight is a key population health and wellbeing priority both nationally and locally.

Leeds Research
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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.

Over 50% adults report as being overweight or obese, with rates highest in the most deprived areas. The estimated costs to society and the economy will be around £2.4 billion per year in Wales by 2050. 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.

Adopting a 9-step methodology approach, the small Whole Systems Approach team, comprising of 1.5wte staff and funded through a Welsh Government grant of £104k, has made good progress in developing this work locally. In 2023/24 the focus was on engaging stakeholders, establishing buy-in and support from senior leadership and agreeing the system area of focus as '**Children, Families and Access to Healthy Food**'. Within this system, four priority areas were identified by stakeholders. These included, breastfeeding, introduction to solid foods, cooking skills and affordability of healthy food. The WSA work in 2024/25 has focused on action and delivery within these four priority areas.

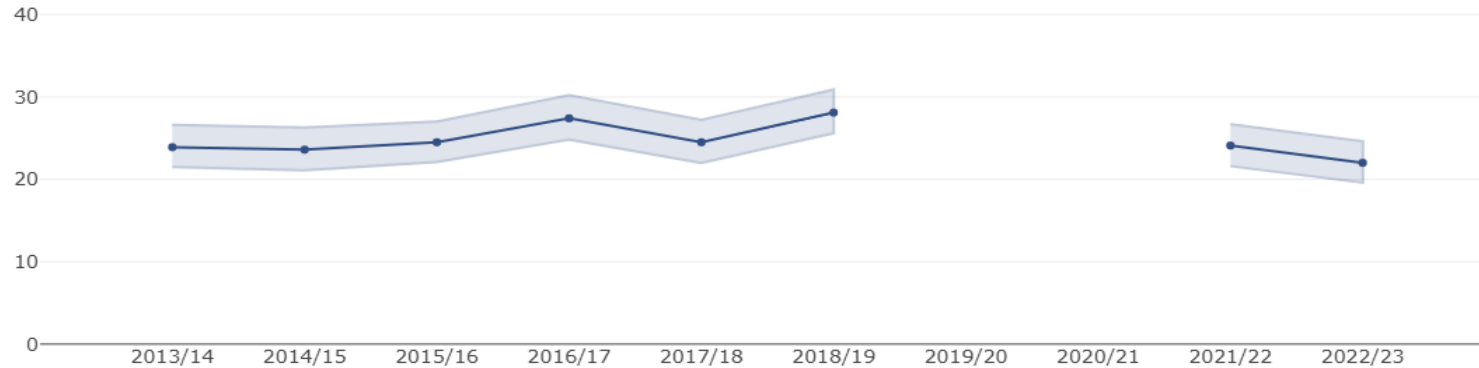
Key achievements in 2024/25 have included;

- Launch and roll-out of the Breastfeeding Welcome Scheme (BWS)
- Development and roll-out of the Gold Snack Healthy Snack Award to Childcare Settings
- Securing grant funding to developing, implementing and evaluate of 'Cooking Counts' project in partnership with PCC
- Dissemination and evaluation of 'Good Food Powys' survey to understand views on accessing healthy food amongst Flying Start areas.

Prevalence of overweight and obesity in Powys

Figure: Percentage of children aged 4 to 5 years with overweight or obesity, Health board, 2013/14-2022/23

Produced by Public Health Wales, using CMP (DHCW)



Due to interruptions in data collection during the pandemic period, data are unavailable for 2019/20 and are incomplete for 2020/21 and 2021/22.

- Upward trend of overweight & obesity at age 4-5 years appears to have stabilised and showing a reduction at 22% in September 2023
- 12.1% overweight, 9.9% obese (1 in 10 children)

- Overweight & obesity more prevalent in the most deprived areas



Figure: Percentage of children aged 4 to 5 years with overweight or obesity, Wales, national deprivation fifths, 2022/23

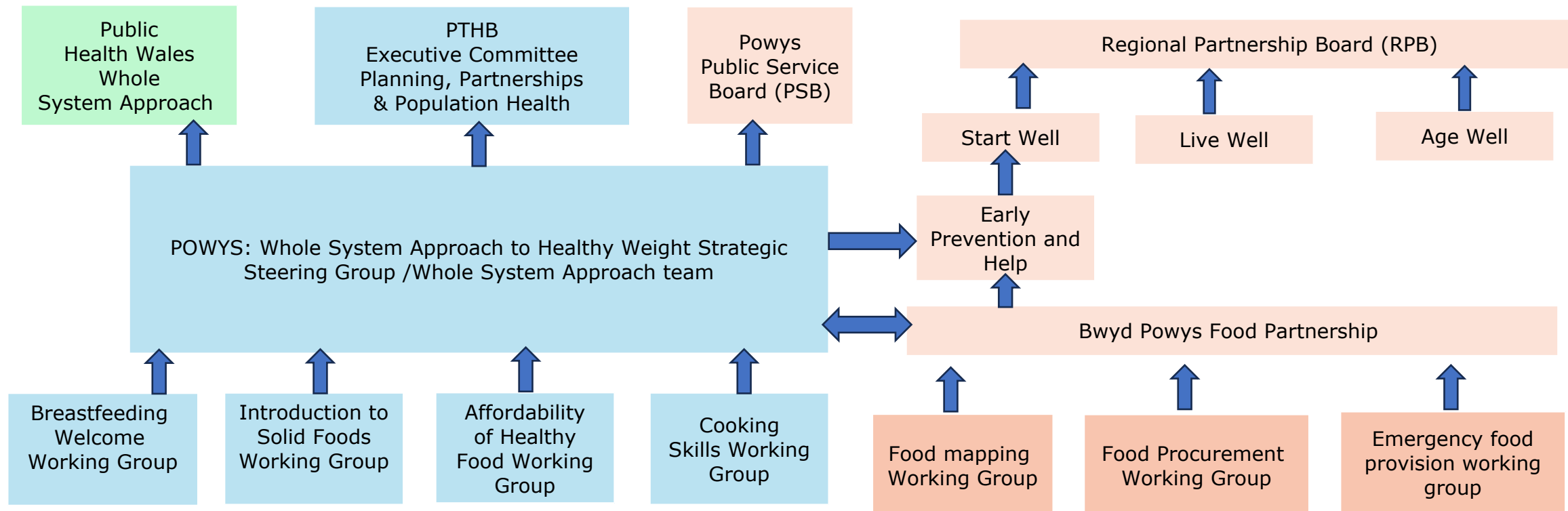
Produced by Public Health Wales, using CMP (DHCW) and WIMD 2019 (Welsh Government)

┆ 95% confidence interval



- The Whole System Approach (WSA) to Healthy Weight is a population level prevention programme that forms part of the local delivery of the Welsh Government Obesity Strategy *Healthy Weight: Healthy Wales*.
- It epitomises a 'Health in All Policies' approach, drawing on local area strengths, supporting key priorities and recognising that local approaches can be strengthened by engaging with communities and their local assets.
- The team have worked closely with local strategic leaders and partner organisations to understand the local healthy weight system and to identify specific sub-systems/priority areas within it for focused work with the aim of improving healthy weight-related outcomes in the local population.
- WSA to healthy weight is identified as a local priority in the PTHB IMTP and is one of the Powys Public Services Board's three priority areas. Work is also reported to Start Well via the Early Prevention and Play group. An established Governance Structure is in place (see slide 5).
- Local delivery in Powys follows the 9-step methodology and during 2024/25, the work has focused on '**Step 7: Action Planning**' and '**Step 8: Mobilise and Manage**' (see slide 6). The 9 steps are not necessarily linear in nature, and some steps are revisited across the programme.
- Through stakeholder engagement, the system of focus for this work has been identified as 'Children, Families and Access to Healthy Food'. Within this system, there are four priority areas: breastfeeding, introduction to solid foods, cooking skills and affordability of healthy food.

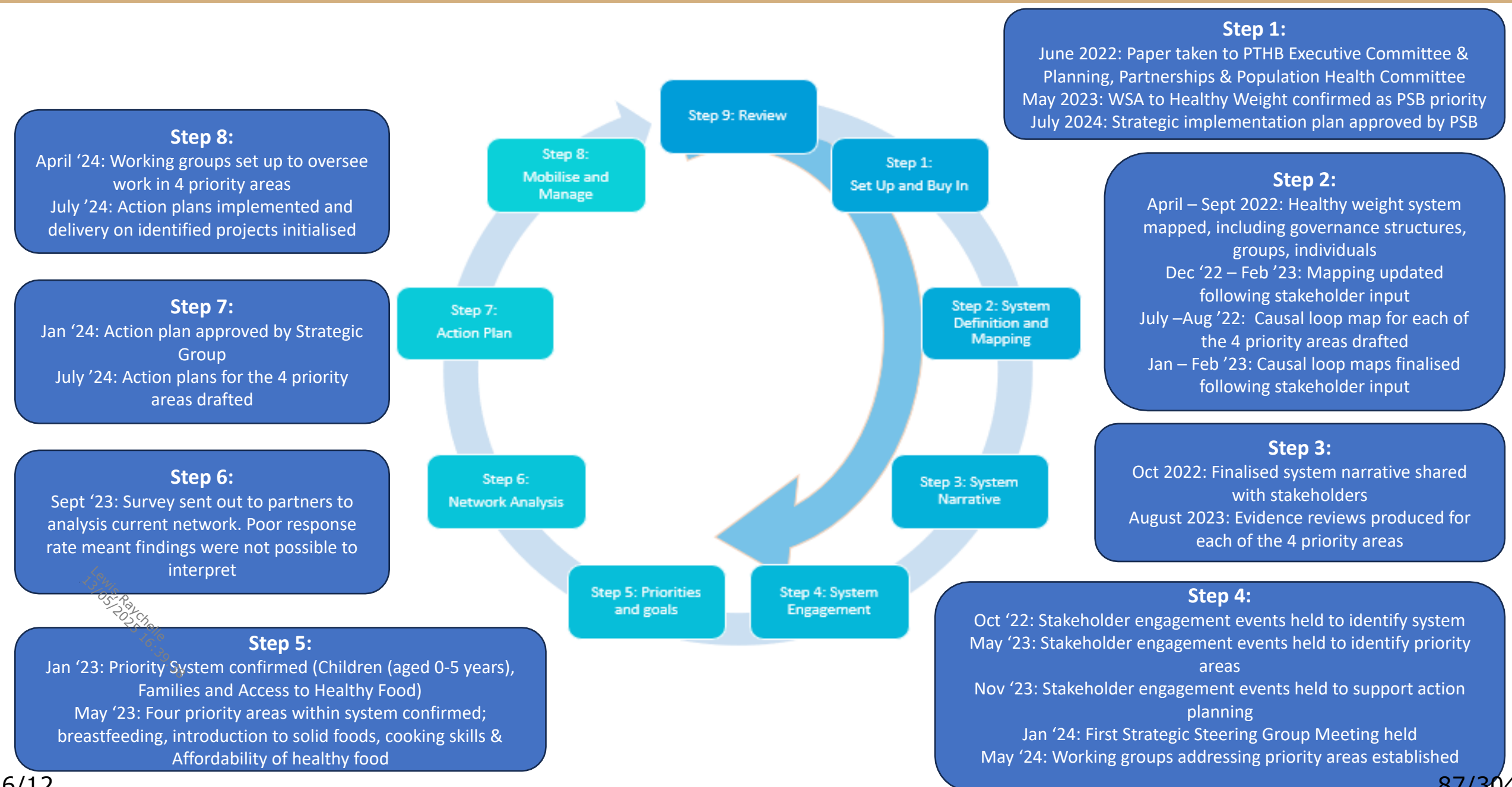
Whole System Approach to Healthy Weight: Governance Structure



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	WSA team (PTHB)
	Local groups (Powys)
	External to Powys

Progress Overview Against PHW 9-Step Methodology



Step 1:
 June 2022: Paper taken to PTHB Executive Committee & Planning, Partnerships & Population Health Committee
 May 2023: WSA to Healthy Weight confirmed as PSB priority
 July 2024: Strategic implementation plan approved by PSB

Step 2:
 April – Sept 2022: Healthy weight system mapped, including governance structures, groups, individuals
 Dec '22 – Feb '23: Mapping updated following stakeholder input
 July – Aug '22: Causal loop map for each of the 4 priority areas drafted
 Jan – Feb '23: Causal loop maps finalised following stakeholder input

Step 3:
 Oct 2022: Finalised system narrative shared with stakeholders
 August 2023: Evidence reviews produced for each of the 4 priority areas

Step 4:
 Oct '22: Stakeholder engagement events held to identify system
 May '23: Stakeholder engagement events held to identify priority areas
 Nov '23: Stakeholder engagement events held to support action planning
 Jan '24: First Strategic Steering Group Meeting held
 May '24: Working groups addressing priority areas established

Step 8:
 April '24: Working groups set up to oversee work in 4 priority areas
 July '24: Action plans implemented and delivery on identified projects initialised

Step 7:
 Jan '24: Action plan approved by Strategic Group
 July '24: Action plans for the 4 priority areas drafted

Step 6:
 Sept '23: Survey sent out to partners to analysis current network. Poor response rate meant findings were not possible to interpret

Step 5:
 Jan '23: Priority System confirmed (Children (aged 0-5 years), Families and Access to Healthy Food)
 May '23: Four priority areas within system confirmed; breastfeeding, introduction to solid foods, cooking skills & Affordability of healthy food

Population level approach, including addressing wider determinants

Strategic Delivery Plan monitored through PSB

System of Focus

Children (aged 0-5 years), Families and Access to Healthy Food

Priorities identified through stakeholder engagement

Breastfeeding

Introduction to Solid Foods

Cooking Skills

Affordability of Healthy Food

Vision:

Breastfeeding mothers continue to breastfeed for as long as they wish within a supportive environment

Vision:

Children (aged 0-5 years) in Powys have the opportunity to access a wide range of healthy and age-appropriate foods

Vision:

All parents and the network associated with children aged 0-5's years have good nutritional knowledge and cooking skills

Vision:

Children (aged 0-5 years) and their families have the opportunity to access healthy and affordable food

Example for Assurance: Breastfeeding Welcome Scheme (BWS)

Priority Area: Breastfeeding

- **Background:** Breastmilk is the best source of nutrition for babies in the first six months of life. It contains antibodies that help protect babies from common illnesses like ear infections, stomach bugs and pneumonia. Breastfed babies have a lower risk of obesity, asthma, type 1 diabetes and sudden infant death syndrome. Breastfeeding also has benefits for mothers including reduced risk of obesity, breast and ovarian cancers, osteoporosis and heart disease, and supporting their mental wellbeing.
- **Aim:** The BWS aims to:
 - Support and empower mothers and families to feel confident breastfeeding when out and about
 - Normalise breastfeeding and offer an easy way for communities and businesses to show that they welcome and support breastfeeding
 - Raise awareness about the benefits and barriers to breastfeeding
 - Support businesses and organisations to be more breastfeeding friendly
- **Methods:** Working in partnership with PCC, businesses and organisations across Powys have been approached to join the Breastfeeding Welcome Scheme. Once signed up, a business receives a sticker to display to acknowledge that they are supporting the scheme. Information is uploaded to DEWIS Cymru to enable people to search for breastfeeding welcome premises.
- **Outcomes to date:**
 - The Breastfeeding Welcome Scheme was launched in August 2024.
 - **Over 240 organisations/businesses in Powys have signed up to the scheme.**
 - Resources developed to promote scheme, and disseminated widely through partnership
 - Promotional films have been created as part of the development of a communications plan to raise awareness of the scheme and encourage others to sign up.
 - PTHB and PCC have pledged that all their public facing areas will be breastfeeding welcome.



Example for Assurance – Gold Standard Healthy Snack Award

Priority Area: Introduction to Solid Foods

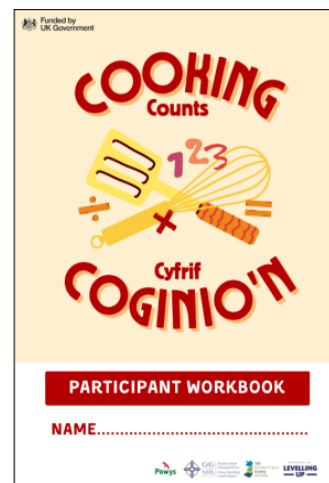
- **Background:** Childcare practitioners and early years settings contribute significantly to the well-being of growing children. The food and drink offered in childcare settings plays a vital role in children's health and can help establish positive eating habits from an early age. Giving children healthy food and drink whilst they are young makes an important contribution to giving them the best possible start in life and securing their future health and wellbeing.
- **Aim:** The Gold Standard Healthy Snack Award aims to improve the nutritional standards within childcare settings. It encourages a whole setting approach to healthy eating including promotion of healthy snacks and drinks, creating a positive eating environment, good food policies and hygiene practices. Earning this award demonstrates a commitment by childcare settings to support children, families and communities in making healthy food choices. It shows that a setting is putting recommendations from the national [Food and Nutrition for Childcare Settings](#) into practice.
- **Methods:** Childcare settings will be targeted, prioritising Flying Start areas with training provided through a range of courses including 'Gold Snack Award Training', 'Early Years Food and Nutrition' and 'Fussy Eaters Training'.
- **Outcome to date:**
 - Scheme documentation and criteria have been developed, training delivered to childcare settings on food and nutrition.
 - 20 settings have enrolled into the award scheme, with 7 achieving the Gold Standard Healthy Snack Award
 - A celebration event was held in January 2025. This has generated interest from additional settings to apply for the award.



Priority Area: Cooking Skills

- **Background:** Working in partnership, PCC and PTHB designed, delivered and evaluated a new cooking and numeracy programme, Cooking Counts. Funding was secured for 12 months' through the UK Government Shared Prosperity Fund (UKSPF). Cooking Counts took a preventative approach to encourage healthy eating habits across Powys, whilst supporting the development of participant confidence in basic cooking and numeracy skills.
- **Aim:** To provide cooking and numeracy skills training in the community, targeted towards people living in more deprived communities/groups and with low maths skills (eligibility: adults aged 19 or over with minimal qualifications).
- **Methods:** The project targeted areas with high deprivation to promote healthy eating habits, financial resilience and confidence using basic maths. Structured sessions were offered at a range of locations across Powys. The sessions covered practical cooking activities, budgeting, and nutrition education. Lesson plans were developed in partnership with the dietetics team.
- **Outcome:** A total of 11 courses of six sessions each were delivered across Powys, with 45 participants enrolled on the course and all 45 (100%) completing the course. The evaluation of Cooking Counts evidenced significant improvements in participants confidence and skills in cooking and numeracy. Participants reported better understanding of nutritional information, increased confidence in cooking from scratch, and improved budgeting skills. The feedback highlighted the effectiveness of the hands-on approach and the supportive learning environment. Additionally, the project fostered social interactions and community engagement, contributing to the wider wellbeing and personal resilience of those involved.

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Breastfeeding

- Breastfeeding Welcome Scheme embedded in PTHB staff induction, manager training and equality training to change culture and normalise breastfeeding
- Supporting workplaces to review their breastfeeding policies
- Promotional filming conducted to support 2025/26 communications plan
- Working group set up to improve data available to inform targeted action

Introduction to Solid Foods

- Monthly weaning sessions meeting national nutritional standards delivered across Powys to parents/guardians of newborns.
- Updated resources for parents produced to support sessions
- Links established between Bwyd Powys Food, local growers and Flying Start Pre-school settings to pilot local grower supplying fruit and vegetables to settings (being progressed in 2025/26).

Cooking Skills

- Cooking Counts programme delivered and evaluated
- Central website being developed to collate all cooking classes currently available (led by Bwyd Powys Food). Emphasis placed on ensuring classes are delivered by those trained in Level 2 Agored Cymru accredited courses

Affordability of Healthy Food

- Healthy Start Scheme continues to be promoted across Powys
- Good Food Survey designed and undertaken with Flying Start staff to better understand food provision in the settings and staff knowledge around healthy weight
- Eat Smart, Save Better courses delivered.

Executive Committee is asked to:

- NOTE the contents of this briefing
- TAKE 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.
- NOTE 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.
- NOTE 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.

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NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.3

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE **19 MAY 2025**

Subject:	Primary Care Cluster Reporting against Delivery 2024/25
Approved and presented by:	Elaine Lorton, Executive Director of Primary Care, Community & Mental Health Services
Prepared by:	Assistant Director of Primary Care
Other Committees and meetings considered at:	Executive Committee – 7 May 2025

PURPOSE:

The purpose of this paper is to provide an update on the Primary Care Cluster Delivery during 2024/2025.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Alignment	Notes
1. Focus on Wellbeing	Y	The Pan-Powys Cluster plans identified three major priorities for 2024/25 as Urgent Care, Mental Health and Frailty. These priorities were agreed and supported by the Regional Partnership Board Executive Team, serving the function of the Pan Cluster Planning Group (PCPG) for Powys. Cluster projects and services align to support development of a sustainable model of care.
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	

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EXECUTIVE SUMMARY:

The national Strategic Programme for Primary Care (SPPC) supports the Accelerated Cluster Development (ACD) Programme.

Across Powys, there is currently a three-cluster model in place with multidisciplinary collaboratives feeding into the cluster. During 2024/2025 there has been a Cluster Lead vacancy in Mid Powys which has impacted on the progress and maturity of the cluster.

Frailty, Urgent Care, and Mental Health continued as Pan Powys Cluster priorities for 2024/25. In addition, there were several existing and new Cluster pilot projects delivered or developed across all the Clusters, supporting the delivery of services to the local populations aligned to Start Well, Live Well and Age well priorities.

In addition, several new projects were developed, with some existing projects scaled up or mainstreamed, supporting the sustainability and delivery of services across the Clusters.

During 2024/2025, the three clusters did not spend their ring-fenced allocation, this is due to unforeseen delays with some of the projects, examples include recruitment challenges and procurement issues.

2025/2026 will see progress moving from a three-cluster model to a two-cluster model, merging the mid and south clusters. Indicative conversations with the south cluster lead have been positive regarding this proposal.

BACKGROUND:

The aim of a cluster is to bring together all local services involved in health and care across a geographical area. Working as a cluster supports care better co-ordinated to promote the wellbeing of individuals and communities.

Primary care services provide the first point of care, day or night, for more than 90% of people's contact with the NHS in Wales. General Practice has long been seen to be the 'front door' to the NHS with patients accessing their General Practice in order to be signposted to alternative independently contracted services in the area such as Dentistry, Community Pharmacy, and Optometry. These other primary care services are increasingly providing direct care without the initial signposting as service provision has developed, and members of the public are more increasingly aware of where to access the right care. The Cluster brings together representation of these independent contractors with those also providing primary care services in the community, such as nursing, physiotherapists, mental health teams etc within collaborative spaces, with the aim to work together to identify service provision need for the patient

population. The Cluster is provided with a budget in order to pilot potential solutions for this service to test and gauge its success.

This brings a host of opportunities for the Cluster which the Strategic Programme for Primary Care (SPPC) supports via the Accelerated Cluster Development (ACD) Programme. However, it also brings risks and challenges to the successful delivery of an identified project. A Cluster as it stands is not a legal entity, and this brings employment, information governance, clinical governance and other challenges which can result in the pause or delay in a project progress, and potentially termination of projects which cannot be worked through. Ultimately, the goal is to determine success or otherwise of delivery of a service via a pilot project in one Cluster and roll that project out across the other Clusters if successful.

Across Powys, a three-cluster model is currently in place with multidisciplinary collaboratives feeding into the cluster – Appendix 4 details the Powys model.

The ACD model assumes a Cluster Lead is in place to support the various Collaborative leads within the Cluster. There is a variance nationally as to how these leadership roles are funded, which requires backfilling an independent contractor role at a cost to that contractor. Releasing contractor representation time to progress development conversations can be challenging and can therefore delay progress. This has been significantly apparent in the Mid Powys Cluster with vacancies at Collaborative and Cluster lead roles stunting the development of the mid Cluster model.

2024/2025 ASSESSMENT:

The three key priority areas of Frailty, Urgent Care, and Mental Health continued as Pan Powys Cluster priorities for 2024/25.

There were several existing and new Cluster pilot projects delivered or developed across all the Clusters, supporting the delivery of services to the local populations.

2024/25 continued to build on the priorities and projects from 2023/24, with Clusters becoming more established, with strengthened alignment with Start Well, Live Well and Age well priorities, through the following key areas:

- **Early help and prevention models of care** – improving access to Primary Care through, First Contact Practitioner services, Frailty service provision and Diabetes Prevention.
- **Integrated Joined up Care** – provision of care closer to home, the scoping of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients.

- **Workforce Futures** - collaborating with the Academies for the provision of education, training and development of the workforce, enabling alternative recruitment models, portfolio careers, and expanding opportunities for greater rural placements.
- **Continued Transforming in Partnership** – collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional and organisational approach to the provision of frailty services.

2024/25 has seen several new projects developed, whilst seeing some existing projects scaled up or mainstreamed, supporting the sustainability and delivery of services across the Clusters, including the continued development of:

- Pharmacy professional led frailty medicines management service – Mid Cluster – development of service
- Pan Powys AHP Frailty specialist service – development and service implementation
- Dental Nurse Oral Educators Pan Powys – development of service
- Frailty Coordination service in the South Cluster – outline service scoping and implementation planning
- Frailty Specialist Nurse service in the North- outline service scoping & development

Other Pilot projects have included:

- First Contact MSK professionals: fully established across the North and South Cluster, providing equity of provision across Powys, supporting improved access, early intervention, improved patient outcomes, and capacity across the system. MSK FCP has mainstreamed in the Mid Cluster and also in Llanfyllin Practice in the North Cluster.
- Pharmacy Professionals: across two of the Clusters (North and Mid)
- CRP Point of Care Testing (POCT): across the South Cluster, supporting the wider development of POCT services across the Health Board.
- Atrial Fibrillation (AF) proactive screening service: supporting the early identification of AF in the population across South Powys.
- Digital Accurx: supporting day to day provision and sustainability for GMS practices across all three Clusters.
- Children & Young people's (CYP) Early Years Weight service: supporting the development & delivery of tier 2/3 CYP weight management services across the three Clusters.
- Pre-diabetes (AWDPP All Wales Diabetes prevention): all Clusters are supporting the national pilot delivery of the new service, improving pathways of care, providing early intervention, and improved outcomes for patients.
- Early Intervention Persistent Pain Management Practitioner: delivered in the South Cluster, supported by the Bevan Commission Exemplar

Programme, providing an early intervention, support, and medication optimisation service.

Summary of Cluster Pilot Project Status:

Summary of pilot projects in 24/25 included:

- North Cluster Project status:**

Status	No:	%	Reason/mitigation:
Completed/implemented	7	54	
On track	3	23	Carried forward into 25/26 plan
Delayed	2	15	<i>Frailty Practitioner Service:</i> Implementation delayed due to unsuccessful recruitment <i>Secondary Care collaboration:</i> initial conversations taking place on commissioning pathways with Commissioning Department
Under review	1	8	<i>Pre-Reg Optometrist:</i> Employment model difficulties across HBs and Clusters. Unlikely to transfer into 25/26

- Mid Cluster Project status:**

Status	No:	%	Reason/mitigation:
Completed/implemented	3	30	
On track	4	40	Carried forward into 25/26 plan
Delayed	1	10	<i>Pharmacy Professional Frailty:</i> contract challenges between provider and contractors
Under review	2	20	<i>Pre-Reg Optometrist:</i> Employment model difficulties across HBs and Clusters. Unlikely to transfer into 25/26 <i>Optometry Hypertension Pilot:</i> Clinical pathway difficulty. Unlikely to transfer into 25/26

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- **South Cluster Project status:**

Status	No:	%	Reason/mitigation:
Completed/ implemented	4	36	
On track	6	55	Carried forward into 25/26 plan
Delayed	1	9	<i>Frailty Co-ordination Service:</i> Procurement challenges/delays
Under review	0		

Further detail on projects and progress is included in:

Appendix 1 – North IMTP Project Status 2024 25

Appendix 2 – Mid Cluster IMTP Project Status 2024 25

Appendix 3 – South Cluster IMTP Project Status 2024 25

Financial summary:

Powys Clusters receive a total recurring ring-fenced budget of £870K.

The total allocation for 2024/25 included a carry forward underspend from 2023/24. Approximately 50% of the 2023/24 underspend was available to Clusters in 2024/25.

As identified above some projects have been delayed, and some have not started which has caused an underspend on the 2024/25 combined allocation, as detailed below.

To note, there is no carry forward from the underspend in 2024/25 to transfer into 2025/26.

South Cluster	<u>23-24 £</u>	<u>24-25 £</u>	<u>25-26 £</u>
Core funding	292,146	292,146	292,146
Unspent funds c/fwd (100% into 23-24)	206,669	162,081	0
Total allocation	498,815	454,227	292,146
Outturn/forecast	172,045	135,745	29,200
Unallocated	326,770	318,482	262,946
Carry forward 50% from 24-25 onwards	162,081	0	0
Mid Cluster	<u>23-24 £</u>	<u>24-25 £</u>	<u>25-26 £</u>
Core	179,819	179,819	179,819
Unspent funds c/fwd (100% into 23-24)	116,129	123,819	0
Total allocation	295,948	303,638	179,819
Outturn/forecast	111,185	67,256	123,455
Unallocated	184,763	236,382	56,364
Carry forward 50% from 24-25 onwards	123,819	0	0
North Cluster	<u>23-24 £</u>	<u>24-25 £</u>	<u>25-26 £</u>
Core	398,001	398,001	398,001
Unspent funds c/fwd (100% into 23-24)	311,807	188,976	0
Total allocation	709,808	586,977	398,001
Outturn/forecast	369,184	365,900	420,591
Unallocated	340,624	221,077	(22,590)
Carry forward 50% from 24-25 onwards	188,976	0	0

2025/2026

2025/2026 Cluster Plans have been approved by the Regional Partnership Executive Group and have been included in the PTHB Integrated Plan. Projects and associated costings are currently being worked through, noting that some of the 2024/25 projects will continue into 2025/26.

There are current vacancies in various cluster/collaborative roles which will need to be recruited to at pace to ensure cluster productivity and delivery of projects.

Current vacancies include:

- Mid & South Cluster Lead - Conversations have commenced to merge the mid and south clusters. Should this come to fruition, a joint mid/south Cluster lead appointment will be progressed. Two separate GP collaboratives will continue feeding into the one combined cluster.

Merging the two clusters will enable more effective population health planning.

- North GP Collaborative lead – expressions of interest received
- Mid GP Collaborative Lead - expressions of interest received
- Optometry Collaborative Lead vacancy

The creation of a Dental Collaborative is linked to the new contract with an expected implementation date of 01/04/26.

Further work is needed to establish a Professional Nursing Collaborative.

NEXT STEPS:

- Progress/outcome 2024/25 report to be shared at RPB Executive Group.
- To continue to develop, support and monitor Clusters in the delivery of their 2025/26 plans.
- To support and continue to facilitate collaboration between all cluster members, including:
 - supporting the formation of the Professional Nursing Collaborate through the Nursing Directorate.
 - establishing Cluster Collaborative lead representation from Optometry, North GMS & Mid GMS Collaboratives.
- To progress changes to the Powys Cluster model, merging of the South & Mid clusters to form 2 Clusters moving forward.

IMPACT ASSESSMENT – NIOT REQUIRED FOR THIS REPORT

Summary Cluster Pilot Projects 24-25 Status

South Cluster

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	RAG Status
MSK FCP Physiotherapy	New (2023 -24 plan)	AHP & GMS	Direct access to a Musculoskeletal professional within Primary Care	Improved outcomes, reduce referrals to secondary care. Improved service for patients, closer to home	A Healthier Wales	31/08/2025	£243,648	Cluster	
Prediabetes AWDPP	New (2022-23 plan)	GMS	Introduction of the AWDPP and enhance pre-diabetes care.	Reduction in the number of patients developing type 2 diabetes.	A Healthier Wales	31/03/2024 extension to 2025 in progress	£78,000	Cluster	
Frailty coordination Service	New (2023/24)	GMS	Introduction of a South Cluster frailty coordination service	To support the coordination and delivery of care to those patients identified as Moderately and severely frail	A Healthier Wales	Spring 2026	£353,114	Cluster	
AHP Frailty Professionals	New (2023/24)	AHP's	Multi-profession AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	
Pain Management Professional	Existing (ongoing from 2021-22 plan)(ext 2023-24)	GMS	Early intervention, support, and medication optimisation service through a Primary Care Pharmacy Pain Management Practitioner	Maximise function and quality of life for patients with persistent pain and Reduce Opioid/Gabapentin prescribing and culture.	Population Health	30/09/2024	£65,355	Cluster	
Cluster GMS Website	Existing (ongoing from 2021-22 plan)	GMS & All	Expansion of ICT and patient access via cluster website	Increased access for patients. Increased technology available for patient reviews, requests. Streamlining of services across the cluster.	A Healthier Wales	Re-Occurring – 31.03.24	£14,000	Cluster	
CRP Testing	Existing (2022-23 plan)	GMS	Continuation of antimicrobial stewardship using CRP tests for LRTI	Reduction in unnecessary antibiotic prescribing.	Population Health	March 2025	£12,000	Cluster	
AF Prevention	Existing (2022-23 plan)	GMS	Opportunistic pulse checks for AF carried out on patients attending the influenza vaccine program	Capture of undiagnosed AF in patient population	A Healthier Wales	Spring 2025	£10,000	Cluster	

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Care Navigation Mapping	New (2024-25)	GMS	Review of appointments, care navigation and signposting across practices	Improve navigation of access to right professional first time, sharing learning across Cluster practices		March 2025	£3,600	Cluster	
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health through improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	
Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs /Optometry/Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management	Improved alternative access to services for patients. Improved efficiencies with back-office functions	Joined up Care / Transforming in partnership	March 2027	£100,000	Cluster	

Progress RAG Status Key

	Completed
	On track
	Delayed
	Under review

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Summary Cluster Pilot Projects 24-25 Status

Mid Cluster

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprofessional AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	
Pharmacy Professionals - Frailty	New (2024/25)	GMS	Focus on the management of medication for the most vulnerable and frail patients.	Improved pathways of care for patients, reduction in Medicines related admissions	A healthier Wales	March 2026	£180,000	Cluster	
Cluster wide MSK First Contact Practitioners	Existing (2022-23 plan)	GMS & AHP	The provision of First Contact Practitioner Physiotherapy services	Reduced MSK workload for GP's FCP appointments being made available. Reduction in the number of referrals into secondary care	A Healthier Wales	30/05/2024	£70,000	ACD	
Health & Wellbeing Facilitator	Existing (2022-23 plan)	ALL	Facilitate better health outcomes, through proactive localised health promotion, education, and engagement.	Maximise positive health outcomes through health promotion activity, by collectively supporting the communities across North Powys.	A Healthier Wales	30/09/2024	£93,890	ACD	
Patient App	Existing (ongoing from	GMS	To fill the gap of no NHS Wales App. App	Patient access to digital information and booking tools	Supporting the health	30/11/2024	N/A	ACD	

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	2021-22 plan)				and care workforce					
Pre-Reg Optometrist	Existing (2022-23 plan)	Optometry	Development of a new Optometry recruitment model for Powys	Strengthening and attracting a new work force to Powys	Supporting the health and care workforce	30/10/2025	N/A	ACD		
Optometry Hypertension Pilot	Existing (2022-23 plan)	Optometry	To establish the usefulness of a Hypertension service	Reduce unnecessary referrals to general practice & reduce waiting time before systemic investigations	A Healthier Wales	N/A	£2,000	ACD		
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services	Improve lifelong health through improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster		
Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs/Optomety/Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management	Improved alternative access to services for patients. Improved efficiencies with back-office functions	Joined up Care / Transforming in partnership	Sept 2025	£27,961	Cluster		

Progress RAG Status Key

	Completed
	On track
	Delayed
	Under review

Summary Cluster Pilot Projects 24-25 Status

North Cluster

Funding Project Title	New or Existing Project	Collaborative/ Dept	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
Frailty Practitioner Service	New (2024 plan)	GMS, AHP, Professional Nursing, 3 rd Sector	Introduction of North Frailty Practitioner Coordination Service.	To support the coordination and delivery of services and care to the most severely frail.	Population Health	Spring 2026	£345,614	Cluster	
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprotection AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening.	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support.	Population health	March 2025	£380,000	NHs Wales	
Pharmacy Team	Existing (from 2022-23 plan)	GMS	Continued provision of the Cluster Pharmacy Professionals within GP Practices across the Cluster.	Creating GP capacity to increase time for patients with complex medical needs. Reduction in incidents of medicines related harm.	Early Help and Support	30/09/2024	£408,383	Cluster	
Digital Patient App	Existing (2022-23 plan)	GMS	Providing an alternative access route to Health and Wellbeing information & access to Primary Care, pending the full launch of the NHS Wales app.	Creating alternative access to health and wellbeing information 24/7 medication ordering Virtual booking of GP appointments' Increases social media presence. Proactive health messaging.	A Healthier Wales	30/09/2024	£10,500	Cluster	
Health and Wellbeing Facilitator	Existing (ongoing from 2021-22 plan)	PAVO	Continued provision of a dedicated Health & wellbeing Promotion Officer.	Improved engagement with 3rd Sector & Cluster population. Consistent & timely messages to whole cluster population.	A Healthier Wales	31/10/2024	£82,449	Cluster	
MSK FCP	Existing (2022-23 plan)	GMS & AHPs	Continued development of an MSK-FCP service in partnership with PtHB.	Improved patient outcomes and recovery timescales	Early Help and	30/12/2024	£67,000	Cluster	

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				reduced referrals to other NHS departments/ improved patient satisfaction more capacity and value created across the system .	prevention				
MSK FCP (service extension)	New extension 2024/25	GMS & AHPs	Continued development of an MSK-FCP service in partnership with PtHB – service extension to remaining 6 practices.	Improved patient outcomes and recovery timescales reduced referrals to other NHS departments/ improved patient satisfaction more capacity and value created across the system.	Early Help and prevention	30/03/2026	£112,000	Cluster	
Pre-Reg Optometrist	New (2024/25)	Optometry	Development of a new Optometry recruitment model for Powys & BCU cluster.	Strengthening and attracting a new work force to Powys.	Supporting the health and care workforce	Sept 2026	£22,000	Cluster	
Secondary Care Collaboration	Existing (2022-23 plan)	GMS	Build productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through facilitating Cluster and Collaborative lead attendance at quarterly Commissioning/provider meetings.	Improved pathways of care for patients, improved partnership working with specialist providers.	Joined up Care / Transforming in partnership	31/03/2025	£5,000	ACD	
CYP L2 weight Management	New (2024/25)	AHP & HS	Supporting the development & delivery of tier 2/3 CYP weight management services.	Improve lifelong health though improved eating habits, increased confidence to increase activity levels/ habits through face-to-face family education.	Joined up Care / Transforming in partnership	Spring 2025	£20,000	Cluster	
Digital & Patient Access	New (2025/26)	GMS/Community Pharmacy/AHPs/Optometry/Professional Nursing	Developing alternative access to services utilising the use digital apps and software to support day to day service delivery & long-term condition management.	Improved alternative access to services for patients. Improved efficiencies with back-office functions.	Joined up Care / Transforming in partnership	March 2026	£103,555	Cluster	

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Winter Resilience (Surge Capacity)	New (2024-25 plan)	GMS	Overflow outsourced Triage Solution implemented during a 12-week period to demonstrate alternative appointment delivery solution.	Resilience in individual practices combined with resilience as a Collaborative.	Supporting Health & Care Workforce	15/03/2024	£149,810	Cluster	
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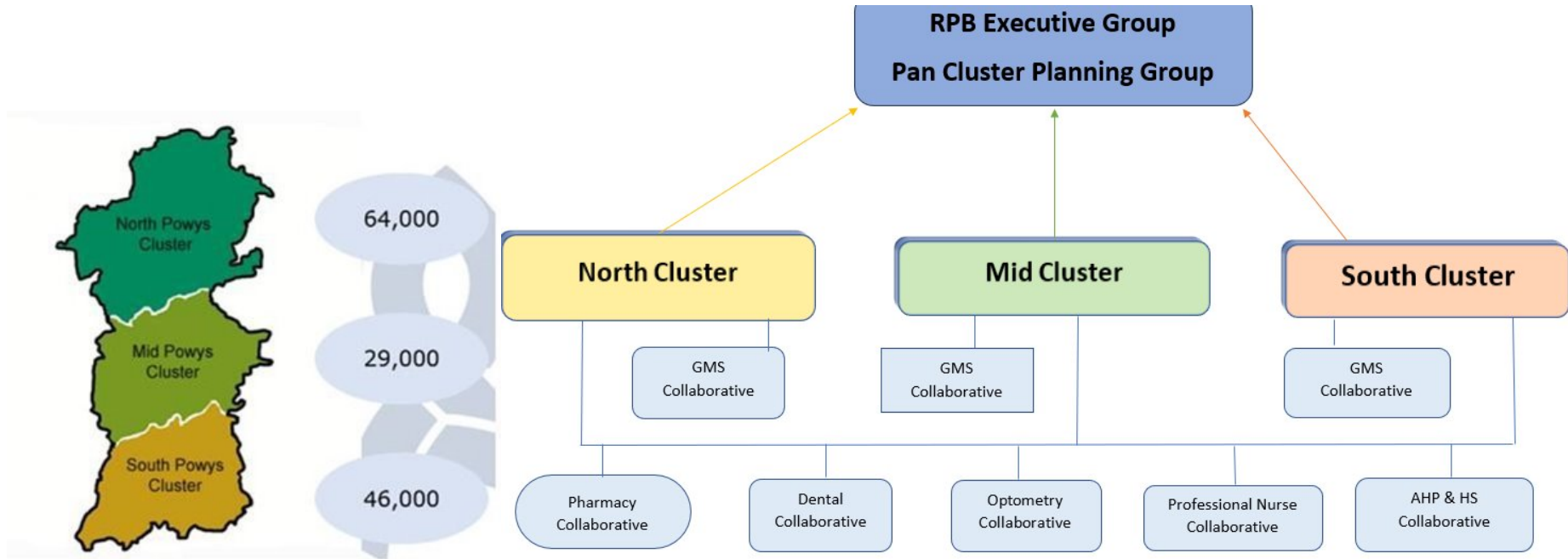
Progress RAG Status Key

	Completed
	On track
	Delayed
	Under review

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Appendix 4 - Model

Powys Cluster



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Health Board

Agenda item:5.4

PLANNING, PARTNERSHIP and PUBLIC HEALTH COMMITTEE **19 May 2025**

Subject:	Partnership Governance and Assurance Framework
Approved and presented by:	Helen Bushell, Director of Corporate Governance/Board Secretary Nicola Johnson, Executive Director of Planning and Performance
Prepared by:	Assistant Director Partnership Development
Other Committees and meetings considered at:	Approved at the Executive Committee - 2 April 2025

PURPOSE:

The purpose of this paper is to consider the proposed Partnership Governance and Assurance Framework, the development of which was a requirement of the 2024/25 Integrated Plan.

RECOMMENDATION(S):

The Planning, Partnership and Public Health Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Alignment	Notes
1. Focus on Wellbeing	Y	The paper provides a Partnership Governance and Assurance Framework spanning the 14 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:

This paper provides a proposed **Partnership Governance and Assurance Framework**. Please see **Annexe 1**.

The Partnership Assurance and Governance Framework has been developed in line with the agreed revised timeframe in the PTHB Integrated Plan (development Quarter 4 and operationalisation Q1 2025/26). The Framework sets out:

- The purpose and legislative background (including recent requirements); a classification of statutory partnerships and “partnerships by choice” and “partnership” as a way of working. A cross-referencing table also shows whether partnerships are: within Powys; span a wider region; or are national arrangements.
- For the 14 main partnerships and Joint Committees involving PTHB it sets out for each:
 - the partnership type, legislation and delegation
 - terms of reference
 - key subgroups
 - leadership (including the designated PTHB lead)
 - budget
 - plan
 - existing assurance arrangements
 - reporting process and cycle
 - key issues
- Six recommendations are made including: a regular high level highlight report to the Planning, Partnerships and Population Health Committee (PPPH) as part of operationalisation in 2025/26 and a process for keeping the framework and schedule of partnerships up to date.

The development of the Framework has also been a longstanding recommendation from Internal Audit work completed pre 2022.

BACKGROUND

Partnership is a distinctive characteristic of how Welsh Government wants health boards to work with others in Wales. This framework helps to explain what “partnership” means, spanning:

- **Statutory partnerships**, where requirements are set out in legislation
- **partnerships by choice** and
- **“partnership” as a way of working.**

It is intended that the Framework will be a basis for understanding PTHB's involvement in partnerships; for ensuring appropriate governance; and for providing a set of recommendations to improve partnership working.

The framework summarises the major partnerships involving Powys Teaching Health Board (PTHB) providing key information about each. The Framework recommends a regular high level highlight report to the PPPH Committee, together with specific reports for matters requiring approval.

A Healthier Wales sets out the need for services to work in partnership to meet the needs of the Welsh population. However, there are many and varied array of groups and meetings described as "partnerships". There is not a single accepted definition spanning all. Recent Welsh Government guidance in relation to Social Partnership and Procurement (Wales) Act 2023 provides the following definition, which is a useful starting point:

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

Scope

Within the scope of the first phase of the development of the framework are the 14 main partnerships and Joint Committees involving PTHB including:

- Statutory partnerships, involving partners beyond the NHS, where requirements and powers are set out in legislation;
- Statutory partnerships between NHS bodies.

(A second phase of work will provide a more detailed schedule of "partnerships by choice".)

"Out of Scope" are:

- "NHS Contracts" where PTHB is the commissioner of other NHS bodies (NHS Long Term Agreements and NHS Service Level Agreements)
- Individual programmes and projects
- Research and Development Partnerships
- Partnerships in relation to supplies, medicines and capital
- Advisory Arms-Length Bodies
- Executive Arms-Length Bodies
- Tribunal Arms-Length Bodies
- Companies.

Partnerships and Summary Information

The framework covers 14 main partnerships involving PTHB and provides summary information for each, as set out overleaf.

Partnership Name	The formal name of the partnership is given and the usual acronym.
Partnership Type, Legislation, Delegation	The legislative basis of the partnership is given, where applicable.
Terms of Reference	Confirms the current terms of reference.
Key Subgroups	The major Subgroups are listed.
Leadership	The current chair of the partnership is given together with the PTHB lead if different.
Budget	The partnership budget and the PTHB contribution or share is given where relevant.
Plan	Key plans are listed.
Assurance Arrangements	The existing assurance arrangements are summarised.
Reporting Process and Cycle	The current reporting process and cycle are summarised.
Key Issues	Current key issues are highlighted.

It also provides a cross-referencing table to show which are within Powys (including where Powys is a statutory region); which span a wider region; and which are national arrangements.

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 Joint Leadership Team Meeting
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 Dyfed Powys Local Resilience Forum Mid Wales Joint Committee for Health and Care *
National	NHS Wales Joint Commissioning Committee NHS Wales Shared Services Partnership Committee

*Other NHS Regional Partnerships are referenced. (A South East Wales Joint Committee will be established by Q3 of 2025/2026 and PTHB will be an Associate Member.)

Development

In developing the framework Assistant Directors were asked to check the initial list of partnerships and to flag any missing.

The lead director or supporting officer/Partnership Co-ordinator was asked to provide additional information (if needed) and then to check the proposed entry in the framework. This has included colleagues outside PTHB in relation to, for example, the Regional Partnership Board; the Public Service Board; the Mid

Wales Joint Committee; the Joint Commissioning Committee; and the Area Planning Board.

The contributions received during development included:

- The Executive Director of People and Culture
- The Deputy Director of Finance
- Assistant Director of Safeguarding
- Civil Contingencies Manager
- Interim Head of Corporate Governance
- Primary Care Cluster Development Manager
- Mid Wales Joint Committee for Health and Social Care, Programme Manager
- 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
- Other Directors and Assistant Directors provided signposting and/or advice.

Recommendations within the Framework

The recommendations within the framework are:

- There should be a regular high level “Partnership Highlight Report” to the Planning, Partnership and Public Health Committee to highlight, by exception, key matters with implications for the health board. This could be in two parts covering NHS to NHS partnerships and statutory partnerships with other bodies. This would be in addition to reports needed for specific matters requiring approval.
- A list of partnerships involving PTHB should be updated annually. The Board should keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to: change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; address any specific requirements or directions made by the Welsh Ministers; and to ensure agreed terms and conditions for the partnership are in place.
- PTHB must ensure compliance with the requirements of the Social Partnership and Procurement (Wales) Act 2023. There should be a pragmatic response, including building on the existing good practice within the PTHB Local Partnership Forum.
- PTHB should work with partners to streamline activity across partnerships to prevent duplication and to ensure improved focus on the issues which

will have the greatest positive impact on population and patient outcomes and experience and the efficient use of resources.

- PTHB should encourage use of a Maturity Matrix within partnerships to help assess strengths and the areas for partnership development.
- The Partnership Governance Framework should be regularly reviewed and updated. A second phase of work would include adding a schedule of “partnerships by choice”.

Internal Audit Advisory Report

As part of the 2024/25 internal audit plan, the Partnership Governance Framework was considered, as an advisory audit. The report is provided within the Committee papers as part of the consent agenda.

NEXT STEPS:

Operationalisation will begin. The provisional timeline is below.

Q1 2025/6	Q2 2025/6	Q3 2025/6	Q4 2025/26
Framework to PPPH Committee	1 st Highlight Report		2 nd Highlight Report
		Develop Schedule 2	Review and Update Framework

IMPACT ASSESSMENT – NOIT REQUIRED FOR THIS REPORT



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PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK

Powys Teaching Health Board

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Approved April 2025

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Version Control

Draft Version 1 - 19.03.25	Assistant Director Partnership Development; Director of Corporate Governance/Board Secretary; and Director of Planning and Performance – for Executive Committee.
	Approved at Executive Committee 02.04.25, subject to: making clear that the Highlight Report will be high level; adding a cross-referencing table to show which partnerships are within Powys; which span a wider region; and which are national arrangements.
Version 1.1i 09.04.25	Version for submission to the PPPH Committee May 2025 including the amendments above.

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Introduction, Purpose and Legislative Background

Purpose

Partnership is a distinctive characteristic of how Welsh Government wants health boards to work with others in Wales. This framework helps to explain what “partnership” means, spanning:

- **Statutory partnerships**, where requirements are set out in legislation
- **partnerships by choice**; and
- **“partnership” as a way of working**.

A cross referencing table is also given showing which partnerships are within Powys (which is designated as a region within some legislation); which span a wider region; and which are national arrangements.

It is intended that the Framework will be a basis for understanding PTHB’s involvement in partnerships; for ensuring appropriate governance; and for providing a set of recommendations to improve partnership working.

The framework summarises the major partnerships involving Powys Teaching Health Board (PTHB) providing key information about each. The Framework recommends a regular high level highlight report to the Planning, Partnerships and Population Health (PPPH) Committee, together with specific reports for matters requiring approval.

What does “Partnership” mean?

A Healthier Wales sets out the need for services to work in partnership to meet the needs of the Welsh population. However, there are a vast and varied array of groups and meetings described as “partnerships”. There is not a single accepted definition spanning all. Recent Welsh Government guidance in relation to Social Partnership and Procurement (Wales) Act 2023 provides the following definition, which is a useful starting point:

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

Scope

Within the scope of the first phase of this framework are:

- **Statutory partnerships**, involving partners beyond the NHS, where requirements and powers are set out in legislation;

- Statutory partnerships between NHS bodies.

(A second phase of work will provide a more detailed schedule of “partnerships by choice”.)

“Out of Scope” are:

- “NHS Contracts” where PTHB is the commissioner of other NHS bodies (NHS Long Term Agreements and NHS Service Level Agreements)
- Individual programmes and projects
- Research and Development Partnerships
- Partnerships in relation to supplies, medicines and capital
- Advisory Arms-Length Bodies
- Executive Arms-Length Bodies
- Tribunal Arms-Length Bodies
- Companies.

(The Welsh Government classification of Non Ministerial Departments (including for example health boards, NHS Trusts, Digital Health and Care Wales, Health Education and Improvement Wales); Advisory Arms-Length Bodies (for example, All Wales Medicines Strategy Group); Executive Arms- Length Bodies; Tribunal Arms- Length Bodies; and companies is given in **Annexe 1.**)

Statutory Partnerships

Some partnerships involving the health board are statutory requirements. There is also legislation “enabling” the formation of partnerships with other NHS bodies and other statutory partners. Key legislation includes:

- the National Health Service (Wales) Act 2006 (“the 2006 Act”), including section 33 and as subsequently updated; and NHS Finance (Wales) Act 2014;
- the Children Act 2004;
- the Mental Health (Wales) Measure 2010;
- the Social Services and Wellbeing Act (Wales) Act 2014;
- the Partnership Arrangements (Wales) Regulations 2015;
- the Wellbeing and Future Generations Act 2015 (“WFG Act 2015”)
- the Social Partnership and Public Procurement (Wales) Act 2023

Legislation also embeds statutory duties of co-operation such as Section 25 and Section 27 of the Children Act.

Delegation of Functions

This Framework should be read in conjunction with the PTHB’s Scheme of Delegation and Reservation of Powers

The Board may delegate functions to: i) A Committee ii) A sub-Committee taking forward matters within a defined area; iii) A joint-Committee or joint sub-Committee; and iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, through a formal scheme of delegation, and in doing so, must set out clearly the terms and conditions upon which any delegation is being made.

The terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the PTHB. Everything is retained by the Board of PTHB unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions.

The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development.

The Board must take appropriate action to assure itself that all matters delegated are effectively carried out. Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others. The Board may delegate authority to act but retains overall responsibility and accountability.

Specific relevant powers retained by the board are covered later in the Partnership Governance Framework, but it is important to note in relation to all partnerships that the Board retains full responsibility for appointing, equipping, and reviewing and (where appropriate) dismissing individuals appointed to represent the Board on outside bodies and groups; for approval of engagement and co-production strategies; and for introduction or discontinuance of any significant activity.

The Chief Executive is the **Accountable Officer** and the Accountable Officer Memorandum (issued by the Chief Executive of NHS Wales) outlines the responsibility of the Accountable Officer for financial management and performance. The Accountable Officer is directly accountable for all financial performance issues (and all other performance issues) delegated to the organisation.

The health board has a duty to work in partnership with other organisations to achieve its strategic aims and objectives. It may also contribute to a joined up activity led or hosted by another organisation in pursuit of its objectives. However, the Accountable Officer must ensure that the wider impact of the activities for which they are

responsible are properly identified and, where appropriate, considered in determining the governance and accountability arrangements overseeing such work. Specifically, the Accountable Officer needs to ensure that the governance arrangements are formally recorded and that appropriate arrangements are out in place to provide assurance. Accountable Officers may take **joint responsibility** for the delivery of a service through joint arrangements that involve the **pooling of budgets**. Such arrangements may be handled under a specific statutory authority, e.g., Section 33 of the National Health Service (Wales) Act 2006. Where Accountable Officers take joint responsibility, it must be ensured that there is absolute clarity on all aspects of the service for which the Accountable Officer is responsible and accountable. Specifically, it must be set down, in a formal agreement, the governance and financial accounting arrangements, including audit and assurance requirements, in accordance with any requirements determined by the Welsh Government.

Within the PTHB Scheme of Delegation the Executive Director of Commissioning, Performance & Planning is the Executive Lead for Partnership working. However, other executive Directors may be the lead Director for specific Partnerships as set out later in this framework.

Legislation sets out where health boards may form formal partnerships and delegate functions from one body to another and where they may not.

Section 33 of the "the 2006 Act" enables local authorities and Local Health Boards to develop formal partnerships and to delegate functions from one body to the other. This legislation was originally introduced with the Health Act 1999 and the measures were consolidated into the 2006 Act. This legislation enables a local authority to delegate certain specified functions to the Local Health Board, or for the Local Health Board to delegate certain specified functions to the local authority. The legislation also provides for the development of integrated services, integrated commissioning and arrangements for pooled funds.

The Children Act 2004 Act enabled the development of pooled funds but these are quite different to the pooled fund arrangements in the 2006 Act, as although they enable a wider range of 'relevant partners' to contribute to the pooled fund, **this legislation does not allow for the delegation of functions between partners**. The 2004 Act does not make provision for one partner to assume the functions of another, nor to deliver the services of another as opposed to their own. Instead, it provides an opportunity to agree joint objectives and contribute towards the cost of meeting these through whichever partner generally has responsibility for ensuring service delivery.

Section 162 of the Social Services and Well-being (Wales) Act 2014 extends the provision for the funding of services for adults and carers and like the 2004 Act, it can involve contributions from a wider range of partners, however it does not provide for the delegation of functions between partners.

A Local Health Board may carry out any of the specified local authority functions described in Table 1 of Schedule 1 to the Partnership Arrangements Regulations on behalf of any of the local authorities taking part in the same partnership arrangement. The range of functions that can be included in a partnership arrangement are set out in the Partnership Arrangements Regulations. There are, however, some exclusions. The local authority areas not covered by the flexibilities afforded under the legislation include adoption panels, inspection of children's homes and duties under the Care Standards Act 2000. In relation to health, the exclusions include surgery, radiotherapy, endoscopies, termination of pregnancies, other invasive procedures and emergency ambulance services.

Social Partnerships: Since devolution, the Welsh Government has encouraged social partnership working as a means of finding the best solutions to the challenges facing Wales. (In this context a Social Partner is defined as "a trusted member of a 'social partnership', being either an employee, employer representative, or trade union".) To strengthen social partnership as a way of working a Programme for Government commitment was made to place social partnership on a statutory footing in Wales resulting in the Social Partnership and Procurement (Wales) Act 2023.

This legislation provides a framework to enhance the well-being of the people of Wales by improving public services through social partnership working, promoting fair work and socially responsible public procurement. The requirements under this act are set out later in the Framework.

Partnerships by Choice

The main focus of the first phase of this framework is statutory partnerships involving PTHB, although some key NHS to NHS partnerships are listed together with the Joint Leadership Team between PTHB and Powys County Council. "Partnerships by Choice" are characterised as having developed voluntarily and take a variety of different approaches to partnership working. A second phase of work will be consider such partnerships. In broad terms Partnerships by Choice may be broken down into: i) those involving NHS bodies alone ii) those involving another an NHS body and another type of organisation.

Partnership as a way of working

The WFG Act 2015 requires public bodies to work together and involve people to improve the well-being of Wales. This includes working in

partnership with other public bodies, communities, and people in the following ways:

- **Collaboration**
Public bodies should work together with others to meet their well-being objectives
- **Involvement**
Public bodies should involve people who are interested in achieving the well-being goals
- **Integration**
Public bodies should consider how their well-being objectives impact other well-being goals
- **Long-term**
Public bodies should balance short-term needs with long-term needs
- **Sustainable Development Principle**
Public bodies should make decisions that demonstrate how they have applied long-term, preventative, integrated, and collaborative approaches.

Co-production is a key element of partnership working. Partners, including Powys people, have worked on what co-production means:



“Working Together as equals for positive change in Powys by listening and doing, building trust, sharing and reviewing.”

Welsh Government’s review of Social Partnerships identified behaviours and characteristics seen as supporting effective partnership working including:

- The importance of a clearly defined, and mutually understood, purpose and focus.
- Meaningful and continuous engagement of all parties from the outset and throughout the problem solving/policy development process.
- A clear commitment to collaborative working and social partnership principles which can be captured by a combination of cooperation, respect, trust, voice and participation, and the pursuit of mutual gains.

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- Joint understanding of how information and decisions are cascaded and implemented. These should be two-way channels feeding through insights from impact on the ground.
- Clear arrangements to monitor and review success are vital to maintain the commitment to social partnership between partners.

The Social Partnership and Procurement (Wales) Act 2023 outlines the principles for working in partnership:

- **Shared commitment:** All partners should be committed to the partnership's goals
- **Cooperation:** Partners should work together to solve problems and reach a consensus
- **Respect:** Partners should recognize each other's legitimate interests
- **Trust:** Partners should have integrity, be authentic, and be open and transparent.

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Overview

The following information is provided for each partnership.

Partnership Name	The formal name of the partnership is given and the usual acronym.
Partnership Type, Legislation, Delegation	The legislative basis of the partnership is given, where applicable.
Terms of Reference	Confirms the current terms of reference.
Key Subgroups	The major Subgroups are listed.
Leadership	The current chair of the partnership is given together with the PTHB lead if different.
Budget	The partnership budget and the PTHB contribution or share is given, where relevant.
Plan	Key plans are listed.
Assurance Arrangements	The existing assurance arrangements are summarised.
Reporting Process and Cycle	The current reporting process and cycle are summarised.
Key Issues	Current key issues are highlighted.

This document provides an overview of each partnership. There will also be a regular high level highlight report to the PPPH Committee, together with specific reports for matters requiring approval.

The cross referencing table below shows which of the main partnerships are within Powys (which is designated as a region within some legislation); which span a wider region; and which are national arrangements.

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 Joint Leadership Team Meeting
Wider Region	Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS) & Junior Safeguarding Children Board

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	Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards Dyfed Powys Local Resilience Forum Mid Wales Joint Committee for Health and Care *
National	NHS Wales Joint Commissioning Committee NHS Wales Shared Services Partnership Committee

* Other NHS Regional Partnerships are referenced. (A South East Wales Joint Committee will be established by Q3 of 2025/2026 and PTHB will be an Associate Member.)

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Regional Partnership Board

Partnership Name

Regional Partnership Board (RPB) [Health And Wellbeing | Powys Regional Partnership Board | Wales](#)

Partnership Type, Legislation, Delegation

Statutory Partnership. Established in 2016 under Part 9 Social Services and Wellbeing Act (Wales) Act 2014 (which is statutory guidance); the Partnership Arrangements (Wales) Regulations 2015; Partnership Arrangements (Miscellaneous Amendments etc.) (Wales) Regulations 2024. [Social Services and Well-being \(Wales\) Act 2014](#)

Local authorities and Local Health Boards are required to establish Regional Partnership Boards 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 Regional Partnership Boards 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; Promote the establishment of pooled funds where appropriate.

Local authorities and Local Health Boards must have regard to guidance in relation to partnership arrangements which are required under section 166 of the Act. The guidance also applies to partnership boards which are required to be established in respect of those partnership arrangements and to any teams which are required to be established to carry out the partnership arrangements. The statutory guidance also encompasses section 167 (resources for partnership arrangements) and section 168 (partnership boards).

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.

Therefore, Regional Partnership Boards **must** have due regard to Section 12 of the Children and Families (Wales) Measure 2010 when making decisions which affect children and **must** actively promote and facilitate children and young people's participation.

Partnership bodies in each Regional Partnership Board area **must** establish and maintain a regional pooled fund in relation to care home places for older people, into which all the partnership bodies make contributions.

Terms of Reference

The current terms of reference of the Powys Regional Partnership Board (RPB) are available. 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); ensure that information, advice and assistance is accessible. The RPB ensures alignment with other partnerships and oversees delivery of the plan, holding the Regional Partnership Board Executive to account.

Key Subgroups

Regional Partnership Board Executive (RPBE) aims to promote an integrated partnership response to the needs of the local population, by overseeing the development and implementation of the RPB's Area Plan, including the development of projects and the tracking of delivery across all areas of RPB business; it makes recommendations to the RPB Board, for priority and investment opportunities (within the parameters of the Health and Care Strategy). It also functions, as set out in its terms of reference, as the Pan Cluster Planning Group.

Start Well Partnership aims to strengthen and transform services for children and young people in Powys up to the 25th birthday

Live Well Partnership aims to enable people to “Live Well” through being healthy and active and by accessing early help and support. It aims to 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.)

Live Well Mental Health Partnership aims to strengthen and transform mental health services in Powys, but also to ensure services develop to meet the requirements of mental health legislation. The Partnership operates several subsidiary partnership groups, particularly to engage with and hear the voice of service users and their carers, and to engage with third sector providers of mental health services.

Age Well Partnership aims to support older people to live a thriving and independent life for as long as possible, with an emphasis on maximising opportunities with Technology Enabled Care; reducing isolation and loneliness; and ensuring appropriate accommodation options for a range of needs.

Crosscutting Programmes include:

Social Value Forum (which is a requirement);

North Powys Wellbeing Programme;

Innovative Environments (Capital) Group;

Workforce Futures Programme.

Leadership

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).

PTHB Scheme of Delegation: The Director of Public Health is the Executive Lead for co-ordination across the RPB and PSB.

Budget

The RPB formulates and oversees an investment and resource plan to deliver priorities of the Health and Care Strategy through the Joint Area Plan. It utilises several time-limited resource streams from Welsh Government which must also meet specific requirements.

Health and Care Regional Integration Fund (RIF) [£7million per year revenue 2024/25] 2022 until 2027. RIF seeks to further accelerate new ways of working and embed new models of health and care (funding has to align with RIF Guidance. [Health and Social Care Regional Integration Fund | GOV.WALES](#) Regional Integration Fund's National Models of Integrated Care and Investment Plans. Models of Care: Prevention, Safer accommodation, Early Help and Wellbeing, Home from Hospital, Children / Family support). There are elements which are “ringfenced”.

Housing with Care Fund (HCF).

Capital [£2.8million] per year capital 2024/25] 2022-2026 [The Housing with Care Fund Guidance](#); HCF supports independent living in the community for people with care and support needs, provides intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

Integration and Rebalancing Capital Fund 'IRCF / RIF Capital'2022 – 26. Subject to bids nationally. **IRCF guidance Objective 1:** Development of integrated health and social care hubs and centres; **Objective 2:** Rebalancing the social care market by increasing delivery from not for profit.

Strategic Capital Planning (SCP) infrastructure fund 'RPB Capital Planner' £200k revenue 2022 – 26. RPBs are required to develop a 10-year **Strategic Capital Plan (SCP)** that brings together health, social care, housing, third sector, education and regeneration partners to develop integrated service delivery facilities and integrated accommodation based solutions.

Integrated Health and Care Hub Facilitation and delivery. Powys

£250k per year revenue. 2022-2026. Fund to support co-ordinating and facilitating the development of seamless, integrated delivery of services through health and social care hubs (including change in systems, processes, cultures, and behaviours).

Further Faster; (£506k revenue per year to support development of services for frailty; palliative care; and strengthening of district nursing.)

Plan

The RPBE is responsible for developing the 5 year Joint Area Plan. It also approves annual plans in support of this. [Joint Area Plan 2023-2028](#)

Assurance Arrangements

The RPBE has an approved Evaluation, Prioritisation and Assurance Framework. (25.10.24). Performance dashboards are required. The Partnerships and Programmes report quarterly to the RPB Executive Group against Delivery and Resource Plans to give assurances that they are supporting system change and delivering on the Area Plan priorities and Health and Care Strategy outcomes.

Reporting Process and Cycle

Please also see the Assurance Section above. The Joint Area Plan is approved by Powys County Council and Powys Teaching Health Board.

RPB meetings are at least quarterly with recommendations to it developed and submitted via the RPBE.

Detailed RIF reporting is submitted to Welsh Government on a 6 monthly basis (Q2 and Q4) to give assurances that projects are on track and delivering against objectives.

The RPB publishes an **Annual Report**, which is submitted to Powys County Council and Powys Teaching Health Board.

The RPB Co-Ordinator with key Executive Directors within the RPB Partnership attend the Health Board's PPPH Committee in Spring to share information about the RPB Delivery and Resource Plan forward look for the year to offer assurances there is a strategically aligned and robust plan to deliver on the Health and Care Strategy for the year.

RPB Co-Ordinator also attends HB Board in Summer to give a look back, via the RPB Annual Report offering high level assurance on deliverables, impact and outcomes achieved.

This is replicated within the Local Authority as part of their Senior Management and Cabinet governance arrangements.

Key Issues

The RIF is not permanent recurrent funding and is due to end in 2027.

Formal approval is awaited from Welsh Government in relation to the capital needed for a phased approach to the North Powys Wellbeing Programme.

The initial use of the Evaluation, Prioritisation and Assurance Framework in 2024/2025 has shown the around half the RIF projects need to develop robust implementation and exit plans; that there is scope to realign and merge some projects, which is now underway; that work in relation to primary prevention needs to be strengthened.

The Partnership will need to contribute to the development of the new Health and Care Strategy in 2026. Following engagement and approval the RPB will then need to factor into its plans the development of the new 5-year Joint Area Plan to deliver it.

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Public Service Board

Partnership Name
Public Service Board
Partnership Type, Legislation, Delegation
<p>Statutory Partnership. Established under the Well-being of Future Generations (Wales) Act 2015 The statutory responsibilities of Powys PSB 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.</p> <p>The TOR state: Statutory members are collectively and equally responsible for fulfilling the Powys PSB's statutory duties. Therefore, unanimous agreement of the statutory members is needed in relation to fulfilling these duties.</p> <p>The decision made by the Powys PSB, actions taken and its governance arrangements are subject to scrutiny by a bespoke Powys County Council Scrutiny Committee. The Scrutiny Committee will scrutinise, evaluate and actively promote improvement in work carried out in line with Powys PSB priorities as identified through its Wellbeing Assessment; Well-being Plan and its Terms of Reference and not that of those individual constituent organisations represented on the Powys PSB. The Powys PSB is accountable to the Future Generations Commissioner for Wales and must seek and act on the advice and feedback received from the Commissioner and / or their office.</p> <p>PTHB Scheme of Delegation: The full PTHB Board retains the power to agree the Well-being objectives in accordance with the requirements of the Wellbeing and Future Generations (Wales) Act 2015. The full PTHB Board retains the power to approve the Well-being Plan prepared and agreed by the Public Service Board.</p>
Terms of Reference
<p>The purpose of the Board is to work together to improve the economic, social, environmental and cultural well-being within Powys, by bringing together the most appropriate key decision-makers in Powys to improve public services in such a way that it is transparent and meaningful as well as accountable to local people.</p> <p>The Powys PSB will contribute to the seven national well-being goals: • A prosperous Wales • A resilient Wales • A healthier Wales • A more equal Wales • A Wales of cohesive communities • A Wales of vibrant culture and thriving Welsh language • A globally responsible Wales</p> <p>The Powys PSB will contribute to the Well-being Goals by: • Assessing the state of economic, social, health, environmental, and cultural well-being in their areas • Setting local objectives that are designed to maximise their contribution within their areas to achieving those goals • Taking of all reasonable steps by statutory members of the Board (in exercising their functions) to meet those objectives.</p>
Key Subgroups
It is supported by the PSB Wellbeing Planning Group and Programme Boards.
Leadership
<p>The PSB is chaired by the Leader of Powys County Council. PTHB representation includes the Chair, CEO and Executive Director of Public Health PTHB is a statutory member alongside Powys County Council, Natural Resources Wales and the Mid and West Wales Fire Service. (The Powys PSB is required to invite certain other persons or organisations to participate. The Powys PSB can also invite others as they consider appropriate in order achieve its objectives.)</p> <p>PTHB Scheme of Delegation: The Director of Public Health is the Executive Lead for co-ordination across the RPB and PSB.</p>
Budget

The Act requires councils to make administrative support available to the PSB. However, it is for each board to determine appropriate and proportionate resourcing of their collective functions which are the responsibility of all the statutory members equally.

The main source of 'income' for PSBs is the Welsh Government's Regional Grant

The terms of reference state: The decisions of the Powys PSB are not legally binding and it is the responsibility of each member and invited participant to ensure that decisions agreed are implemented • To contribute resources to the Powys PSB Board as required and by agreement to ensure the board fulfils its statutory duties.

Powys PSB's budget for 2024/25 was £47,077, provided by the Welsh Government Regional Support Grant.

Plan

Powys Wellbeing Plan

Assurance Arrangements

The PSB publishes an annual report that sets out the Powys PSB's progress in meeting the local objectives. It reports progress to the public, Welsh Government, democratically elected members, and Powys PSB member organisations.

The Wales Audit Office recommended that PSBs should use the findings of the Auditor General for Wales' Discussion Paper: Six themes to help make scrutiny 'Fit for the Future' to review their current performance and identify where they need to strengthen oversight arrangements and activity.

The Council's audit arrangements apply to the administrative aspects of the PSB and the PSB Scrutiny Committee. Audit Wales undertook an audit of the effectiveness of PSBs in 2019.

As decisions/actions must be made with the unanimous agreement of the four statutory members, it is understood that the audit arrangements of the statutory members could apply in relation to their specific involvement in any decision/action taken.

Reporting Process and Cycle

The Powys PSB annual report sets out the progress made in meeting the objectives within the Well-Being Plan, and considers potential impact made in contributing to relevant national Well-being Indicators set by the Welsh Ministers. In addition to the annual report, each quarter the three workstreams which support delivery of the Well-being Plan provide a progress update to the PSB.

These updates provide an opportunity for workstream performance and risk reporting into the Board and for assurance.

Key Issues

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 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 PSB reporting needs to be clearer.

A review of Public Service Boards by WAO in 2019 concluded that PSB's are unlikely to meet their potential unless they are given the freedom to work more flexibly and think and act differently.

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Community Safety Partnership

Partnership Name
Powys Community Safety Partnership
Partnership Type, Legislation, Delegation
<p>Statutory Partnership: The Community Safety Partnership is responsible for compliance with the statutory duties and responsibilities set out in the Crime and Disorder Act 1998; the Police and Justice Act 2006; Policing and Crime Act 2009, and in subsequent Home Office and Welsh Government regulations. The CSP Strategy Group is a requirement of the Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007. The Community Safety Partnership and Strategy Group were merged in 2014.</p> <p>Section 17 of the Crime and Disorder Act 1998 imposes a duty on the responsible authorities to: <i>'Without prejudice to any other obligation imposed upon it... exercise its functions with due regard to...the need to do all it reasonably can to prevent crime and disorder in its area.'</i> PTHB is one of the responsible authorities.</p>
Terms of Reference
<p>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. It's 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.</p> <p>Responsibilities include: to commit resources from their organisation to support the delivery of the Community Safety Strategy, it's themes and priorities; ensure Partnership Strategic Assessments undertaken annually; agree strategic priorities, objectives and targets annually; ensure delivery plans are in place to support the strategic objectives and provide good value for money; oversee performance; set clear objectives, targets, responsibilities for Sub Groups; ensure that resources allocated are used to deliver the CSP's objectives and Strategy; approve the allocation of CSP resources; consider major resource issues, mainstreaming and sustainability; ensure clear communication, including partner agency staff being aware of responsibilities (including adoption of Section 17 of the Crime and Disorder Act 1998); provision of data for Strategic Assessments and performance monitoring; discussing potential conflicts and differences to seek the most effective solutions; fulfil specified responsibilities in the event of a serious, critical or major incident.</p> <p>Domestic Homicide Reviews (DHRs) are required by law and the responsibility of the Community Safety Partnership (CSP). These now sit in the new SUSR process in the M&WWSB.</p>
Key Subgroups
<p>Subgroups are overseen by the Strategy Group including: A Serious Violence and Organised Crime Board (PTHB representative – AD Safeguarding)</p>
Leadership
Attended by the Head of Safeguarding.
Budget
<p>Sources of funding include: funding made available from partners' core budgets; funding opportunities available via Police Crime Commissioner; other grants made available from time to time.</p> <p>Financial reporting arrangements to funders vary. Financial reports are part of the performance management regime.</p>
Plan
Community Safety Strategy; Community Safety Action Plan
Assurance Arrangements
Performance Reports are produced 6 weekly, to ensure oversight in relation to the CSP outcomes and the targets set out in the CSP Strategy, and to instigate any necessary action to address areas of under-performance.
Reporting Process and Cycle
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.

Key Issues

There is also a regional **CONTEST** Board as a dimension of the counter terrorism strategy involving PTHB represented through the AD Safeguarding.

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Powys Youth Justice Management Board

Partnership Name
Powys Youth Justice Management Board
Partnership Type, Legislation, Delegation
<p>The Youth Justice Board nationally stipulates that each Youth Offending Service (YOS) must be overseen by a management board. (Powys uses the term Youth Justice Service locally.) The YJB nationally provides guidance in relation to effective governance by Boards: a) the management board should provide strategic direction with the aim of preventing offending by children and young people. b) all statutory funding partners, the local authority, police, national probation service, and health, must be represented on the board. c) members of the management board should be empowered with the capacity to make strategic decisions d) the Board should determine how appropriate youth justice services are provided and funded. e) the Board should oversee the formulation of a draft Youth Justice Plan.</p> <p>The legislative basis is rooted in the Crime and Disorder Act 1998.</p>
Terms of Reference
<p>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. The Management Board is the formal reporting line and receives regular reports on the progress and work of Powys Youth Justice Service; can take all delegated management decisions not within the authority of the Head of Service for Early Help and Prevention; provides the necessary budget overview, including the review of agency contributions; provides a forum for resolution of inter-agency issues; receives and approves the draft Youth Justice Plan prior to final approval by elected members and members of the partnership authorities; monitors and reviews the progress made in achieving the objectives and performance targets set out in the annual Youth Justice Plan; through the Senior Manager Intervention & Prevention Team Manager for the service, ensures that the service is prepared for inspection by the HMIP (HM Inspectorate of Probation) and that all requests for information by the Board are met promptly; ensures that the work of the Powys Youth Justice Service makes the necessary links with the Youth Justice Boards Cymru, as well as the key strategic links required by the Crime and Disorder Act 1998, particularly those in relation to the wider crime and disorder reduction strategies and specific youth crime reduction strategies.</p>
Key Subgroups
None
Leadership
<p>The Management Board is attended by the Assistant Director of Safeguarding on behalf of the Executive Director below.</p> <p>PTHB Scheme o Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for the Youth Justice Board.</p>
Budget

In 2024/25 the PTHB contribution to the Powys Youth Justice Management Board was £68,198

Plan

Youth Justice Plan – subject to final approval by elected members and members of the partnership authorities

Assurance Arrangements

Performance and standards of Youth Justice Services are overseen by the Youth Justice Board (YJB). Each quarterly meeting considers: a) Key Performance Indicators (quantitative and qualitative); b) Finance; c) Staffing

Reporting Process and Cycle

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.

Key Issues

None

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 has been vacant in the host authority. It is expected that there will be recruitment to this within the next financial year and that the Group will be reconvened.

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Area Planning Board

Partnership Name

Area Planning Board (APB)

Partnership Type, Legislation, Delegation

Statutory: APBs were originally established in 2010 to deliver Welsh Governments Substance Misuse Strategy “Working Together to Reduce Harm”. The APBs were intended to provide a regional framework, to: • Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; • Enhance and improve the key functions of planning, commissioning and performance management. APBs are subject to WG guidance (*Working Together to Reduce Harm Revised Guidance for Substance Misuse Area Planning Boards 2017*) which is currently being reviewed.

The Well-being of Future Generations (Wales) Act 2015 placed Public Services Boards (PSBs) on a statutory footing and imposed a duty on PSBs to contribute to the achievement of the well-being goals. Under the Social Services and Well-being (Wales) Act 2014 there is a requirement that local authorities and health boards must work together to assess care and support needs (and carer support needs) of the population in their area (including people with substance misuse issues), with Partnership Boards required to prioritise the integration of services. The Crime and Disorder Act 1998 set out the duties of responsible authorities (which includes health boards) in relation to tackling crime and disorder in their areas. Section 6 of the 1998 Act provides that as well as formulating and implementing a strategy for the reduction of crime and disorder, responsible authorities must also have a strategy for combatting the misuse of drugs, alcohol and other substances in the area.

The statutory responsibility for formulating and implementing a local strategy for combating substance misuse in each local government area in Wales continues to rest with the responsible authorities for that area which forms CSPs.

WG guidance states that APBs are advised to agree a Memorandum of Understanding (MoU) which sets out the APBs governance arrangements and describes its operating procedures, key aims and roles of the APB. WG guidance states that entering into a Memorandum of Understanding does not change, replace, substitute or amend in any way the statutory duties or other responsibilities of the organisations forming the APB. As the APB is an unincorporated body it has no legal powers. It will operate as a collaboration of organisations. In addition, the APB itself would not be able to commission work, procure goods/services, incur costs or enter into contracts etc. as it does not have the legal status to do so. In practice, where it is proposed to undertake any of the activities, it will be necessary for either the nominated grant recipient body and / or other named statutory partners to carry forward the proposals approved by the responsible authorities.

Terms of Reference

The terms of the reference for the APB Strategic Group set out its purpose as:

- taking of responsibility for sharing ideas and perspectives to identify how our current system can work better for people facing complex and multiple needs where substance misuse is identified as a key driver.
- Focussing on preventing people from falling through gaps and working collaboratively to deliver the systems changes required to give the best possible outcomes for individuals within a wider treatment system.
- Identify where financial efficiencies can be found because of delivering system wide change.
- Support, encourage, oversee, and draw out learning from new innovative work, with a view to scaling up and embedding those that contribute to improved outcomes.
- Support, develop and oversee the role of Co-Production and the utilisation of the voice of people with insight through personal experience throughout partnership agencies.
- Support and promote the drive to introduce a Trauma informed approach throughout partnerships.
- Implement best practice and Governance strategies using clinical audit, needs assessment and ongoing contract monitoring.

Key Subgroups

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Leadership

WG guidance is being reviewed. At present it does not reflect changes in the NHS since 2017. However, the current guidance states that NHS representation should include: Director of Public Health and /or representative of local Public Health Wales team; The Local Health Board (both a planning representative and a clinical representative of the Substance Misuse Treatment team); and primary care.

PTHB adult mental health services are represented in the membership. The chair is appointed and reviewed on an annual basis.

Budget

The local authority is the 'grant recipient' receiving the allocation of SMAF revenue on behalf of the APB area and then administering it in accordance with the agreement of the responsible authorities within the APB membership.

Current WG guidance states "The Welsh Government requires the APBs to work collaboratively with their respective Local Health Boards to ensure that the funding allocated to tackling substance misuse is both coordinated to provide the most effective use of the available funding and to avoid potential duplication. Given that the APBs have responsibility for agreeing and signing off the Health Board's contributions to substance misuse, the need for consideration of the assessed needs of the region alongside the current APB commissioning strategy must also be taken into consideration to ensure the best outcomes are delivered."

WG guidance states that it is the responsibility of APBs to ensure there are appropriate budget, accounting and audit management systems in place to effectively administer the Substance Misuse Action Fund (SMAF) revenue and capital funds within each of the APB's constituent organisation's governance structure.

Plan

local strategy for combating substance misuse

Assurance Arrangements

The Welsh Government has put in place an overarching Substance Misuse Performance Management Framework. A quarterly progress and budget report highlighting progress against key milestones and information on any new risks/issues provided to the Steering Group.

WG guidance states that the Local Health Board's clinical representative will have a role in making recommendations in relation to ensuring appropriate clinical governance arrangements have been put in place in respect to services commissioned by the APB. It also states: the Chief Executive of the Health Board will be accountable for adhering to the NHS performance management framework and will retain responsibility for clinical governance.

Reporting Process and Cycle

As above

Key Issues

Welsh Government guidance for APBs is currently being revised.

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Primary Care Clusters

Partnership Name
Primary Care Clusters: North Powys, Mid Powys and South Powys.
Partnership Type, Legislation, Delegation
<p>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.</p> <p>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.)</p>
Terms of Reference
<p>The Cluster is the most local level of service planning and coordination and is responsible for:</p> <ul style="list-style-type: none"> • Planning of services best delivered at the cluster level. • Integrating primary and community-based services between health, social and voluntary sectors, physical and mental health services, with partners. • Providing innovative and effective alternatives to traditional outpatients or inpatients models of care. Understanding and responding to the full spectrum of health and social care needs of the population served by the Cluster with a particular focus on the needs of vulnerable groups. • Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate.
Related Groups/ Key Subgroups
<p>Pan Cluster Planning Group (PCPG): The Terms of Reference of the RPB Executive include its role as the Plan Cluster Planning Group. The PCPG brings together representatives Clusters and representatives of those services which are planned at county, health board/regional or even national level to collaborate and plan services - informed by patient and public feedback, data based needs assessments and professional assessment of service pathway gaps, barriers and opportunities.</p> <p>Professional Collaboratives: provide a structure to support contractor teams to connect with their peers to review the quality and safety of local services, share experience and good practice for their area of expertise and to advocate for service improvement. Each Contractor Collaborative is represented at the Cluster.</p>
Leadership
<p>The Core Membership of the Cluster comprises of representatives from all local services contributing to health and social care within the cluster area and shall include: Cluster Lead (Chair); General Practice Collaborative Lead; Community Pharmacy Collaborative Lead; Dental Collaborative Lead; Optometry Collaborative Lead; Professional Nursing Collaborative Lead; Allied Health Professional Collaborative Lead; Third Sector representative Lead; Community Services representative Lead; Cluster Development Manager; Medical Directorate representative; Mental Health & Learning Disability Services representative; Medicines Management Representative; Optometry Services Representative; Dental Services Representative; Head of Primary Care / Primary Care Services Representation. In attendance: Finance; Workforce and OD; Public Health Wales; other members may be included as required.</p>
Budget
<p>The Cluster budget within Powys is approximately £869k in 2024/25. Cluster budgets are determined by Welsh Government and are delegated via Health Boards to Clusters. The Health Board and its partners may delegate additional resources to PCPGs and Clusters to achieve agreed outcomes.</p>

The Cluster is required to produce annual spending plans, taking account of the Standing Financial Instructions and must represent the priorities within the Cluster plans.
Where there are financial implication of over £50,000 in relation to a particular decision there is a requirement for this to be presented and supported by the PTHB Investment Benefits Group (IBG).

Plan

Cluster plans form part of the PTHB IMTP and are also inform the RPB Joint Area Plan.

Assurance Arrangements

Cluster chairs represent the group at the Pan Cluster Planning Group. The PCPG receives and approves costed improvement plans. The Cluster provides the PCPG with regular updates on delivery against objectives and the associated financial profile.

Reporting Process and Cycle

As above

Key Issues

Ensuring clarity of purpose and relationship with the Pan Cluster Planning Group (RPBE).

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Local Partnership Forum Advisory Group

Partnership Name
Local Partnership Forum Advisory Group (LPF)
Partnership Type, Legislation, Delegation
Advisory Forum: The LPF is an Advisory Forum of the Board
Terms of Reference
<p>The terms of reference are Schedule 5.3 of PTHB's Standing Orders. The (LPF) is the formal partnership mechanism where PTHB's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues. It provides the formal mechanism for consultation, negotiation and communication between the Unions and management.</p> <p>Its purpose is to: establish a regular and formal dialogue between the Health Board's Executive and the Trade Unions on matters relating to strategies pursued by PTHB; provide opportunities for Trade Unions input into organisational service development plans at an early stage; consider the implications on staff of service reviews and identify and seek to agree new ways of working; consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve implementation; appraise the Trade Unions of the financial performance of the organisation on a regular basis; appraise the Trade Unions of PTHB clinical activity and its implications; provide opportunities for Trade Unions input to quality issues, including clinical governance, particularly where such issues have implications for staff; communicate to Trade Unions the key decisions taken by the Board and senior management; consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Board; negotiate on matters subject to local determination; ensure Trade Union representatives are afforded time to meet in order to discuss ways forward to encompass partnership working between staff side and management. Reference should be made to the A4C Facilities Agreement.</p> <p>The PTHB Board may specifically request advice and feedback from the LPF on any aspect of its business, and the LPF may also offer advice and feedback even if not specifically requested by the Board.</p>
Key Subgroups
<p>The LPF can establish sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Localities/Service areas. Where these sub groups are developed they must report to the LHB LPF.</p> <p>The Workforce Policy Review Group (WPRG) is a standing committee of LPF.</p>
Leadership
<p>The Management and Staff Organisation Chair the LPF on a rotational basis. All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. PTHB agrees the overall size and composition of the LPF in consultation with those Trade Unions it recognises. Management is represented by Executive Directors.</p> <p>PTHB Scheme of Delegation: the Executive lead for Trade Union Partnership arrangements is the Executive Director of People and Culture</p>
Budget
There is no designated budget for the LPF
Plan
There is no formal annual workplan
Assurance Arrangements
Reporting via a Chair's report to the Board
Reporting Process and Cycle
Reporting via a Chair's report to the Board
Key Issues
The implications of legislation in relation to Social Partnerships – including the importance of trade union recognition and facility time.

Social Partnerships: Since devolution, the Welsh Government has encouraged social partnership working as a means of finding the best

solutions to the challenges facing Wales. (In this context a Social Partner is defined as “a trusted member of a ‘social partnership’, being either an employee, employer representative, or trade union”.) To strengthen social partnership as a way of working a Programme for Government commitment was made to place social partnership on a statutory footing in Wales resulting in the Social Partnership and Procurement (Wales) Act 2023.

This legislation provides a framework to enhance the well-being of the people of Wales by improving public services through social partnership working, promoting fair work and socially responsible public procurement. It includes:

- the establishment of a Social Partnership Council (SPC) for Wales;
- a statutory duty on certain public bodies to seek consensus or compromise with their recognised trade unions (or where there is no recognised trade union) other representatives of their staff, when setting their well-being objectives and delivering on those objectives under section 3(2) of the WFG Act 2015; (from 1st April 2024)
- a statutory duty on Welsh Ministers to consult social partners, employers and worker representatives through the SPC when delivering on their well-being objectives under section 3(2)(b) of the WFG Act 2015;
- amendment of section 4 of the WFG Act 2015 by substituting ‘fair work’ for ‘decent work’ within the existing “A prosperous Wales” goal;
- a statutory duty on certain public bodies to consider socially responsible public procurement when carrying out procurement, to set objectives in relation to well-being goals, and to publish a procurement strategy;
- certain public bodies to carry out contract management duties to ensure that socially responsible outcomes are pursued through supply chains;
- reporting duties to be imposed on the public bodies and Welsh Ministers in relation to the Social Partnership Duty and Procurement duty;

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- a procurement subgroup of the SPC to provide information and advice to the SPC about the procurement duties imposed on contracting authorities.

In relation to the Social Partnership Duty, Welsh Government has reinforced the importance of trade union recognition and facility time. Access to recognised trade unions that can collectively represent the workforce is key to ensuring public bodies meet the duty and achieve fair work. Welsh Government considers the benefits of facility time for employers to be far-reaching and to include:

- The ability for employers to consult with their employees in a meaningful and efficient way which helps employers fulfil their legal obligations as well as to reassure the workforce that their views are valued.
- Facility time encourages a collaborative workplace culture.
- Workplace issues can often be addressed at an earlier stage and can prevent situations from escalating, which in turn can lead to savings in terms of time and resources both for the organisation and public service delivery.
- Better management of change through better communication and understanding of decisions being made.
- Studies have shown that unionised workplaces are safer and that trade unions help to promote skills and training in the workplace.

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Joint Leadership Team Meeting

Partnership Name
Joint Leadership Team
Partnership Type, Legislation, Delegation
<p>Not a formal part of PTHB or PCC's governance structure. A vehicle to enable appropriate and effective collaboration and partnership working between PTHB and PCC. It is the successor to the Joint Partnership Board. Together with the Board to Cabinet Forum, it is the senior staff group that drives the design and delivery of the identified joint areas of interest between PTHB and PCC, complementing the work of other Partnerships including the Regional Partnership Board (RPB) and the Public Services Board (PSB).</p> <p>The JLT does not have delegated powers to make decisions on behalf of the sovereign bodies but nevertheless attempts to reach agreement by consensus on matters within the terms of reference and will rely on the delegated authority of the appropriate officers in each organisation to formally make and implement the consensus reached. (It may obtain external legal or other independent professional advice.)</p>
Terms of Reference
<p>Terms of Reference approved March 2024. It's purpose is to: oversee the continued development and integration of health and social services, together with related enabling services; support the development of a health and social care system that delivers co-ordinated care in the community to enable people to live longer and live better; oversee organisational development and culture change to deliver innovation and transformation; ensure that NHS and Local Authority resources are directed to support transformation and effective service delivery as required.</p> <p>Specific responsibilities include promoting a culture of partnership working; Ensuring the delivery of the transformation agenda (Better Together and Sustainable Powys) and therefore acting as the strategic vehicle for sustainable and affordable services into the future; Maximising the shared areas of Workforce Futures; Confirming key areas of service delivery, legislation, public engagement and other requirements that require effective partnership working; Ensuring relevant structures are in place to support requirements; sharing of learning; Strategic consideration and forewarning of system issues and risks by exception; overseeing the management of wider asset sharing; Clarification of respective responsibilities; Ensuring the provision of, and delivery against, relevant Section 33 Agreements ensuring process for dispute and mediation; building on what is strong and unblocking; Agreement of the handling of challenges and difficult issues; Ensuring that organisational resources are directed to support joint priorities / areas of work and therefore Guard against single points of failure, avoid duplication & guard against misaligned activity/decision-making.</p> <p>PTHB Scheme of Delegation: Providing services jointly with Local authorities under Section 32 and 33 of NHS (Wales) Act 2006 requires approval and signing of the pooled budget arrangement by the CEO and Director of Finance, which is the case for amendments also.</p>
Key Subgroups
None
Leadership
Jointly chaired by the CEOs of PTHB and PCC; All members of the PCC Corporate Leadership Team and the PTHB Executive Team
Budget
There is no designated budget.
Plan
Its programme of work, based on the Health and Care Strategy for Powys and each organisation's underpinning delivery plans.
Assurance Arrangements
Respective Internal Auditors have unrestricted and confidential access to the Joint Chairs of the Committee.
Reporting Process and Cycle
No formal reporting requirements but each organisation reports to its own respective governance arrangements and remains accountable and responsible for the delivery of each organisations plans.
Key issues
<ul style="list-style-type: none"> Alignment of Sustainable Powys and Better Together

- Section 33 Agreements
- Issues by exception, such as patient flow

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Safeguarding

The next section covers partnerships within the region of Mid and West Wales connected to safeguarding:

Partnership Name

Mid and West Wales Regional Safeguarding Boards (MAWWSB) (CYSUR & CWMPAS)

- CYSUR is an acronym for Child and Youth Safeguarding: Unifying the Region and is also the Welsh word for reassurance.
- 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.

Partnership Type, Legislation, Delegation

Statutory Partnership – established in line with Part 7 of the Social Services and Wellbeing (Wales) Act 2014.

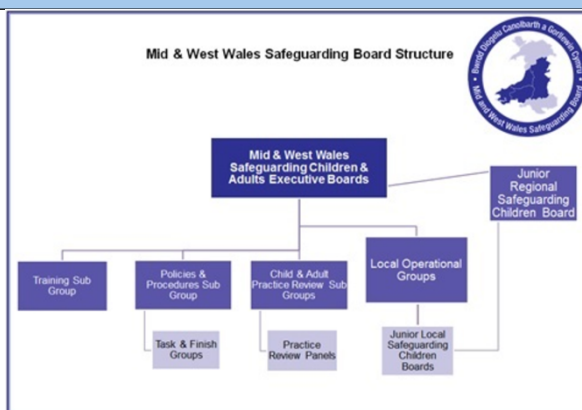
PTHB Scheme of Delegation:

Section 25 of the Children Act 2004 requires local authorities and their statutory partners including health boards to work together to improve the wellbeing of children. This includes protecting children from harm and neglect. Section 27 requires local authorities and health boards to work together to help children in need.

Terms of Reference

The objectives of a Safeguarding Children Board are: • to protect children within its area who are experiencing, or are at risk of abuse, neglect or other kinds of harm, and • to prevent children within its area from becoming at risk of abuse, neglect or other kinds of harm. The objectives of a Safeguarding Adults Board are: • to protect adults within its area who – 1. have needs for care and support (whether a Local Authority is meeting any of those needs), and 2. are experiencing, or are at risk of, abuse or neglect, and • to prevent those adults within its area from becoming at risk of abuse or neglect.

Key Subgroups



There is a Junior Regional Safeguarding Children Board. The MAWWSB subgroups include:

Policies and Procedures Subgroup

Singel Unified Safeguarding Review Subgroup (replaced Child and Adult Practice Review Subgroup)

Training Subgroup

There are 4 **Children and Adult Local Operational Groups (LOGs)** which support the MAWWSB, one

of which is the Powys Local Operational Group. They collaborate, share learning and information and ensure safeguarding practice, strategic planning and commissioning of services across all partner agencies continuously improves and promotes good outcomes for children and adults who may be at risk in their local area.

Leadership

The Social Services and Well Being (Wales) Act 2014 prescribes the Safeguarding Board partners and the levels of seniority of partner representatives on Safeguarding Boards. For a health board it is as follows: the LHB's lead officer for children's/adults' services or some other officer directly accountable to him or her who is of sufficient seniority to act as the LHB's representative instead of the lead officer; A registered medical practitioner charged with specific responsibilities in relation to the protection of children within the area of the LHB; A registered nurse charged with specific responsibilities in relation to the protection of children and the director of nursing in relation to the protection of children within the area of the LHB. The PTHB Executive Director of Nursing, Quality, Women and Family Health and the Assistant Director of Safeguarding are members of the Safeguarding Boards and the Named Doctor for Child Protection.

PTHB Scheme of Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for safeguarding.

Budget

The Mid and West Wales Safeguarding Boards use the national funding formula to assess and identify annual financial contributions from statutory partner agencies. In 2024/5 the PTHB contribution was approximately £12,310.

Plan

The Social Services and Wellbeing (Wales) Act 2014 requires all Regional Safeguarding Board to produce an Annual Plan setting out its strategic outcomes for the coming year. (Joint Annual Plan)

Assurance Arrangements

An annual report is produced. A focus within this has been the 5 key elements of safeguarding effectiveness: safeguarding process; multiagency activity data; thematic hot spots; service users feedback; and workforce information.

Reporting Process and Cycle

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.

Key Issues

The safeguarding boards ensure links with the Community Safety Partnerships, National Independent Safeguarding Board and Welsh Government

Partnership Name

Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards

Partnership Type, Legislation, Delegation

Statutory Partnership: Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, including statutory guidance

PTHB Scheme of Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for Violence Against Women, Domestic Abuse and Sexual Violence

Terms of Reference

Delivers the regional strategy on violence against women, domestic abuse and sexual violence.

Key Subgroups

The Executive Board is supported by a strategic Group (ADs/Heads of Service) which ensures multi-agency protocols and procedures are in place; creates and drives the action plan to meet the strategic aims; enables voices within the partnership; voices of survivors; monitoring performance and informing and reporting to the Executive Board.

Leadership

PTHB Scheme of Delegation: the Executive Director of Nursing, Quality, Women and Family Health is the Executive Lead for Violence Against Women, Domestic Abuse and Sexual Violence

Budget

The Mid & West Wales Safeguarding Board is funded by an annual Welsh Government Grant, with partner contributions via the contribution to the MWWSB which is managed by the Business Unit and that money is spent on resources and infrastructure that support the work of the Board and delivery of our strategic outcomes.

The regional budget is also used to fund bespoke multi-agency training recommended by regional practice reviews and to commission research work to support the Board's functions.

Plan

Regional Strategic Plan;

Assurance Arrangements

The Strategic Group will ensure the Executive Board receives the information it needs to make decisions, changes and improvements to the delivery plan.

Reporting Process and Cycle

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.

Key Issues

PTHB also participates in the **Dyfed-Powys Strategic Serious Violence and Organised Crime (SVOC) Board**, supported by Dyfed Powys Police.

In line with statutory duties under the Children Act 2004, which places a duty on statutory partners to safeguard and promote the welfare of children the Executive Director of Nursing, Quality, Women and Family Health is also a member of the **Powys County Council Corporate Parenting Group**.

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Dyfed Powys Local Resilience Forum

Partnership Name

Dyfed Powys Local Resilience Forum

Partnership Type, Legislation, Delegation

Statutory Partnership

PTHB Scheme of Delegation: The Executive Director for Public Health is the executive lead for Civil Contingencies Planning.

Terms of Reference

Aim: The Dyfed Powys Local Resilience Forum sits at the apex of local civil protection arrangements in mid and south-west Wales. 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.

Objectives: The Local Resilience Forum's specific objectives are:

- to agree on joint strategic and policy approaches relating to Dyfed Powys' preparedness and response;
- to approve the Community Risk Register, and ensure it provides a robust basis for planning;
- to ensure that appropriate multi-agency plans, procedures, training and exercises necessary to address identified or foreseeable local and wider area hazards are in place and outstanding gaps identified;
- to direct and oversee the activities of working groups as they are established and allocate tasks to them as appropriate;
- to receive reports from the working groups on current threat levels, gaps in planning and progress on actions tasked;
- to ensure that appropriate resources are made available to working groups to fulfil statutory and task-based responsibilities;
- to co-ordinate the individual approaches and responsibilities of each organisation to ensure that they complement each other and dovetail with partners' arrangements; and

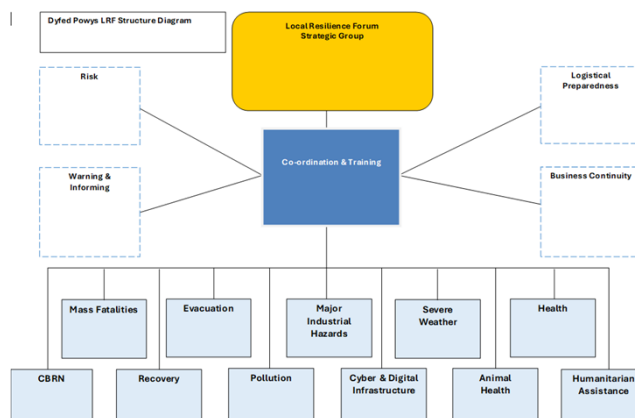
to consider the implications of legislation, national initiatives and decisions of the Regional Resilience Forum for the Local Resilience Forum area

Key Subgroups

The groups are split into the main LRF groups which includes a strategic planning group and (tactical) Coordination and Training Group. There are four core groups sitting around the main groups and then a series of separate sub-groups which have been set up to take forward the planning and preparedness activities for the associated risks identified on the National Risk Register/Wales Risk Register that are assigned to each of the separate sub-groups.

Local Resilience Forum Structure

January 2025



Leadership

PTHB Scheme of Delegation: The Executive Director for Public Health is the executive lead for Civil Contingencies Planning.

Budget

PTHB makes an annual contribution to the LRF's training fund (£500) and 1/4 funding of a LRF coordinator post

Plan

LRF Business Plan

Assurance Arrangements

LRF Business Plan is overseen by the Strategic LRF Group

Reporting Process and Cycle

Reporting is through the Coordination and Training Group and Strategic LRF Group on a 4 monthly basis

Internally reporting is via annual reporting to the Board

Key Issues

2025-26: Work is driven by national, regional risk assessment and responses to incidents /emergencies.

This work feeds into PTHB Civil Contingencies Planning programme of work for 2025/26.

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Mid Wales Joint Committee for Health and Care

Partnership Name
Mid Wales Joint Committee for Health and Care
Partnership Type, Legislation, Delegation
Joint Committee of health and care organisations providing services to Mid Wales established in response to one of the twelve recommendations made in the Mid Wales Healthcare Study (2014)
Terms of Reference
<p>The Mid Wales Joint Committee, which was established in response to the recommendations of the Mid Wales Healthcare Study (2014), is a formal collaborative between the health and care organisations covering the Mid Wales region. Members of the Joint Committee includes the three Local Health Boards (Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board), Welsh Ambulance Services University NHS Trust, the three Local Authorities (Ceredigion County Council, Gwynedd Council and Powys County Council) and Llais.</p> <p>The Mid Wales Joint Committee has a set of annually agreed priorities identified as those areas for which working on a joint Mid Wales footprint will provide added value. The Mid Wales priorities align with the individual plans of the Joint Committee's partner organisations and focus on a whole pathway approach with regional links between primary, secondary, community and social care. This approach supports the Welsh Government's expectation for Mid Wales organisations to work together to plan and deliver regional solutions across organisational boundaries.</p>
Key Subgroups
<p>The work of the Joint Committee is coordinated by the Mid Wales Planning and Delivery Executive Group. The focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach. The Mid Wales Planning and Delivery Executive Group is supported by the following sub-groups:</p> <ul style="list-style-type: none"> • Mid Wales Clinical Advisory Group which advises on specific clinical models of care, taking a leadership role in detailed design where appropriate. • Mid Wales Social Care Group which focuses on Social Care and the alignment of plans for social care services across Mid Wales. • Rural Health and Care Wales Stakeholder Group which focuses on the detailed development and oversight of the Rural Health Care Wales plan with a focus on research, development, and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales. <p>There is also the Mid Wales Strategic Commissioning Group which has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. This group is directly accountable to the three respective Health Boards, however, regular reports on its work are provided to the Mid Wales Planning and Delivery Executive Group.</p>
Leadership
<p>Joint Committee Leadership Team: Lead Chair- Chair, BCUHB; Lead Chief Executive CEO, PTHB; Lead Director of Planning Executive Director of Planning, Performance and Commissioning, PTHB; Lead Clinical Executive Director Executive Medical Director, PTHB; Joint Committee Programme Director – Director of Operational Planning & Performance, HDUHB.</p> <p>Mid Wales Joint Committee Membership: Joint Committee Leadership Team, Chief Executives from Health Boards and the WAST, Chairs of the Joint Committee's sub-groups, representatives from the three Local Authorities and Llais.</p>
Budget
£150,000 (£50,000 contribution from the three Mid Wales Health Boards)
Plan
The development and delivery of the Joint Committee's priorities and delivery plan is led by the Mid Wales Planning and Delivery Group with input and support from the Mid Wales Clinical Advisory Group, Mid Wales Social Care Group and, where appropriate other partnership / regional collaborative groups.

Mid Wales Priorities and Delivery Plan (There are a set of annually agreed Mid Wales priority areas which for 24/25 were Urology, Ophthalmology, Cancer, Dental, Clinical Strategy for Hospital Based Care and Treatment and regional solutions, and Cross Border workforce arrangements). Clinical priorities were urology, palliative care and rheumatology. Social Care Priorities were: Residential Children's Accommodation with links to eliminating profit on small homes ii) Trusted Assessor along with Delayed Pathways of Care. iii) Welsh Community Care Information System (WCCIS)

Assurance Arrangements

The implementation of the Delivery Plan and risks are tracked through a BRAG rating and risk & mitigating actions score. The Joint Committee receives updates on the progress of the Rural Health and Care Wales Work (RHCW) Programme.
The Mid Wales Strategic Commissioning Group is directly accountable to the three respective Health Boards, however, regular reports on its work are provided to the Mid Wales Planning and Delivery Executive Group.)

Reporting Process and Cycle

The MWJC oversees the work of its sub-groups and meets bi-annually as follows:

- Spring meeting (April) - Planning meeting for the Joint Committee's future workplan
- Autumn Meeting (October) – Mid-year progress update on the Joint Committee's workplan

Bi-annual Mid Wales plans/reports are produced, following the MWJC meetings, for Health Board and Local Authorities to monitor and scrutinise. For NHS organisations the MWJC reports directly to their respective Board governance structures, acting as a formal sub-committee. For Local Authorities the MWJC reports on its work to the scrutiny mechanisms in place for these organisations.

Key Issues

Financial challenges
Strategic service change programmes and potential impact on services in Mid Wales
Competing priorities for the partner organisations to consistently focus on regional working

A South East Wales Joint Committee will be established by Quarter 3 of 2025/2026 and PTHB will be an Associate Member.

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Other NHS Regional Partnerships

PTHB constantly collaborates with other health boards and NHS Trusts, as it does not have a District General Hospital. It works with other health and NHS Trusts to meet the needs of its population as a commissioner and puts in place Long Term Agreements and Service Level Agreements in line with the NHS Wales Act 2006 (which are not contracts in law). These are covered by the arrangements for commissioning assurance which is a separate framework.

Other health boards and NHS Trusts may instigate strategic/service changes which may affect PTHB patients. There is a separate Service Change report to the Board and the relevant Board Committee.

There is an expectation of increased regional working within the NHS Wales. Where collaborative regional commissioner or provider arrangements sit outside i) a statutory partnership ii) the Joint Commissioning Committee arrangements iii) a Shared Services Procurement Framework the PTHB representative/s in those meetings may need to clarify with the lead PTHB Executive Director or PTHB Board Secretary the governance position in terms of delegation of decision making, public engagement and consultation, financial flows and accountability. Where collaborative regional arrangements do not have the delegated powers to make decisions on behalf of the sovereign bodies, there may never the less be attempts to reach agreement by consensus on matters within the terms of reference and within the delegated authority of the appropriate officers.

Representatives of PTHB attending oversight or project management boards need to be clear on what they can decide and what needs referring back to the parent organisation.

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Non Ministerial Departments

Partnership Name

NHS Wales Joint Commissioning Committee

Partnership Type, Legislation, Delegation

Statutory: The National Health Service Joint Commissioning Committee (Wales) Regulations 2024; The National Health Service Joint Commissioning Committee (Wales) Directions 2024. Hosted by CTMUHB

Subject to any directions given by the Welsh Ministers, each Local Health Board must agree standing orders for the regulation of the meetings and proceedings of the joint committee. The Local Health Boards must jointly exercise the relevant functions from 1 April 2024 which are: 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-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. (3) For the purpose of jointly exercising the relevant functions from 1 April 2024 the Local Health Boards must establish a joint committee. (4) The host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee team.

Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of services for their population. Individual Health Boards are ultimately accountable to their population and other stakeholders for the provision of the services commissioned by the NWJCC for the residents in their area. In performing its role, the Joint Committee and each individual Chief Executive as a member, shall work in the wider interest of NHS Wales.

Collaboration should be designed to deliver changes in services and demonstrable population benefit; ensure a more extensive and consistent use of evidence supported by a robust analysis of need; must not diminish clinical engagement; support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population; must enhance resource utilisation in the planning process to reduce duplication and overlap; focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification; promote equity in service delivery.

Decisions approved by the JCC are binding.

The Joint Committee will make decisions based on a majority view held by the voting Joint Committee members present.

PTHB's Scheme of Delegation states that the Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC))

(In the Welsh Government Accounting Officer System Statement December 2023 the predecessor committees are designated as Non Ministerial Departments)

Terms of Reference

Determine a long-term strategy for the commissioning of services delegated to the JCC; Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and compliments the LHBs Integrated Medium-Term Plans (IMTPs); In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards and will, for the relevant functions: Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered. Develop policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC. Determine annually those services that should be commissioned on a regional or national basis. Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions

set by the Welsh Ministers. Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales. Ensure the JCC operates within an appropriate governance framework.

Key Subgroups

Quality, Safety and Outcomes Sub-Committee
Planning Performance and Finance Sub-Committee (PTHB CEO member)

Leadership

The members of the JCC consist of the chief executive of each Local Health Board or their nominated representative together with a chair, and not more than five non-officer members; and an associate member who may not vote in any meetings or proceedings of the joint committee. A CEO may nominate a deputy to attend on their behalf.
PTHB Scheme of Delegation: The CEO represents PTHB in the JCC.
The Executive Director for Commissioning, Performance and Planning is the lead Executive Director for commissioning including specialised services and ambulance services.

Budget

Each year the Joint Committee will prepare an Integrated Medium-Term Plan which shall outline an appropriate level of funding for the provision of services and determine the contribution from each LHB to allow the JCC to plan and secure those services, including the running costs of the JCC Team. (Standing Order 2.20 and Standing Financial Instructions 1.3) Each LHB shall be bound by the decisions of the JCC in the exercise of its delegated functions and will be required to make available to the Joint Committee the level of funds outlined within the agreed Integrated Medium-Term Plan. The Chief Commissioner has overall accountability for the management and financial governance of the budget, ensuring efficient allocation of resources to meet the healthcare needs of our communities, amounting to approximately £1.3 billion.
In cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.
The PTHB share of the JCC Budget in 2024/2025 was approx. £54 million.

Plan

Integrated Medium-Term Plan

Assurance Arrangements

Governance arrangements include: standing orders; standing financial instructions; a Memorandum of Understanding; and hosting agreement. The Host Agreement covers audit arrangements. The Q&S Committee seeks assurance that the services commissioned are appropriate, high quality and safe services from providers (Health Boards, Trusts and private sector providers); The Planning Performance and Finance Committee seeks assurance that JCC is effectively managing its strategic planning, performance and financial duties.

Reporting Process and Cycle

Integrated Plan to be approved by PTHB Board; minutes of meetings received; specific papers for issues requiring approval.

Key Issues

The impact on the other services for which PTHB is responsible (including primary and community services) if the financial requirement for JCC delegated services is beyond the uplift received by PTHB..
EMRTS Judicial Review: 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.

Partnership Name

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NHS Wales Shared Services Partnership Committee (NWSSP)

Partnership Type, Legislation, Delegation

In the Welsh Government Accounting Officer System Statement December 2023 NWSSP is designated as Non Ministerial Department.

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)

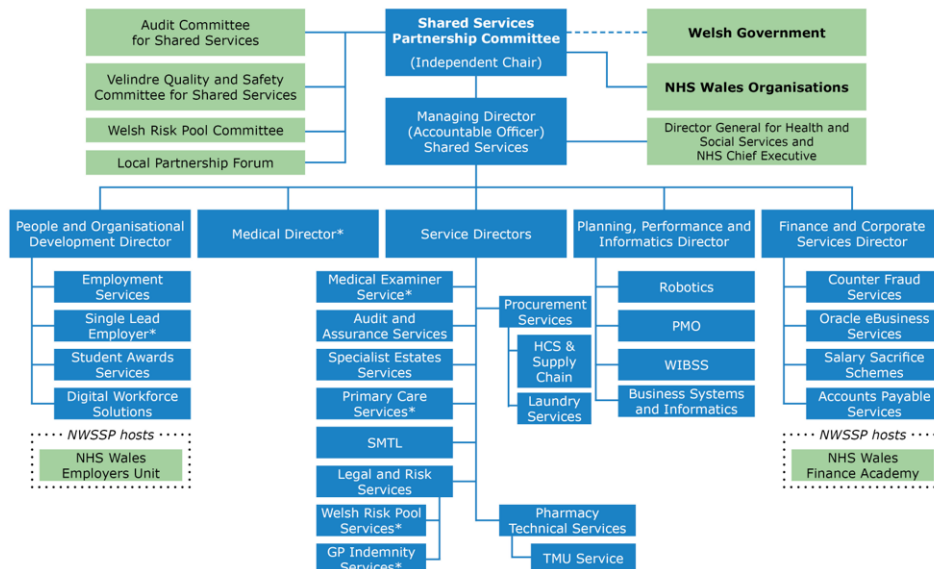
PTHB Scheme of Delegation: A Memorandum of Co-operation and a Hosting Agreement must be in place between the health board's and Trusts within Wales setting out the obligations of NHS bodies to participate in the Shared Services Partnership Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. The Hosting Agreement will provide the terms upon which Velindre NHS Trust provides the legal framework for the management and provision of Shared Services to the NHS in Wales.

Terms of Reference

NWSSP aims to add value through partnership, innovation, and excellence.

The "Ministerial Directed" Services (from 2011) are: employment services; Legal and Risk Services; Primary Care Services; Procurement and Supply Chain Services; Welsh Risk Pool; Audit & Assurance; Specialist Estates Services; Counter Fraud Wales; and Accounts Payable. Additional services transferred to NWSSP include Supply Chain Logistics and Transport; Surgical Materials Testing Laboratory; Central eBusiness Team; Student Award Service; Digital Workforce Solutions; Finance Academy (hosted); Welsh Infected Blood Scheme; Salary Sacrifice; Medical Examiner; e-Enablement; all Wales Laundry service; lead employer for Medical, Dental and Pharmacy Trainees; Pharmacy Technical Services; and General Practice Indemnity.

Key Subgroups



NWSSP operates utilising the Velindre NHS University Trust legal framework and Establishment Order

Leadership

The Partnership Committee has an independent chair and membership from each of the NHS organisations using its services.

The Partnership Committee and not Velindre Board is responsible for exercising the Velindre National Health Service Trust's functions in relation to shared services, including the setting of policy and strategy and the management and provision of shared services to Local Health Boards, Special Health Authorities and National Health Service Trusts.

PTHB Scheme of Delegation: the Executive Director of Finance represents PTHB on the Committee.
Budget
In 2024/25 NWSSP managed a turnover of approximately £633 million. The PTHB estimated spend in 2024/25 on NWSSP was £2.683m.
Plan
The Partnership Committee has agreed objectives.
Assurance Arrangements
The NWSSP Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee).
Reporting Process and Cycle
Shared Services Partnership Committee Assurance Report, which summarises the key matters including achievements and progress considered by the Committee and any related decisions made from the monthly meeting. This is used to inform the Chief Executives update to the Board, when there is a matter of significance.
Key Issues
Management of the Welsh Risk Pool. 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. International Recruitment of doctors and nurses, using the link established between Wales and Kerala in India.

In the Welsh Government Accounting Officer System Statement December 2023 the following have also been designated as Non Ministerial Departments

- **Digital Health and Care Wales** (special health authority)
- **Health Education and Improvement Wales** (special health authority)
- **Llais Citizen’s Voice Body (Wales)**
- **Local Health Boards**
- **NHS Trusts**

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Assurance

Assurance Arrangements: Under PTHB's Scheme of Delegation the Board must receive reports from the health board's Executive on progress and performance in the delivery of the health board's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate.

It is important that this includes any functions delegated to statutory partnerships.

There cannot be a "one size" fits all approach to assurance for the range of partnerships involving the health board. However, the Board should be assured that Partnership Boards have assurance arrangements in place spanning:

- Engagement and co-production
- Progress against the agreed plan to achieve strategic objectives
- Risk Management
- Quality and safety
- Information governance
- Finance
- Performance and Outcomes
- Escalation arrangements
- Audit

Partnership Development: Annexe 2 is a "**maturity matrix**" which can be used as a self-assessment tool, which can be used within partnerships to help identify areas of partnership working which require further development. It spans:

- Relationships
- Money
- Governance
- Strategic Planning
- Operational Working
- Outcomes

There should be a regular Highlight report to the Planning, Partnerships and Population Health Committee, including any significant issue or concerns impacting on the health board's ability to achieve its aims and objectives and to approve action required, taking account of the advice of Board Committees (as appropriate). The **Partnership Highlight Report** will report progress; finance; and performance. It will highlight other issues by exception.

Process for Adding or Removing a Partnership to/from the PTHB Partnership Governance Framework

If

- a new statutory partnership is to be established in line with new statutory requirements
- or if a significant change to an existing partnership is needed
- or a statutory partnership is to cease

in broad the following steps will be required.

- The Executive Committee will ensure that the PTHB Board is aware of the implications of the new or amended legislation;
- The existing or nominated lead Executive Director will advise PTHB on the arrangements needed and on its involvement, even if another agency is the lead for the partnership;
- The health board will ensure appropriate engagement about the new or revised arrangements within the health board and with stakeholders;
- There will be compliance with PTHB policy and procedures where PTHB employs/or is to employ staff to support the partnership;
- Consideration will be given as to whether amendments are needed to the Board's Scheme of Delegation;
- Revisions to the Terms of Reference of existing Partnerships may need to be approved;
- Resourcing or changes to the resourcing arrangements for partnerships need to be approved;
- Implications for other partnerships need to be understood;
- PTHB representation will be confirmed;
- Reporting arrangements will be confirmed.

The Partnership Highlight Report will update on progress in establishing, revising or ending a partnership, supplemented by papers from the relevant lead Executive Director where specific approvals are required.

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Recommendations

1. There should be a regular high level “Partnership Highlight Report” to the Planning, Partnership and Public Health Committee to highlight, by exception, key matters with implications for the health board. This could be in two parts covering NHS to NHS partnerships and statutory partnerships with other bodies. This would be in addition to reports needed for specific matters requiring approval.
2. A list of partnerships involving PTHB should be updated annually. The Board should keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to: change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; address any specific requirements or directions made by the Welsh Ministers; and to ensure agreed terms and conditions for the partnership are in place.
3. PTHB must ensure compliance with the requirements of the Social Partnership and Procurement (Wales) Act 2023. There should be a pragmatic response, including building on the existing good practice within the PTHB Local Partnership Forum.
4. PTHB should work with partners to streamline activity across partnerships to prevent duplication and to ensure improved focus on the issues which will have the greatest positive impact on population and patient outcomes and experience and the efficient use of resources.
5. PTHB should encourage use of a Maturity Matrix within partnerships to help assess strengths and the areas for partnership development.
6. The Partnership Governance Framework should be regularly reviewed and updated. A second phase of work would include adding a schedule of “partnerships by choice”.

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Key References

A Healthier Wales: Long Term Plan for Health and Social Care. Welsh Government. First published 8 June 2018. Updated 9 December 2024.

Welsh Government Accounting Officer System Statement December 2023

Model Standing Orders Reservation and Delegation of Powers For Local Health Boards
ADOPTED BY POWYS TEACHING HEALTH BOARD – MAY 2024 Schedule 1 MODEL
SCHEME OF RESERVATION AND DELEGATION OF POWERS
([Microsoft Word - C. Board Approved May 2024 Sch 1 Scheme of Delegation & Reservation of Powers LP](#)).

Accountable Officers Memorandum

Part 9 Social Services and Wellbeing Act (Wales) Act 2014. Welsh Government

Social Partnership and Procurement (Wales) Act 2014 and associated Welsh Government guidance, including *Health Service Procurement Statutory Guidance* (updated in February 2025)

"Partnering" Presentation Cardiff and Vale University Health Board December 2024

The Powys definition of co-production draws from *Co-production & Involvement Audit A self-assessment tool for organisations Issue 1. May 2019* by the Co-production Network for Wales (licensed under a Creative Commons Attribution 4.0 International License).

Review of Social Partnerships within Welsh Government: Summary of Findings following a review of social partnerships within the Welsh Government. First published 2 February 2024.

A Reflective Learning Framework for Partnership. Kings Fund

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Annexe 1: Welsh Government classification

NON MINISTERIAL DEPARTMENTS	WELSH GOVERNMENT	
<ul style="list-style-type: none"> Welsh Revenue Authority (WRA) 	Companies	Statutory Independent Office Holders
Health	Companies Owned by Welsh Ministers: <ul style="list-style-type: none"> Adnodd Cyfyngedig Careers Choices Dewis Gyrfa Ltd (trading as Careers Wales) Centre for Digital Public Services Ltd Cwmni Eginio Design Commission for Wales Ltd Development Bank Wales Group Global Centre of Rail Excellence Hybu Cig Cymru - Meat Promotion Wales Industry Wales (Sector Development Wales Partnership Ltd) International Business Wales National Academy for Educational Leadership Regeneration Investment for Wales LLP Transport for Wales Group Wales Life Sciences Hub Ltd Welsh Development Management Ltd WGC Holdco Ltd 	<ul style="list-style-type: none"> Children's Commissioner for Wales Future Generations Commissioner HM Chief Inspector of Education & Training (Estyn) National Advisor on Violence against Women Older People's Commissioner Welsh Language Commissioner
NHS Bodies <ul style="list-style-type: none"> Digital Health and Care Wales Emergency Ambulance Services Committee Health Education and Improvement Wales Llais - Citizens' Voice Body (Wales) Local Health Boards Mid Wales Healthcare Collaborative NHS Trusts NHS Wales Shared Services Partnership South Wales Health Collaborative Welsh Health Specialised Services Committee 	Public Corporations <ul style="list-style-type: none"> Cardiff International Airport 	Partly Owned Companies <ul style="list-style-type: none"> Student Loans Co. Ltd
		Investments <ul style="list-style-type: none"> Airbus Group Endeavr Wales Centre Wales Limited International Convention Centre Wales
Executive ALB	Advisory ALB	Tribunal ALB
<ul style="list-style-type: none"> Arts Council of Wales Education Workforce Council Higher Education Funding Council for Wales Local Democracy and Boundary Commission for Wales National Library Wales National Museum Wales Natural Resources Wales Qualifications Wales Royal Commission on the Ancient and Historical Monuments of Wales Social Care Wales Sports Wales 	<ul style="list-style-type: none"> Advisory Panel on Substance Misuse All Wales Medicines Strategy Group Independent Appeals Panel for Farmers Independent Remuneration Panel for Wales Welsh Dental Committee Welsh Industrial Development Advisory Board Welsh Medical Committee Welsh Nursing and Midwifery Committee Welsh Optometric Committee Welsh Pharmaceutical Committee Welsh Scientific Advisory Committee Welsh Therapies Advisory Committee 	<ul style="list-style-type: none"> Adjudication Panel Wales Agricultural Land Tribunal (Wales) Education Tribunal for Wales Mental Health Tribunal for Wales Registered Inspectors of Schools Appeals Tribunal (Wales) Registered Nursery Education Inspectors Appeals Tribunal (Wales) Residential Property Tribunal for Wales Valuation Tribunal for Wales Welsh Language Tribunal
Grants to Local Authorities, NHS bodies, Voluntary and Private Sector		

(Under the NHS Wales Act 2020 Local Health Boards cannot form companies.)

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Annexe 2: Partnership Maturity Matrix

The indicative matrix below may help to assess the level of maturity of a partnership and the areas which require further development.

Powys Partnership Maturity Matrix						
	Leadership and Relationships	Money	Governance	Strategic Planning	Operational Working	Outcomes
Level 3	Relationships characterised by openness, trust, integrity, and respect. Demonstrable commitment to partnership working. Regular and open communication. Regular opportunities for partnership reflection and development. Relationships and processes capable of resolution of difficult issues.	Financial balance achieved. Evidence of resources being used wisely with economy, efficiency and sustainability. Probity and value requirements met. Compliance with SFIs. Financial risks and issues resolved fairly, transparently and proactively.	Compliance with governance arrangements, including accountabilities. Roles and responsibilities clear and well understood. Shared and effective understanding of risk and mitigation. Robust performance and assurance arrangements in place. Effective routes for escalation and mediation.	Shared vision. Aligned priorities and strategic plans. Effective horizon scanning. Inclusive decision making involving partners. Effective joint co-production and engagement. Targeted strategies for improvement .	Effective collaboration at all levels. Effective operational relationships including resolution of difficult issues. Strong interpersonal relationships and mutual respect. Compliance with statutory requirements including duties of co-operation.	Improved outcomes for shared population with jointly agreed measures. Evidence of desired shifts, including towards prevention. Joint systems to track progress, measure impact and to identify areas for improvement.
Level 2	Generally positive and effective engagement from all partners . Commitment to open and transparent communication. Shared commitment to success.	Compliance with Standing Financial Instructions. Expenditure within delegated limits, but limited information about the impact of expenditure.	Assurance Framework in place with regular reporting by exception. Clear route for resolving difficult issues. Risk plan and mitigation in place.	Active and continuous coproduction and engagement from an early point to shape shared solutions.	Shared commitment to success. Generally collaborative relationships, but some areas of unresolved difficulties. Recognition of roles and responsibilities,	Approach for gathering and analysing population, individual and financial outcomes in place, but at an early stage.

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					including duties of co-operation.	
Level 1	Predominantly single agency approach, with limited input from/involvement of partners. Limited communication. “Hot spots” of poor relationships.	Agency contributions not agreed. Insufficient financial control / overspends affecting statutory partner financial duties. Significant underspends affecting partnership objectives. Recovery plans in place but not effective.	Awareness of Standing Orders and Scheme of Delegation. No clear route for resolving differences. Rudimentary shared risk management in place.	Involvement in engagement but late and/or mechanistic. Adverse impacts on partner agencies not foreseen and/or mitigated.	Predominantly single agency or individualistic approach. Limited communication.	
“Never Event”	Hostile or absence of partnership relationships	Breach of Standing Financial Instructions. Misappropriation, Fraud, Corruption or ultra vires expenditure; Significant financial risk unfairly passed from one partner to another.	Breach of Standing Orders and/or Scheme of Delegation. Legal action between statutory partners. Major Risks not assessed.	No engagement. Foreseeable major adverse impact of agency plans on another agency not shared.	Serious Harm through failure of partnership working. Non compliance with statutory responsibilities, including duties of co-operation. Hostile or absent relationships or communication. No engagement about likely major adverse impact of the <i>actions</i> of a partner agency.	Declining key outcomes for shared population.

Example of a Code of Conduct for Partnership Working

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Respect the meeting start time and arrive punctually • Attend the meeting well-prepared, willing to contribute and with a positive attitude • Listen actively. Allow others to explain or clarify when necessary • Observe the requirement that only one person speaks at a time • Avoid 'put downs' of views or points made by colleagues • Respect a colleague's point of view • Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation • Try not to react negatively to criticism or take as a personal slight • Put forward criticism in a positive way • Be mindful that decisions have to be made and it is not possible to accommodate all individual views • No 'side-meetings' to take place • Respect the Chair

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Partnership Governance Framework Final Internal Audit Report (Advisory)

May 2025

Powys Teaching Health Board



GIG
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Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



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Review reference:	PTHB 2425-12
Report status:	Final Report
Fieldwork commencement:	14 April 2025
Fieldwork completion:	23 April 2025
Draft report issued:	25 April 2025
Management response received:	30 April 2025
Final report issued:	1 May 2025
Auditors:	Peter Stephenson, Principal Internal Auditor
Executive sign-off:	Helen Bushell, Director of Corporate Governance / Board Secretary Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Distribution:	Clare Lines, Assistant Director Partnership Development
Committee:	Audit, Risk & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with the Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

To establish and assess the current position and future plans towards development of a Partnership Governance Framework (the 'Framework').

Overview

The Partnership Governance Framework has only just been approved by the Executive Committee and will now start to be implemented. Therefore, our review was limited to the work done thus far on populating the framework and the plans for its operation. This appears to be reasonable, and the Health Board is approaching the implementation of the framework in stages with Phase One limited to the 14 Statutory Partnerships. As the framework is extended to cover "Partnerships by Choice" it will become increasingly important to ensure that the time and investment in maintaining the framework is justified by the value that it delivers. In particular, the Health Board needs to ensure that reporting on individual partnerships is proportionate to their importance to the Health Board, and also that current reporting mechanisms are not disrupted and/or duplicated.

In contrast to an assurance audit, we have not made formal recommendations but have identified opportunities that the Health Board may wish to take forward in order to address the deficiencies and further strengthen processes.

Report Classification

Assurance not applicable



Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.

These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Advisory Audit Objectives

Our review sought to ascertain and evaluate if:

- 1 There is a clear plan and timeline in place for the development and delivery of the Framework.
- 2 All existing and planned partnerships and collaborations have been identified and documented to inform development of the Framework.
- 3 The partnerships and collaborations have been mapped against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes.
- 4 A partnership register has been developed with robust plans for ongoing review and maintenance.
- 5 The planned format and content of the Framework is appropriate to ensure effective ongoing governance and management of the Health Boards partnerships and collaborations.

Opportunities:

Audit Objective

1	Co-ordinated Partnership Reporting	3
2	Proportionate Investment of Resource	5

1. Introduction

- 1.1 Our advisory review of the Partnership Governance Framework was undertaken and completed in line with the 2024/25 Internal Audit Plan for the Powys Teaching Health Board (the 'Health Board').
- 1.2 Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. Ongoing achievement of the Health Board's Health and Care Strategy is dependent on the development and maintenance of successful working relationships with key partners and stakeholders.
- 1.3 The development of a Partnership Governance Framework has been highlighted as a key action to mitigate the risk associated with partnership working. Presentation of the Framework is noted in the Planning, Partnerships and Population Health Committee 2024/25 work programme and is also noted for delivery to the May 2025 Board meeting.
- 1.4 The Executive Leads for this review are the Director of Corporate Governance / Board Secretary and the Executive Director of Planning, Performance & Commissioning.
- 1.5 The potential risk considered in this review is ineffective partnership working, including on service change/reconfiguration, resulting in poorer outcomes and experience for the citizens of Powys.

2. Detailed Audit Findings

Objective 1: There is a clear plan and timeline in place for the development and delivery of the Framework.

- 2.1 The Framework was taken to the Executive Committee meeting held on 2nd April 2025 for approval with the plan for it to become operational with immediate effect. The paper was jointly presented by Helen Bushell, Director of Corporate Governance, and Nicola Johnson, Executive Director of Planning Performance & Commissioning. The paper to the Executive Committee confirms that the development of the framework was a requirement of the 2024/25 Integrated Plan, and that for now 14 statutory partnerships and Joint Committees are covered by it. Regular reporting of the framework will be to the Planning, Partnerships and Population Health Committee, on a bi-annual basis, commencing in Quarter Two of the current financial year.
- 2.2 A full review of the impact of the Framework, and whether any changes are required, will be undertaken at the end of the first year of operation.

Conclusion:

- 2.3 The Framework has now been implemented following approval at the Executive Committee in April. Reporting against the framework will be bi-annual and will

be undertaken in Q2 and Q4 of the current financial year. A full review of the framework is likely to be covered by the Q4 report and it is anticipated that Phase Two of the framework, covering the inclusion of "Partnerships by Choice" will also have been completed by the end of the financial year.

Objective 2: All existing and planned partnerships and collaborations have been identified and documented to inform development of the Framework.

- 2.4 The framework is intended to act as a basis for understanding the Health Board's involvement in partnerships, for ensuring appropriate governance arrangements, and for identifying potential improvements in partnership working. For the time being the content is limited to statutory partnerships but going forward this will be expanded to include "Partnerships by Choice" (to be completed by 31 March 2026).
- 2.5 Population of the framework to date has been through targeting the Assistant Director network across the Health Board. Standing Orders and the Scheme of Delegation have been scrutinised to ensure that the operation of the identified Partnerships is both in accordance with these documents and any relevant national legislation. The Terms of Reference for each partnership have also been reviewed to assess whether the Health Board is adequately represented at each of the Partnerships.
- 2.6 The lead director or supporting officer/Partnership Co-ordinator was asked to provide additional information (if needed) and then to check the proposed entry in the framework. This has included colleagues outside the Health Board in relation to, for example, the Regional Partnership Board; the Public Service Board; the Mid Wales Joint Committee; the Joint Commissioning Committee; and the Area Planning Board.
- 2.7 The following are not included in the framework:
- NHS Contracts where the Health Board is the commissioner of other NHS bodies (NHS Long Term Agreements and NHS Service Level Agreements);
 - Individual programmes and projects;
 - Research and Development Partnerships;
 - Partnerships in relation to supplies, medicines and capital;
 - Advisory Arms-Length Bodies;
 - Executive Arms-Length Bodies;
 - Tribunal Arms-Length Bodies; and
 - Companies.

Conclusion:

- 2.8 The processes undertaken thus far should ensure the identification of all relevant partnerships and collaborations for inclusion on the framework.

However, if a partnership or collaboration has been missed, it can always be added so there is no real risk if one has been omitted in error.

Objective 3: The partnerships and collaborations have been mapped against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes.

2.9 The information recorded thus far for each of the 14 Statutory Partnerships is as follows:

- Formal name of the partnership and the usual acronym;
- Legislative basis of the partnership, where applicable;
- Current terms of reference;
- Major subgroups;
- Current chair of the partnership and the PTHB lead if different;
- Partnership budget and the PTHB contribution or share, where relevant;
- Key plans;
- Existing assurance arrangements;
- Summary of current reporting process and cycles; and
- Current key issues.

2.10 The framework states that assurance arrangements should include coverage of:

- Engagement and co-production;
- Progress against the agreed plan to achieve strategic objectives;
- Risk Management;
- Quality and safety;
- Information governance;
- Finance;
- Performance and Outcomes;
- Escalation arrangements; and
- Audit.

2.11 The Health Board is aware that it needs to ensure that reporting under the framework does not disrupt current reporting schedules, assuming they remain fit for purpose. For example, strategic change or relevant performance information from Regional Partnership Board and Public Services Board meetings would be channelled through the Executive Committee via either the Strategic Change Report or the Integrated Quality and Performance Framework. The highlight report to the Planning, Partnerships and Population Health Committee should not duplicate the information reported through either of these existing reports. **(Opportunity 1)**

2.12 Additionally partners such as the Joint Commissioning Committee (JCC) and NHS Wales Shared Services Partnership (NWSSP) produce their own highlight reports which are submitted to the Health Board after each of their Joint Committee meetings. We are advised that the biannual Partnership Governance Framework reports to the Planning, Partnerships and Population Health Committee will pick up on specific issues for Powys arising from either of these highlight reports, and therefore not duplicate the main report.

Conclusion:

2.13 As part of the information gathering exercise to populate the framework, existing governance and assurance arrangements have been documented. One of the objectives of having the framework in place is to work with partners to streamline activity across partnerships to prevent duplication and to ensure improved focus on the issues which will have the greatest positive impact on population and patient outcomes and experience and the efficient use of resources. As the framework is implemented and subsequently reported against, it is therefore anticipated that existing governance arrangements will be subject to ongoing review and revision, where considered appropriate.

Objective 4: A partnership register has been developed with robust plans for ongoing review and maintenance.

2.14 The Partnership Governance Framework is the Partnership Register. The framework includes a process for amending, adding or deleting partnerships but this is largely dependent on the information being supplied to those responsible for updating it. However, if a partnership is missed out, it can always be added later.

2.15 The framework states that the list of partnerships involving the Health Board should be updated annually. The Board should keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; address any specific requirements or directions made by the Welsh Ministers; and to ensure agreed terms and conditions for the partnership are in place.

2.16 When adding a new partnership, or amending the details of an existing one, the following will be considered:

- The Executive Committee will ensure that the PTHB Board is aware of the implications of any new or amended legislation;
- The existing or nominated lead Executive Director will advise PTHB on the arrangements needed and, on its involvement, even where another agency is the lead for the partnership;

• The Health Board will ensure appropriate engagement about the new or revised arrangements within the Health Board and with stakeholders;

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- There will be compliance with PTHB policy and procedures where PTHB employs/or is to employ staff to support the partnership;
- Consideration will be given as to whether amendments are needed to the Board's Scheme of Delegation;
- Revisions to the Terms of Reference of existing Partnerships may need to be approved;
- Resourcing or changes to the resourcing arrangements for partnerships need to be approved;
- Implications for other partnerships need to be understood;
- PTHB representation will be confirmed; and
- Reporting arrangements will be confirmed.

2.17 As previously stated, a full review of the impact of the Framework, and whether any changes are required, will be undertaken at the end of the first year of operation.

Conclusion:

2.18 The Partnership Governance Framework has been populated with details of statutory partnerships and will be further updated to include details of Partnerships by Choice by 31 March 2026. At this time it will also be subject to a full review to assess the progress made, and benefits accrued from its first year of operation and whether any changes are required to how it operates.

Objective 5: The planned format and content of the Framework is appropriate to ensure effective ongoing governance and management of the Health Boards partnerships and collaborations.

2.19 Reporting on each of the current 14 partnerships and collaborations recorded on the framework will be to the Planning, Partnership and Population Health Committee on a bi-annual basis with the first report due in Q2, 2025-26 and the second report due in Q4. The reports are likely to be in a tabular format using traffic-light reporting.

2.20 A potential issue for the biannual reporting is that the 14 partnerships included on the framework will have different reporting cycles and therefore the report to the Planning, Partnerships and Population Health Committee may be covering different reporting periods for each Committee. This issue will be exacerbated when Phase Two of the Framework is implemented, picking up "Partnerships by Choice". Whilst it would be politically difficult to introduce different tiers of partnerships depending on their importance to the Health Board, there is a need to ensure that the reporting is proportionate to the role of the particular Partnership with the Health Board.

2.21 The framework includes a Partnership Maturity Matrix. Completion of this will not be mandatory as there may already be existing matrices in place within specific partnerships, but ideally the expectation would be that each

partnership has some form of maturity matrix completed. The matrix uses the following levels:

- Never Event – Hostile or absence of partnership relationships;
- Level One - Predominantly single agency approach, with limited input from/involvement of partners. Limited communication. “Hot spots” of poor relationships;
- Level Two - Generally positive and effective engagement from all partners. Commitment to open and transparent communication. Shared commitment to success; and
- Level Three - Relationships characterised by openness, trust, integrity, and respect. Demonstrable commitment to partnership working. Regular and open communication. Regular opportunities for partnership reflection and development. Relationships and processes capable of resolution of difficult issues.

2.22 Whilst there may obviously be a desire to have as many partnerships at Level Three as possible, there also needs to be a cost/benefit analysis undertaken for those partnerships at the lower end of the scale to ensure that the investment in time, effort and resource to move a partnership to Level Three is justified by the benefits that should accrue. **(Opportunity 2)**

2.23 Work is also currently being undertaken with the Regional Partnership Board, which is chaired by the Health Board’s Chair, to implement the maturity matrix to assess the strength of partnership arrangements that it oversees.

Conclusion:

2.24 Whilst the planned arrangements for the framework seem sensible in terms of governance, format and content, the Framework has only just been approved. The course of the coming year will provide a better indication of how effective it has been in aiding the Health Board to ensure that partnership working is benefitting the health of the population that it serves.

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Appendix A: Opportunities for improvement and development

Finding 1: Co-ordinated Partnership Reporting	Residual Risk
<p>Reporting against the framework is intended to be twice-yearly to the Planning, Partnerships and Population Health Committee. Most, if not all of the partnerships included in the framework, will already have formal reporting to the Health Board in place. For example, information about strategic change or relevant performance information from Regional Partnership Board and Public Services Board meetings would be channelled through the Executive Committee via either the Strategic Change Report or the Integrated Quality and Performance Framework. Additionally partners such as the Joint Commissioning Committee (JCC) and NHS Wales Shared Services Partnership (NWSSP) produce their own highlight reports which are submitted to the Health Board after each of their Joint Committee meetings.</p> <p>It is therefore important that the reports to the Planning, Partnerships and Population Health Committee do not delay, duplicate or contradict existing reporting mechanisms, provided that they are currently fit-for-purpose. Reporting to the Planning, Partnerships and Population Health Committee is likely to be made more complex as the individual partnerships will inevitably vary in their timing and frequency of meetings, resulting potentially in different reporting periods being presented to the Committee in the same report. This complexity is only likely to increase as the framework is extended to include Partnerships by Choice in addition to the existing Statutory Partnerships.</p>	<p>Reporting to the Planning, Partnerships and Population Health Committee may become too complex with the potential for both confusion and duplication and may therefore detract from delivering the benefits that the framework is intended to achieve.</p>
Opportunity 1	Priority
<p>We acknowledge that the Health Board intends a full review of the operation of the Framework at the end of the current financial year and ensuring that the biannual reports to the Planning, Partnerships and Population Health Committee are succinct, meaningful, and of value to the Health Board, should be a key consideration in this review.</p>	<p>N/A - Advisory Review</p>

Management Response 1	Target Date	Responsible Officer
<p>This advice is fully accepted. From the outset the Health Board will try to structure the high-level biannual reports to the Planning, Partnerships and Population Health Committee so the reports are succinct, meaningful and add value. It will then ensure this is a key consideration in the review at the end of the financial year.</p>	<p>31st March 2026</p>	<p>Assistant Director Partnership Development</p>

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Finding 2: Proportionate Investment of Resource		Residual Risk
<p>The proposals for development of the Partnership Governance Framework include the completion of a maturity matrix, albeit that this will not be compulsory and if something similar is already in place, there would be no requirement for this to be replicated. The matrix includes levels of maturity that range from a hostile or no relationship with partners to one that is open and where there is a demonstrable commitment to working together. There is obviously a natural tendency to consider that all partnerships should be at the higher levels of maturity, but as the framework grows with the inclusion of Partnerships by Choice it is also important that the limited time and resource available to the Health Board is not over-invested in partnerships where the benefit to the Health Board does not justify the expense of seeking to boost the maturity levels of the partnership.</p>		<p>That the framework encourages an approach where all partnerships are viewed and treated the same when this may not always be justified from a cost/benefit analysis.</p>
Opportunity 2		Priority
<p>The Health Board should ensure that the investment in building and maintaining individual partnerships through the governance framework is proportionate to the benefits that could potentially accrue to the Health Board in meeting its strategic goals and serving the health needs of its local population.</p>		<p>N/A - Advisory Review</p>
Management Response 2	Target Date	Responsible Officer
<p>This is helpful advice. The Health Board recognises that the investment in building and maintaining individual partnerships through the governance framework needs to be proportionate to the benefits which could potentially accrue. In terms of the matrix development work is planned with the Regional Partnership Board, which is a key partnership for the PTHB. The broader issue will also be a consideration in the review of the first year of the operation of the Framework.</p>	<p>31st March 2026</p>	<p>Assistant Director Partnership Development</p>

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Powys Teaching
Health Board

Agenda item: 5.5

Planning, Partnerships & Population Health Committee		Date of Meeting: 19 May 2025
Subject:	Strategic Weight Management Follow-On Paper: Progress Report on the Development of Weight Management Pathways in Powys	
Approved and presented by:	Elaine Lorton, Executive Director of Primary, Community and Mental Health	
Prepared by:	Head of Powys Living Well Service with input from: <ul style="list-style-type: none"> • Business Manager, Powys Living Well Service • Clinical Lead, Level 2 Weight Management 	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
The purpose of this paper is to provide an update on the development of weight management services in Powys.		
RECOMMENDATION(S):		
Planning, Partnerships & Population Health Committee is asked to: <ul style="list-style-type: none"> • RECEIVE 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, • NOTE 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, • NOTE the increased demand for weight management services seen at levels 2 and 3, • NOTE 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, • NOTE increased local promotion of the national online level 1 offer including as part of the level 2 and 3 service offerings, • NOTE a shared approach to reporting on the development of weight management services, 		

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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	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/	

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EXECUTIVE SUMMARY:

Welsh Government expects health boards to provide access to weight management pathways for adults, and for children, young people and families. These are treatment services for individual patients who are overweight or obese i.e. are clinical services rather than population-level public health interventions.

A Powys Strategic Weight Management Pathway Development Plan (2021-2024) was approved by Executive Committee in June 2021. Since then, level 2 and level 3 weight management services for adults have been established in Powys and are provided by the PTHB Dietetic Team (level 2) and the Powys Living Well Service (level 3).

Business cases for further investment in weight management services were discussed at Executive Committee on 19 April 2023. Executive Committee recognised the progress made to date in establishing the adult pathway and supported both the adult, and the children, young people and families business cases subject to funding being identified. The Committee requested further work in relation to maximising the use of the Welsh Government allocation, understanding demand and capacity, developing and monitoring outcomes including patient stories, establishing a waiting list, potential for integration with other services (such as diabetic management) and moving the services towards a "business as usual" model for monitoring and reporting performance requirements.

In its discussions, Executive Committee also highlighted the importance of focusing on population level interventions and prevention. As noted above, this is distinct from the clinical services that make up weight management pathways.

The population-level work has been taken forward through the Whole System Approach to Healthy Weight programme, led by the Director of Public Health which takes a strategic system-level preventative approach with partners to understanding and addressing the causes of overweight and obesity as they operate in Powys. The Whole System Approach to Healthy Weight programme has been agreed as one of the Powys Public Service Board's three priorities and "children, families and access to healthy food" has been identified as the priority area of focus for this work.

Health boards are required to report their progress in developing clinical weight management services to Welsh Government twice a year as part of the National Performance Framework reporting process and as part of the Chair's Objectives. This reporting is now being coordinated locally by the Director of Primary & Community Care and Mental Health.

DETAILED BACKGROUND AND ASSESSMENT:

1. Background

Healthy weight is identified as a local priority in the Chair's Objectives for 2024/5. Local delivery of the national obesity strategy, Healthy Weight: Healthy Wales is currently via two main workstreams:

- Weight Management Service Pathways: clinical obesity services i.e. individual patient-level treatment delivered by clinicians,
- Whole System Approach to Healthy Weight: a strategic population-level intervention and one of the PSB's priorities (out of scope for this paper).

Prior to the launch of Healthy Weight: Healthy Wales, PTHB did not provide or commission weight management services and no historical funding was in place to support service development. Following the publication of Healthy Weight: Healthy Wales, a Strategic Weight Management Pathway Development Task and Finish Group was established to facilitate the establishment of clinical services for weight management in Powys. The Powys Strategic Weight Management Pathway Development Plan (2021-2024) developed by this group was approved by Executive Committee in June 2021. Clinical services are now in place and are delivered by the Dietetic Team (level 2) and Powys Living Well Service (level 3) in the Directorate of Primary & Community Care and Mental Health.

Service delivery has fully transitioned to business as usual.

The Welsh Government allocation for the establishment of weight management services (£121,000 in Powys) was used by the Powys Living Well Service to establish the level 3 weight management service.¹ The level 2 service provided by the PTHB Dietetic Team is funded from the Prevention and Early Years (PEY) grant (£67,589 in 2023/24).²

A previous paper to Executive Committee (19 April 2023) presented business cases for further investment in the adult weight management pathway and for funding to be identified to establish services for children, young people and families. These were supported in principle subject to the identification of funding although the financial situation facing the health board has meant that it has not been possible to identify additional funding for this purpose to date.

Health boards are required to report progress against the development of these pathways to Welsh Government twice yearly as part of the National Performance Framework reporting process. The reporting process is now being coordinated by the Director of Primary & Community Care and Mental Health.

The next two sections are based on information provided by the leads for the clinical weight management services and provide an update on progress including a summary of interventions offered, data on demand, capacity, activity and outcomes (where available).

¹ See the Minister's Health Board Allocation Letter for 2023/24 (Ref: MA/EM/3653/22; dated: 22/12/22), Table A2 "Allocation Baseline Adjustment", column 14, which confirms this as £0.121m in 2023/24.

² PEY funding is expected to continue to be available for level 2 services in 2024/25 subject to ongoing review of performance.

2. Update on the Level 2 Weight Management Service

Overview of service (level 2)

In Powys the level 2 service is a multi-component dietetic-led service which consists of:

- An initial consultation with a dietetic assistant practitioner and agreement of a person-centred action plan.
- Access to a suite of options to support weight management including dietetic-led programmes (Foodwise for Life and Get Cooking), a funded commercial offer (Slimming World) and referral to the National Exercise on Referral Scheme. On-going one-to-one consultations are also available if indicated.
- Signposting to relevant resources including but not limited to: the Healthy Weight Healthy You website (national online level 1 offer)³, SilverCloud and Community Connectors.
- Tailored resources sent to the individual depending on need.
- Regular reviews to assess progress, offer support and agree next steps.
- A managed discharge plan with signposting to resources to support the maintenance phase.

The service is delivered primarily by two dietetic assistant practitioners (Band 4) with support from a weight management dietitian and the public health dietitians.

Capacity and demand (level 2)

The total number of available appointments is 648 (new and follow up) of which 336 are for new patients (individual appointments only, excludes group programmes such as Foodwise for Life and Get Cooking). Demand remains high, with 502 new referrals received between April 2024 and March 2025.

Activity (level 2)

Activity data for April 2024 to March 2025 is summarised in Table 1.

Table 1 – Summary of activity data (level 2 weight management service)

Month	Referrals	New clients seen in clinic	Follow ups seen in clinic	Discharges
April 2024	26	20	16	24
May 2024	35	17	29	29

³ [Home - Healthy Weight Healthy You](#)

June 2024	42	26	26	11
July 2024	44	29	24	19
August 2024	41	20	24	34
September 2024	40	28	17	30
October 2024	40	27	27	28
November 2024	59	23	29	26
December 2024	38	29	17	27
January 2025	49	28	25	32
February 2025	49	21	17	31
March 2025	39	15	27	31

Note: These figures represent individual clinic follow-up appointments only and do not include contacts with group programmes. CNAs and DNAs are not included in the table above.

Outcomes (level 2)

The following outcome measures are recorded by the level 2 service:

Weight

Weight is recorded at initial consultation, at the beginning and end of the Foodwise for Life and Slimming World interventions, at follow-up appointments, on discharge, and at 6 months & 12 months post-discharge. Whilst measurements are taken in clinic for face-to-face appointments, follow up weights are reliant on patients volunteering their weights when asked which results in poor responses.

Waist circumference

This is measured at initial consultation and discharge where possible.

Service user questionnaires

A pre-questionnaire is integrated into the self-referral form that measures:

- Confidence in making healthy diet and lifestyle choices
- Diet and lifestyle
- Dietary behaviours
- Feelings and thoughts (WEMWBS)

Patients are sent this questionnaire on discharge to be able to compare results and record as PROMs.

Course evaluation data

The average weight loss at the end of Foodwise was 2.29%. The average change in weight was a loss of 2.48kg across an average of 58 people.

Summary of interventions available at level 2

Foodwise for Life

Each course consists of 8 x 90-minute group sessions. Groups are offered as morning, afternoon or evening sessions and are either face-to-face or virtual.

April 2024 – March 2025:

- 2 courses finished in April '25 that started in the '24-'25 financial year
- 17 courses finished in the financial year '24-'25. 3 of which started in the previous financial year
- 3 cancelled

Get Cooking

Each course consists of 8 x 2-hour sessions with 8 places available per course. Between April 2024 – March 2025

- 4 full programmes run
- 4 one-off sessions run
- 100% of 5 respondents rated the programme as 'excellent'

100% report feeling 'more' or 'much more' confident about preparing healthy foods. *"Hope you can roll out the course to many more people in the community"* *"This was an excellent course taught by well informed and courteous instructors"*.

NERS

The physical activity component of the level 2 service is provided by the National Exercise Referral Scheme (NERS) and delivered in local leisure centres.

Commercial weight management offer

Slimming World is available to clients through a voucher scheme.

Between April 2024 and March 2025, 239 vouchers were issued. 105 clients have completed the full programme and 43 are ongoing. 91 are recorded as not having claimed their voucher.

A note on level 1 services

Level 1 weight management services are those that provide brief advice and/or self-directed support for achieving or maintaining a healthy weight. For example, this may include local weight loss groups, commercial weight loss

services delivered as one-to-one, group or online services or other self-help materials in digital or other form.

The interventions listed above are considered to be level 1 if delivered in isolation but level 2 if clients undertake interventions that cover both healthy eating and physical activity. Level 1 support is also available online on the Healthy Weight Healthy You website which provides access to information, support and resource on “understanding weight and your weight management journey”, “food and drink”, “physical activity”, “emotional health and wellbeing” and “making long-term behaviour change”.⁴

Healthy Weight Healthy You is free to use and is available without referral. Health boards agreed to this being developed on a once-for-Wales approach rather than as separate online level 1 services.

Service development and improvement (level 2)

A new Single Point of Access (SPoA) for Weight Management services in Powys was launched to GPs in April 2024, allowing them to make electronic referrals to levels 2-4 via a consistent route. Triage of new referrals is being carried out jointly by clinicians from both level 2 and 3 services.

The SPoA allows for direct electronic communication with GPs to request additional information and allows the clinical team to refer cases directly to other specialties where appropriate, accept to the level 2 service or escalate to the level 3 service provided by Powys Living Well Service. The electronic referral process also includes provision for individuals identified as potentially being appropriate for level 4 interventions – these are reviewed in more detail by the level 3 service MDT.

In terms of integration with other services:

- Local delivery of the All-Wales Diabetes Prevention Programme is led by the Dietetic Team and patients identified through that programme who wish to access weight management support are referred directly to the level 2 service.
- The level 2 service is highlighted as an offer in the health board’s type 2 diabetes structured education programmes.
- The level 2 service accepts self-referrals and referrals from health care professionals including those working in primary care.

The service regularly signposts patients to SilverCloud and refers to other services such as level 3 weight management as appropriate.

3. Update on the Level 3 Weight Management Service

Overview of service (level 3)

In Powys the multi-disciplinary level 3 service is provided as part of the Powys Living Well Service, with staff delivering care across all of the specialist pathways within the service.

Within the level 3 service, individuals are supported for a minimum of 12 months engaging with the programmes and sessions with the aim of making healthy behaviour change.

If appropriate on completing level 3, patients are referred to other providers (Swansea Bay, Salford) for level 4 input. If level 4 is not indicated or appropriate, patients are discharged with a summary letter for their GP.

The level 3 service offers the following interventions (all group and online/virtual).

- MDT core level 3 offer
- 6 Pillar programmes – Be Well, Choose Well, Connect Well, Eat Well, Move Well, Sleep Well (all 6-weeks, blended video and online workshops)
- Online learning content – Invest in Your Health, fatigue videos, Pain Management Programme (all self-paced)
- medication interventions (reviews) where appropriate.

In Q1 2025/6, the service will be introducing a medication pathway on a pilot basis to support prescription of weight loss medications where clinically appropriate alongside the existing behaviour change programmes.

Demand and capacity (level 3)

Capacity at level 3 is currently 132 assuming that a full complement of staff is in post – this includes the 10% increase in capacity specified in the Chair's Objectives for 2024/5. The open caseload for this aspect of the Living Well Service is 199 as of 11 April 2025 – a 34% increase compared to the same point in 2024. Supporting this caseload has been achieved by using resource from all of the pathways delivered by the Powys Living Well Service

Table 3 shows the number of referrals for weight management accepted by the level 3 service between 01 April 2024 and 31 March 2025 – this represents an increase of over 57% on the previous year.

Table 3 - Referrals accepted by the level 3 weight management service (2024/5)

Month	Referrals
2024-04	18
2024-05	36
2024-06	30

2024-07	31
2024-08	29
2024-09	27
2024-10	32
2024-11	26
2024-12	39
2025-01	37
2025-02	36
2025-03	37
Total 2024/5	378

As of 01 April 2025, of the referrals prioritised as Weight Management:

- Average wait for first WM appt = 5 weeks
- Current longest wait for first WM appt = 14 weeks
- Number of individuals waiting over 12 weeks for first WM appt = 2
- Number of individuals waiting for first WM appt = 69

As of 01 April 2024:

- Average wait for first appt = 8 weeks
- Current longest wait for first appt = 19 weeks
- Number of individuals waiting over 12 weeks for first appt = 5
- Number of individuals waiting for first appt = 39

Although the number of individuals waiting for their initial Weight Management appointment has increased in 2024/5, it should be noted that the overall waiting times and length of longest waits have decreased.

Activity (level 3)

In the period 01 April 2024 to 01 April 2025:

- Average new level 3 weight management appointments/month = 28 (33% increase from previous year)
- Average follow up level 3 weight management appointments/month = 37

Outcomes (level 3)

The level 3 service is one of four "baseline" pathways offered via the Powys Living Well Service and is identified and recorded separately across both WPAS and WCCIS. This allows accurate data to be maintained for RTT purposes and when combined with the additional subspecialties implemented in WPAS to track individual interventions/programmes, allows the service to monitor progress of individuals and waiting times at an intervention level.

Work continues with the business intelligence team within the health board to improve access to key outcome data, including the development of a PROMS “Dashboard” to allow monitoring of key measures over time (height, weight, waist circumference, BMI, EQ5d-5L). Whilst this work has significantly improved the availability of data at an individual level, work continues to improve the availability of information at the service/pathway level. It is hoped that further progress will be made following the planned replacement of the Care Director (“WCCIS”) record management system in early 2026.

Significant work has been undertaken in 2024/5 across the pathways provided by the Powys Living Well Service to improve and standardise the way in which outcomes are being collected and recorded. This has required support from several areas of the digital team within the health board and has involved a number of significant changes to both systems and processes – in some cases requiring the development of novel approaches/new tools.

Significant changes have been made to the way that the service offers choice to individuals about their “next steps” to support the implementation of the new group programmes. This has provided an opportunity to improve the collection of PROMS at key points in all pathways delivered by PLWS. As part of this work, automation has been implemented for the first time to send out several key letters via email (and post) using our WPAS system. This has enabled us to collect responses more quickly and collect PROMS information as part of our booking process. We are also piloting the use of similar automation to request PROMS on discharge from the service.

Work is ongoing to improve access to the data as part of the records held on individuals. A significant amount of time has been spent working with colleagues in the Business Intelligence and Applications teams to identify the most effective way to store/share the data securely, however, concerns around data quality are still to be addressed.

Anonymised PREMS data is being collected across the service using the Civica platform provided by the health board. Collection of baseline data is well established using existing surveys and systems.

Interventions available at level 3

MDT core level 3 offer

MDT assessment (typically one 60-minute appointment). Assessment is followed by add-on level 3 offers as a bespoke package to meet the individual’s needs. These are outlined below.

Invest in Your Health e-learning

This programme covers generic skills rather than being a specific weight management intervention. It consists of 6 self-paced e-learning modules. It looks at helping to develop a series of evidence based self-management skills to help maximise health and wellbeing. The programme aims to develop a wide range of self-management skills to improve or maintain health, wellbeing, and quality of life. Additional e-learning is also available to support individuals experiencing chronic fatigue.

"Introducing Six Pillars" online programme

This online programme comprises a series of six pre-recorded sessions that introduce the six pillars of wellbeing model and provides practical first steps. This programme includes content to support all of the pathways offered by Powys Living Well Service, including weight management.

"Six Pillars" group programmes

Each group programme looks in more detail at one of the pillars of wellbeing. Each programme comprises a series of six pre-recorded videos, an interactive workbook and a series of six one-hour group workshops delivered via Attend Anywhere. Each programme runs for six weeks.

- The Be Well programme is designed to help people with long-term health conditions live their best life. It focuses on understanding how your thoughts, feelings, and actions affect your well-being and teaches tools to improve your mental and emotional health. By the end, you will have strategies to manage challenges and feel more in control of your life.
- The Choose Well programme is designed to help people make healthier decisions that support managing pain, fatigue, or weight. It is often hard to know the next right step or stick to changes long-term. This programme explores challenges to making good choices and introduces tools to help you make decisions that match your values, goals, and lifestyle. By the end, you will build skills to create lasting, positive changes.
- The Connect Well programme is designed to help people build stronger and more meaningful relationships in all areas of life. It focuses on improving communication, understanding emotions, and creating lasting connections. By the end, you will have tools to build better relationships and apply them in everyday situations.
- The Eat Well programme is designed to help people build a healthier and more balanced relationship with food. It explains how nutrition affects your body, including how it links to ongoing pain and fatigue. You will learn what good nutrition is, why it is important, and how to make better food choices. By the end, you will see healthy eating as a lifestyle, not just a goal.

- The Move Well programme is designed to help people with ongoing pain, fatigue, or weight challenges feel better through movement. It teaches simple ways to move that suit your body and helps build confidence to stay active. You will learn about how movement affects your body, builds strength, and find fun ways to do the activities you enjoy. Move Well helps you feel stronger, reduces flare-ups, and makes it easier to stay active for life.
- The Sleep Well programme is designed to help people with ongoing pain or fatigue get better rest. Good sleep is important because it helps with healing, boosts your mood, and supports your immune system. Without enough sleep, pain can feel worse, and fatigue can make it harder to cope. This programme teaches simple tips and tools to help you get a good night's sleep and feel more refreshed.

Weight loss medications

In 2024/5 we were unable to offer weight loss medications through the Living Well Service. There were several reasons for this, including having the capacity to safely offer and monitor the medication within existing resources, and logistical challenges with ensuring that individuals are able to access the medication. A pathway has been developed for providing medication to a limited number of service users during 2025/6. The service is currently readvertising a number of vacant posts to support delivery of this additional work.

Maximisation of the Welsh Government allocation and whether the health board is still in the implementation phase.

The original weight management funding has been used to support the development of the first phase of the service which is now integrated into the Powys Living Well Service as business as usual. This has involved additional specialist clinicians to provide dietetic and psychological support to service users. In addition, time from a salaried GP has been used, as well as time from additional support staff. The service has seen a steady and prolonged increase in the volume of referrals received.

The key elements of the service have been established such as the referral triage, initial consultations, MDT discussions and some group programmes.

The service continues to advertise vacant posts and is actively seeking to recruit the full complement of staff required to develop and deliver the next phase of the service, specifically the provision of support during the maintenance phase of weight loss and the provision of a medication pathway.

Potential for integration with other services

There is potential for working more closely with other health board services and primary care already play an important role in the screening of people referred to the service for co-morbidities which contribute to weight gain. The service is continuing to work on the development of e-learning and online resources to improve access for people who cannot commit to programmes due to other commitments such as work.

4. Summary and conclusions

An adult weight management pathway is in place in Powys with level 2 (and level 1) services provided by the PTHB Dietetic Team and level 3 services provided by the Powys Living Well Service. The national Healthy Weight Healthy You provides online support at level 1. Level 4 services (bariatric surgery) are commissioned nationally and provided out of county.

Population level need is very high with over 50% of adults in Powys either overweight or obese. It would be unrealistic to expect the services to have the capacity to be able to support all overweight or obese residents. From the clinical service perspective, the focus therefore needs to be on maximising delivery and outcomes within existing resources. It is apparent that whilst the level 2 service has systems in place to monitor its activity and outcomes, more work is needed by the level 3 service in relation to this.

A national Minimum Data Set for weight management services has been developed by Welsh Government, however, this remains to be fully implemented. Representatives from the Powys services continue to engage with Public Health Wales to provide feedback on implementation proposals, and to ensure that the local services are working towards improving collection of the required data. Significant work has already been undertaken to improve the quality, volume and availability of data within the Powys services as described earlier in this report.

Feedback has been given to PHW that a proportion of the requested information is not available in current health board systems and are in ongoing discussions about what is actually feasible to collect. This situation is common to all Health Boards in Wales, not just Powys.

In addition, a national review of weight management services has recently been undertaken by Public Health Wales on behalf of Welsh Government. The Living Well and Dietetic Team have both engaged directly to respond to requests for information from Public Health Wales to support the ongoing review of weight management services. Representatives from both services also continue to play an active role in professional networks to share experience and good practice between services across Wales.

The level 2 and level 3 services continue to operate independently rather than as a single integrated pathway. The introduction of a single point of access to the pathway has provided significant improvements in the way that individuals are referred to services and helps to ensure that individuals are supported by the service that is most appropriate for their clinical needs.

The level 2 and 3 services do not currently include any provision for support for children (under the age of 18), although young people aged 18-25 are included in the current adult offer. A project to explore development of a partial level two service on a pilot basis within the dietetic paediatric service to assess the underlying demand and potential impact on a future level three service was completed in 2024/5. Results from this pilot have not yet been collated.

In relation to the challenges with meeting the very high levels of population need and associated levels of demand for support with weight management, it should be noted that a national online level 1 offer is now in place (Healthy Weight Healthy You: [Home – Healthy Weight Healthy You](#)). There are no limits to the number of people who could make use of this support and no costs to the health board: more could be done by the services to incorporate this into their offers and to signpost people towards this as a first line approach. There is also scope to promote this resource through other services and via the Health Board's communications channels.

In terms of reporting, the national reporting requirements have been highlighted earlier in this paper (twice yearly reporting to Welsh Government as part of the National Performance Reporting arrangements). This reporting process has been led to date by the Deputy Director of Public Health and in previous years has had a focus on the work being done through the Strategic Weight Management Pathway Steering Group to establish new weight management services locally. However, now that services are in place, the information required to complete the reports is held by the services themselves rather than by the public health team. Going forward the reporting requirements have now been taken on by the operational services under the leadership of the Director of Primary & Community Care and Mental Health.

Finally, it is important to note that the high levels of population need – over half of all adults in Powys are overweight or obese – underline the critical importance of population-level prevention. This is being taken forward through the Whole System Approach to Healthy Weight.

NEXT STEPS:

The following next steps are proposed subject to approval by the Planning, Partnerships & Population Health Committee:

- Level 2 and 3 services will continue to engage with PHW and local colleagues to ensure that data is collected in line with the future Minimum Data Set.
- Level 2 and 3 services will continue to improve the way in which they work together to deliver weight management services.
- Level 2 and 3 services to ensure that patients referred for weight management are aware of/signposted to as appropriate, the national online support for weight management (Healthy Weight Healthy You),
- Level 3 service to deliver weight management medication pathway during 2025/6.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

Lewis, Raychelle
13/05/2025 16:30:38



Agenda Item: 5.6

Planning, Partnership and Population Health Committee		DATE: 19 May 2025
Subject	Delivery and Performance of Health Child Wales Programme (Early Years & School Age Children) and the immunisation programme	
Approved and presented by:	Claire Roche, Executive Director of Nursing, Quality, Women and Family Health	
Prepared by	Head of Nursing, Children’s Services Interim Assistant Director Women & Children’s Services	
Other Committees and meetings considered at:	N/A	
PURPOSE		
This Public Health Nursing Paper is submitted to the committee as an update of the planning needs and developments within the services over the coming year, it highlights current fragilities within the team and potential opportunities to work towards stabilisation.		
RECOMMENDATION(S):		
The Planning, Partnerships and Population Health Committee is asked to RECEIVE the paper and take ASSURANCE in relation to:		
<ul style="list-style-type: none"> • Provision of Children’s Public Health Nursing in PTHB • Progress of implementation of the Healthy Child Wales Programme for school age children • The governance of reporting arrangements in place locally and nationally for the programme • Progress of the immunisation programme • Statutory responsibilities regarding safeguarding. 		

Lewis Raychelle
13/05/2025 16:39:38

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Public Health Nursing aligns with all the Health Board's Wellbeing objectives due to the preventative nature of the model
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:
<p>The Children's Public Health Nursing (PHN) services in Powys provide a vital role in promoting the health and well-being of children and young people, from birth through to 18 years. These services are delivered through Health Visiting (a Generic HV team plus a Flying Start health visiting team) and School Nursing teams across Powys, each offering tailored support to meet the needs of their communities.</p> <p>PHN are Nurse led services and the responsibility of the Head of Nursing (HoN) Children's Services and Deputy HoN, Health Visiting & School Nursing.</p> <p>Consideration is required in relation to the model of PHN in Powys particularly the rurality of its geography and the impact that has operationally in the ability to deliver what is needed; and the current establishment with any opportunities to consider formulating that differently.</p> <p>Furthermore, whilst Children's Public Health Nurses were not named within the Nurse Staffing levels Wales Act (2016) as a directed area for implementation, we are advised that the services fall under the overarching principle of providing sufficient nurses to care for patients sensitively.</p> <p>The services are stretched thinly and unable to provide the full requirements of the model of care in a timely way. It has been identified that there is no uplift within the services to cover annual leave, sickness and training needs (advised to be 26.9% by the CNO). As such the team are under significant pressure.</p>

A workforce review is underway and this needs to consider all opportunities of being able to re-focus resources within the team where it is needed most.

HEALTH VISITING MODEL

Health Visitors are specially trained nurses or midwives (Specialist Community Public Health Nurse Qualification {SCPHN} with qualification registered with the NMC) offer support and guidance in various areas, including

- infant and child nutrition, including breastfeeding support
- Child growth and development monitoring
- Parent-infant relationship support
- Managing behaviour (e.g., sleep, toilet training)
- Illness prevention and management
- Accident prevention and safety
- Immunisation promotion
- Support for children at risk or in need
- Emotional health support (e.g., antenatal and postnatal depression)
- Smoking cessation advice
- Public health promotion
- Nurse prescribing

A national programme "Healthy Child Wales Programme" advises of standardised contacts for universal provision for all children, and a risk assessment for those that may need an individualised enhanced or intensive provision of support. These services are provided through home visits, clinics and community-based groups, aiming to ensure every child gets the best start in life, promoting healthy development and early intervention when needed.

Through an initial birth visit, the family are assessed to determine whether they require universal, enhanced or intensive level of support. This informs the necessary contact and support structure going forward. Families can move between different levels of support during early years. Universal families are initially offered the 8 universal contacts of the HCWP and the opportunity to contact the HV for additional support as necessary. Families with concerns or a greater level of need will have additional support from HV and nursery nurses on an individual or group basis. Children identified on the child protection register will receive a minimum of monthly visits for support and surveillance.

The **Flying Start** initiative is a Welsh Government-funded program targeting families with children under four in specific disadvantaged areas. It offers enhanced health visiting services, free part-time childcare for 2–3-year-olds, parenting support, and early language development programs. Flying start areas are identified by WG on the basis of a post code being in an identified area of deprivation.

Current Caseload Analysis HV

North Powys 2325 (average region caseload range 2036 – 2504)

South Powys 1394 (average region caseload range 1585 – 1734)

Flying Start 819 (average Flying Start caseload range 840 -1004)

Following discussion and agreement with PCC, a pilot is to commence in July 2025 for a period of 4 months, where the Generic and Flying Start caseloads within Newtown will be blended so that there is a mix of both flying start children and HCWP children for each health visitor within the region. This is to allow for the burden of travelling to be reduced for those traveling furthest and to ensure all health visitors maintain the skills to support those in most need. This will require evaluation before considering rolling this model out across Powys.

Caseloads are generally benchmarked at 250 children per WTE HV for Generic HV and 110 per WTE for Flying start. This is a historic baseline calculation and needs to be considered in light of the acuity of the caseload and indeed the support available from the MDT eg delegation to Nursery nurses etc. With the pilot, caseloads will be set at approximately 180 to allow for the 50:50 mix of both programmes of support.

Risk – Long Term Sick/Maternity Leave/ Training within the service has a direct impact on the ability to deliver care. Currently when this happens, the vacant caseload policy is initiated to risk assess the situation and initiate a priority plan, indicating what can be safely stepped down and what must be prioritised in the knowledge that it is impossible to meet all needs and is demonstrable in the reduced HCWP contacts in the HV performance tables on page 7 & 8 below. This can be very stressful to those involved.

SCHOOL NURSING MODEL

For children aged 5-16, the programme is delivered through School Nursing services and includes

- School Entry Health Review: Assessing health needs at the start of school.

- Population Health Needs Assessments: Conducted annually to identify and address health priorities.
- Screening and Surveillance Vision and Hearing
- Public Health Interventions: Focusing on areas such as nutrition, hydration, weight management, smoking cessation,
- Emotional & Wellbeing Support at a school health level
- Relationships and Sexuality Education: Providing age-appropriate information on relationships and sexual health.
- Transition Support: assisting children moving between ley educational stages
- School immunisation programme

These services are designed to promote informed choices, reduce health inequalities and support children through their school years.

Number of Schools in Powys Supported by School Nursing Service

- 38 Primary School
- 8 Secondary Schools
- 3 All age Schools
- 3 Special Schools

New Advancements and Developments

- 1) School Nursing has successfully implemented E-Consent to support the teenage immunisation programme. This will reduce the risk of Incidents surrounding paper consent systems
- 2) The school nursing has progressed a new role within the team to specifically support children receiving education other than at school. The JD has been successfully Job matched and will progress to recruitment a little later in the year in readiness for the new school year.

RISK

Children’s Nursing are holding a significant number of safeguarding cases – currently 130 children of school age are on the Child Protection Register which requires the school nurses to be attending case conferences and providing additional support to the school.

The safeguarding team are providing localised support when able.

PUBLIC HEALTH NURSING ESTABLISHMENT:

Role	Generic HV	School nursing	Totals
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	North	South	Flying Start	North	South	
B7 Team Leader	0.8	0.8	1.0	0.8	1.0	4.4
B7 Practice Dev HV/SN	0.8		0.8	1.0	1.0	3.6
B6 HV/SN	9.8	9.12	7.89	6.04	5.7	38.55
B4 Nursery Nurse	4.82	3.05	2.4	0	0	10.27
B3 HCSW	0	0	0	0.7	0.7	1.4
B3 Administrator	0.8		0	0	0	0.8
B2 Administrator	1.33	1.25	0.8	0.49	1.2	5.07
B4 TL Child HealthAdmin	0.8					0.8
B2 Child Health Admin	1.8			3.4		5.2
Vacant Posts						
B6 HV (Secondment)	0.4		0.6			
B6HV (Vacancy)		0.6				
B6 HV (New Recruit Onboarding)			1.0			
B6 HV Maternity Leave			0.6			
B5 School Nurse ML (imms)				0.52		

The service is fragile due to its small teams and rurality factor of Powys. There is some assurance to be taken from the current service delivery model and improvement plans; and support needed for future risks within the team including:

- Consideration for future application of the Nurse Staffing Levels (Wales) Act 2016 to encompass Public Health Nursing Services
- Uplift requirements (CNO principle of 26%) and consideration of rurality factor

There is no uplift within the establishment, to back fill annual leave, sickness and training. The uplift advised by the CNO is 26.9% across clinical roles which would include the Band 7 Practice Dev HV, Band 6 HV's and the Nursery Nurses, this would indicate the need for an additional 7 Health visitors across Generic and Flying Start teams: plus an additional 3 School Nurses.

There appears to be a disproportionate number of Senior B7 roles within Public Health Nursing Services in relation to the size of teams WTE, this

requires further interrogation to understand if there is a historic rationale for this. There is a significant number of part time posts so it may have been considered for total HC or indeed to provide career opportunities and therefore support the retention of staff.

The band 7's includes 4.4WTE team leaders and 3.6WTE Practice Development Facilitators. The team have highlighted, even with that, the lack of career development opportunities in Powys compared with neighbouring, much larger, PHN teams. Larger teams will likely have highly specialist roles at a Band 7 – these are not present in Powys.

Also, there are opportunities within an administrative review. The admin team has remained the same for many years with vacant posts re-recruited to without consideration of need. At the same time there has been significant advancements in the digital arena and where many time-consuming manual admin tasks have been replaced with more streamlined and less time-consuming digital alternatives. A review has commenced to consider the actual need for administration support, with any subsequent resource savings being repurposed for the much-needed clinical roles within the service and enabling some uplift within the service to support the necessary back fill for annual leave, sickness and training.

Establishment reasonably stable, Current risks 1.0WTE Secondment, 0.6WTE Vacancy, 1.0WTE Newly recruited/onboarding 1.12 WTE Maternity Leave. Further recruitment due to known retirement later this year. The fragility of service evidences the impact of these absent posts and the need for Priority Plans to be put in place within caseloads to ensure work completed and is based on need and priorities.

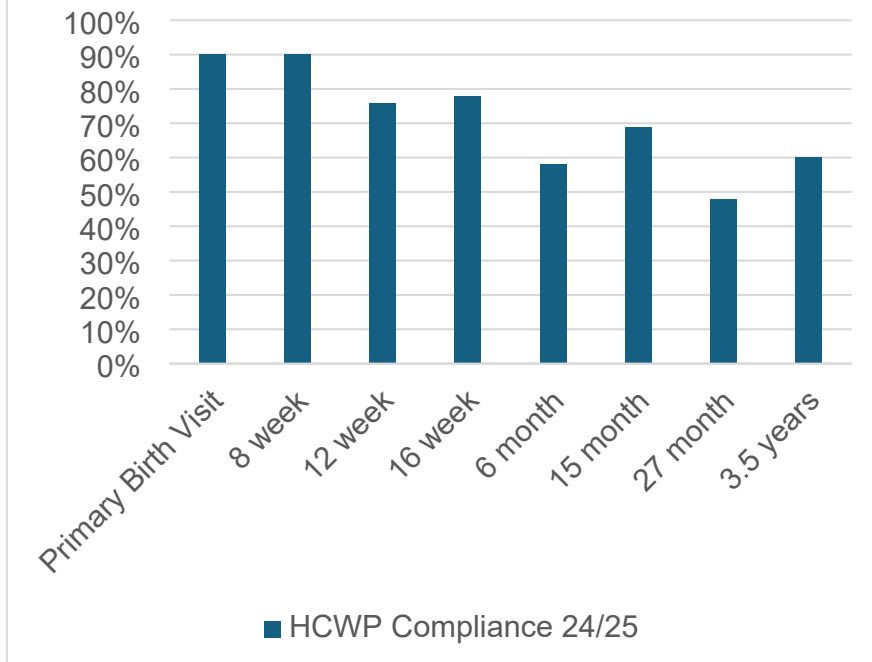
There is a Strategic Workforce Review underway (supported by WOD and Finance) for the whole of children's health services where this will be reviewed (Q1/Q2).

It is important to note that the Flying Start posts are commissioned by Local Authority.

QUALITY AND PERFORMANCE

PTHB Localised Data for 24/25

HCWP Compliance 24/25



Validated All Wales Compliance Reports (Q1 & Q2 24/25)

Q1 April – June 24

Quarter (* Apr-Jun 2024)

Area Code Quarter

Area

Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff &
Contact at 10 - 14 days	89.4	94.7	86.6	97.6	95.5	58.4	90.9	
Physical examination at 6 weeks	81.4	90.1	88.0	89.0	86.2	78.7	79.1	
Weight and measurement at 8 weeks	77.3	89.3	79.3	75.1	94.5	52.0	65.3	
Weight and measurement at 12 weeks	73.7	89.1	72.8	68.4	95.3	50.1	54.1	
Weight and measurement at 16 weeks	73.3	89.8	74.7	70.2	93.5	46.6	51.8	
Contact at 6 months	85.1	91.9	91.7	96.2	98.1	47.5	80.8	
Health visitor contact at 15 months	80.5	87.2	67.6	94.9	95.4	44.8	74.2	
Health visitor contact at 27 months	78.1	82.6	77.9	93.2	93.8	46.4	68.6	
Contact at 3.5 years pre-school	72.2	76.1	71.1	85.5	83.4	41.5	59.6	

Q2 July – Sept 24

Lewis, Raychelle
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Quarter (Jul-Sep 2024)								
Area Code Quarter								
Area								
Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff & Vale
Contact at 10 - 14 days	88.4	94.5	79.6	97.4	96.5	58.3	86.3	
Physical examination at 6 weeks	81.1	87.8	91.2	86.4	89.7	76.1	81.9	
Weight and measurement at 8 weeks	78.5	89.8	73.6	73.3	95.5	43.5	73.8	
Weight and measurement at 12 weeks	74.3	88.2	69.4	69.6	94.2	42.5	61.1	
Weight and measurement at 16 weeks	73.2	88.0	72.4	68.7	94.4	40.8	59.9	
Contact at 6 months	85.8	93.6	90.3	97.9	98.3	45.2	85.6	
Health visitor contact at 15 months	82.9	89.7	66.9	96.5	95.9	43.1	82.9	
Health visitor contact at 27 months	80.2	86.8	78.6	93.6	93.8	40.7	77.6	
Contact at 3.5 years pre-school	75.0	81.3	71.6	87.0	81.3	43.0	67.7	

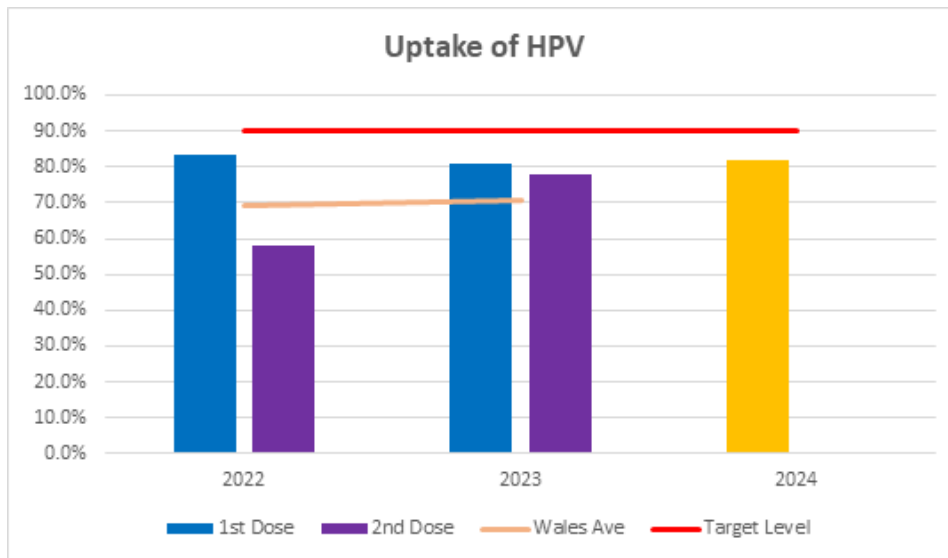
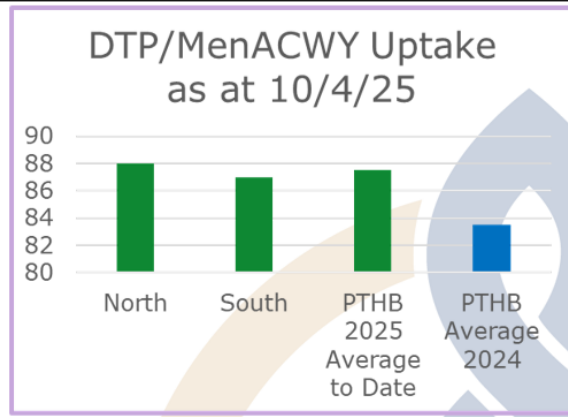
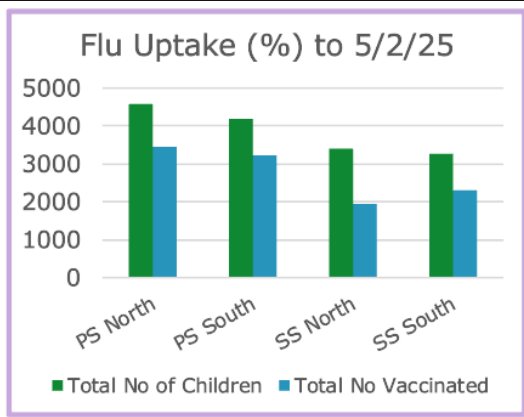
No further validated and published data at an All-Wales level. It is uncertain whether there will be continued reporting in this way – many changes within WG during the last year. The service continues to gather data, inform data collection systems and report locally within IQPG. A validation exercise continues within the service to ensure accuracy of reporting and reduced data quality issues.

The data published is particular and visits will only be determined to be compliant if completed within the specified compliance window. This is a challenge for Powys due to the rurality and geographical parameters of caseloads. It is advised that whilst safe it can be operationally preferable to complete the visit slightly out of time frame if enabling multiple visits to be made within the same area, thus reducing the travel time of staff.

Immunisations

As can be seen from the tables below, there has been a successful campaign to improve uptake, Fluenz compliance approx. 70%, DTP/MenACWY 89% and HPV approx. 81%. These are all improvements on previous year and plan to maintain efforts to see continued improvement into 25/26 campaigns.

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NEW HEALTHY CHILD WALES PROGRAMME (SCHOOL AGE CHILDREN)

Health Boards in Wales have been working together to move forward the implementation of the Healthy Child Wales Programme for School Age Children, due for completed implementation by September 2026. It is anticipated, simply due to the number of training places available and the number of staff PTHB can operationally support to be on training programmes, our final staff will qualify in Spring of 2027, so anticipate a brief delay in the compliance against the current implementation date of September 2026. All other actions on track to be green by 2026.

The implementation of HCWP Schools is being monitored and overseen by the new Child Health Network (NHS Exec). PTHB current compliance is captured in the table below:

Workforce	
Each secondary school has a uniquely named SCPHN School Nurse attached	Red
Each special school has an identified SCPHN School Nurse	Red
Dedicated SCPHN School Nurse for children educated other than school	Yellow
Service delivered via a UEI model (Universal, Enhanced and Intensive)	Red
School Nursing Service completely digital	Yellow
Digital	
E consent for School based Immunisation Programme	Green
Public Health Programme	
Population health needs assessments / Community Profile tool	Yellow
Relationships and sexuality education: Puberty / Growing Up / Periods (Year 5 or 6)	Green
Population - Public health intervention: High Impact area 1 (1 year group in Primary)	Green
Population - Public health intervention: High Impact area 2 (1 year group in Primary)	Green
Population - Public health intervention: High Impact area 3 (1 year group in Primary)	Green
Transition into secondary school session: ages 10 to 11 (year 6).	Yellow
Healthy relationships: 11 to 12 years old (year 7).	Yellow
Population - Public health intervention: High Impact area 1 (1 year group in Secondary)	Red
Population - Public health intervention: High Impact area 2 (1 year group in Secondary)	Red
Transition to further education, employment: (year 11).	Yellow
Screening & Surveillance	
All reception children receive welcome pack including EHE	Yellow
School entry health review: Height, Weight & Vision screening programme (Reception)	Green
CMP surveillance (reception)	Green
Transfer of care from HV to SN (Aged 5)	Green
Immunisation Reviews	

Immunisation review (reception)	Yellow
Immunisation review (Year 7)	Green
Immunisation Programme Public Health briefing / education sessions	Light Blue
Flu education / leaflets	Green
HPV (year 8) education / leaflets	Green
DTP & Men ACWY (Year 9) education / leaflets	Green
Immunisation Programmes	Light Blue
Fluenz nasal spray (Reception - Year 11)	Green
HPV (year 8)	Green
DTP & Men ACWY (Year 9)	Green
Catch up programmes	Light Blue
Fluenz nasal sprays (reception - year 11)	Green
HPV (year 8 - 11)	Green
MMR catchups (year 7-11)	Green
DTP & Men ACWY (Year 9 -11)	Green
Single Point of Access (5-16)	Light Blue
Single point of access for parents/carers and families set up for families / parents/ carers	Yellow
Safeguarding	Light Blue
Health Assessment document	Green
Initial Health Assessments completed by ICC or latest 1st Core Group	Green
Review Case conferences attended (If outstanding health needs)	Green
Confidential Drop Ins sessions	Light Blue
Primary School (Parent / Carer)	Yellow
Offered Secondary School (CYP)	Green
C Card offered via secondary school drop ins	Green
Community drop-ins	Red
C Card offered via secondary community drop ins	Green

Relationship & Sexuality Education	
Relationships and sexuality education: Puberty / Growing Up / Periods (Year 5 or 6)	
STI's Relationships and sexuality education: 13 to 14 years old (year 9).	
Contraception- Relationships and sexuality education: 13 to 14 years old (year 9).	
NEXT STEPS	
<ol style="list-style-type: none"> 1) Prepare the HV team in Powys in readiness for change with the Pilot blended model of Generic and Flying start HV, communications have already commenced and most HV's are welcoming of the pilot model. 2) Continue efforts to continually improve the uptake of teenage immunisations 3) Continue the implementation phase of HCWP School Children 4) Continue workforce review and consider any opportunities that may arise to support the future needs of the workforce in a re-balancing exercise, particularly in the need to work towards resourcing more HV's /SN's to work towards the CNO uplift requirements. 	

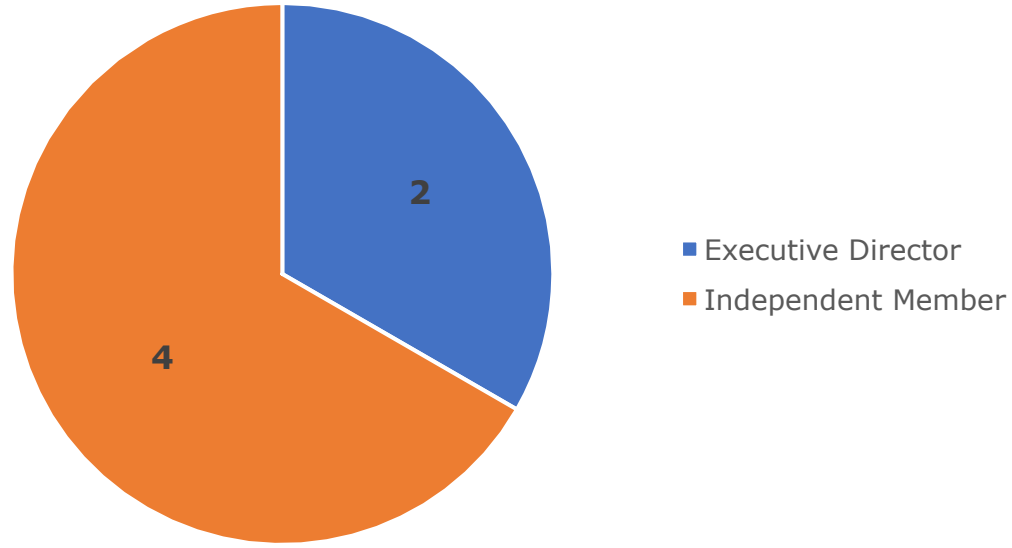
Subject:	Committee Effectiveness – Planning, Partnerships and Population Health Committee
Approved and Presented by:	Helen Bushell, Director of Corporate Governance/Board Secretary
Author:	Deputy Board Secretary
Purpose:	This presentation provides a summary of the responses received to the Committee Effectiveness questionnaire and is provided to stimulate discussion within the Committee to support the identification of what works well, learning and actions for improvement.
Recommendations:	The Committee is asked to: <ul style="list-style-type: none">• DISCUSS the summary of the Committee Effectiveness survey and any areas for action/improvement.
Executive Summary:	<p>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 improvement.</p> <p>The approach for 2024/25 contained a questionnaire and then discussion at the Committee meeting. The Committee effectiveness questionnaire focuses on the critical themes of: (i) composition and establishment, (ii) effective functioning, (iii) assurance and remit and (iv) leadership and culture.</p>

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Section 1 – Response Rate

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Response Overview



Total Responses Received: 6

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Section 2 – Composition and Establishment

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Overview of ratings – Composition and Establishment

Section 2 - Composition and Establishment					
Question	Strongly Agree	Agree	Unsure	Disagree	Strongly disagree
The Committee understands its role:.	2 33.33%	4 66.67%	0	0	0
The Committee's annual work plan and subsequent agendas enable it to effectively deliver the relevant areas of its Terms of Reference:	1 16.67%	5 83.33%	0	0	0
The Committee has the membership, authority and resources to perform its role effectively:	1 16.67%	5 83.33%	0	0	0
The right people attend meetings of the Committee to enable it to fulfil its role effectively:	3 50%	3 50%	0	0	0
Committee members have the collective skills and experience required to fulfil the terms of reference and advise and assure the Board:	3 50%	3 50%	0	0	0

KEY THEMES:

- **Membership**

Comments:

- I think we could sometimes spend more time on some items, but this is not a major issue.
- Committee works well with good scrutiny and focus.
- Membership may require an additional IM given recent changes.
- Induction training for new members would be helpful.
- Regarding Q4 – I consider the Committee has struggled to maintain a quorum due to a low number of appointments to the committee and so do not consider the Committee has enough members on it. I do believe the committee has sufficient authority and resources (by which I mean access to officers) to undertake its role.
- Regarding Q6 – Because additional Committee Members are required it is hard to strongly agree that Committee Members do have the collective skills and experience required to fulfil the terms of reference.

Section 3 – Effective Functioning

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Overview of ratings – Effective Functioning

Section 3 - Effective Functioning					
Question	Strongly Agree	Agree	Sometimes	Disagree	Strongly disagree
Meeting arrangements (frequency, time allocation) allow members individually and collectively to contribute to effective scrutiny and challenge: .	2 33.33%	4 66.67%	0	0	0
Committee meetings are conducted professionally and managed effectively with issues getting the appropriate time and attention proportionate to their importance: .	4 66.67%	2 33.33%	0	0	0
Committee papers are of a reasonable length, good quality and provide the appropriate level of information to enable the Committee to fulfil its role: .	1 16.67%	4 44.44%	1 16.67%	1	1
Papers are distributed in a timely manner, sufficient for members and attendees to adequately read, understand and scrutinise their content: .	0	5 83.33%	1 16.67%	0	0
There is good monitoring of matters arising and agreed actions to support the Committee in its role: .	3 50%	3 50%	0	1	1
Reports to the Board cover all key issues discussed at Committee. The Board takes due regard of the Committee's views (i.e. recommendations, escalated items, sharing of good practice) and shares feedb	2 33.33%	4 66.67%	0	0	0

There were no comments to report for this section.

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Section 4 – Assurance and Remit

Lewis, Raychelle
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Overview of ratings – Assurance

Section 4 - Assurance					
Question	Strongly Agree	Agree	Sometimes	Disagree	Strongly disagree
The Committee receives advice and assurance on key issues which clearly sets out the analysis of the situation, key risks and what is required of the Committee to allow the Committee to discharge its Terms of Reference:	2 33.33%	3 50%	1 16.67%	0	0
Information received is sufficiently balanced in terms of evidence (assurance) and professional opinion (reassurance): .	0	6 100%	0	0	0
The Committee receives timely reports on the work of external regulatory and inspection bodies and other independent sources of assurance: .	1 16.67%	5 83.33%	0	0	0
The Committee receives regular and sufficient evidence that the organisation is learning and improving: .	1 16.67%	2 33.33%	3 50%	0	0
The Committee receives the assurance (quantity, quality and timeliness) it needs to fulfil its role effectively: .	1 16.67%	5 83.33%	0	0	0
The mechanism for providing onwards assurance to the Board is effective: .	2 33.33%	4 66.67%	0	0	0

There were no comments to report for this section.

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Section 5 – Leadership and Culture

Lewis, Raychelle
13/05/2025 16:39:38

Section 5 - Leadership and Culture					
Question	Strongly Agree	Agree	Sometimes/Unsure	Disagree	Strongly disagree
In meetings, contributions from members and other attendees are encouraged, open debate is welcomed, and all contributions are listened to and respected: .	4 66.67%	2 33.33%	0	0	0
The Committee environment is one in which members can provide supportive but critical challenge on key/sensitive issues: .	4 66.67%	2 33.33%	0	0	0
The Chair summarises discussions well, captures the main points that have been made and clarifies how the Committee will progress the item under discussion: .	4 66.67%	2 33.33%	0	0	0
Committee members routinely probe the facts, challenge assumptions and identify the advantages and disadvantages of proposals:	2 33.33%	4 66.67%	0	0	0

Lewis Parrychelle
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Section 5 - Leadership and Culture					
Question	Strongly Agree	Agree	Sometimes/Unsure	Disagree	Strongly disagree
There is an effective relationship between Committee members and Executive colleagues: .	2 33.33%	4 66.67%	0	0	0
Matters considered by the Committee are improved/strengthened as a result of the Committees involvement and/or feedback: .	2 33.33%	2 33.33%	2 33.33%	0	0
The Committee is conducted in a manner consistent with the values of PTHB:	4 66.67%	2 33.33%	0	0	0
The Committee is conducted in a manner consistent with the principles of compassionate leadership: .	4 66.67%	2 33.33%	0	0	0

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There were no comments to report for this section.

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Section 6 – General Comments

Lewis, Raychelle
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In what areas do you think the Committee is doing well?

- Scrutinising received papers
- Talking about the right things at the right time
- Routine business
- Chaired really well and conducted in a professional manner. Deep dives have been interesting.
- Breadth of papers /areas considered by the Committee

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In what areas do you think the Committee could improve and how?

- Examination of how we may improve vaccination rates and screening rates, albeit these are sometimes all-WALES projects.

Continued comparison of performance data with similar populations outside Wales.

- Sometimes (and it is only sometimes) the Chair asks all the Qs following presentation of papers before IMs get the chance to ask! He's a great chair but if we're not careful, other IMs may not have anything to ask
- More active consideration of what we are possibly missing
- It could be clearer as to the impact of the Committee's work e.g. the "so what question". How could we give the Committee a greater voice in the wider board in terms of shifting left. Timing sometimes makes scrutiny of the effectiveness of our partnerships difficult.
- Agendas are full, perhaps frequency of some papers being considered could be less frequent

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What training/other development activity would support the Committee in its role?

- Understanding of drivers for increased demand for services, secondary and primary and MH.
- We need to routinely consider what makes an effective committee and board
- Public Health presentation to Board development was excellent. Is there space to do more of this to better understand the value of population health and scrutinise what we are doing in this area.

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What areas should the Committee focus on in the future (incl. areas to be looked at more or less frequently)?

- Interested to see how the PPPH's remit/mandate will evolve to include the BT programme
- The effectiveness of different types of partnerships more informal or health facing than just PSB and RPB.
- Primary care and community service planning; planning of interface between primary care and secondary care services.

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Overall Summary

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- Scoring / ratings are strong across the survey with no negative scores
- Positive feedback regarding the breadth of items considered and scrutiny provided by the Committee;
- Some specific areas to address:
 - Learning & Improvement
 - Frequency of routine items
 - Primary Care Planning
 - Assurance re health focused partnerships

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Next Steps

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Actions	Timescale
1. Share content of the Effectiveness questionnaire with Committee	19 May 2025
2. Receive feedback from the Committee, discuss any actions / improvements	19 May 2025
3. Develop action plan, in partnership with Committee Chair, for Committee oversight based on Committee survey and contributions	Next Committee meeting (14 Aug 2025)
4. Committee feedback and key actions will be incorporated into summary report with other Committees' feedback and shared with the Board	By end May 2025
5. Committee forward plan for 2025/26 is in development and will form part of the Committee meeting (reviewed at each meeting)	Next Committee meeting (14 Aug 2025)
6. PTHB Chairs Forum will continue to develop an overarching role in committee focus areas and work plans	Ongoing

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- Does the Committee collectively recognise the feedback?
- Are there any further reflections?
- Any areas of specific focus / priority to address?

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Agenda item: 5.9

Planning, Partnerships and Population Health Committee		Date of meeting: 19 May 2025
Subject:	Planning, Partnerships and Population Health Committee Terms of Reference	
Approved and presented by:	Helen Bushell, Director of Corporate Governance and Board Secretary	
Prepared by:	Deputy Board Secretary	
Other Committees and meetings considered at:	N/A	
PURPOSE:		
The purpose of this paper is for the Committee to consider the Terms of Reference of the Planning, Partnerships and Population Health Committee in order to ensure that they remain fit for purpose.		
RECOMMENDATION(S):		
The Committee is asked to: <ul style="list-style-type: none"> • ENDORSE the proposed amendments to the Terms of Reference • IDENTIFY any further potential amendments • AGREE that the Chair of the Committee and Director of Corporate Governance will finalise the revised Terms of Reference for presentation to the Board for approval. 		
Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing		Commitment to good governance is a key element of Transforming in Partnership.
2. Provide Early Help and Support		
3. Tackle the Big Four		
4. Enable Joined up Care		
5. Develop Workforce Futures		
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis.

The existing Terms of Reference (May 2024) for the Planning, Partnerships and Population Health Committee are attached as Appendix A, and the proposed revised draft are attached as Appendix B.

Any suggested changes will need to be recommended to the Board for approval.

The Committee is asked to discuss the draft terms of reference and identify any further suggested amendments. The Chair of the Committee and Director of Corporate Governance will take forward any recommendations and/or final amendments to the Board in May 2025 to take effect into 2025/26.

It is suggested that the Committee considers **the following proposals:**

Section of Terms of Reference	Updates
2 – Purpose	<p>Removal of specific reference to quality and safety of services, to avoid overlap with the role of the Patient Experience, Quality and Safety Committee and in recognition of the Committee’s role in all strategies, strategic framework and plans.</p> <p>Clarity that the Committee’s purpose in respect of assuring plans and arrangements for key partnerships is not to scrutinise or review as there is no mechanism to support this, the role if the Committee is to receive and consider alignment to PTHB plans.</p> <p>Sole Committee for seeking assurance in regard to Wellbeing of Future Generations Act (Wales) 2015 (previously also included in the Workforce and Culture ToR).</p>
3 – Delegated Powers and Authority	Inclusion of specific reference to the key transformation programmes such as the Better Together Portfolio Board.

4 - Membership	Removal of Non-Joint Officer Leads from 4.2 In attendance, in agreement that other Executive Directors will be extended invitations under 4.3 as appropriate based upon the content of the agenda for each meeting.
5 - Committee meetings	The modern practice of holding meetings virtually has been reflected, including clarification in regard to arrangements for in-person meetings
Tidying up	The document has undergone general tidying up to ensure correct job titles etc. are reflected

NEXT STEPS:

The Chair of the Committee and Director of Corporate Governance will take forward any recommendations to the Board in May 2025 to take effect into 2025/26.

APPENDICES

- a. Planning, Partnerships and Population Health Committee Terms of Reference (Approved May 2024)
- b. Planning, Partnerships and Population Health Committee Terms of Reference (Draft May 2025)

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Planning, Partnerships & Population Health Committee

Terms of Reference & Operating Arrangements

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1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Planning, Partnerships and Population Health Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to all areas of Planning, Partnership Working and Population Health, across the full breadth of the Health Board's responsibilities.

2. PURPOSE

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and

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- e. the Health Board’s priorities and plans to improve population health and wellbeing.

2.2 ASSURANCE

In respect of the achievement of the Boards’ strategic aims, objectives and priorities, the Committee will seek assurances:

- a. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board’s responsibilities (directly provided and commissioned);
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in the development of the Health Board’s aims, objectives and priorities, and in doing so will:

Strategic Planning

- a. Seek assurance that the health board’s Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Plan
- b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives
- c. Seek assurance that the health board’s arrangements for engagement and consultation in respect of service change matters are robust and effective
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board’s Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board’s Strategic Commissioning Framework is robust and fit for purpose;

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- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

- a. consider the development of strategies and plans developed in partnership with key strategic partners
- b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

- a. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- b. consider plans for whole-system pathway development and re-design;
- c. seek assurance on the adequacy of programmes to promote healthy lifestyles to the Powys population;
- d. seek assurance on the work of the Health Board to reduce health inequalities.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

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- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board’s procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee’s priorities for its annual programme of work, based on the Board’s Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee’s focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee’s annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee’s programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	Independent Members of the Board x3

The Committee may also co-opt additional

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independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Executive Director of Commissioning Performance and Planning (Joint Officer Lead)
- Executive Director of Public Health (Joint Officer Lead)
- Executive Director of Finance, Capital and Support Services
- Executive Director of Allied Health Professions, Health Science and Digital
- Executive Director of Primary Care, Community and Mental Health

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Corporate Governance Team will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted

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independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held four times a year, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - meetings may be held virtually with opportunities extended to the public to observe meetings held virtually on request;
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in

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- advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read;
- where appropriate items may be included as 'consent' items (items that do not require discussion or debate either because they are routine or have already been unanimously agreed. A Consent Agenda allows the Committee to approve all these items together without discussion which can free up the meeting for more substantial discussion. When using a Consent Agenda, the Chair will invite members to request a discussion on any item on the Consent Agenda. If a request is made this item will move onto the Main Agenda for discussion); and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and

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accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business (holding joint meetings where appropriate);
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's

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performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

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Planning, Partnerships & Population Health Committee

Terms of Reference & Operating Arrangements

Draft May 2025

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1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Planning, Partnerships and Population Health Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to all areas of Planning, Partnership Working and Population Health, across the full breadth of the Health Board's responsibilities.

2. PURPOSE

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans consistent with the board's overall strategic direction;
 - b. business cases and service planning proposals;
 - c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital;
 - d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- the Health Board's priorities and plans to improve population health and wellbeing.

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2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned);
- b. plans and arrangements for the following matters are received and appropriately aligned:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in the development of the Health Board's aims, objectives and priorities, and in doing so will:

Strategic Planning

- a. Seek assurance that the Health Board's Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Plan and Annual Plan
- b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives including oversight of key organisational transformation programmes such as the Better Together Portfolio
- c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Strategic Commissioning Framework is robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;

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- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

- a. receive the strategies and plans developed in partnership with key strategic partners including the Regional Partnership Board
- b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

- a. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- b. consider plans for whole-system pathway development and re-design;
- c. seek assurance on the adequacy of programmes to promote healthy lifestyles to the Powys population;
- d. seek assurance on the work of the Health Board to reduce health inequalities.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

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- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board’s procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee’s priorities for its annual programme of work, based on the Board’s Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee’s focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee’s annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee’s programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	Independent Members of the Board x3

The Committee may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

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Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Executive Director of Planning, Performance and Commissioning (Joint Officer Lead)
- Executive Director of Public Health (Joint Officer Lead)

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Corporate Governance Team will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

4.8 The Director of Corporate Governance/Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

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- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held four times a year, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - meetings may be held virtually with opportunities extended to the public to observe meetings held virtually on request;
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read;
 - where appropriate items may be included as 'consent' items (items that do not require discussion or debate either because they are routine or have already been unanimously agreed. A Consent Agenda allows the Committee to approve all these

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items together without discussion which can free up the meeting for more substantial discussion. When using a Consent Agenda, the Chair will invite members to request a discussion on any item on the Consent Agenda. If a request is made this item will move onto the Main Agenda for discussion); and

- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

Other meeting arrangements

5.7 Committee meetings will be held via virtual means unless otherwise specified.

Should a meeting be held in person this will be agreed by the Chair and confirmed in advance Director of Corporate Governance/Board Secretary. In-person meeting arrangements will be co-ordinated and communicated in advance by the Corporate Governance Team.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and

accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business (holding joint meetings where appropriate);
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's

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performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
-

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Additional Learning Needs Legislation

Final Internal Audit Report

2024/25

Powys Teaching Health Board



Reasonable Assurance

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Findings & Agreed Action Plan	3
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Review Reference

PTH-2425-19

Fieldwork

December 2024 – February 2025

Executive Sign Off

27th February 2025

Audit Committee

March 2025

Executive Lead

Claire Roche, Director of Midwifery, Women and Family Health

Audit Team

Ian Virgill, Head of Internal Audit

Warren Alexander, Principal Auditor

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GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Executive Summary

Purpose

Our review of the Additional Learning Needs Legislation was completed in line with the 2024/25 Internal Audit Plan for the Powys Teaching Health Board (PTHB, the 'Health Board').

The additional learning needs (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 is being implemented over a four-year period, which concludes in August 2025.

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 lawful from 2021, but implementation is being phased in over a four-year period. In accordance with Section 61 of the Act, Local Health Boards must have a Designated Education Clinical Lead Officer (DECLO) for co-ordinating the Board's functions in relation to children and young people with ALN.

Chapter 9 of the ALN Code details their specific roles and responsibilities. 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.

Overview

We have concluded **reasonable** assurance on this area. 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.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- The Terms of Reference belonging to the ALN Integrated Steering Group (AISG) lists attendees from all partner organisations. Agendas and action logs are produced but records of attendees have not been maintained.
- A multi-agency Strategic Plan has been produced by Powys County Council (PCC) on behalf of the partnership, but there is no evidence that PTHB was involved in the process. Efforts should be made to ensure that the Health Board is able to demonstrate its input to the ALN and Inclusion Strategic Plan where possible.
- Outcome monitoring procedures are yet to be developed. The establishment of effective outcome monitoring procedures should be raised with the ALN Integrated Steering Group.
- Performance monitoring procedures are yet to be developed. Performance monitoring procedures should be defined in consultation with the Women and Children's Quality and Performance Group.
- A Standard Operating Procedure has been produced in respect of the Health Board's Duties in relation to the ALN Tribunals process; the document has been submitted to the AISG for approval / ratification but has not yet been approved.

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Related Findings

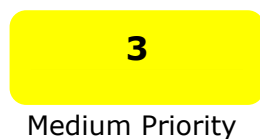
Assurance

	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 (DECLO) are being met.		Substantial

Management Actions

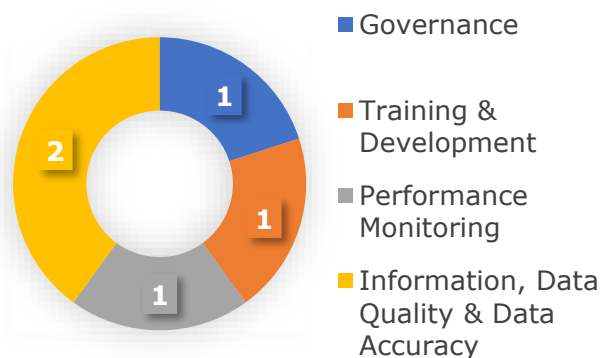


High Priority



Medium Priority

Themes



Risk Types

Legal & Regulatory Non-Compliance

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Findings & Agreed Action Plan

Objective 1: Sufficient progress is being made to implement the ALN Act through developing strategies, policies and procedures, and delivery plans.

Reasonable

An ALN Integrated Steering Group has been established in partnership with Powys County Council and Neath Port-Talbot Group of Colleges. A Strategic Plan and a Strategic Priorities Work plan in relation to the partnership have been produced.

A Standard Operating Procedure has been produced in relation to the Health Board's duties under the ALN Act for the purposes of providing guidance to staff.

No current staffing or capacity issues have been reported, although the potential exists for future increases in demands upon the service as the legislation becomes more established.

Governance arrangements have been documented in relation to the partnership insofar as senior representatives of each partner organisation are listed in the AISG Terms of Reference, but a lack of accountability was indicated with respect to actions contained in the work plan and this may have a detrimental impact on the effectiveness of the group. Clearly documented governance and escalation arrangements exist within PTHB, but the means by which the partnership itself is subject to overall scrutiny have not been clearly defined. **(Key Finding 1).**

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Governance Arrangements</p> <p>Responsible individuals have been designated within each partner organisation but robust collaborative working governance arrangements are yet to be established.</p> <p><i>Lewis, Raydelle 13/05/2025 16:20:38</i></p> <p>Theme: Governance</p>	<p>Failure to comply with legislation resulting in a reputational risk, additional Welsh Government scrutiny, wasted financial and staff resource.</p> <p>Medium Priority</p> <p>Control Design</p>	<p>Agreed Action: An agenda item will be raised at the ALN Integrated Steering Group with the intention of establishing more clearly defined governance arrangements in respect of the partnership working arrangements.</p> <p>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 in order to address outstanding actions.</p> <p>Expected Evidence of Implementation: ALN Integrated Steering Group Minutes. Updated TORs to reflect updated Governance arrangements.</p> <p>Officer: Assistant Director for Women and Children's Services / Director of Midwifery, Women and Family Health</p> <p>Date: September 2025</p>

Several guidance documents, including detailed procedure notes, flowcharts and presentations have been produced in order to provide information to Health Board staff in relation to the requirements of the ALN Act. Emphasis is placed on the procedures Health Board staff must follow in order to ensure compliance with the Act.

Training materials are available, and we were informed by the DECLO that some training exercises have taken place in order to provide Health Board staff with information about their responsibilities under the new legislation. An audit of staff knowledge and confidence has been carried out but it does not appear that any actions have been implemented. A training schedule has not been established, and training records have not always been maintained. **(Key Finding 2).**

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Training</p> <p>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.</p>		<p>Agreed Action: 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.</p> <p>Records will then be maintained of attendance at completed training.</p> <p>Expected Evidence of Implementation: Training schedule. Training records.</p>
<p>Theme: Training & Development</p>	<p>High Priority</p> <p>Control Design</p>	<p>Officer: Designated Education Clinical Lead Officer / Assistant Director for Women and Children’s Services</p> <p>Date: September 2025</p>

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Objective 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.

Limited

Partnership arrangements have been established with relevant stakeholders in the ALN Integrated Steering Group, and some collaborative work has taken place in relation to a joint 'Strategic Priorities Plan'. Outcomes in the plan were appropriate, but in some cases were found to lack clarity in that intended actions have not always been documented. Target dates either have not been listed, are ambiguously defined, or have elapsed. **(Key Finding 3).**

Each partner's operational case management responsibilities are clearly defined and protocols for communicating with service users have been documented.

An 'ALN and Inclusion Strategic Plan 2024-2030' has been produced, although this was led by Powys County Council with only limited input from the Health Board.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Strategic Priorities Plan Monitoring</p> <p>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.</p> <p>Theme: Performance Monitoring</p>	<p>Ineffective arrangements resulting in wasted resources, failure to deliver strategic objectives, poor service user experience, and additional scrutiny from Welsh Government.</p> <p>High Priority</p> <p>Control Design</p>	<p>Agreed Action: 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.</p> <p>Expected Evidence of Implementation: Work Plan progress reports.</p> <p>Officer: Assistant Director for Women and Children's Services / Director of Midwifery, Women and Family Health</p> <p>Date: September 2025</p>

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Objective 4: There is an efficient and consistent system for recording and managing ALN requests, referrals, and notifications along with monitoring outcomes.

Reasonable

A case management system 'ALN App' has been developed and is currently in the later stages of implementation. Once fully implemented, this will enable ALN requests and referrals to be recorded accurately, and for relevant data to be captured and made available to stakeholders such as the DECLO. However, there have been implementation issues surrounding the system, principally relating to ensuring all relevant data is input where necessary. Efforts are currently underway to ensure that all relevant data is captured within the system and a framework for monitoring compliance data is being implemented. **(Key Finding 4).**

It is also of note that data regarding the Health Board's duty (under Section 64 of the ALN Act) to notify the parents / carers of a preschool child and the responsible Local Authority in cases where the Health Board identifies that the child is likely to have ALN is not currently available. The system through which such notifications take place and the dataset associated with this are being finalised. **(Key Finding 5)**

Access arrangements to 'Tyfu', a system administered by PCC which contains service users' Individual Development Plans (IDPs) have been established for Health Board staff. Guidance is available to staff who are responsible for contributing to the IDPs.

Case outcomes are evaluated on an individual basis as part of the wider ALN processes but monitoring procedures in order to identify themes and trends in this area are yet to be developed.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Data Validation</p> <p>Data validation exercises are being undertaken but assurances cannot yet be made with respect to the completeness of data contained in the ALN App.</p>	<p>The health board does not comply with its statutory responsibilities resulting in children failing to access the support that they need leading to poor outcomes.</p>	<p>Agreed Action: Data validation exercises will continue and regular compliance reports will be made to the Planning, Partnerships and Population Health Committee.</p> <p>Expected Evidence of Implementation: Reports to the Planning, Partnerships and Population Health Committee.</p>
<p>Theme: Information, Data Quality & Data Accuracy</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Assistant Director for Women and Children's Services / Director of Midwifery, Women and Family Health</p> <p>Date: December 2025</p>

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5	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 health board does not comply with its statutory responsibilities resulting in children failing to access the support that they need leading to poor outcomes.	Agreed Action: The system will be finalised and validated. Progress reports will be made in the ALN Update to the PPPH Committee.
		Medium Priority	Expected Evidence of Implementation: Reports to the Planning, Partnerships and Population Health Committee.
	Theme: Information, Data Quality & Data Accuracy	Control Design	Officer: Assistant Director for Women and Children’s Services / Director of Midwifery, Women and Family Health Date: December 2025

Objective 5: There are robust quality assurance measures in place to demonstrate compliance with the ALN Act. **Reasonable**

Higher level performance monitoring and quality assurance procedures across the partnership are still being developed. This is being addressed by the ALN Integrated Steering Group.

The principal risks to the Health Board relate to compliance in areas directly under its control; the dashboard of the case management system incorporates key parameters in relation to the Health Board's compliance with the requirements of the ALN Act in order to expedite monitoring processes.

The dashboard is regularly monitored by the DECLO, and whilst there have been some inconsistencies during the implementation stage of the new systems (Finding 4), monitoring activities and investigations into inconsistencies have been taking place in order to ensure that data is being captured correctly.

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Objective 6: There are appropriate mechanisms for dealing with complaints, disputes, and appeals to the Tribunal.

Substantial

The 'Putting Things Right' process is in place to manage complaints in relation to the Health Board's ALN provision, which would be received by the same means as other Health Board complaints. Details of the process are available on the PTHB website.

A procedure has been established to ensure the DECLO will be notified of any complaints relating to the Health Board's ALN provision, the details will then be reviewed to ensure there are no compliance issues which relate to the ALN legislation. The DECLO would provide input only where concerns with potential compliance issues are identified.

No specific concerns relating to the exercise of the Health Board's functions under the ALN Act have been received. The anticipated volume of complaints is limited and will be dealt with on a case-by-case basis through the standard Putting Things Right process and including oversight by the DECLO.

The ALN Act provides for children, their parents and young people to challenge decisions about ALN, ALP and related matters by way of appeal to the Tribunal.

Information in relation to the tribunal process is not routinely provided to service users and details in relation to it have not been included in the contents of the Additional Learning Needs homepage of the PTHB website. This would instead be provided to complainants during the course of the complaints process. This is an intentional policy decision in order to reduce the likelihood of service users referring complaints to the Tribunal service prematurely. There are other provisions within the ALN Code which make recommendations intended to [avoid the] 'more formal and burdensome route' of a Tribunal.

Appeals to Tribunal are made against the education body, not against the Health Board. Even in cases where the concerns relate to NHS provisions, the appeal would be raised against the education body.

PTHB have previously been involved in tribunals and a Tribunals Standard Operating Procedure ('NHS Participation in Appeals to Education Tribunal Wales: Standard Operating Procedure') has been produced to improve the process for PTHB's involvement though this has not yet been formally ratified through the AISG.

Objective 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 (DECLO) are being met.

Substantial

Governance arrangements within PTHB in relation to ALN are satisfactory. Oversight is provided by the Women's and Children's Quality and Performance Group and the Planning, Partnerships and Population Health Committee. Detailed reports have been provided at appropriate intervals during the implementation stages of ALN.

The risks relating to ALN are periodically reviewed by the Planning, Partnerships and Population Health Committee. Senior Executives, including the CEO of the Health Board have provided input into the reporting process.

The DECLO possesses all of the requirements for the role as specified by the ALN Code, and there is a documented escalation procedure within PTHB which is also compliant with the code.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



NWSSP SUMMARY PERFORMANCE REPORT

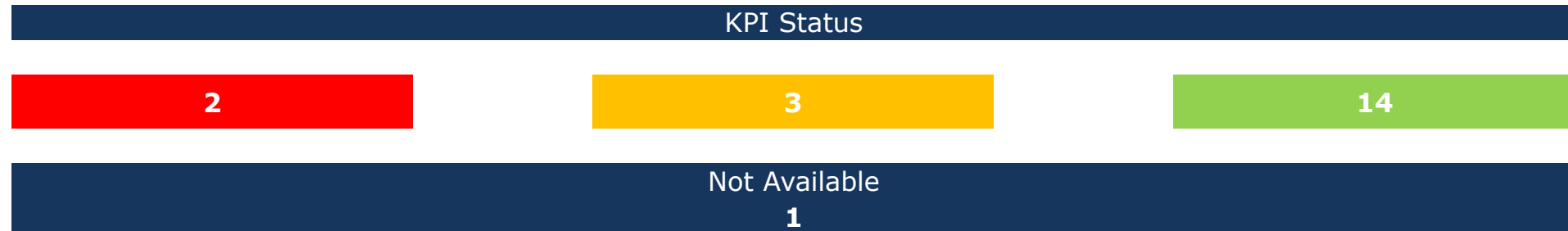
POWYS TEACHING HEALTH BOARD

Period 1st January 2025 – 31st March
2025

Lewis Raychelle
13/05/2025 16:39:38

*Delivering Value, Innovation
and Excellence through
Partnership*





Points of Contact

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)

Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

Lewis Raycheal
13/05/2024 11:39 AM

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2025.

As part of the approval of our Year 1 of our IMTP for 2024-25, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 4 performance for the organisation was generally on target with 14 out of 20 KPIs showing as green.

Further action will continue to be taken forward to address the performance in areas of underperformance.

Of the 5 KPIs that did not achieve the targets:

- 3 are the responsibility of the health organisation.
- 2 are a combination of both NWSSP and our customer's processes.

NWSSP continue to support the organisation in relation to recruitment performance.

Heads of Audit and Heads of Procurement continue to work with key individuals within the organisation to improve delivery against targets.

Accounts Payable – The non-NHS Public Sector Payment Policy (PSPP) - Information on the payment of non-NHS invoices within 30 days is currently unavailable. An updated report on the PSPP will be issued once it becomes available.

Lewis, Raychelle
13/05/2025 16:39:38

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments

The indicative financial benefits arising in the period April – March 2025 for the organisation is £1.9M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.17
Procurement Services	0.39
Legal & Risk Services	1.32
Accounts Payable	0.05
Oxygen Finance – PSP	0.01
Counter Fraud Services	0.00
Total	1.94

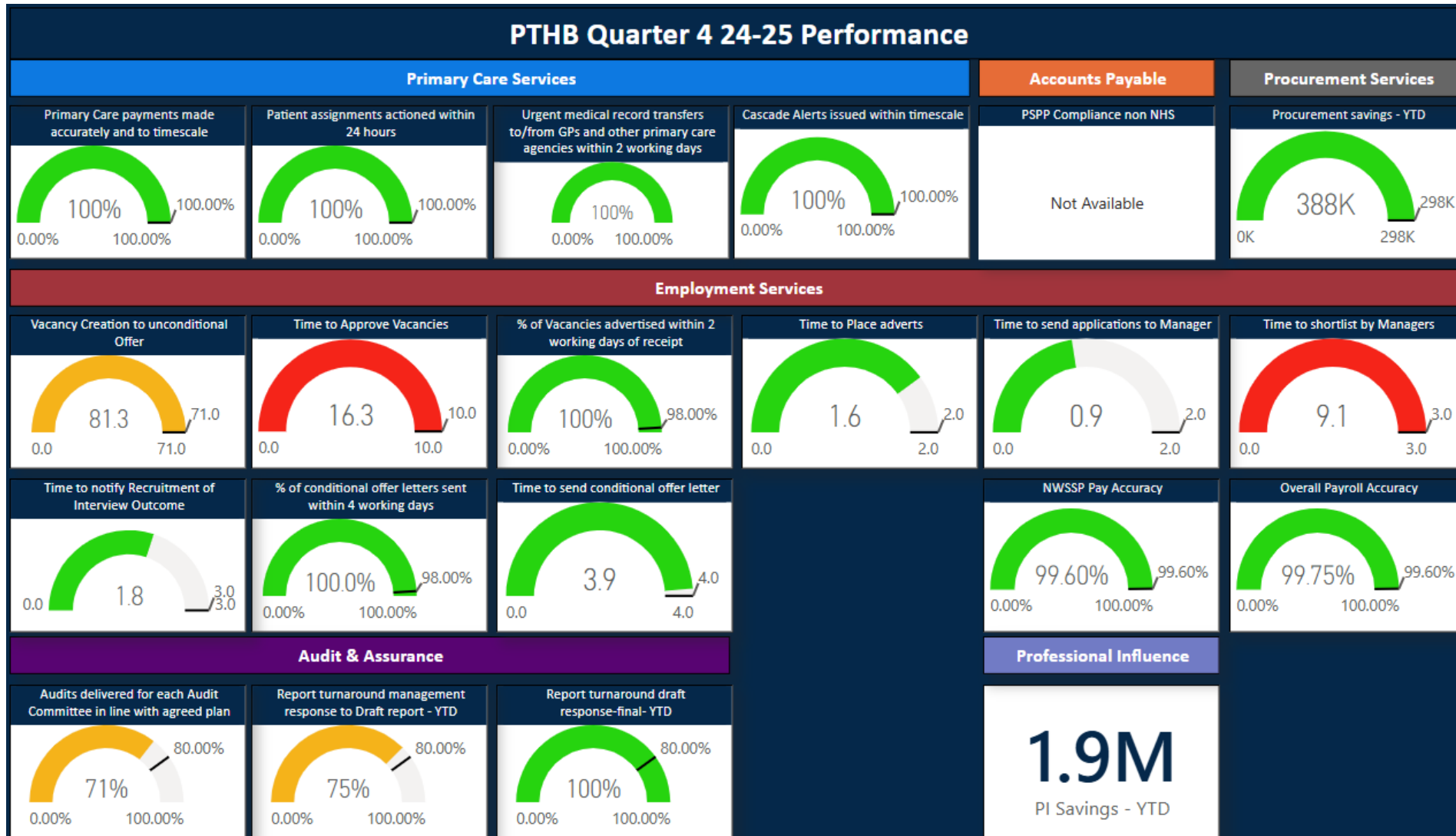
Appendix 1 to this report provides the March performance for your health organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st March 2025.

Appendix 2 provides March performance against All Wales KPIs which cannot be attributed to a specific health organisation but report an All-Wales position with comparison data for the rolling twelve-month period to 31st March 2025.

Appendix 3 then highlights the position for all health organisations at the end of March 2025.

Appendix 4 highlights the Outcome measures reporting we have been working on at the end of March 2025.

Lewis, Raychelle
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Lewis, Raychelle
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Action Plan for Lead Indicators

There were two KPIs showing as red for the in-month March position.

There were three KPIs showing as amber for the in-month March position.

Lewis Raychelle
13/05/2025 16:39:38

PTHB High Level - KPIs Mar 2025						
	Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%			67%	71%	
% of audit outputs in progress		15%	27%	20%	25%	
Report turnaround management response to Draft report - YTD	80%	Not Applicable	50%	67%	75%	
Report turnaround draft response-final- YTD	80%	Not Applicable	100%	100%	100%	

What is happening?

Audits delivered for each Audit Committee within agreed plan (Excluding external reasons) – Previously reported as a binary "Yes" or "No," this new metric measures the percentage of audits delivered.

Audits reported to agreed Audit Committee failed the 80% target reporting 71% during March. 10 of the 14 reports were submitted on time.

Report Turnaround management response to Draft report-YTD missed the 80% target during March reporting 75%. 9 of the 12 reports were completed within that time frame. This KPI is dependant on the organisation.

What are we doing about it?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

PTHB High Level - KPIs Mar 2025		Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Organisation KPIs Recruitment							
% of vacancy creation to unconditional offer within 71 days			82.9%	51.3%	56.0%	41.4%	
Vacancy creation to unconditional offer	71 days		58.5	70.9	70.2	81.3	
% of vacancies approved within 10 working days			87.2%	91.2%	66.7%	43.2%	
Time to Approve Vacancies	10 days		6.1	6.6	8.2	16.3	
% of vacancies shortlisted within 3 working days			54.1%	41.5%	32.1%	36.4%	
Time to Shortlist by Managers	3 days		6.0	7.2	9.2	9.1	

What is happening?

Vacancy creation to unconditional offer failed to meet the 71-day target reporting taking 81.3 days during March. Time to approve vacancies seen a decline this quarter reporting taking 16.3 days against the 10-day target. Time to shortlist by Managers also failed the 3-day target reporting taking 9.1 days during March.

Out of 29 appointees, 17 took between 72 and 163 days to process end to end.

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

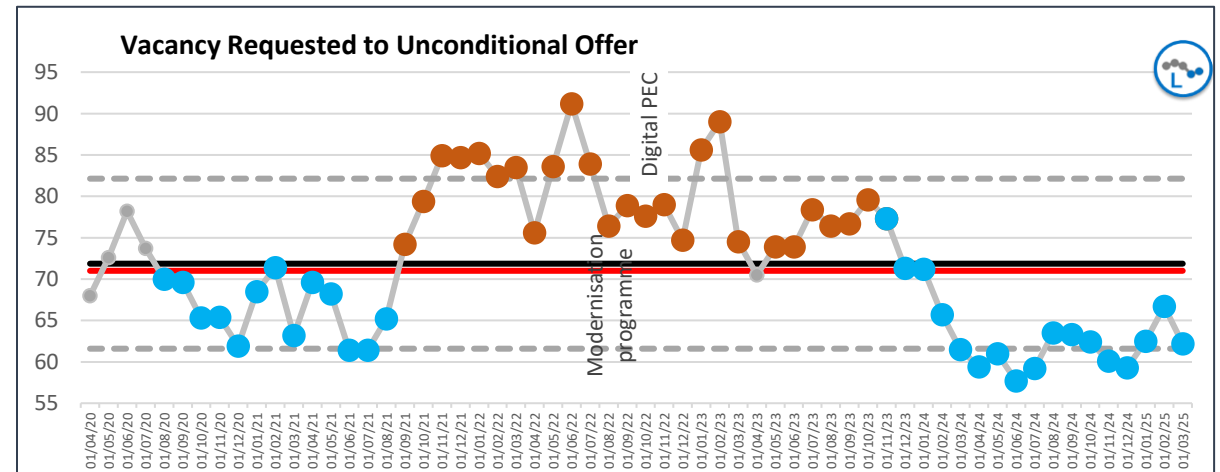
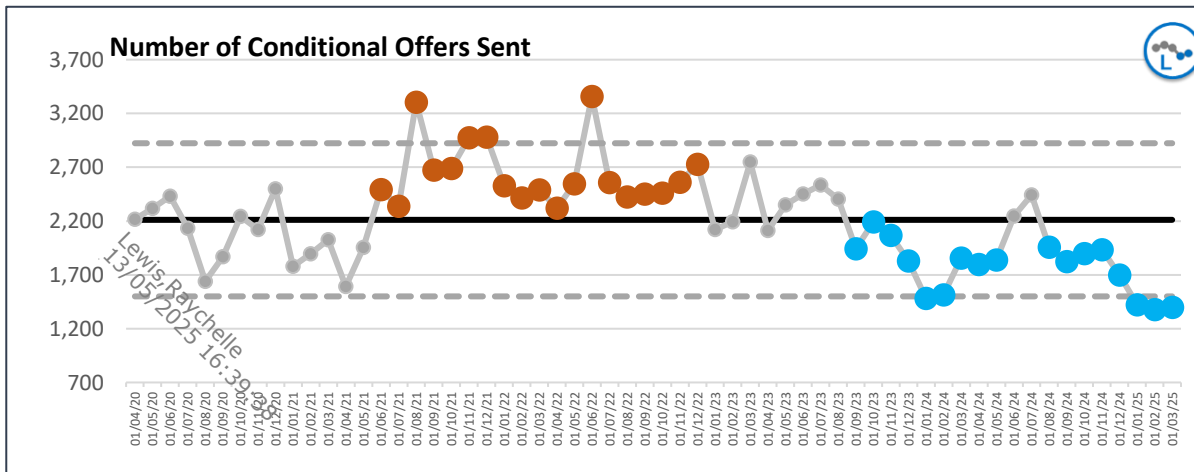
What are we doing about it?

The Recruitment team continue to work with managers and organisations in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

Good progress has been made on the cleansing of older records in the system, there are still some older records in the system, these will continue to impact on the time to hire.

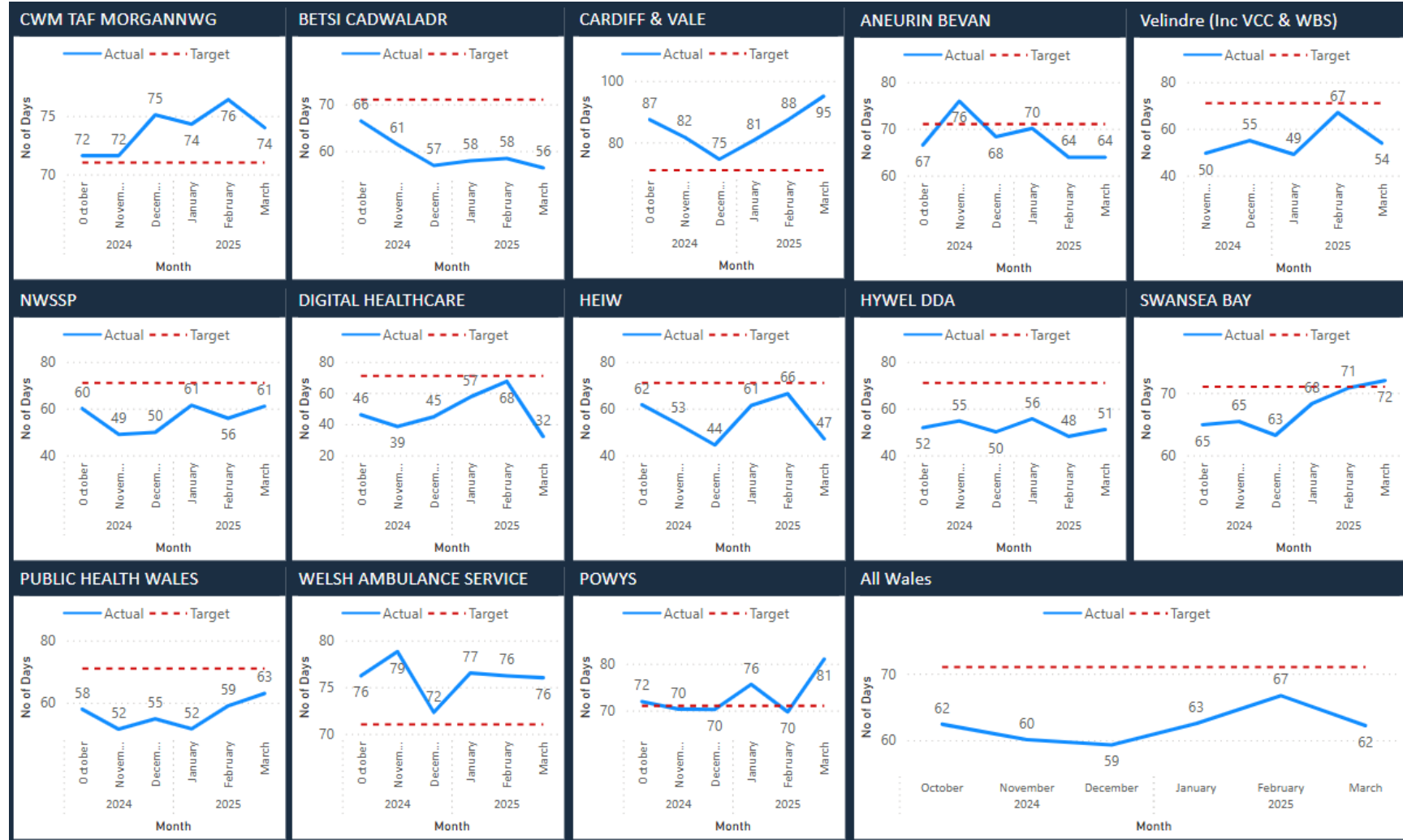
Employment Services – Recruitment

Recruitment	Vacancy Creation to Unconditional Offer														Trend
	Org	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
AB	71	70	68	69	72	67	69	67	76	68	70	64	64	↔	
BCU	71	63	68	65	69	71	66	66	61	57	58	58	56	↑	
CV	71	87	84	76	78	82	85	87	82	75	81	88	95	↓	
CTM	71	67	64	66	70	74	71	72	72	75	74	76	74	↑	
HD	71	51	49	50	51	52	55	52	55	50	56	48	51	↓	
HEIW	71	55	51	52	50	51	55	62	53	44	61	66	47	↑	
DHCW	71	48	57	37	45	34	43	46	39	45	57	53	32	↑	
NWSSP	71	46	55	56	56	62	63	60	49	50	61	56	61	↓	
PTHB	71	68	66	59	59	78	71	72	70	70	76	70	81	↓	
PHW	71	55	54	47	48	54	55	58	52	55	52	59	63	↓	
SBU	71	61	57	57	58	62	60	65	65	63	68	71	72	↓	
VEL	71	49	49	56	56	65	58	51	50	55	49	67	54	↑	
WAST	71	73	94	65	65	71	70	76	79	72	77	76	76	↑	
All Wales	71	59	61	58	59	64	63	62	60	59	63	67	62	↑	



Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations Oct 24 – March 25.



Vacancy Creation to unconditional offer

Lewis, Raychelle
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Appendix 1 – Performance for the period to 31st March 2025



PTHB High Level - KPIs Mar 2025	Target	30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Financial Information						
Professional Influence Savings - YTD		£0.273 m	£0.444 m	£0.714 m	£1.935 m	
Employment Services						
Payroll services						
NWSSP Pay Accuracy	99.6%	100.00%	99.86%	99.75%	99.96%	
Overall Pay Accuracy	99.6%	99.96%	99.73%	99.68%	99.75%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		82.9%	51.3%	56.0%	41.4%	
Vacancy creation to unconditional offer	71 days	58.5	70.9	70.2	81.3	
% of vacancies approved within 10 working days		87.2%	91.2%	66.7%	43.2%	
Time to Approve Vacancies	10 days	6.1	6.6	8.2	16.3	
% of vacancies shortlisted within 3 working days		54.1%	41.5%	32.1%	36.4%	
Time to Shortlist by Managers	3 days	6.0	7.2	9.2	9.1	
% of interview outcomes notified within 3 working days		77.4%	70.0%	81.3%	78.3%	
Time to notify Recruitment of Interview Outcome	3 days	2.2	3.2	1.8	1.8	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	95.00%	100.0%	96.9%	100.0%	100.0%	
Time to Place Adverts	2 days	1.7	1.9	1.9	1.6	
% of applications moved to shortlisting within 2 working days of vacancy closing		98.8%	82.0%	100.0%	100.0%	
Time to Send Applications to Manager	2 days	1.1	0.9	0.9	0.9	
% of conditional offer letters sent within 4 working days	95.00%	93.6%	100.0%	100.0%	100.0%	
Time to send Conditional Offer Letter	4 days	3.8	3.7	3.9	3.9	
Procurement Services						
Procurement savings - YTD		Target £0.094m Actual £0.153m	Target £0.192m Actual	Target £0.200m Actual £0.392m	Target £0.298m Actual £0.388m	
Accounts Payable						
Invoices older than 30 days not disputed		402	258	255	237	
% Invoices on hold not disputed over 30 days		54%	40%	36%	48%	
PSPP Compliance non NHS	95%	94.6%	90.9%	92.2%	Not Available	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other Primary Care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%			67%	71%	
% of audit outputs in progress		15%	27%	20%	25%	
Report turnaround management response to Draft report - YTD	80%	Not Applicable	50%	67%	75%	
Report turnaround draft response-final- YTD	80%	Not Applicable	100%	100%	100%	

Lewis, Raychelle
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Appendix 2 – All Wales Performance for the period to 31st March 2025

ALL WALES KPIs		30/06/2024	30/09/2024	31/12/2024	31/03/2025	Trend
Primry Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.70%	99.72%	99.77%	99.84%	/
Prescriptions processed (Apr - Jan)	£72.68m	7.28m	21.9m	43.2m	73.1m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	96.4%	98.0%	97.7%	98.9%	
CTeS						
P1 incidents raised with the Central Team Are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	99%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	94.35%	97.96%	90.82%	96.47%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory		100%	100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory		100%	100%	100%	100%	
% delivery of Audited reports on time (Commercial)	87%	100%	100%	100%	100%	
% delivery of Audited reports on time (NHS)	87%	N/A	N/A	N/A	100%	
Pharmacy Technical Services						
Service Errors	<0.5%	0	0	0	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	90%	89%	88%	95%	94%	
Microbiological contact failure points	85%	97%	97%	100%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	1	0	

Lewis Raychelle
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Appendix 3 – Health Org Performance comparison 31st March 2025

KPIs Mar 25	KFA	Target	SB	AB	BCU	C&V HEALTH ORG KPIs Financial Information	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
Professional Influence Savings- YTD	Our Value		£48.014 m	£46.437 m	£68.142 m	£73.857 m	£33.548 m	£18.171 m	£3.678 m	£1.935 m	£1.521 m	£4.246 m	£0.188 m	£0.284 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.97%	99.99%	99.97%	99.89%	99.91%	99.96%	100.00%	99.96%	99.90%	99.98%	99.87%	99.76%
Overall Pay Accuracy	Our Services	99.6%	99.83%	99.92%	99.81%	99.84%	99.74%	99.89%	100.00%	99.75%	99.62%	99.73%	99.87%	99.84%
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
Orgalisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	72.2	64.0	56.4	94.5	74.1	50.8	63.2	81.3	67.7	75.7	46.6	32.4
Time to Approve Vacancies	Our Services	10 days	13.2	6.2	4.5	9.6	19.6	7.4	5.0	16.3	1.1	10.3	10.0	0.1
Time to Shortlist by Managers	Our Services	3 days	10.0	5.5	4.9	5.1	7.2	1.2	6.2	9.1	15.2	19.5	7.4	4.8
Time to notify Recruitment of Interview Outcome	Our Services	3 days	5.8	3.3	2.8	1.4	3.4	1.6	2.7	1.8	2.6	2.1	1.0	1.8
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.7	1.9	1.5	1.9	1.9	1.8	1.6	1.6	1.5	1.7	2.0	1.4
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.1	1.0	0.9	1.0	1.0	1.2	1.2
Time to send Conditional Offer Letter	Our Services	4 days	3.6	3.7	3.8	3.2	3.6	3.8	3.9	3.9	3.8	3.8	3.3	3.2
Calls Handling % Quarterly Average	Our Services	95%	98.6%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £2.532m Actual £3.703m	Target £6.614m Actual £7.944m	Target £3.483m Actual £4.303m	Target £5.932m Actual £9.280m	Target £3.402m Actual £3.380m	Target £3.012m Actual £4.784m	Target £0.050m Actual £0.110m	Target £0.298m Actual £0.388m	Target £0.120m Actual £0.450m	Target £0.045m Actual £0.303m	Target £0.073m Actual £0.085m	Target £0.006m Actual £0.026m
Accounts Payable														
Invoices older than 30 days not disputed	Our Services		1,937	1,682	3,177	2,811	2,336	638	679	237	673	199	48	27
% Invoices on hold not disputed over 30 days	Our Services		55%	43%	62%	64%	50%	41%	71%	48%	41%	68%	43%	52%
Call Handling% - Quarterly Average	Our Services	95%	98.6%											
PSPP Compliance non NHS	Our Services	95%	Not Available											
Audit & Assurance														
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	88%	95%	85%	60%	76%	74%	44%	71%	64%	76%	67%	92%
% of Audit outputs in progress	Our Services		26%	32%	28%	25%	38%	13%	0%	25%	57%	30%	18%	8%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	47%	33%	86%	43%	60%	81%	89%	75%	43%	64%	38%	70%
Report turnaround (10 days) draft response-final YTD	Our Services	80%	100%	100%	100%	100%	93.3.3%	100%	89%	100%	100%	100%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other Primary Care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

Appendix 4 – Outcome Reporting (Our Value)

⚙️

Our Services

Driving the pace of innovation and consistently providing high quality services

🏠

Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Services

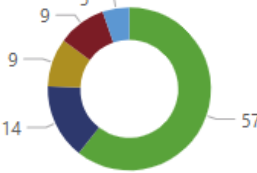
Our People

Our Value

RPA Processes

Division

- Central Te... 9
- Employm... 9
- Accounts ... 14
- Other 5
- Primary C... 57



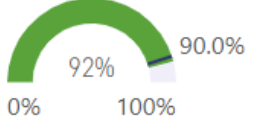
Legal & Risk Services

Case Closure Client Satisf...



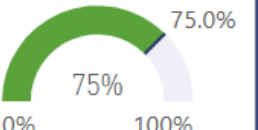
DWS

Customer Satisfaction



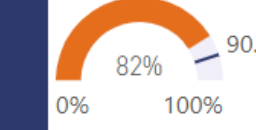
Primary Care Services

Customer Satisfaction re...



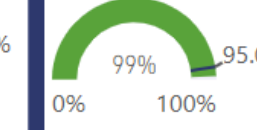
Central Team

Annual Customer Satisf...



Specialist Estates

Annual Customer Satisf...



Website Bounce Rate

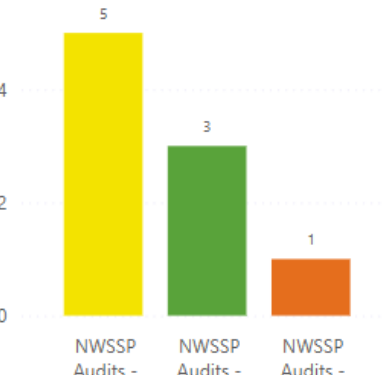
34%

Customer Service Excellence

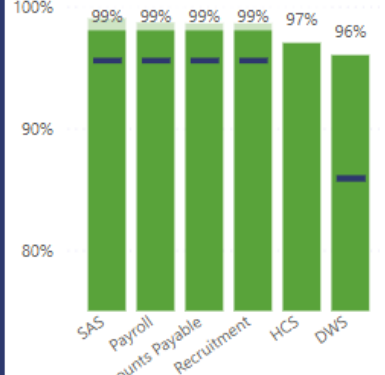
CSE Compliance Met
45

CSE Compliance P...
12

NWSSP Assurance Overview - YTD



Calls Answered



Website Users

11K

Website Page Views

32K

Website Pages - March 25 (Top 3)

1. Current Vacancies - 3,663
2. Student Award Services - 3,025
3. How do I apply for a bursary - 2,245


Lewis, Raychelle
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Delivering Value, Innovation and Excellence through Partnership

15 281/304

Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

Outcomes

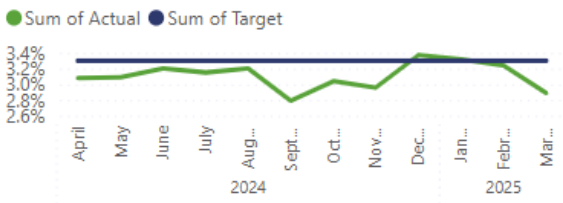
We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

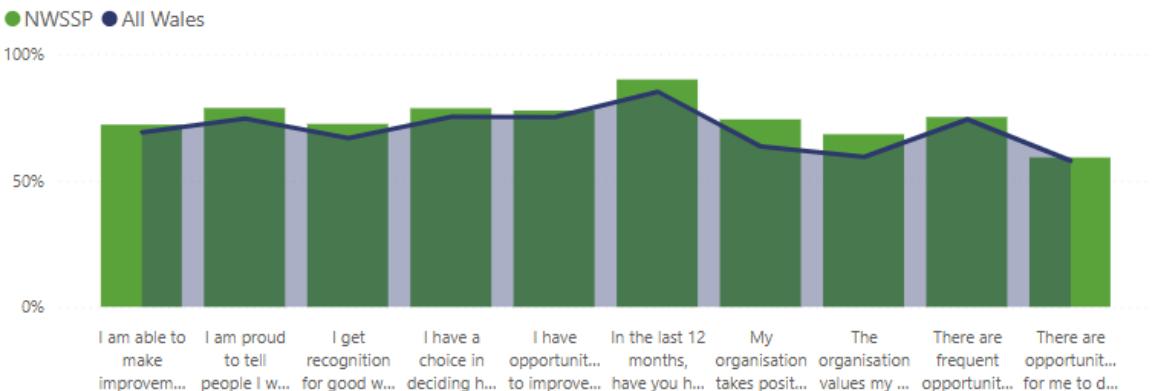
We will listen and learn from our staff to co-produce innovative solutions with our partners.

Sickness



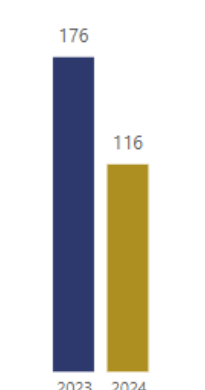
● Sum of Actual ● Sum of Target

NHS Wales Staff Survey



● NWSSP ● All Wales

Staff Award Submissions

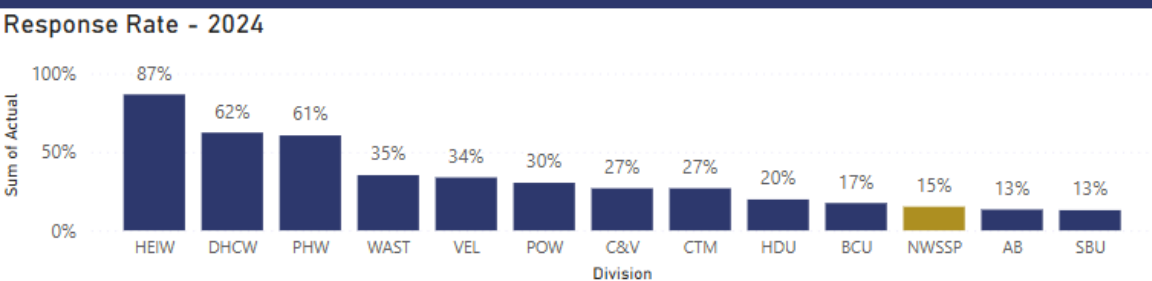


2023: 176
2024: 116

Top 3 Sickness Reasons

- Anxiety/ stress/ depression/ other psychiatric illness
- Cold, Cough, Flu - Influenza
- Other Musculoskeletal problems

Response Rate - 2024



Sum of Actual

Division

Response Rate 2024 excluding SLE

38%

Annual Turnover (Excluding SLE)

10%

March 24 - Reasons for Leaving (Excluding SLE) (Top 3)

- Voluntary
- Retirement
- End of Fixed Term Contract

Engagement Score - 2024

77%

NWSSP Internal Promotion excl SLE (October 23 - September 24)

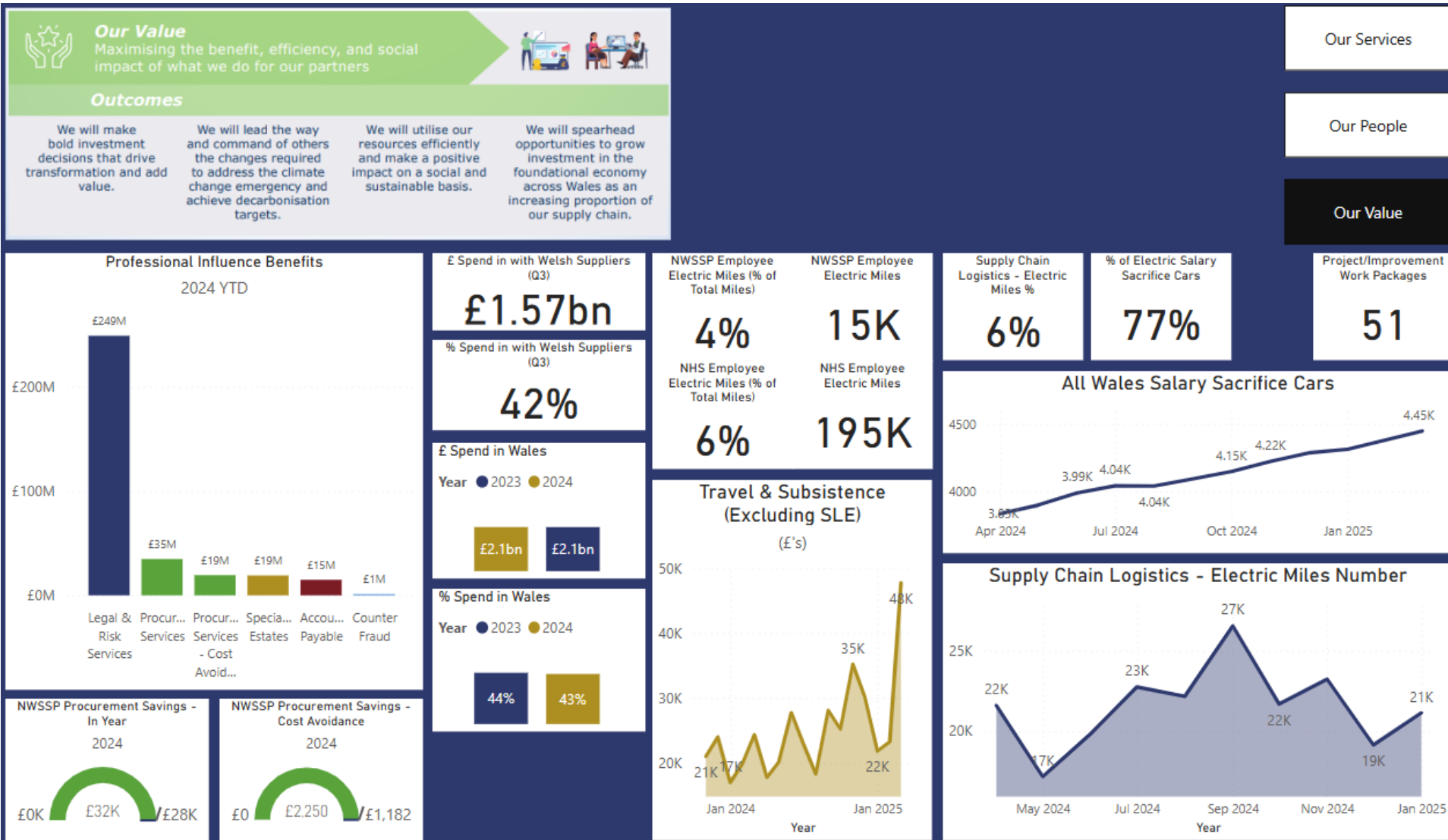
179

March 24 - Reasons for Leaving (Excluding SLE) (Top 3)

- Voluntary
- Retirement
- End of Fixed Term Contract

Lewis Raychelle
13/05/2025 16:39:08

Appendix 4 – Outcome Reporting (Our People)



Lewis, Raychelle
13/05/2025 16:39:38

Agenda Item

5.2.3

Joint Commissioning Committee

Planning, Performance & Finance Sub-Committee Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	18/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Corporate Governance
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, Lay Member
Noddwr yr Adroddiad / Report Sponsor	Jacqui Maunder-Evans, Committee Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
---	-------------------------------

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
	Click or tap to enter a date.	Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Members of the Joint Commissioning Committee (JCC) with a summary of the key issues considered by the Planning, Performance and Finance sub-committee at its meeting on 11 February 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

Llewyn Raycheir
17/03/2025 16:39:38

The Purpose and Role of the JCC and the sub-committees are set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [February 2025 – NHS Wales JCC PPF](#))

RAG Rating	Highlights
Alert / Escalate	<ul style="list-style-type: none"> The Chair and Members discussed the Terms of Reference and the adequacy of requiring only two lay members for quorum. Members agreed to review after six months to assess the effectiveness of the sub-committee.
Advise	<ul style="list-style-type: none"> The Chair welcomed members and attendees to the first JCC Planning, Performance and Finance (PPF) sub-committee meeting. The Terms of Reference and Forward Work Plan were presented. Members noted the inclusion of a HB CEO as a member rather than an attendee. Concerns were highlighted in relation to the quoracy arrangements as highlighted above. Further work on the forward work plan will be undertaken to ensure alignment with the JCC meetings and the annual plan of business and useful suggestions and feedback was provided.
Assure	<ul style="list-style-type: none"> Members were informed about the approach to risk and noted that by April 2025, risks related to planning, performance and finance would be reported to this sub-committee for review and assurance. A presentation was shared which provided members with an update on developing the Integrated Medium-Term Plan (IMTP). Members received an overview of the financial modelling scenarios as requested by the JCC at its January 2025 meeting. An assessment against the three scenarios was provided. While the JCC was in transition, an annual plan was being considered in place of a three-year rolling IMTP. The interim Chief Commissioner also provided members with an update on the submission of an Accountable Officer letter. The Month 9 Financial Performance Report and Financial Plan Update was received noting: <ul style="list-style-type: none"> £4.8 million overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £5.7 million; The risk of not receiving anticipated income for activity in NHS England was highlighted but Welsh Government (WG) had confirmed funding of £8.8 million to offset the costs related to this,

Lewis, Raychelle
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	<p>alleviating this financial risk for the current year. This funding does not alter the forecast year-end overspend position of £5.7 million.</p> <ul style="list-style-type: none"> The JCC Performance Report for Month 8 was received. The combined legacy approach to performance reporting (WHSSC/EASC formats) remains transitional and a new JCC Performance Management Framework and performance report is under development for 2025/2026.
Inform	<ul style="list-style-type: none"> Members noted updates on Implementation of Legacy Plans for Quarter 3. It was noted that this report would also be shared with WG for assurance on delivery. Members noted the WG Strategic Development and Planning Guidance for 2025/2028. The national requirements and areas of JCC responsibility were highlighted as well as the importance of aligning with the planning framework.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below:

Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report. Choose an item.

5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the highlights outlined in Section 3 of this report.

Lewis, Raychelle
13/05/2025 16:39:38



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Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (April 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
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
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
OOO	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
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

Lewis, Raychelle
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Health Board

Agenda item: 7.5

Planning, Partnerships and Population Health Committee **Date: 19 May 2025**

Subject:	Planning, Partnerships and Population Health Committee Annual Report 2024/2025
Presented & Approved by:	Helen Bushell, Director of Corporate Governance/Board Secretary
Prepared by:	Corporate Governance Business Officer
Other Committees and meetings considered at:	N/A

PURPOSE:
The purpose of this report is to provide the Planning, Partnerships and Population Health (PPPH) Committee Report for 2024/2025.

RECOMMENDATION(S):
It is recommended that the Planning, Partnerships and Population Health Committee:

- **CONSIDER** the Planning, Partnerships and Population Health Committee Annual Report for 2024/2025 summarising the key areas of business activity undertaken;
- **TAKE ASSURANCE** that the PPPH Committee is fit for purpose and operating effectively in fulfilling its terms of Reference;
- **RECOMMEND** the report to the Board for the 21 May 2025 meeting.

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	Y
4. Enable Joined up Care	Y
5. Develop Workforce Futures	Y

6. Promote Innovative Environments	Y	
7. Put Digital First	Y	

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6. Planned Activity in 2025/26	10

Lewis, Raychelle
13/05/2025 13:37:38

1. Introduction

The Planning, Partnerships and Population Health Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Planning, Partnerships and Population Health Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Planning, Partnerships and Population Health Committee were reviewed and agreed by the Board in March 2024. The purpose of Committee is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.

a. Committee will seek assurances:

- on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
- on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
- that services are improving efficiency and productivity, and financial plans are being delivered;
- risks are suitably identified, mitigated and residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

The Committee will play a key role in monitoring the achievement of the Board strategic aims, objectives and priorities and will:

Strategic Planning

- a. Seek assurance that the health board's Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Plan
- b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives
- c. Seek assurance that the health board's arrangements for engagement and consultation in respect of service change matters are robust and effective
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Strategic Commissioning Framework is robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

- a. consider the development of strategies and plans developed in partnership with key strategic partners
- b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

- a. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- b. consider plans for whole-system pathway development and re-design;
- c. seek assurance on the adequacy of programmes to promote healthy lifestyles to the Powys population;

- d. seek assurance on the work of the Health Board to reduce health inequalities.

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2024/25 was:

Name	Role	Attendance
Rhobert Lewis	Independent Member (General) and Committee Chair	3/5
Ian Phillips	Independent Member (Vice Chair until August 2024)	1/2
Simon Wright	Independent Member	3/4
Kirsty Williams	Independent Member (Vice Chair from August 2024)	3/5
Jennifer Owen Adams	Independent Member	4/5
Ronnie Alexander	Independent Member (General)	4/5
Ian Thomas	Independent Member (to ensure quorum)	1/1
Mick Giannasi	Independent Member (to ensure quorum)	1/1

2.2 Others in Attendance

During 2024/25, the following staff attended the Committee:

Name	Role	Attendance
Mererid Bowley	Executive Director of Public Health	5/5
Nicola Johnson	Executive Director of Performance and Commissioning (from 07.10.2024)	3/3
Stephen Powell	Executive Director of Performance and Commissioning (until 18.10.2024)	3/3

Pete Hopgood	Executive Director of Finance, Capital and Support Services	3/5
Claire Madsen	Executive Director of Allied Health Professions, Therapies, Health Sciences and Digital	4/5
Claire Roche	Executive Director of Nursing, Quality, Womens and Family Health	3/5
Debra Wood Lawson	Executive Director of People and Culture	3/4
Elaine Lorton	Executive Director of Primary, Community Care & Mental Health	2/3
Helen Bushell	Director of Corporate Governance/Board Secretary	4/5

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas was also invited to attend every meeting and attends at least annually.

The Chair of the Board, Carl Cooper, attended three meetings. The Chair has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2024/25 the Committee met four times with a fifth meeting joint with Delivery and Performance Members and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

Lewis, Raychelle
13/05/2025 13:38

3. Activity in 2024/25

3.1 Main Areas of Committee Activity 2024/25

ITEMS FOR ASSURANCE	
Strategic Change Report and Engagement Report	Each meeting
NWSSP Performance – Year End	May 2024
Whole Systems Approach to prevention of obesity	May 2024
Weight Management Pathway	May 2024
Healthy Child Wales Programme Evaluation Health Visiting Programme	May 2024
Deep Dive – Diabetes Part 2	May 2024
Annual Report of Director of Public Health	May 2024
Primary Care Cluster Plans	May 2024
Additional Learning Needs update	May 2024, February 2025
Committee Risk Register	Each Meeting
Committee Work Programme	Each Meeting
Winter Respiratory Vaccination Update	August 2024
Transformation – Better Together Update	August 2024
Tobacco Control	August 2024
Integrated Plan 2025/2026 Development and Draft Maturity Matrix	November 2024
Transformation and Change	November 2024
Winter Plan 2024/2025 & Respiratory Vaccination Campaign	November 2024
Oral Health-Design to Smile Programme	November 2024
Child Immunisation Annual Report	November 2024
Local and National Civil Contingency Arrangements	November 2024
NWSSP Mid-Year Performance Report	November 2024
Regional Partnership Board – Approach to Annual Delivery Planning	February 2025

Transformation - Better Together	February 2025
North Powys Wellbeing Programme	February 2025
Summary of Screening Programmes	February 2025
Health Protection Summary report	February 2025
Endoscopy Services Update	February 2025
NWSSP Performance Report	February 2025
ITEMS FOR INFORMATION	
Internal Audit Reports: <ul style="list-style-type: none"> • Integrated Plan Development Report • Board and Committee Structure/Effectiveness 	November 2024, February 2025
CORPORATE GOVERNANCE	
Committee Risk Register	Every meeting
Committee Work Programme	Every meeting
Communications and Engagement Report	December 2024
IN-COMMITTEE ITEMS	
North Powys Wellbeing Programme	August 2024
Corporate Risk Register	Every meeting

Lewis, Rachelle
13/05/2025 10:38

3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024/25, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board. The reporting template was developed in year and made consistent across all committees.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need to reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk-based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast-moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2025/26.

6. Planned Activity in 2025/26

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

Lewis, Raychelle
13/05/2025 10:38