



PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD AT 10.00 ON THURSDAY 20 NOVEMBER 2025 VIA MICROSOFT TEAMS

Present:		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Stephen Elliot	SE	Independent Member (Committee Vice-Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
In Attendance:		
Mererid Bowley	MB	Executive Director of Public Health
Tessa Craig	TC	Principal Health Promotion Specialist
Tracey Deacon	TD	Head of Service: Public Health Programmes and Projects
Stella Gwynne	SG	Deputy Board Secretary
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Sam Ruthven-Hill	SR-H	Assistant Director of Planning
Raychelle Lewis	RL	Corporate Governance Officer
Apologies for absence:		
Lucie Cornish	LC	Director of Improvement and Transformation
Carl Cooper	CC	Board Chair
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Wayne Tannahill	WT	Associate Director of Capital, Estates & Property
Hayley Thomas	HT	Chief Executive

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/25/043)

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

1.2 DECLARATIONS OF INTEREST & BOARD MEMBERS REGISTER OF INTERESTS (PPPH/25/044)

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

2. CONSENT BUSINESS AGENDA

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

3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

3.1 UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 19 MAY 2025 (PPPH/25/045)

The Committee **APPROVED** the minutes of the meeting held on 14 August 2025, as an accurate record subject to the following amendments:

3.2 COMMITTEE ACTION LOG(PPPH/25/046)

The Committee Action Log was received. PPPH/25/033 Regional Partnership Board (RPB) Plan update in response to the Audit Wales Recommendations and Statutory responsibilities under the Well-being of Future Generations Act was recommended for completion (action closed).

The Committee **APPROVED** the extension of two target dates to the February 2026 meeting of the Committee:

- PPPH/24/038 (Strategic Change Report) – National Standards for Palliative Care
- PPPH/25/006 (Strategic Change Report) – Six-month Evaluation Framework Report

The Committee **RECEIVED** and **AGREED** the updates provided for implementation of the actions within the Action Log.

3.3 Integrated Plan 2025/26 Development and Draft Maturity Matrix (PPPH/25/047)

The report outlined the Planning and Strategy Maturity Matrix, supplied by Welsh Government as part of Level 4 escalation. The Committee were informed that the matrix had undergone significant revision since August 2025, expanding from a concise format with six domains to a detailed 37-page self-assessment. The revised version required scoring across 24 aspects, each with multiple criteria, as well as both individual and overall judgement scores for each domain. The scoring guidance provided was described as extremely rigorous, with progression to higher levels only permitted if all lower-level criteria were fully met. This process was considered rate limiting, as some criteria related to developments not yet completed, such as a clinical services plan.

The technical nature of the paper aimed to clarify the differences from previous versions and the rationale behind altered scores. Key actions were summarised to prevent them being overlooked in the lengthy document. The matrix exercise remained meaningful for organisational maturity and planning, with relevant updates integrated into the planning approach. The completed self-assessment was scheduled for submission to Welsh Government by the end of November 2025.

Independent Members asked the following questions for assurance:

It was requested that the labels A, B, C, which appeared at the beginning of the document, along with any potential individual theme labels such as A1 and A2, were

used consistently throughout to facilitate clearer discussions at the Board and to avoid any confusion.

Action: To be completed by Board November 2025 (S RH)

When developing the commissioning intentions, are we considering some form of demand and capacity work to determine our commissioning requirements, even though we are not a significant provider?

Assurance was given to the Committee that the Welsh Government relies on set criteria when reviewing PTHB responses, especially on demand and capacity planning. However, these criteria don't always match how the Health Board operates, since it doesn't have a District General Hospital (DGH). Despite this, PTHB demonstrates good practice particularly in North Powys and highlights these achievements in discussions with Welsh Government.

It was explained to the Committee that the government had significantly reduced their previous submission, as they had for all Health Boards, which led to stricter scoring and criteria. It was noted that the four Health Boards without balanced plans, were required to submit by the end of November 2025 It was also highlighted the need for a reflection session with the Welsh Government, aiming to discuss how progress could be tracked and good practice demonstrated within strict parameters, and mentioned efforts to maintain motivation among the team.

Guidance was requested on what would be most useful to take forward to the Board as a result of the Committee discussion and whether a more in-depth conversation was required.

It was explained that the Committee's comments were welcomed and that the purpose of bringing the item to the Committee before Board submission was to invite feedback. The Committee was informed that the Executive team had already reviewed and moderated the scoring inputs, continuing with the previously agreed straightforward approach. It was highlighted on the need for comments to be received ahead of both the Board meeting and the submission to Welsh Government.

Clarity was sought about how to proceed with Risk Management and identification as described on page thirty-four. There was ambiguity over whether both level one and level two submissions were required for that item, or if a choice between the two levels was necessary.

It was explained to the Committee that uncertainty around scoring for risk management and identification relates to how the criteria reference the Integrated Medium-Term Plan (IMTP). Since there is no IMTP, it's a matter of interpretation whether level two applies. It was noted that scores across Wales have generally been moderated down, so the recommendation is to score at the lowest level and suggested reflecting this approach in the Board paper.

An explanation was sought on what is meant by the Clinical leads plan or Clinical services plan, why it had a long lead time, and what actions are within the power of Clinical Leads to address the issue?

The Committee were informed that internally, the organisation refers to the Clinical services plan as "Better Together", which represents the vision for the future organisation and delivery of clinical services. This initiative carries significant implications for commissioning and differs from other health boards, where the focus is more on hospital structures and service models. To meet the necessary requirements, it must be consulted widely and begin implementing the first phase of Better Together, a process expected to take around three years.

How can we ensure that the Health Board is presenting a comprehensive overview that includes not only the 'Better Together' clinical services plan, but also the commissioning strategy and internal efficiency work, rather than focusing solely on one element?

It was clarified that that 'Better Together' refers specifically to the Clinical services plan. It was emphasised that the need for clear terminology and explanations was needed, that the annual plan encompasses not only 'Better Together' but also responses to Welsh Government policy and other strategic drivers. Additionally, it was explained, there is ongoing work on a sustainability roadmap which includes further elements beyond 'Better Together'. It was noted about the importance of using consistent language across these three linked components and ensuring clarity in the annual plan to avoid confusion.

The Committee:

- **PROVIDED** any additional inputs on the evidence or commentaries
- **CONSIDERED and AGREED** the associated actions to ensure they are comprehensive / proportionate and appropriate
- **RECOMMENDED** the PTHB self-assessment of the Strategy and Planning Maturity Matrix to the PTHB Board.

3.4 APPROACH FOR DEVELOPMENT OF 2026/27 ANNUAL PLAN (PPPH/25/048)

The Committee were provided with an overview of the approach and process for the development of the 2026/27 Annual Plan, including draft strategic priorities and plan on a page, for consideration and discussion prior to submission to Board for approval on 26 November 2025.

The approach to the 2026-27 Annual Plan had focused on aligning with strategy, well-being objectives, and responding to escalation and insights from the draft Grant Thornton report.

Emphasis has been placed on accelerating the Better Together programme, developing a sustainability route map, and preparing for forthcoming Welsh Government guidelines. The plan aimed to combine recovery, transformation, and long-term sustainability, with decisions and priorities set for further review in the coming months.

Independent Members asked the following questions for assurance:

An explanation was sought on how the longer-term actions and projects, such as Better Together, Grant Thornton, and the targets mentioned which will take years to

fully develop will influence the one-year plan, and what is the balance between short, medium, and long-term planning within this one-year timeframe?"

It was acknowledged that while some elements of phase one required extended timelines and consultation, many actions particularly regarding community services and team integration to support patients closer to home could be implemented immediately.

It was highlighted that improvements in mental health services and planned care could also be advanced without external consultation. The intention was to accelerate as much progress as possible within the next year, despite the challenges of aligning long-term vision with an annual planning cycle. Additionally, it was noted that a companion route map would outline key actions and consequences for years two and three, while also indicating areas requiring further planning and consultation.

What are the time scales on the Grant Thornton review?

It was confirmed that a final draft report is expected by 30 November 2025, providing time for review and finalisation in early December 2025. The report should be finalised by mid-December 2025, enabling it to inform the organisation's planning for the upcoming year and beyond.

What is meant by an "acceptable annual plan"?

It was confirmed that an "Acceptable Annual Plan" refers to a plan that demonstrates a significant ability to reduce the organisation's financial deficit and move towards financial sustainability. The plan should ideally enable the organisation to meet its statutory duty to break even or achieve its control total, as expected by Welsh Government standards. Acceptability also involves showing clear progress on financial improvement and aligning with a route map to sustainability within a set timeframe. The financial and operational (annual) plans are closely integrated this ensures a single, cohesive plan reflecting both service transformation and financial requirements.

The Committee:

- **CONSIDERED, DISCUSSED** and provided any feedback
- **RECOMMENDED** the report for submission to PTHB Board, to give **ASSURANCE** on the approach and process for plan development, particularly that the Committee has had an opportunity for engagement prior to board submission.

4. ESCALATED ITEMS

There were no escalated items.

5. ITEMS FOR ASSURANCE

5.1 STRATEGIC CHANGE REPORT/ ENGAGEMENT REPORT (PPPH/25/049)

The Committee were provided with an update regarding Strategic Change programmes across Wales and England, which individually or cumulatively may have an impact on Powys residents.

An overview of recent developments was provided on an exception basis, highlighting key changes reported in the strategic change space. Completion of the consultation

on the clinical services plan was noted, with the board expecting a final decision in quarter four. Updates included:

- Engagement continued regarding further work at Neville Hall, particularly on Stroke Rehabilitation Services,
- Transformation programmes were initiated, and business cases for Llantrisant Health Park were progressing.
- Additional engagement in change programmes was underway, including community officer involvement in Tywyn Hospital. The Mid Wales Joint Committee had agreed to reflect on the decade since the Longley report, aiming to assess progress and map a future vision for rural healthcare in mid Wales.
- The judicial review process concerning the Emergency Medical Retrieval and Transfer Service (EMERTS) consultation had concluded without success for the complainants, enabling the move to implementation.

Independent Members asked the following questions for assurance:

Has the Health Board submitted its own comments regarding the key strategic changes and updates within the report, and could these be shared with Committee members, potentially in a confidential setting?

It was confirmed that the Health Board had submitted a response regarding the proposed changes, drawing on engagement from events hosted in Northwest Powys as well as its own consultations. It was mentioned that clarification would be sought as to whether further submissions had been made concerning specific changes, or if the Board concluded that those changes were not sufficiently impactful. Once available, the relevant team was expected to be able to share these responses with Committee members in confidence, as suggested.

Action: Executive Director of Planning, Performance and Commissioning

Request of further information on Llantrisant Park was requested.

Regarding Llantrisant Health Park, it was recognised its focus on elective recovery for larger Health Boards and acknowledged that travel would be challenging for Powys residents. However, it was agreed there may be future opportunities for Powys to commission services there, suggesting this should be explored further.

Do we have enough capacity to manage and influence the ongoing changes across health boards?

It was explained that, despite the introduction of new Joint Committees, current capacity was sufficient to manage the present situation, though any further increase in workload could result in being overstretched. The team's capability and prior experience contributed significantly to this capacity, particularly due to established mechanisms and past collaborative work. Good engagement across all involved parties was emphasised as important, especially regarding the purpose and progress of the Mid-Wales Joint Committee.

Assurance was also sought in regard to the Health Board's monitoring of potential issues arising from neighbouring health boards, in meetings such as the recent All

Wales Public Accountability meetings with Welsh Government. Discussion was held outside of the meeting, and it was agreed that mechanisms were in place however the complexity of the national and cross-border picture was recognised.

It was noted that discussions on rural healthcare and government influence were ongoing. The specific timeline for developments was not available, as further scoping was underway. Additionally, it was highlighted that performance assumptions and the funding required to address service backlogs would need to be clarified and tested with the Welsh government as part of future planning.

The Committee:

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

5.2 CHILDHOOD IMMUNISATION REPORT (PPPH/25/050)

The Committee received an update on the childhood vaccination uptake within Powys Teaching Health Board (PTHB) for the period 1 April 2024 to 31 March 2025, which included the results of the Teenage Immunisation Catch-Up Campaign conducted in summer 2025. The report primarily focused on vaccination performance among children under five, as dictated by the national programme.

It was highlighted that even a small number of unvaccinated children could give rise to outbreaks. The challenges posed by the growth in home education and hybrid schooling were discussed, as these arrangements can affect the ability of school nurses to administer vaccines. In response, the school nursing team has started to develop tailored approaches for home-educated children and has organised catch-up clinics during half-term, including sessions for flu vaccinations.

Independent Members asked the following questions for assurance:

Information was sought whether there are any particular areas of concern regarding gaps in achieving targets, specifically noting that shortfalls tend to be in North Powys, and seeking overall assurance about these gaps.

The Committee were informed that there are targeted actions and ongoing monitoring in place to address vaccination gaps, with no major areas of concern identified at present.

The Committee:

- Took **ASSURANCE** regarding the uptake in childhood immunisations and the actions being undertaken to maintain and / or further increase the uptake of childhood immunisations, including targeted catch-up campaigns
- **NOTED** the successful implementation of a targeted HPV vaccination catch-up campaign in August 2025 to increase uptake rates in Powys.

5.3 VAPING DEEP DIVE/TOBACCO CONTROL ACTION PLAN (ANNUALLY AT THE REQUEST OF COMMITTEE) (PPPH/25/051)

Tessa Craig/Tracey Deacon joined 11:27

MB gave an introduction and informed the Committee that for the second part of the paper TC and TD would present the vaping element.

The Committee were informed that over the past two years, Powys Teaching Health Board has provided regular updates on tobacco control efforts. The current approach focuses on reorienting services towards prevention and cessation, aiming for a smoke-free Powys by 2030 in line with the Welsh Government's vision.

The strategy outlined in the paper includes primary prevention (stopping young people from starting smoking), secondary prevention (helping smokers to quit), and broader initiatives to create smoke-free environments. Notably, a programme targeting schools has expanded, with nine schools in Powys now eligible and participating compared to just one three years ago.

Recent data show that adult smoking rates in Powys have dropped to 7%, with the overall Wales rate now at 10%. However, there is uncertainty about meeting the national target of 5% by 2030 for Wales as a whole. The Help Me Quit team is successfully supporting over 5% of smokers annually, although there are challenges with meeting targets for carbon monoxide (CO) monitoring due to the hybrid (face-to-face and telephone) model. Efforts are underway to involve local pharmacies for improved access. Additionally, the midwifery team is commended for integrating smoking questions into their routine booking process and ensuring pregnant individuals are referred for cessation support.

Independent Members asked the following questions for assurance:

Information was sought on why some schools were originally not eligible.

The Committee were informed that the 'Just Be' programme, linked to Cardiff University and Public Health Wales, selects schools based on smoking rates and deprivation. All Powys schools are now participating, despite earlier challenges.

Clarification was sought if there an update on whether Help Me Quit funding was to be extended beyond March, and if not, what were the plans to continue the service?

It was explained that only one staff member is on a permanent contract, the others are reliant on Welsh Government prevention and early years grant funding, which is set to end in March next year. The team is awaiting news within the next eight weeks about possible charity or continued government funding. Meanwhile, they are preparing to seek internal funding through the Investment Benefits Group (IBG) process and plan to discuss this within the population framework to maintain effective smoking and obesity programmes.

How has the issue of illegal tobacco in deprived Welsh communities been tackled given financial constraints, and what are potential strategies for improved engagement?

The response acknowledged the challenges in addressing illegal tobacco, especially its links to crime such as county lines. It was noted that the public health team collaborated closely with Trading Standards, who conducted test purchases in retail settings. However, there was little evidence of work directly within communities. The public health team aimed to reach communities through their smoking cessation

champions and suggested that future initiatives could involve engaging with people about illegal tobacco issues through this champions programme. At present, no substantial community-focused activities were reported.

TC and TC provided an update in regard to vaping and noted the rapid increase in vaping, particularly among young people, following the pandemic. Concerns about easy access, aggressive marketing, and rising usage rates in Wales and England were noted. While England has promoted vaping to help smokers quit, Wales focuses on helping individuals stop nicotine use entirely, especially discouraging young people from starting. Recent data shows significant numbers of young people now use vapes regularly, and schools are reporting challenges related to student addiction. The introduction concludes by handing over to Tessa to detail Powys' leading work and educational campaigns on vaping.

TC informed the Committee about recent work undertaken in response to increasing concerns from schools about vaping, highlighted through data and feedback at cluster meetings and individual school reports. A collaborative approach was described, involving partnership with health protection teams, local authorities, youth services, and school nursing. The update also covered the communications campaign, which was developed in three phases, beginning with co-produced messaging and imagery with young people. The campaign was being rolled out across all high schools, initially targeting younger students. The Committee were also shown a short film reflecting the workshop experience, which was being shared more widely as part of the ongoing educational efforts.

Clarity was sought on what was next, what was seen for the future, how the campaign might grow in the following year, and what was on the wish list that they would have loved to achieve and were aiming for next?

It was commented that trends around vaping appeared to be changing, with schools reporting fewer issues and behaviours seeming to settle. Suggestions that ongoing engagement with young people, schools, and youth services had been effective were made. It was noted that concerns had recently shifted towards chewing tobacco products like snus, which students could use discreetly. It was felt that continuing campaigns co-produced with young people remained a strong strategy and anticipated more work in the same vein.

The question was raised as to why Ceredigion and Cardiff, despite having similar population demographics or larger populations, had lower vaping uptake rates than some areas of Powys, and were those regions were doing anything differently or had lessons that could be learned?

The Committee were updated that the collaboration with colleagues in other areas had occurred during campaign development. Unlike the local approach, some regions used dedicated smoking cessation advisors addressing vaping and working directly in schools. Partnership was made with existing school agencies instead of creating a separate team. The different model provided inspiration, and the health coaching method for smoking cessation was adopted. Cardiff and Powys were described as difficult to compare, and no awareness existed of unique campaigns in Cardiff not already implemented locally.

The Committee:

- **NOTED** the contents of this briefing
- Took **ASSURANCE** about progress in delivery of actions towards achieving the Health Board's smoking cessation targets and the ambition of a smoke-free Powys and Wales by 2030, as well as proactive and innovative work to tackle the rise in vaping activity in young people.

TC/TD left 12:15

5.4 PUBLIC SERVICE BOARD ANNUAL REPORT (PPPH/25/052)

- The Committee were presented with a summary regarding the Public Service Board (PSB) annual report April 2024 to March 2025, which had been reviewed at a meeting towards the end of September. The PSB operated under a five-year well-being plan, agreed by all statutory partners three to four years earlier. The plan focused on three strategic objectives:
 - Responding to the climate emergency (led by the national park authority).
 - Adopting a whole-systems approach to healthy weight (led by the health board).
 - Improving understanding of what matters to Powys residents (led by the council).

Active participation was noted from the environment and sustainability team, with cross-over to health board initiatives. Relevant appendices were mentioned, highlighting the connection between PSB climate change work and recent committee reports. In relation to the healthy weight objective, it was noted that annual reports were usually presented in May. The local authority was also responsible for maintaining a well-being information databank to inform the PSB's needs assessment, scheduled for completion in the next twelve months.

Coordination with the Regional Partnership Board's engagement and insight group was ongoing, and a separate scrutiny process was in place. Relevant scrutiny elements had been included as appendices. The PSB had approved its annual report, and members were invited to ask questions, with the understanding that queries relating to partner agency-led areas may require follow-up.

Action: The assurance that strategic planning gives sufficient consideration to drug misuse, and that responsibilities relating to climate action are explicitly allocated and reported within committee business. Discussion is needed to identify the most suitable approach for raising and escalating this issue. SG/MB

The Committee:

- **RECEIVED** the Public Service Board (PSB) Annual Report
- Took **ASSURANCE** that the Health Board is contributing effectively to the PSB plans and requirements in delivering the agreed PSB Well-being Delivery Plan.

5.5 COMMITTEE RISK REGISTER (PPPH/25/053)

- The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the newly developed Strategic Risk Register (SRR), to

provide a summary of the significant risks to delivery of the health board's strategic objectives.

The Committee were given a summary of the November 2025 iteration of the Committee Risk register, reflecting Executive updates from October 2025. It was noted it had been reviewed by the Executive Committee and was scheduled for consideration by the Board 26 November 2025. Comprehensive updates were provided, with two notable changes in risk scoring highlighted. The score for transformation risk had increased, attributed to heightened likelihood resulting from realised risks within the Better Together programme. Conversely, the score for critical incident risk had decreased, as the likelihood had been reduced due to a robust set of controls providing substantial assurance.

Clarification was given regarding item 002, which was recorded with a score of 16 and appeared as amber rather than red. It was explained that an incorrect version had been uploaded and confirmed that the highest risk should be marked in red, with the final risk shown in amber.

The Committee:

- **RECEIVED** the Corporate Risks within the committee's remit
- **DISCUSSED** any relevant issues and;
- took **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

6. ITEMS FOR DISCUSSION

There were no items for inclusion within this section.

7. CONSENT AGENDA

7.1 COMMITTEE WORK PROGRAMME (PPPH/25/054)

The Committee **RECEIVED** the Work programme.

7.2 NWSSP Performance Report (PPPH/25/055)

(FOR ASSURANCE)

The Committee **RECEIVED** the Report.

7.3 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (PPPH/25/056)

The Committee **RECEIVED** the PTHB Glossary.

8. OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS(PPPH/25/057)

There was no urgent business raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/25/058)

No items were raised.

8.3 COMMITTEE REFLECTIONS (PPPH/25/059)

The Chair noted that all members had actively contributed to the discussion on the agenda items, especially the initial ones.

8.4 DATE OF THE NEXT MEETING (PPPH/25/060)

03 February at 10:00, via Microsoft Teams.

Meeting closed: 12:26