



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON 03 FEBRUARY 2026 HELD VIA MICROSOFT TEAMS

MEMBERS		
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	Director of Public Health
Stuart Bourne	SB	Consultant in Public Health / Public Health Medicine
Carl Cooper	CC	Board Chair
Stella Gwynne	SG	Assistant Director Corporate Governance/Deputy Board Secretary
Nicola Johnson	NJ	Director of Planning
Luke Jones	LJ	Designated Education Clinical Lead Officer (DECLO)
Mathew King	MK	Deputy Director: Therapies and Health Sciences
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Adrian Osborne	AO	Deputy Director of Communication, Engagement & Corporate Governance
Joe Wellard	JW	Regional Partnership Board Coordinator
APOLOGIES FOR ABSENCE:		
Elaine Lorton	EL	Executive Director of Primary Care, Community & Mental Health
Hayley Thomas	HT	Chief Executive Officer
Debra Wood-Lawson	DW-L	Executive Director People, Culture and Transformation
1. PRELIMINARY MATTERS		
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/25/061)		
The Chair welcomed everyone to the meeting. Apologies for absences were received as recorded above.		
1.2 DECLARATIONS OF INTEREST (PPPH/25/062)		
No declarations of interest were received in addition to those already recorded on the register.		
2. CONSENT AGENDA BUSINESS		

The Chair asked Members if they wished to bring forward any items from the Consent agenda to the main agenda.

No items were requested for inclusion in the main agenda.

3. ITEMS FOR APPROVAL / RATIFICATION

3.1 MINUTES OF PREVIOUS MEETING (PPPH/25/063)

The minutes of the meeting held on the 20 November 2025 were **CONFIRMED** as an accurate record, subject to the following amendments:

- Members' surname spelling error in attendance list (page 1)
- PPPH/25/049 – Strategic Change Report, page 6, the query 'Has the Health Board submitted its own comments regarding the key strategic changes.' It was noted that the associated Action should be included in the Committee Action Log.
- PPPH/25/049) p. 6 – Clarification on question response

3.2 ACTION LOG (PPPH/25/064)

The Committee **RECEIVED** the Action Log, and the following updates were provided:

PPPH/25/006 - Six-month Evaluation Framework report regarding Cwm Taf Morgannwg Stroke Temporary Service Change – Verbal update provided by NJ updating the Committee about the focus on the ongoing review and reporting of stroke services. It was suggested that a revisit of this area had previously been agreed and consolidation of all information relating to stroke services placed into a dedicated section of the strategic change report, rather than producing a separate document. This approach was intended to bring together the distributed information from various organisations and, if successful, would be adopted for future reporting.

The Committee **APPROVED** the extension of the following action target date to the May 2026 meeting of the Committee:

- PPPH/24/038 Strategic Change Report (Palliative Care)

The Committee **APPROVED** the closure of the following Actions:

- PPPH/25/047 Integrated Plan 2025/26
- PPPH/25/052 Public Service Board

4. ESCALATED ITEMS

4.1 ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK – LEVEL 4 PLANNING COMPONENT (PPPH/25/065))

NJ presented the report to the Committee and drew attention to the strategic and planning developments including a whole-board approach, Senior Responsible Officer (SRO) appointments, and ongoing engagement with Welsh Government. The 'Better Together' initiative had progressed, as noted in the January 2026 annual plan update.

The route map and strategy, including extending the Powys Health and Care Strategy to 2029, had been updated and approved by the Board. The Chief Executive Officer (CEO) had sent an Accountable Officer (AO) letter to Welsh Government in December 2025 regarding the plan delivery and finances, with the response still awaited. A further letter was supported for February 2026 to aid next year's financial planning. Grant Thornton's external analysis was

referenced, with an interim update received by Board members and a version suitable for wider publication expected in March 2026. The planning maturity matrix was submitted, with Welsh Government feedback emphasising its use for improvement. Ongoing collaboration with Welsh Government to improve planning and escalation was noted.

Independent Members asked the following questions for assurance:

Clarification was sought on the frequency of WG and PTHB meetings, and whether it was felt they lead to progress?

NJ noted that progress is reflected in the Annual Plan and through the Board reporting arrangements'

What there any indication of when a response from WG in response to the AO letter might be received, and would this be shared with Board members?

It was noted that based on the most recent feedback from the Director of Planning at Welsh Government the response was anticipated imminently. It was confirmed that the letters are shared with the Board.

What was the governance process for receiving the Grant Thornton reports, and would a formal management response be prepared and signed off by the Board, in the context of the Board's next meeting at the end of March 2026 and due to also consider the Annual Plan?

The concerns regarding the governance process for receiving the Grant Thornton reports were acknowledged, and it was agreed that a more formal approach before inclusion in the Annual Plan would be preferable. Discussions would take place to explore whether a Committee could review the report prior to the Board. It was agreed that this matter would be followed up outside the meeting.

Action: Director of Planning/Director of Corporate Governance/Board Secretary

The Committee:

- **RECEIVED** the report, and
- took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria (planning and strategy aspects).

5. ITEMS FOR ASSURANCE

5.1. ANNUAL PLAN (PPPH/25/066)

NJ gave the Committee a verbal update on key areas of the Annual Plan, and noted that the Board had already received the strategic framework update:

- A letter was approved for submission to WG on 13 February 2026, which highlighted the projected inability to achieve financial balance.
- Planning was ongoing despite delays in receiving the NHS Wales Performance Framework and productivity model, which caused some uncertainty.
- Work was continuing on savings and financial planning, with alignment to the Grant Thornton report expected by the end of the week.

- Medium-term planning and the route map would be presented to an additional Board Development session in February 2026, instead of the originally planned session, due to the timing of the Grant Thornton report.

The Committee took **ASSURANCE** from the update provided by the Director of Planning, Performance and Commissioning on the Annual Plan

5.2. STRATEGIC CHANGE REPORT AND ENGAGEMENT REPORT (PPPH/25/067)

NJ and AO presented the report to the Committee and drew attention to the recommended options from Hywel Dda University Health Board (HDUHB) Clinical Services Plan which would be presented to the Board on 18/19 February 2026, with PTHB monitoring potential impacts on patient flows, especially stroke care for north Powys.

It was noted that lessons learned from planning and consultation were shaping PTHB's 'Better Together' programme. Changes to Positron Emission Tomography Computed Tomography (PET CT) scanner access in Wrexham mean some Powys patients would travel further, with ongoing discussions about permanent provision in North Wales. PTHB continued regional involvement and a review of the Mid Wales Committee is forthcoming. HDUHB's updated proposals and consultation outcomes will be considered at their Board meeting on 18/19 February 2026, with further updates on Emergency Medical Retrieval and Transfer Service (EMERTS) expected soon. No further public engagement was planned until summer, except for key decisions regarding HDUHBs Clinical Services Plan and the PET CT business case.

Independent Members asked the following questions for assurance:

Was there mention of the scale of change happening across NHS Wales, not just in Powys, when engaging the public about our Better Together programme?

AO explained that PTHB continued to reassure the public during engagement events by collaborating with neighbouring Health Boards, sharing information relevant to local communities, and holding joint events such as the forthcoming session with Shrewsbury and Telford Hospital NHS Trust (SaTH) in Newtown. The efforts to keep communications targeted and current were highlighted, using tools such as the government delivery mail service to share updates with subscribers based on their locality. The complexity of coordinating service changes across Wales was noted.

How had PTHB incorporated consultation outcomes and developments from other Health Boards into its own strategic plans and transformation programmes?

NJ explained that the paper aimed to provide oversight and act as a strategic planning tool, especially through annual planning and the Better Together initiative. Tracking changes was unique to the Health Board and was crucial for planning for the local population due to Powys' complex nature. The team ensures local feedback is gathered and used, enabling proactive responses. Decisions about service patterns and potential alternative providers will be made from a commissioning perspective as options become clearer. The extended timeline allows for more planning and engagement.

What mechanisms are in place within the organisation to track progress around addressing issues that are subject to escalation?

NJ outlined that monitoring and oversight procedures were established within the Integrated Quality and Performance Framework (IQPF). Meetings were held with providers through Commissioning Quality Performance Review sessions, and findings were escalated to the Commission Oversight and Assurance group (COAG), particularly regarding quality issues. Service concerns, such as those identified with Aneurin Bevan University Health Board, were addressed through this process. Reporting from the oversight group to Executive teams on key issues had commenced, providing a structured mechanism for oversight as part of performance management in commissioning relationships.

The Committee:

- **NOTED** the report, and
- **DISCUSSED** the content.

5.3. PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK REPORT (PPPH/25/068)

10:45 CL joined

CL presented the report highlighting annual and biannual reporting, strengthened collaboration between partnership coordinators, and significant changes to the Regional Partnership Board, including new regulations and accountability measures.

Key areas covered included the addition of a schedule for voluntary partnerships, the need for robust exit planning from Regional Integration Fund (RIF) funded projects, current funding streams and forecasted overspends, recent Cabinet Secretary statements, the introduction of the Junior Safeguarding Board, and ongoing challenges related to alcohol and substance misuse.

Independent Members asked the following questions for assurance:

Was Powys providing an appropriate level of input into the Area Planning Board (APB) for substance misuse, given the significant funding it receives and oversees on behalf of the board?

CL explained that the Assistant Director for Mental Health was working closely with the coordinator of the APB to improve collaboration. It was noted that the assessments have found that referrals from mental health services for patients with alcohol and substance misuse needs are lower than expected in Powys, despite the anticipated overlap. Efforts were underway to address this gap. Additionally, there was coordination with public health colleagues to tackle modifiable risks associated with alcohol and substance misuse.

MB outlined that mental health services had historically taken the lead on the APB. Last year, a consultant registrar contributed to a deeper review of APB plans. Looking ahead, there was the intention to increase support for the APB, with a focus on better understanding data and related insights. While the commissioning cycle was complete, future efforts will concentrate on evaluation and monitoring. Additionally, there were plans to revisit issues related to alcohol and substance misuse within the Committee's work plan next year. The

Committee discussed including greater emphasis on alcohol and substance misuse in the next report.

Action: Director of Public Health

How did the increasing number of joint committees and partnerships affect the Board's capacity to participate and provide support, especially given possible overlaps, conflicting priorities, and the handling of cross-border issues?

CL and NJ noted that not all committees and partnerships could be supported equally, with adjustments made so that certain areas, such as housing, only involved the health division when necessary. There was ongoing work to improve alignment. Regarding cross-border matters, it was explained that participation in the cross-border network was primarily policy focused. Discussions within the network included issues like dispute resolution, which informed conversations with providers across the border. However, the network did not have a direct impact on commissioning activities with providers.

The Committee took **ASSURANCE** from the report.

5.4. REGIONAL PARTNERSHIP BOARD – ANNUAL DELIVERY PLAN (PPPH/25/069)

11:05 JW joined

JW updated the Committee on the Regional Partnership Board's (RPB) delivery and resource plan for 2026–2027 and drew attention to the following matters:

- The plan's alignment with strategic priorities, a focus on evaluation and continuous improvement, and robust governance through partnership boards.
- Development of a single point of access for children and families, ongoing prevention and early intervention for adults, targeted support for older people especially around hospital discharge and integrated workforce and accommodation developments.
- Management of risks linked to the end of RIF funding, ensuring sustainability or planned closure of projects, and sharing learning across the system.

Independent Members asked the following questions for assurance:

Further detail was sought about the End-Point Assessment (EPA) exercise.

CL explained that the Health Board undertook a thorough review of all funded projects, totalling around £7–8m, assessing the strategic alignment, evidence base, population coverage, and outcomes. Some projects were merged to strengthen their impact, while one was discontinued. The main finding was that exit planning had not been sufficiently rigorous, with insufficient focus on how activities would continue or end after funding stopped. This issue was identified as a risk last year, prompting a renewed emphasis on robust exit planning and reprioritisation to address wider system pressures. Insights from this exercise have directly shaped the development of the current plan.

Reassurance was sought that the plan for next year includes the financial and organisational backing required to advance the North Powys Wellbeing project.

JW confirmed that the North Powys Wellbeing Programme was a priority, with resources allocated to support its progress. A decision from Welsh Government

was expected soon, after which the team can advance the project. The programme faces risks linked to RIF funding ending, but discussions are ongoing to secure its future.

How did the Health Board plan to manage expectations regarding the continuation of projects, and had consideration already been given to whether some of these projects could be partially integrated with existing activities rather than being wholly adopted or discontinued?

CL and MB explained that the process prioritised projects with high patient numbers, substantial funding, and Health Board involvement. Projects with clear benefits could be mainstreamed via the Investment Benefit Group (IBG), while others would be discontinued. The approach for third sector projects was still under review. Planning for the next year has identified funding risks in March 2027, with steps being taken to strengthen project goals, support staff, and address the future of voluntary sector programmes.

The Committee:

- Took **ASSURANCE** that the approach and process in developing the robust RPB Delivery and Resource Plan aligns with the jointly agreed health and social care priorities.
- **NOTED** the key delivery and resource commitments of the plan in 2026/27, including and the focus on exit planning.

11:22 JW left

5.5. HEALTH PROTECTION SUMMARY REPORT (PPPH/25/070)

11:29 SB joined

MB provided the Committee with a summary of the Annual Health Protection Report for January to December 2025 and drew attention to the following matters:

- Release of the first Health Protection Framework for Wales, centred on preparation, prevention, response, and recovery.
- Work in Powys to prepare for and prevent health threats, including regular surveillance and multi-agency planning.
- Effective collaboration through the Regional Health Protection Group, with local authority and Public Health Wales, meeting regularly to manage incidents.
- Details of significant outbreaks and clusters dealt with during the year, alongside day-to-day public health surveillance activities.

Independent Members asked the following questions for assurance:

An explanation was sought on the numbers reported for whooping cough in table one, and how this compared with the previous year?

SB explained that whooping cough cases fluctuate in a three-year cycle, with a spike in 2024 followed by a reduction in 2025. This was mainly due to decreasing vaccine immunity, especially among adolescents and older children. Overall, Powys saw a 20% drop in notifiable disease notifications from 2024 to 2025, with whooping cough showing the biggest decrease.

When was the next review of the Communicable Disease Outbreak Plan for Wales scheduled, and had the document remained effective for managing local outbreaks in Powys?

MB confirmed the communicable disease outbreak plan for Wales was last reviewed in 2023 with multi-agency input, and another review began this year. The plan was well-established, regularly updated, and had been used successfully over the past decade. Recent reviews had focused on its practical application and capturing lessons learned, with a requirement to produce a lesson learned document after each outbreak. In Powys, the plan was applied last year to manage an *Escherichia coli* O157 (STEC) outbreak through effective multi-agency collaboration.

Regarding the response and management of local incidents and outbreaks, which issues had been the most time-consuming? Specifically, do outbreaks of scabies represent a substantial portion of the workload?

It was noted that significant resources were needed for the scabies outbreak, with hospital staff and a Newtown community nursing ward working beyond their usual duties, especially over a weekend. Laboratory and family cooperation was also appreciated. Outbreaks of respiratory infections in care homes were identified as particularly time-consuming, requiring proactive support, infection control efforts, and the development of health protection champions to build trust and provide statutory support to these settings.

The Committee:

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

5.6. SUMMARY OF SCREENING PROGRAMMES (UPTAKE OF SCREENING PROGRAMMES) (PPPH/25/071)

SB presented the report to the Committee and drew attention to the following matters:

- Summary of the five main adult screening programmes: bowel, breast, cervical, abdominal aortic aneurysm, and diabetic retinopathy, with performance compared across Welsh health boards and neighbouring English areas.
- Uptake in Powys generally met national standards except for cervical and diabetic eye screening, which was lower compared to Herefordshire and Worcestershire.
- National initiatives include targeted lung cancer screening and discussions regarding prostate cancer screening.
- Local efforts to boost participation include appointing screening champions and introducing self-sampling kits for cervical screening.

Independent Members asked the following questions for assurance:

Confirmation was sought on whether diabetic eye screening would be picked up during routine visits to opticians?

SB confirmed that Diabetic eye screening in Wales was organised and delivered centrally by Public Health Wales, not through local optometrists.

What was the difficulty in comparing cervical screening uptake, especially self-test kit availability, with Herefordshire and Worcestershire, and were wider UK or international comparisons possible?

The cervical screening self-sampling kit enables women to test at home, improving access for those who do not attend appointments, though its accuracy is slightly lower. While UK-wide comparisons were possible due to a shared framework, comparisons were limited by differing age groups and programme structures. Future reviews should consider using UK and regional data.

11:59 LJ joined

Assurance was sought regarding recognition of stress and delays in diabetic retinopathy screening teams, the potential benefit of additional resources, and whether current operations meet expected timescales?

During the previous year, efforts had been made to establish a dedicated Mid Wales diabetic eye screening team to enhance access and coverage in the region. However, these attempts were hampered by recruitment difficulties, which affected the team's ability to operate as planned.

Was there data on screening uptake within different communities in Powys, especially where there have previously been issues and how are screening champions and volunteers applying their training in practice?

Powys has access to screening uptake data at cluster (North, Mid, South) level, though small numbers in some areas may affect reliability. Socioeconomic factors, especially in North Powys, likely influence coverage rates. The champions model and volunteer impact are still being evaluated, with updates promised as data becomes available. Public Health Wales was improving data access by developing dashboards with operational information and employing engagement officers to better target inequalities. More detailed and timely data should soon be available to support targeted efforts.

Was the Health Board doing enough to increase screening uptake among difficult-to-reach cohorts, or could we push further to improve our statistics given the small population sizes?

It was stated that access should not hinder participation in screening programmes, and Public Health Wales was responsible for improving both effectiveness and equity. Although Powys generally meets standards, concerns remain that overall data may hide inequalities in uptake. Ensuring fair access across all areas and backgrounds was a key focus. Uptake varies among different groups, so each programme needs individual assessment. The forthcoming lung cancer screening initiative was particularly important, as it could help reduce inequalities in cancer survival and mortality, especially given the links between smoking and socioeconomic status.

Was there confidence that Public Health Wales were thoroughly researching and understanding the reasons why eligible individuals were not attending screening, especially in hard-to-reach groups?

A national equity strategy for screening was under review, with efforts underway to improve the readability of information, enhance online resources, and introduce screening champions to boost participation. Measures such as greater appointment flexibility aim to address access issues and promote equity. While progress is being made, there is recognition that these initiatives may still fall short of fully addressing the challenges.

12:14 SB left

The Committee:

- **CONSIDERED** the uptake of adult population screening programmes and:
- Took **ASSURANCE** from the actions being undertaken to maintain and/or further increase uptake and reduce inequity.

5.7. ADDITIONAL LEARNING NEEDS (ALN) (PPPH/25/072)

LJ presented a summary of the report to the Committee drawing attention to the following matters.

- Ongoing efforts to improve compliance with the Additional Learning Needs Act.
- Strengthened governance and collaboration with education partners
- Areas requiring improvement in information sharing.
- The expectation of achieving full assurance on legal duties within six months.

Independent Members asked the following questions for assurance:

How did PTHB's current position regarding compliance with the ALN Act compare to similar organisations?

It was explained that comparing compliance with the ALN Act across organisations was challenging due to the complexity and varied interpretations of the legislation in different areas. While there were differences in how the Act is being implemented, it is not believed PTHB was in a worse position than others.

Did the report anticipate achieving full assurance within six months, or were there significant challenges that may impede progress?

Key issues remain to be resolved around achieving a shared understanding between the Health Board and Powys County Council, but it was hoped these could be addressed within a few meetings and that full compliance would be achievable in the next six months. It was acknowledged that potential changes in legislation or its interpretation could introduce new challenges.

The Committee:

- **RECEIVED** the report as an accurate overview of activity from the Health Board to meet the requirements of the ALN Act.
- took **ASSURANCE** regarding the activity to date and plans moving forward to meet the requirements of the ALN Act.

5.8. COMMITTEE GOVERNANCE ACTION PLAN (PPPH/25/073)

SG presented a summary of the report to the Committee which served as a tracker for Committee actions stemming from the previous year's effectiveness review. Most actions across all Committees are either completed or in progress, except for training on systems working and transformation, which is currently paused due to financial constraints. For 2025/26, instead of a formal survey, a

more informal approach will be taken, with dedicated time at a Board Development session. Outstanding items from this year's process would be carried forward into 2026-27 for continued monitoring.

The Committee:

- **RECEIVED** the PPPH Continuous Development Plan 2025-26 and;
- Took **ASSURANCE** that the implementation of continuous development actions had been monitored throughout the year as a key principle of good Corporate Governance.

5.9. COMMITTEE TERMS OF REFERENCE REVIEW (ToR) (PPPH/25/074)

SG presented a summary of the proposed updates to the Committee's Terms of Reference, undertaken in line with Health Board's Standing Orders. It was highlighted that this year's approach being a light touch review, focusing on ensuring the terms remain current and reflective of organisations processes and practices. The only significant proposed change was the inclusion of a specific reference to the population Health Strategic Framework, as approved by the Board in September 2025. Members were invited to suggest further amendments via e-mail, with final approval required by the Board in May 2026.

The chair suggested that individual member to send suggestions in relation to the ToR to SG for recirculation prior to going to the Board.

Action: Assistant Director of Corporate Governance/Deputy Board Secretary

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference
- **IDENTIFIED** any further potential amendments, and
- **AGREED** that the Chair of the Committee and Director of Corporate Governance will take any comments and finalise the revised Terms of Reference for presentation to the Board in May 2026 for approval.

6. CONSENT AGENDA (PPPH/25/075)

The reports below were taken under the Consent Agenda and recommendations supported:

- **FOR ASSURANCE:** 7.1 Committee Work Programme
- **FOR APPROVAL:** 7.2 Glossary
- **FOR INFORMATION:** 7.3 Primary Care Clusters Final Internal Audit Report

7. OTHER MATTERS

7.1 ANY OTHER BUSINESS (PPPH/25/076)

NJ proposed that Stroke be addressed as a distinct section within the Strategic Change Report instead of preparing a separate report in the 2026/27 Work Programme.

7.2 COMMITTEE REFLECTIONS (PPPH/25/077)

The following feedback was noted:

- Review time assigned to agenda items.

7.3 DATE OF NEXT MEETING (PPPH/25/078)

18 May 2026, 10:00 via Microsoft Teams.

Meeting closed at 12:42