

Planning, Partnerships and Population Health Committee

Tue 03 February 2026, 10:00 - 13:00

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

 PPPH_1.2_Board Members Declarations of Interest 2025-2026.pdf (3 pages)

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

0 min

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

0 min

 PPPH_3.1_PPPHMinutes_Draft_20 November 2025 Final.pdf (12 pages)

3.1. Minutes of the previous meeting held on 20 November 2025

3.2. Committee Action Log

 PPPH_3.2_Action Log.pdf (1 pages)

10:00 - 10:00 4. ESCALATED ITEMS

0 min

4.1. Organisational status (NHS Wales escalation framework)

 PPPH_4.1_Level 4 Escalation Planning and Strategy.pdf (10 pages)

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


0 min

5.1. Annual Plan 2026/27


Discussion *Director of Planning and Commissioning*

5.2. Strategic Change Report /Engagement Report


 PPPH_5.2_Strategic Change Cover Paper.pdf (4 pages)

 PPPH_5.2a_Strategic Change Stocktake.pdf (45 pages)

5.3. Partnership Governance and Assurance Framework Report

 PPPH_5.3_Partnership Governance and Assurance.pdf (8 pages)

 PPPH_5.3a_Annexe 1 Updated Partnership Governance & Assurance Framework.pdf (59 pages)

 PPPH_5.3b_Annexe 2 PTHB High Level Partnership Report.pdf (20 pages)

Lewis, Raychelle
28/01/2026 16:44:12

5.4. Regional Partnership Board - Annual Delivery Plan

- 📄 PPPH_5.4_Powys RPB Delivery Resource Plan 2026-27 Cover.pdf (7 pages)
- 📄 PPPH_5.4a_Final - Powys RPB Delivery Resource Plans 26-27.pdf (36 pages)

5.5. Health Protection Summary Report

- 📄 PPPH_5.5_Health Protection Summary 2025-2026.pdf (9 pages)
- 📄 PPPH_5.5a_Powys_surveillance_rep - Dec25.pdf (6 pages)

5.6. Summary of screening programmes

- 📄 PPPH_5.6_Annual Update on Screening Programmes.pdf (15 pages)

5.7. Additional Learning Needs (ALN)

- 📄 PPPH_5.7_ALN Executive Paper January 2026.pdf (12 pages)

5.8. Committee Governance Action Plan

- 📄 PPPH_5.8_Committee Continuous Development Plan 2025-26.pdf (5 pages)

5.9. Committee Terms of Reference Review

- 📄 PPPH_5.9_Annual Review of Terms of Reference.pdf (2 pages)
- 📄 PPPH_5.9a_Appendix A - Draft Terms of Reference, February 2026.pdf (12 pages)

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

0 min

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. Committee Work Programme

- 📄 PPPH_7.1_Committee Work Plan 2025-26.pdf (2 pages)

7.2. PTHB Glossary

- 📄 PPPH_7.2_PTHB Glossary.pdf (6 pages)

7.3. Primary Care Clusters Final Internal Audit Report

- 📄 PPPH_7.3_Primary Care Clusters Final Internal Audit Report.pdf (8 pages)

7.4. Committee Risk Register

- 📄 PPPH_7.4_Committee Risk Register.pdf (2 pages)
- 📄 PPPH_7.4a_Appendix A - Committee Risk Register.pdf (24 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

Lewis-Raychelle
28/01/2026 16:21:21

8.3. Committee Reflections

8.4. Date of the Next Meeting: 18 May 2026

Lewis, Raychelle
28/01/2026 16:17:21

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2025-26 **Updated: November 2025**

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

Powys, Raychelle
 28/01/2026 16:17:21

		Non Financial professional interests	Loyalty Interests	01.09.2024	01.06.2028	Coopted Member of PAVO	None	10/06/2025
		Non Financial professional interests	Loyalty Interests	Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None	
		Non Financial professional interests	Loyalty Interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL	
Independent Member (Local Authority)	Christopher Walsh	Non Financial professional interests	Loyalty Interests			Member of Community Speed Watch Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	19/06/2025
		Financial Interests	Shareholdings and other ownership interests		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owner:Property in the County of Powys	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL	
		Non Financial professional interests	Loyalty Interests		Ongoing	Labour Party member	NIL	
Independent Member (Capital)	Michael Giannai	Indirect Interests	Loyalty Interests	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2025
Independent Member	Ian Thomas	Non Financial Personal Interests	Outside Employment	Apr-23	01/03/2024	Worked with a team of consultants as an independent associate in the past. I worked alongside HICO from April 2023 to March 2024. I was self employed during this time as a sole trader. I have not worked with HICO since this time and have withdrawn my associate status	NIL	09/04/2025
EXECUTIVE MEMBERS								
Chief Executive Officer	Hayley Thomas	NIL	NIL	NIL	NIL	NIL	NIL	30/05/2025
Executive Director of Finance, Capital and Support Services	Pete Hoggood	Non Financial Interests	Loyalty Interests	18/06/2018	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant	22/05/2025
Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Financial Interests	Outside Employment	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/06/2025
		Non Financial professional interests	Loyalty Interests	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL	
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Non Financial Professional Interests	Outside Employment	2018	Current	Member of the Royal College of Nursing	NIL	10/06/2025 Left the Health Board on 10 October 2025
		Non Financial Professional Interests	Outside Employment	1994	Current	Member of the Royal College of Midwifery		
Executive Medical Director	Kate Wright	Non-Financial professional Interest	Outside Employment	01-Aug-91	Current	Member of the British Medical Association	NIL	10/06/2025

Executive Director of People and Culture	Debra Wood Lawson	Indirect Interests	Outside Employment	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	Remunerated	29/05/2025
			Outside Employment	01-Sep-25	Current	Relative employee and training in Aneurin Bevan Univeristy Health Board (non Director)	NIL	
Executive Director of Public Health	Mererid Bowley	Non-Financial professional Interest	Loyalty Interest	NIL	NIL	Member of Faculty of Public Health	Previously declared on annual Declaration of Interest form issued by corporate team since commencement of role. (Transferring recording of	14/05/2025
		Financial Interest	Shareholdings and other Ownership interests	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	Previously annually since start of employment through completion of declarations of interest form issued by corporate team annually.	
Director of Corporate Governance/ Board Secretary	Helen Bushell	Non-Financial professional Interest	Outside Employment	Nov-21	Current	Self - School Governor - Langynwyd primary school (Bridgend)	Not remunerated	18/06/2025
		Indirect Interests	Outside Employment	Aug-16	Current	Partner is the Chair of a Housing Association who provide social housing across a large geographical area (including Powys).	Remunerated part time role, 2-4 days per month	
		Indirect Interests	Outside Employment	Jul-24	Oct-24	Partner is listed on the Bank for PTHB - working occasionally for the organisation by dual agreement.	Paid per hour/day of work	
		Indirect Interests	Outside Employment	Sep-22	Current	Partner - Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month	
Director of Strategic Improvement and Transformation	Lucie Cornish	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024
Executive Director of Planning, Performance & Commissioning	Nicola Johnson	Nil	Nil	Nil	Nil	Nil	Nil	30/05/2025
Executive Director of Primary, Community Care and Mental Health	Elaine Lorton	Financial Interests	Outside Employment	Apr-24	Current	Independent Member - ateb - housing Association	Remunerated	30/05/2025
		Non Financial professional interests	Outside Employment	Nov-19	Current	Chair of the Board - Wet Wales Care and Repair	Voluntary	
		Indirect Interests	Outside Employment	Mar-23	Current	Family Member is an employee of Hywel Dda University Health Board (non Director)	Nil	
		Indirect Interests	Outside Employment	Sep-23	Current	Family Member employee of Aneurin Bevan Univeristy Health Board (non Director)	Nil	

Lewis, Raychelle
28/01/2026 16:17:21



PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

UNCONFIRMED 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 Elliott	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.

To what extent are we engaging with the matters discussed at the Cardiff and Vale public accountability meeting, particularly in respect of endoscopy?"

It was noted that the previous review had clarified thinking regarding the pathway from initial treatment to rehabilitation, with a clearer understanding of which services should be provided locally. The work undertaken had led to the enhancement and centralisation of rehabilitation wards, which were effectively linked with the 'ready to go home' units.

It was suggested that progress and the ability to provide certain services locally should be reviewed annually. The discussion also highlighted that current efforts were focused on elective recovery across the three provider Health Boards, with business cases identifying benefits, opportunities, and investment needs.

Concerns were raised about accessibility issues for the local population due to transport challenges, and it was recognised that further exploration was needed when planning future commissioned services.

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.

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

*Lewis, Raychelle
28/01/2026 16:17:21*



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Level 4 Escalation Update

PPPH Committee 03 February 2026

Lewis, Raychelle
28/01/2026 16:17:21

Escalation and Intervention Arrangements

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

Lewis Percheppe
28/01/2026 16:17:21

Recap - NHS Wales Escalation and Intervention Arrangements

- Welsh Government Escalation and Intervention Arrangements – Five levels of escalation

1. Routine arrangements
2. Area of concern (new level)
3. Enhanced monitoring
4. Targeted intervention
5. Special measures

- Six escalation domains

- [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://gov.wales/nhs-oversight-assurance-escalation-and-intervention-framework)



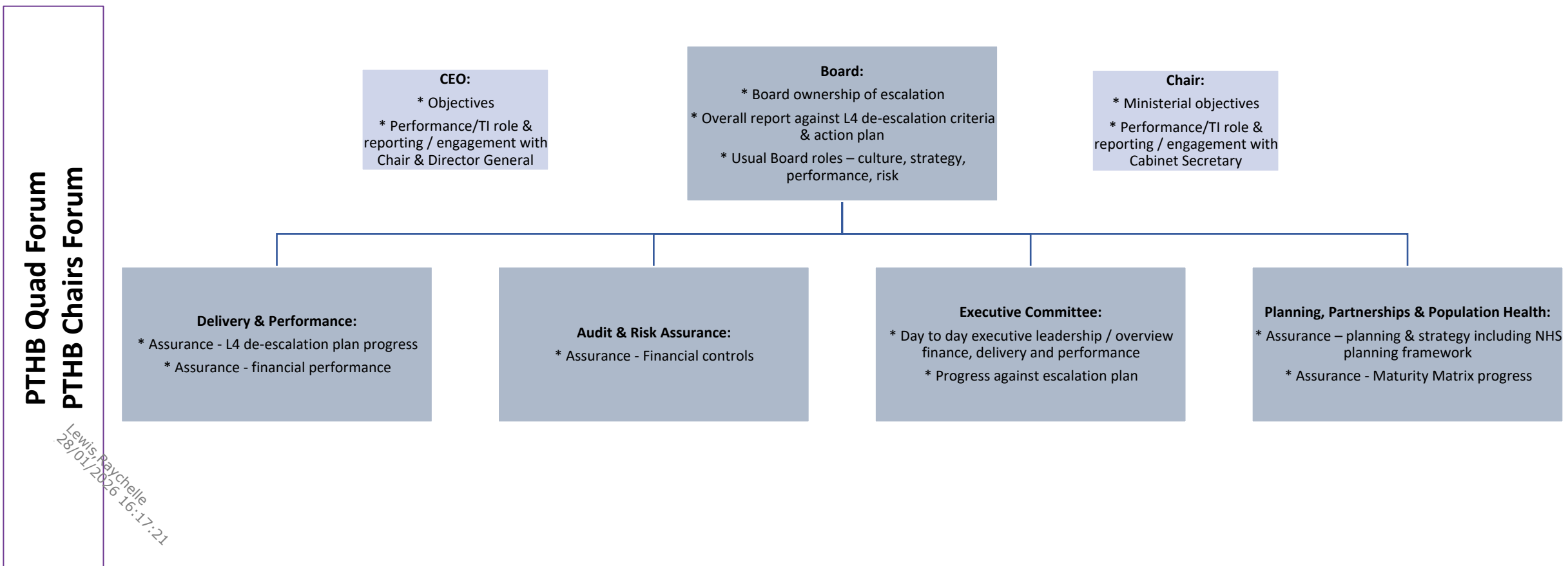
- PTHB's status **increased** from Level 3 to Level 4 for Finance, Strategy and Planning on the 5 November 2024 having been in Level 3 since July 2023

- Increased status due to worsening financial position.

- As at the last Welsh Government review in December 2025, PTHB remain at Level 4 for Finance, Strategy and Planning.

Viewed by: PTHB
2026-10-26 16:17:21

Recap - Approach to Managing Level 4 Escalation – PTHB Board approved



Recap - Roles and Responsibilities

Welsh Government

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

PTHB

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

Recap - De-Escalation Criteria – agreed by Welsh Government & PTHB

Strategy and Planning

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

Finance

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

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

Commissioning and contracting expertise

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

CHC clinical and operational expertise

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

External planning and transformation capacity and expertise

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

- The independent report is nearing final draft, the Board and its Committees will consider the report during quarter 4 of 2025/26.

L4 Escalation – Planning and Strategy Update

Lewis, Raychelle
28/01/2026 16:17:21

Strategy and planning intervention

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

Submission and delivery of an approvable plan

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

Strategic planning and transformation

Demonstrate how the clinical strategy and plan are driving decision-making across the organisation

- Board approval of timeline and strategic approach for route map to sustainability
- Board-level alignment between strategic direction for transformation of service model and financial obligations

De-escalation Criteria

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

Lewis Psychology
28/01/2026 16:17:28

Update January 2026 – Strategy and Planning

- Whole Board approach and Senior Responsible Officer (SRO) role in place
- Regular Formal and Informal Touchpoints between Welsh Government and PTHB to update on key points relating to Strategy and Planning – including the De-escalation Criteria, notably:
 - Progress on ‘Better Together’ which is key to developing a ‘Clinical Services Plan’
 - Progress on the Route map to financial balance and sustainability (further detail in Board Paper January 2026)
 - Development and delivery of the PTHB Integrated Plan (as above, separate detailed paper Board January 2026)
 - Associated updates e.g. those in relation to partnership strategy, notably the recent agreement to extend the shared long-term Health and Care Strategy for Powys, ‘A Healthy Caring Powys’ (also noted in above Board paper)
- Board engagement takes place regularly and in depth, to consider and respond to meetings and correspondences from WG on the Annual Plan (detailed further in Board Paper January 2026)
- Accountable Officer letter sent to Welsh Government in December 2025 noting the status of delivery against plan 2025 / 2026 and a further letter required by 13 February 2026 if unable to submit a financially balanced plan for 2026/2026 (also detailed in Board Paper January 2026)
- Draft report received on external review carried out Grant Thornton and Partners and being finalised, management response under consideration and development (also detailed in Board Paper January 2026)
- Welsh Government issued an updated ‘Maturity Matrix Self-Assessment’ for Planning and Strategy in the Autumn 2025 – this was fully considered at Executive Committee and PPPH Committee and then submitted to Board November 2025
- Informal feedback has been received in January 2026 from Welsh Government noting further changes in the process being taken by Welsh Government relating to the Maturity Matrix, with less emphasis on scoring (Welsh Government will no longer provide or moderate scores) and more emphasis on use of the matrix as an improvement tool
- NHS Wales Performance and Improvement are now involved in the process of consideration of the Maturity Matrices and offering improvement support to Health Boards



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.2

Planning, Partnerships and Population Health Committee **03 February 2026**

Subject:	Strategic Change Report
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning, Planning Managers, Deputy Director (Engagement, Communication and Corporate Governance), Assistant Director for Performance and Commissioning
Other Committees and meetings considered at:	Executive Committee - 21 January 2026

PURPOSE:

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

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

As previously requested, the report has been condensed providing updates at the front of the document (the baseline archived slides remain in the pack for reference).

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
------------------------------	-----

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

EXECUTIVE SUMMARY:

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

This 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.

Updates are gathered through various sources and provide a broad whole system view; this is a changing picture and unlikely to be fully complete at any one time.

The full stocktake report is attached and comprises

- An overview page showing all of the key strategic change developments across the neighbouring areas
- A section providing updates as at the time of producing the report
- A section with baseline information

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, 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.

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

Additional information in the slides for this quarter includes:

- Changes to levels in Welsh Government Escalation and Intervention Arrangements from 15th December 2025
- An update on the development of the 2026-27 PTHB Plan. NHS Wales Planning Framework was also received on 22nd December 2025.
- Significant work continues on the "Better Together" and "North Powys Wellbeing Programme" which are reported separately in more detail through other mechanisms.
- Hywel Dda University Health Board public consultation for the Clinical Services Plan has concluded. The final consultation report will be considered at an extraordinary meeting on 19th February 2026.
- Cardiff and Vale University Health Board public engagement on the Clinical Plan, 'Shaping Services for the Future, together – Shaping Our Future Wellbeing' public closed on 18th December with over 3500 responses received.
- Aneurin Bevan University Health Board (ABUHB) have launched their new strategy "Gwent 35: Better Health, Better Care, Better Lives ". A Strategic Outline Case has been submitted to WG for the development of Nevill Hall Hospital. Formal engagement on stroke rehabilitation services is ongoing.
- Cwm Taf Morgannwg University Health Board have five transformation programmes under their "Building Healthier Communities Together" Strategy; Llantrisant Health park development and Stroke services are also noted in the report.
- Betsi Cadwaladr University Health Board have published a major change programme "Foundations for the Future" and are engaging on community hospital provision including Tywyn Hospital.
- Swansea Bay University Health Board have provided updates on their priority Programmes – Improving maternity and neonatal services, Mental Health Services, Planned care improvement, Emergency and urgent care
- NHS Wales Performance and Improvement have appointed a Managing Director.
- The Mid Wales Joint Committee for Health and Care are reviewing the future role and purpose of the Mid Wales Joint Committee.
- Southwest Wales Regional Joint Committee have identified their priorities for 2026/27.
- The Southeast Wales Regional Joint Committee have drafted their 2026/27 priorities.
- An Independent Review of the NHS Wales Shared Services Partnership (NWSSP) Accountability and Governance Arrangements has taken place.
- Digital Health and Care Wales have a high confidence of delivering the majority of Welsh Government priorities this year. However, the volume of additional deliverables is having an impact on planned IMTP delivery.

- Developments at The Shrewsbury and Telford Hospital NHS Trust include improvements in Planned Care waiting times, de-escalation of Diagnostics and Cancer waiting times and the expansion of Royal Shrewsbury Hospital.

NEXT STEPS:

- The report will be shared with other key stakeholders including Welsh Government and Llais.

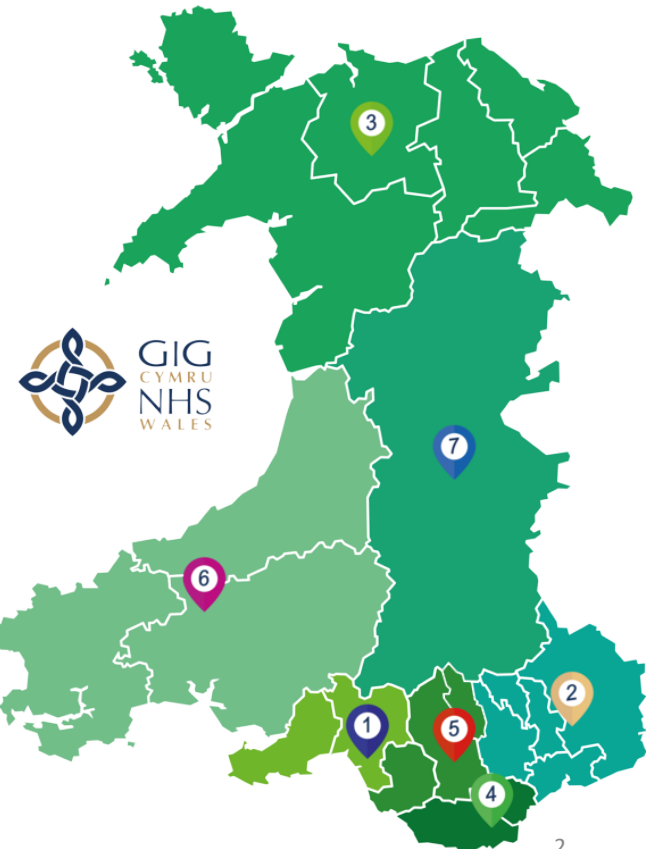
Strategic Change Update

Planning, Partnerships and Population Health Committee
03 February 2026

Lewis, Raychelle
28/01/2026 16:17:21

Purpose

- This report provides an update and broad, whole system view of each area's strategic change ambitions.
- This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.
- This reports builds on previous versions based on 2 main sections:-
 - Section 1 – key new strategic change updates drawn from up-to-date resource (highlighted in red)
 - Section 2 – archived baseline information from previous reports



Lewis Raychelle
28/01/2026 16:17:21

Overview

PTHB developed a Five Year Integrated Plan 2024-29, aligned to the Ten-Year Health and Care Strategy 'A Healthy Powys' and an Annual Plan 2025-26. Transformation is being progressed via 'Better Together' and North Powys Wellbeing Programme. A Population Health Strategic Framework has been developed in 2025.

BCUHB have a 3 Year Plan for 2025-2028 and have developed a major change programme, 'Foundations for the Future'

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

Shrewsbury and Telford Hospital NHS Trust Transformation Programme is underway in line with outcomes of 'Future Fit' consultation.

WAST have an Integrated Medium Term Plan 2025-28 and have a long term strategic framework 'Delivering Excellence' up to 2030

Herefordshire & Worcestershire Stroke Programme is ongoing with further engagement / consultation expected on the clinical model

Velindre 'Transforming Cancer Services'; South East Wales Programme includes Radiotherapy Satellite at Nevill Hall Hospital

ABUHB have an Integrated Medium Term Plan 2025-2028 and ten year strategy 'A Conversation for A Healthy Future'; they are engaging on the future of enhanced local general hospitals

South East Wales Joint Regional Committee established, PTHB is associate member

South East Wales Regional Portfolio Board in place.

CTMUHB an Integrated Medium Term Plan 2025-28 and 5 transformation programmes within their strategy 'Building Healthier Communities Together'

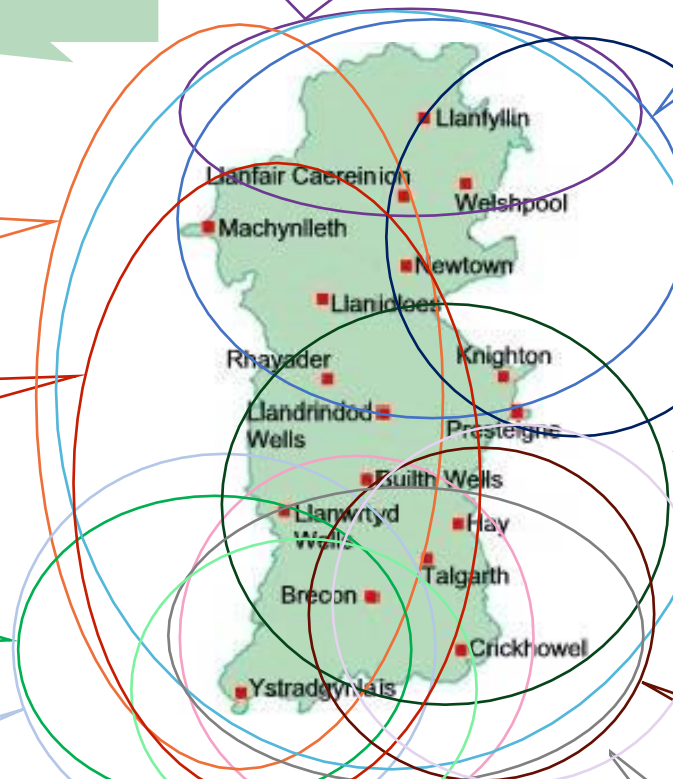
CAVUHB have a one-year Annual Plan for 2025-26 and engaging in their Clinical Plan 'Shaping Services for the Future, Together – Shaping our Future Wellbeing'

Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards established; PTHB is associate member

SBUHB have a one-year Annual Plan for 2025-26 and launched a refreshed organisational strategy in September, 'A Healthier Swansea Bay'

HDUHB have a one-year Annual Plan for 2025-26 and have completed consultation on a Clinical Services Plan with a decision due in Q4

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



Welsh Government Escalation and Intervention Arrangements

(Latest statuses published 16th December 2025)

Organisation	Previous Status (July 2025)	Current Status (16 th December 2025)
Aneurin Bevan UHB	<ul style="list-style-type: none"> Level 3 for finance, strategy and planning Level 3 for performance and outcomes related to urgent and emergency care performance at the Grange University Hospital 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning Level 4 for performance and outcomes related to urgent and emergency care
Betsi Cadwaladr UHB	<ul style="list-style-type: none"> Level 5 	<ul style="list-style-type: none"> Level 5
Cardiff and Vale UHB	<ul style="list-style-type: none"> Level 4 for whole organisation 	<ul style="list-style-type: none"> Level 4 for whole organisation
Cwm Taf Morgannwg UHB	<ul style="list-style-type: none"> Level 4 for performance and outcomes relating to urgent and emergency care Level 3 for performance and outcomes relating to planned care and cancer Level 1 for finance, strategy and planning 	<ul style="list-style-type: none"> Level 4 for performance and outcomes relating to urgent and emergency care Level 3 for performance and outcomes relating to planned care and cancer Level 1 for finance, strategy and planning
Hywel Dda UHB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning, and performance and outcomes related to urgent and emergency care, fragile services, (including ophthalmology) and Healthcare Associated Infections (HCAIs). Level 3 for leadership and governance, performance and outcomes related to planned care and cancer Level 1 for performance and outcomes related to CAMHS 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning, and performance and outcomes related to urgent and emergency care, fragile services, (including ophthalmology) and Healthcare Associated Infections (HCAIs). Level 3 for performance and outcomes related to planned care and cancer Level 1 for leadership and governance
Powys THB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning
Swansea Bay UHB	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning and performance and outcomes related to healthcare associated infections, cancer and urgent and emergency care Level 4 for maternity and neonatal services Level 3 for performance and outcomes related to planned care and Child and Adolescent Mental Health Services 	<ul style="list-style-type: none"> Level 4 for finance, strategy and planning and performance and outcomes related to healthcare associated infections, cancer and urgent and emergency care Level 4 for maternity and neonatal services Level 3 for performance and outcomes related to planned care and Child and Adolescent Mental Health Services
Public Health Wales NHS Trust	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1
Velindre University NHS Trust	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1
Welsh Ambulance Services University NHS Trust	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1
Digital Health and Care Wales	<ul style="list-style-type: none"> Level 3 	<ul style="list-style-type: none"> Level 3
Health Education and Improvement Wales	<ul style="list-style-type: none"> Level 1 	<ul style="list-style-type: none"> Level 1

Organisation	Key developments
PTHB Annual Plan 2025-26	<ul style="list-style-type: none"> The Board approved Annual Plan was submitted to Welsh Government on 31st March 2025 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities. The Plan was written as Year 2 of the 5-year Plan submitted last year and continues to set out the Vision, Objectives and Strategic Priorities for the organisation. The plan remains unsupportable by Welsh Government given the deficit position planned for the year. Dialogue is ongoing with Welsh Government.
PTHB Plan 2026-27	<ul style="list-style-type: none"> Development of the Plan for 2026-27 is underway. A series of internal Workshops and Pop Up sessions took place in December, focusing on the Wellbeing Objectives, Strategic Priorities and Critical Actions. The NHS Wales Planning Framework and Allocation Letter was received on 22nd December. During December and January, updates have been provided via finance and performance reports on current positions and there has been consideration of plan development in line with progress and emerging positions. The financial allocation letter has also been considered for informing the financial plan and priorities which has included Board oversight and scrutiny.
North Powys Wellbeing Programme	<ul style="list-style-type: none"> The combined Strategic Outline Case / Outline Business Case for the North Powys Wellbeing Programme was approved by PTHB Board and PCC Cabinet on 16th December 2025, and submitted to Welsh Government on 18 December 2025. Key priorities for 2026 include: work with Welsh Government towards approval of SOC/OBC; formal planning application (including pre-application consultation); development of Full Business Case. More information is available from the North Powys Wellbeing website at North Powys Wellbeing Programme Have Your Say Powys
Better Together	<ul style="list-style-type: none"> Better Together: A period of engagement is under way from end of November and early February to gather insights in relation to Planned Care and Women & Children's and to help gain an understanding from a staff, patient, public and stakeholder perspective of "options" for the future. This engagement also supports continuous engagement on our Temporary Service Changes for which decisions on the permanent future shape of services will be made through Better Together (Update on Temporary Service Changes - Powys Teaching Health Board).Update on Temporary Service Changes - Powys Teaching Health Board
Population Health Strategic Framework	<ul style="list-style-type: none"> PTHB have developed a Population Health Strategic Framework which will be used to inform the PTHB Plan and partnership strategy.

Lewis, Raychelle
28/01/2026 16:17:21

Other Health Boards

Organisation	Key developments
<p data-bbox="46 205 405 272">Hywel Dda University Health Board (H DUHB)</p> <p data-bbox="46 311 305 339">Clinical Services Plan</p> <p data-bbox="46 658 392 725">Changes in escalation levels 16th December 2025</p>	<ul data-bbox="446 205 1879 958" style="list-style-type: none"> • The public consultation for the Clinical Services Plan took place May to August 2025 where members of the public, Hywel Dda UHB staff, partner organisations, and other stakeholders were invited to provide feedback on proposed changes across nine clinical healthcare services: Critical Care, Dermatology, Emergency General Surgery, Endoscopy, Ophthalmology, Orthopaedics, Radiology, Stroke, and Urology. • Following the close of Phase 3 of the “Clinical Services Plan programme”, HDUHB have subsequently held a further Options Development Group to appraise the Alternative Options received during the public consultation process, which included proposals for stroke services. PTHB was involved in this work. • The final consultation report will be one of a broader range of information sources used when decisions are made at an extraordinary meeting on 19 February 2026. At this meeting, the Board will decide on the future model for the nine clinical services included in the Clinical Services Plan. News from Hywel Dda University Health Board: Next Steps on their Clinical Services Plan - Powys Teaching Health Board • “Hywel Dda University Health Board has made considerable improvements in its governance and leadership. The appointment of a new chair, chief executive and deputy chief executive has brought stability and direction to the board. The implementation of a new organisational operational care group structure and its related governance has improved decision making and operational grip and control. The health board has reviewed and implemented refreshed board governance arrangements, completed a review of its quality and safety governance arrangements, and has made good progress in completing recommendations made by auditors, inspectorates and regulators. It has met the criteria, which enables de-escalation to routine arrangements for governance and leadership. All other domains will remain at the same level of escalation as in July.”
<p data-bbox="46 986 332 1058">Cardiff & Vale Health Board (C&VUHB)</p> <p data-bbox="46 1100 266 1136">10-year strategy</p> <p data-bbox="46 1290 340 1396">Changes in escalation levels 16th December 2025</p>	<ul data-bbox="446 986 1837 1358" style="list-style-type: none"> • “Shaping Services for the Future, Together – Shaping Our Future Wellbeing” is the overarching 10-year strategy focused on reducing health inequalities, delivering outstanding care, transforming services to meet future needs. It sets ambitious goals for population health, service redesign, and workforce development through collaboration with local government and third-sector organisations. • A period of public engagement on the Clinical Plan, ‘Shaping Services for the Future, Together – Shaping Our Future Wellbeing’ public closed on 18th December with over 3500 responses received. The staff engagement phase has now commenced and will last for 12 weeks. • Cardiff and Vale University Health Board was placed into level 4 escalation in July. Following the public accountability meeting on 13 November, a senior turnaround director has been appointed to provide direct support to the organisation.

Aneurin Bevan University Health Board

Organisation	Key developments
<p>“Gwent 35: Better Health, Better Care, Better Lives “</p>	<ul style="list-style-type: none"> • The Health Board has launched their new strategy which has three aims to help ensure everyone has the best healthcare, environment, and lifestyle to be healthy: <ul style="list-style-type: none"> “Better Health <ul style="list-style-type: none"> • Together, we will support people to be healthy, active, and happy. • There will be positive change in the factors that contribute to poor health • There will be more people who are a Healthy Weight • There will be a reduction in preventable diseases Better Care <ul style="list-style-type: none"> • Together, we will deliver what matters to people – supporting our staff to thrive and achieving quality, kind, and sustainable care. • Our provided and commissioned services will meet the relevant quality and clinical standards • People will have more Healthy Days at Home • More people will be able to access health services in their local communities Better Lives <ul style="list-style-type: none"> • Together, we will create strong, safe, and connected communities. • People will find it easier to connect with their communities, use local services, and feel respected • Our budget spent on services in the community will have increased across Gwent • More people will engage with their local community to reduce loneliness and support good health” • https://abuhb.nhs.wales/about-us/gwent-35-our-ten-year-strategy/
<p>Changes in escalation levels 16th December 2025</p>	<ul style="list-style-type: none"> • Aneurin Bevan University Health Board has been placed in level 4 escalation for finance, strategy and planning, and approval of its three-year plan has been revoked. The escalation level has also been raised to level 4 for urgent and emergency care at the health board. This will result in direct intervention by the Welsh Government and NHS Performance and Improvement to improve the timeliness and quality of urgent and emergency care for people living in the Gwent region.
<p>Nevill Hall development</p>	<ul style="list-style-type: none"> • A Strategic Outline Case has been submitted to WG for the development of Nevill Hall Hospital.
<p>Stroke services</p>	<ul style="list-style-type: none"> • Formal engagement on stroke rehabilitation services is ongoing. Engagement has concluded on the future plans for Nevill Hall and other enhanced local general hospitals (Royal Gwent Hospital and Ysbyty Ystrad Fawr) which may affect how and where some south Powys residents access hospital services in Gwent. The outcome is awaited.

Other Health Boards

Organisation	Key developments
Cwm Taf Morgannwg University Health Board (CTMUHB)	<ul style="list-style-type: none"> The key transformation programmes under the 'Building Healthier Communities Together' strategy are 1) Primary and Community Care Transformation; Emergent Mental Health Transformation Programme 3) Integrated Community Care Service 4) Strategic Clinical Services Programme 5) Women's Health – ongoing engagement underway through Care Groups Work on the Llantrisant Health Park development is also a key area of work for CTMUHB (and noted in more detail in the update on the Regional Portfolio Board) Stroke services - Temporary changes to stroke services remain in place; an evaluation of impact is being undertaken.
Betsi Cadwaladr University Health Board (BCUHB)	<ul style="list-style-type: none"> "Foundations for the Future" is BCUHB's major change programme, to build a stronger, more capable, and future-ready health service for North Wales through robust leadership, planning, and development. It seeks to create a sustainable, equitable health and care system for Wales. It also supports the Health Board's efforts to overcome long-standing issues with governance and leadership, which had previously led to it being under special measures. Engagement has been under way on community hospital provision including Tywyn Community Hospital, with options in development. Shaping the Future of Tywyn Community Hospital - Betsi Cadwaladr University Health Board Work is continuing on the future shape of nuclear medicine services including PET-CT with a business case expected in January 2026. In the meantime, mobile PET-CT services in Wrexham which is the main PET-CT centre for North Powys residents in line with JCC commissioning policies. Alternative pathways are in place to Cardiff and Swansea until a replacement service is in place in several weeks time.
Swansea Bay University Health Board (SBUHB)	<ul style="list-style-type: none"> A refreshed Organisational Strategy "A Healthier Swansea Bay " has been launched. The vision is to create a healthier Swansea Bay where people live longer, happier, and more independent lives, with timely access to high-quality, compassionate, and equitable care close to home. Updates on their Priority programmes – <ul style="list-style-type: none"> Improving maternity and neonatal services (service in Targeted Intervention – level 4) -The Perinatal Improvement Programme is being implemented. Ann Gow, the Welsh Government oversight member has now taken up post. Mental Health Services (level 2 escalation) - The Transformation Programme is now established. Planned care improvement (Enhanced Monitoring – level 3) - Further improvement work ongoing in relation to improving efficiency and productivity, including theatre utilisation, same day admissions and day case rates, and outpatient efficiency and modernisation.

Joint Committees

Organisation	Key developments
Mid Wales Joint Committee for Health and Care	<ul style="list-style-type: none"> • The Chief Executives of the three Mid Wales Health Boards have asked that a workshop be held to review the future role and purpose of the Mid Wales Joint Committee. This is in response to work currently being undertaken by the Joint Committee to review its governance arrangements and strategic intent and vision. Also, the landscape for health and care services in Wales has changed significantly since the publication of the Mid Wales Healthcare Study (in 2014) and will continue to change with a number of strategic service change programmes which are now being progressed. • The workshop will assess whether the issues and challenges identified in the Mid Wales Healthcare Study continue to be relevant today, consider the current position across Mid Wales, reflect on the achievements and lessons learnt since the establishment of the MWHC / MWJC, and determine the future needs of the Mid Wales population. The review will involve a workshop for which Chief Executives, Medical Directors and Directors of Planning for BCUHB, HDdUHB, PTHB and WAST will be asked to attend.
Regional Joint Committees	<ul style="list-style-type: none"> • There are now 2 'Regional Joint Committees' for the South East and South West Wales areas. These have been established with an intended purpose, set out by the Minister for Health and Social Care, for effective regional planning and delivery of service models, and associated improvement in outcomes, quality and reduction in inequalities in access. • PTHB is an associate member of the South West body 'Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards' and the 'South East Regional Joint Committee'. • The work programmes for both Committees are in development.
South West Wales Regional Joint Committee	<ul style="list-style-type: none"> • The South West Wales Regional Joint Committee (RJC) is a collaborative body formed by Swansea Bay and Hywel Dda University Health Boards (UHB) to provide joint leadership for regional health planning, commissioning, and service delivery, addressing shared challenges and population health needs, building on previous ARCH initiatives. Established in early 2025, it focuses on a "people-first" approach, ensuring patient engagement, clinical leadership, and multi-disciplinary co-production for redesigning services across the region. • The Joint Committee priorities for 2026/27 are: <ul style="list-style-type: none"> • Urgent and Emergency Care • Pathology • Clinical services planning including eyecare and orthopaedics • Digital transformation • Finance • Research/innovation

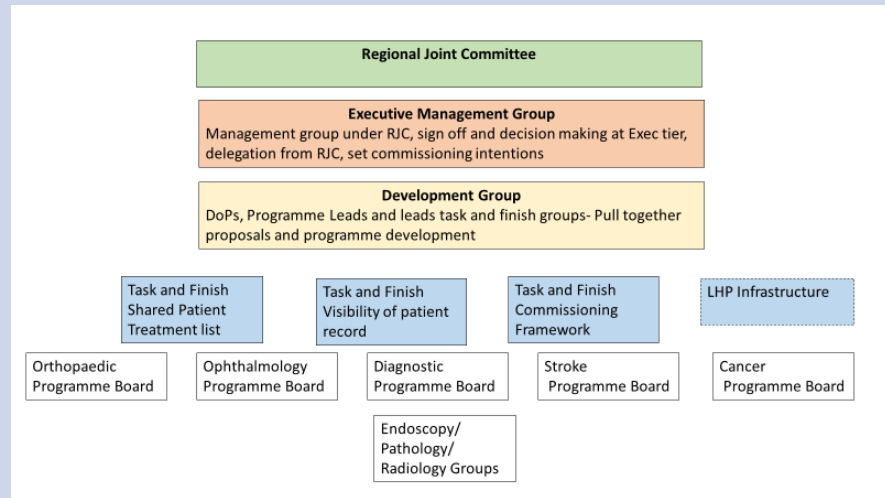
Lewis Raychelle
 20/01/2026 16:17:21

South East Wales Regional Joint Committee

Organisation	Key developments
--------------	------------------

South East Wales Regional Joint Committee

- The South-East Wales Regional Joint Committee (RJC) brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this. (Powys is an associate member.)
- The Joint Committee set its priorities for 2026/27
 - Delivery in existing programmes – Orthopaedics, Regional Diagnostics, Radiology, Endoscopy, Pathology, Ophthalmology, Cancer
 - Develop a framework for commissioning and contracting at a regional level – establishing an operating framework for the Joint Committee
 - Developing a process for identifying greatest opportunities for regional services- bringing together clinical service planning for the region and prioritising through this process
 - Developing and implementing a regional digital plan – prioritising digital as an enabler for regional working.
- The first Regional Joint Committee met on 19th November and the draft meeting framework for the region is set out below.



Lewis, Raychelle
28/01/2026 16:17:21

National – NHS Wales

Organisation	Key developments
NHS Wales Performance and Improvement	<ul style="list-style-type: none"> As noted in the previous report, NHS Wales Performance and Improvement is the national support function, to drive improvements in the quality and safety of care, latest news and stakeholder updates are provided on their website at Home - NHS Wales Performance and Improvement The Annual Plan 25-26 provides a response to their remit letter from Welsh Government published on the website. Chris Clayton has been appointed as Managing Director with work ongoing to reorganise the resources to provide proactive support to health boards and Ministers.
Welsh Government	<ul style="list-style-type: none"> Welsh Government published “Improving Performance Together” in July 2025 which set out priorities for 2025 – 2026, aligned to both the Ministerial Advisory Group on Accountability and the Ministerial Advisory Group on NHS Performance and Productivity. Public Accountability meetings with each health organisation are taking place during the current financial year. The meetings focus on in-year operational delivery and delivery against organisational plans, financial position and outlook, quality and safety, and risks to delivery. (Schedule of meetings included in link below) https://www.gov.wales/sites/default/files/publications/2025-10/public-accountability-meetings-letter-from-cabinet-secretary-health-and-social-care-to-nhs-chairs-and-ceos-eng.pdf
Joint Commissioning Committee (JCC)	<ul style="list-style-type: none"> Emergency Medical and Retrieval Transport Service (EMRTS): <ul style="list-style-type: none"> An application to the Court of Appeal has been refused in relation to the Air Ambulance service. Wales Air Ambulance and EMRTS are now putting in place their service development plans The JCC is relaunching its approach to Recommendation 4 of the EMRTS Review (“The development of a commissioning proposal for bespoke road-based enhanced and/or critical care service in rural, remote and coastal areas”) The Joint Commissioning Committee have commenced the development of their Plan for 2026 onwards, a strategy session was held in October 2025, commissioning principles have been agreed, and an engagement plan developed including health board alignment throughout the process
Welsh Ambulance Service Trust	<ul style="list-style-type: none"> 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 the clinical services model. The Trust successfully implemented the Phase 1 change to the Ambulance Performance Framework for a 12-month pilot period on 1st July 2025. The Welsh Government led Ambulance Target Review Group reconvened to review Amber and Green categorisation and proposed 3 new categories for Phase 2. WAST are implementing Phase 2 Ambulance Performance Framework and plan to go live with the changes noted above on 2nd December 2025.

Lewis Raychelle
28/01/2026 16:17:21

National – NHS Wales

Organisation	Key developments
<p>NHS Wales Shared Services Partnership Review – Independent Review of the NHS Wales Shared Services Partnership (NWSSP) Accountability and Governance Arrangements</p>	<ul style="list-style-type: none"> In April 2025, the former Director General of Health, Social Care and Early Years (HSCEY) and NHS Wales Chief Executive commissioned an independent review into the governance and accountability arrangements of NHS Wales Shared Services Partnership. The review engaged Velindre, NWSSP, and other NHS stakeholders. It concluded that the framework for governance and accountability for the Shared Services Partnership Committee/NHS Wales Shared Services Partnership is fundamentally sound, although it would benefit from some adjustments and strengthening. The report and initial response have now been published. Independent review of the NHS Wales Shared Services Partnership GOV.WALES The next phase of the Independent Review will focus on progressing and refining this work and developing a more detailed understanding of the areas identified for strengthening. This will be done through a collaborative programme of work between both organisations and Welsh Government to implement the recommendations aimed at strengthening governance and accountability.
<p>Digital Health and Care Wales (DHCW) Finance: Performance:</p> <p><i>Lewis Raychelle 28/01/2026 16:17:21</i></p>	<ul style="list-style-type: none"> A Remit Letter was issued on 14th March 2025 from Welsh Government setting out detailed priorities, deliverables and milestones for 2025-26, and confirming funding allocations. Work has been ongoing with Welsh Government in year to reconcile it to the Integrated Medium Term Plan. Welsh Government priorities from the remit letter, Ministerial Advisory Group, winter pressures and escalation criteria have resulted in over 50 milestones being added to the plan in year. DHCW are awaiting the remit letter and funding allocation for 2026/27 which will need to be reconciled against the draft IMTP for next year prior to submission. DHCW have over 400 IMTP milestones including the additional Welsh Government priorities which are reported monthly to the Management Board and to Welsh Government through monthly Integrated Quality Performance and Delivery meetings. DHCW have a high confidence of delivering the majority of Welsh Government priorities this year. However, the volume of additional deliverables is having an impact on planned IMTP delivery. DHCW was escalated from level 1 to level 3 related to delivery of major programmes and are progressing a specific action plan with a significant number of milestones achieved to date.

The Shrewsbury and Telford Hospital NHS Trust (SaTH)

Organisation	Key developments
<p data-bbox="46 251 330 358">The Shrewsbury and Telford Hospital NHS Trust (SaTH)</p> <p data-bbox="46 444 330 544">Improvements in Planned Care waiting times</p> <p data-bbox="46 782 330 889">De-escalation of Diagnostics and Cancer waiting times</p> <p data-bbox="46 975 330 1043">Expansion of Royal Shrewsbury Hospital</p> <p data-bbox="137 1043 311 1225"><i>Lewis, Raychelle 28/01/2026 16:17:21</i></p>	<ul data-bbox="388 251 1875 1158" style="list-style-type: none"><li data-bbox="388 251 1875 394">• The Trust which runs Shropshire’s two acute hospitals is the most improved nationally for reducing waiting times for patients needing planned care – securing £2million in capital funding. They achieved a 14% improvement in its 18-week referral to treatment performance between April and September this year, making it the most improved during this period.<li data-bbox="388 401 1875 544">• SaTH also cut the proportion of patients waiting over 52 weeks for planned care by 92% and reduced the overall waiting list by 10,000 patients – including a reduction in the number of children waiting for treatment by 40%. The Trust has also maximised the number of operations taking place in theatres, as well as increased the number of outpatients appointments and boosting productivity.<li data-bbox="388 551 1875 736">• In recognition of the progress made towards the national target, the Trust has been awarded £2million through NHS England’s Elective Care Capital Incentive Scheme which recognises organisations which significantly reduce waiting times for planned care. The funding will be invested to improve access to urgent and emergency care and protect elective capacity during the winter months, and in the future and to provide new equipment for diagnostics, theatres and outpatients.<li data-bbox="388 782 1875 815">• SATH has been de-escalated to Tier 2 for Diagnostics & Cancer with improved waiting times and compliance.<li data-bbox="388 936 1875 1158">• The multimillion-pound expansion of Royal Shrewsbury Hospital (RSH) has reached a significant construction milestone. The development includes four new clinical floors, an expanded and modernised Emergency Department (ED), a major upgrade to the hospital’s front entrance, protected ambulance canopies, enabling paramedics to transfer patients directly into the ED in all weather conditions. The project, as part of the Hospitals Transformation Programme, remains on track for completion in 2028. After which the 27,000 square metre expansion will become home to acute medical, Women and Children’s, and critical care services.

'Archived' Baseline information - included for information

Lewis, Raychelle
28/01/2026 16:17:21



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

Integrated Medium Term Plan 2025-28

Strategy:

Finance:

Performance:

Satellite radiotherapy unit at Nevill Hall:

Engagement:

- ABUHB have submitted an Integrated Medium Term Plan for 2025-28.
- The Health Board is currently finalising its new long term strategy following an extensive and successful public engagement in 2024. This is due to be considered by the Board in July. [A conversation for a healthy future - Aneurin Bevan University Health Board \(nhs.wales\)](#)
- The financial plan has been developed with reference to the three-year route map. The updated assessment of the 2025/26 financial forecast ranges from a risk of up to £25m to financial balance dependent on a number of assumptions relating to cost levels and confidence ratings of savings delivery. The Board are continuing to make progress in this area and if the estimated level of savings can be fully delivered and all in year mitigating cost reduction and income opportunities secured, there is the opportunity to deliver financial balance and this forms the basis of the financial plan for 2025/26 and future years.
- Of the 18 Ministerial performance expectations, 13 are planned to be delivered in full. The ministerial performance expectations with respect to urgent and emergency care (2 of the remaining 5 metrics) are showing improvement trajectories, aligned with our plan for 6 goals and our enhanced monitoring improvement plan. These are considered deliverable but stretching and represent a significant improvement of delivery compared to 24/25,
- For the expectation of 0 patients waiting more than 104 weeks, the plan delivers this ministerial priority in 20 out of 24 specialties. Only the specialties of orthopaedics, ophthalmology, ENT and General surgery are forecast not to meet the target, noting that the significantly improved March 25 performance for these specialties was enabled via additional non recurrent monies that have not been assumed in the current 25/26 plan. It is worth noting however that there are parallel discussions with Welsh Government regarding potential additional non recurrent monies for planned care that would improve this position. The 104-week trajectories would be rerun based on the outcomes of these discussions,
- With respect to cancer, the trajectory does demonstrate the ambition to consistently achieve 70% against a target of 80% which would be an improvement to our current position of circa 63%.
- The new satellite radiotherapy unit at Nevill Hall Hospital (now officially named 'Velindre@Nevill Hall') is set to open this summer, enhancing patient experience and bringing additional radiotherapy capacity to south-east Wales cancer treatment services. The unit will be staffed by a team of Velindre Cancer Service experts and will eventually increase radiotherapy capacity in the region by up to 20% and initially treat breast cancer, prostate cancer and palliative radiotherapy patients who meet a set of clinical criteria.
- ABUHB have advised that plans to undertake a period of engagement on "the development of Nevill Hall Hospital and our enhanced local general hospital" will take place later this year, once an details of proposed future service models are finalised

Baseline information

Lewis Raychele
28/01/2026 08:17:21

Betsi Cadwaladr University Health Board



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

3 year plan 2025-28

Strategy

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

Performance:

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

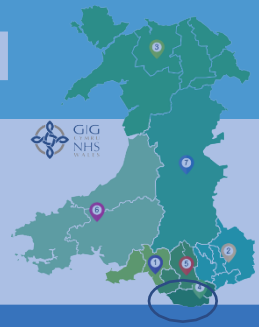
Finance:

Lewis Raychelle
28/01/2026 16:17:21

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

Baseline information

Cardiff & Vale University Health Board



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

Plan on a Page

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

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

Translating Strategy to Action

Our Plan on a Page 2025/2026

VISION

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

Our Mission-

Eradicating Avoidable Harm

Main Effort -

Brilliant Basics

Strategic Objectives

Putting People First

Providing Outstanding Quality

Delivering in the Right Places

Acting for the Future

Strategic Portfolios

People and Culture

Population Health and Places

Quality and Value

Clinical Services

Infrastructure

Future Generations

Baseline information

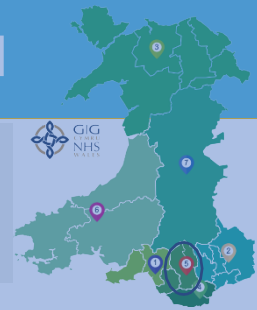
From a focus on individual wellbeing

From a focus on individual wellbeing

From analogue buildings to digitally connected people and places

From firefighting today to planning for a sustainable tomorrow

Lewis, Raychelle
28/01/2026 16:17:21



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

Integrated Medium Term Plan 2025-28

Strategy:

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

Finance:

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

Change to stroke service provision:

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

Ein Hiechyd Ein Dyfodol **Our Health Our Future**
 CWM TAF MORGANNGW UNIVERSITY HEALTH BOARD
 BUILDING HEALTHIER COMMUNITIES TOGETHER

STARTING WELL **GROWING WELL** **LIVING WELL** **AGEING WELL** **DYING WELL**

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

CREATING HEALTH **IMPROVING CARE**

Building Healthier Communities Together

INSPIRING PEOPLE **SUSTAINING OUR FUTURE**

Reducing health inequalities
 Equal focus on mental and physical health
 Supporting our communities
 Being a healthy organisation

Visible and inspiring leadership
 Promoting diversity and inclusion
 Embedding our values and behaviours
 Encouraging local employment

Delivering safe and compassionate care
 Developing new models of care
 Digital transformation for patients and staff
 Ensuring timely access to care

Becoming a green organisation
 Ensuring our services' financial sustainability
 Embedding value-based healthcare
 Ensuring our estate is fit for the future

Lewis, Raychelle
 28/01/2026 16:17:21

Baseline information





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:	<p>2025/26 Annual Plan Priorities :</p> <ul style="list-style-type: none">• Value and Sustainability<ul style="list-style-type: none">• Workforce stabilisation• INNU/EBI Procedures• Financial Recovery and Route Map• Quality and Performance<ul style="list-style-type: none">• 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<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">• 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

Lewis Raychelle
28/01/2026 16:17:21

Baseline information

Swansea Bay University Health Board



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

Annual Plan 2025/26

Plan:	SBUHB have submitted an Annual Plan for 2025-26 with continued commitment to deliver safe, high-quality care for patients - working in collaboration with partners to achieve this and fostering an environment and culture within which all can thrive and populations receive the best services possible, both now and in the future. There is acute awareness of the challenges, particularly ensuring the safety and financial sustainability of health care services.
Finance:	Given the scale of underlying run rate coming into 2025/26, the organisation has set an ambitious savings delivery target of 5% for 2025/26. 5% is considered to be the maximum deliverable savings level in a financial year. Even after delivery of this 5% savings requirement the closing assessed Plan for 2025/26 of £58.7m deficit remains in excess of the forecast closing position from 2024/25.
Performance:	<ul style="list-style-type: none">• Planned Care delivery in 25/26: These trajectories are predicated on the receipt of the Planned Care Monies from Welsh Government (£5.2M). Maintain zero 104 week waits for treatment, as achieved by 31st March 2025. Maintain our 'best in Wales' position on 0 patients waiting over 52 weeks for a first outpatients' appointment. Work towards reducing the number of patients waiting over 8 weeks for a diagnostic endoscopy, and continue to maintain current position of patients waiting over 8 weeks for all other diagnostics (80% TI target)• Cancer Care Delivery in 2025/26 - Deliver a 12-month improvement trend, patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward achieving the national target of 80% by 31 March 2026.• Unscheduled Care Delivery - Reduce ambulance patient handovers• Quality & Safety in 25/26: - Focus on the reduction of cases of HCAI across the Health Board and evidence continuous improvement accompanied by a strong QI approach, continue to implement duty of quality, monitor delivery of the quality priorities through the Quality digital dashboard• Mental Health Services in 25/26 - 80% target of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral, maintain 80% target of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS
Update on maternity and neonatal review:	<ul style="list-style-type: none">• Dr Denise Chaffer, Chair of the Oversight Panel, updated the Health Board in March on the progress with the independent review of maternity and neonatal services. The review is scheduled to conclude by Summer 2025. Llais (patient's voice body) has completed its engagement with families on services and report will be published by the end of April 2025.

Lewis Raychelle
28/01/2026 16:17:21

Baseline information

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”

Lewis, Raychelle
28/01/2026 16:17:21



Baseline information

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
-----------	------------



- Hywel Dda and Swansea Bay UHBs continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally.
- The approach is to consider regional partnerships and regional solutions, a core principle of a whole system approach to the planning and delivery of services. In addition to the NHS transformational priorities below we will also prioritise Workforce, Education, & Skill, Research, Enterprise, & Innovation. Our vision is to deliver outstanding patient outcomes through the provision of high quality and effective specialised healthcare, and to work collaboratively across the region deliver meaningful change to improve the health, wealth and wellbeing of the population, whilst creating a vibrant and sustainable environment for people to live, learn and work.
- Regional Stroke Programme aims to enhance and progress Stroke Services throughout the region. This programme covers the entire service pathways: pre-acute stroke care, Comprehensive Regional Stroke Centres, acute stroke services, to post-acute stroke services such as rehabilitation, early supported discharge, and life after-stroke support. The programme aims to provide the best possible care to stroke survivors.
- Regional Diagnostics Programme is leading the transformation of a broad range of diagnostic services focusing on Endoscopy, Radiology and Pathology, with an aim to increase overall capacity, reduce pressure on accurate sites, regionalise provision, utilise community settings, develop the workforce and minimise inequity of access.
- Regional Eye Care Programme is being scoped for prioritisation in the ARCH portfolio. It aims to explore opportunities which will standardise and stabilise the South West Wales Eye Care Services to ensure overall sustainability.
- Regional Pathology Programme is establishing new Regional Pathology Service via a new Operational Delivery Network and developing an Outline Business Case for a Regional Pathology Centre of Excellence at Morriston hospital.
- Regional Orthopaedic Programme aims to deliver high quality, equitable care across the region whilst balancing orthopaedic demand and capacity in a sustainable way.
- Regional Cancer Centre Programme which is aligning the strategic vision for regional non-surgical oncology services.

Lewis Raychelle
28/01/2026 16:17:21

Baseline information

National & Regional Stroke Programmes

Regional / Health Board Stroke Programmes:

North Wales (BCUHB)	Review and development of stroke services is under way to reflect the Quality Statement.
West Wales (SBUHB and HDdUHB) (catchment includes Powys)	Development of a regional model, including hyper acute stroke unit (HASU)
HDUHB (catchment includes Powys residents)	Stroke is one of 9 specialties that form part of a programme of work to deliver a Clinical Services Plan (CSP), as part of the strategy 'A Healthier Mid and West Wales'. Formal consultation on the CSP has concluded and is now being reviewed.
CTMUHB	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. Next steps including the permanent service model will be developed and overseen through the Regional Stroke Programme arrangements, which is a component of the National Stroke Programme (Wales).
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.

The Stroke Regionalisation Programme has been refreshed following the publication of the Fragile Service Report.

South Central / South East Wales (CTMUHB, CAVUHB, ABUHB) – current / future flows include South Powys

Update from Regional Stroke Programme October report

- The South-Central Wales interim clinical model - Cwm Taf Morgannwg (CTM) will retain their acute stroke service and consolidated acute stroke services at the Royal Glamorgan Hospital following infrastructure and consultant staffing challenges. UHW have established the South Wales Thrombectomy Service and will be identified as the Comprehensive Regional Stroke Centre that will manage specialist care.
- Stroke Service Standards / Pathways were presented at the Regional Operational Delivery Group. First meeting of the clinical advisory group has taken place to scope out the agenda and to discuss the re-establishment of a regional medical rota.
- Baseline and gap analysis of current stroke service provision work to be initiated to determine current baseline assessment against the National Stroke Service Standards. This will feed into the workforce planning agenda.

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)
- **Shropshire and Telford & Wrekin:** Hospitals in prep. Stroke Programme includes relocation of HASU from Telford to Shrewsbury.

Baseline information

Regional – NHS Wales

Organisation	Key developments
South East Wales Regional Joint Committee	<p>The South-East Wales Regional Joint Committee (RJC) brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this. (Powys is an associate member.)</p> <p>The Joint Committee set its priorities for 2026/27</p> <ul style="list-style-type: none">• Delivery in existing programmes (as set out below)• Develop a framework for commissioning and contracting at a regional level – establishing an operating framework for the Joint Committee• Developing a process for identifying greatest opportunities for regional services- bringing together clinical service planning for the region and prioritising through this process• Developing and implementing a regional digital plan – prioritising digital as an enabler for regional working. <p><u>Orthopaedics</u> vision is to provide high quality, equitable care with the best outcomes for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency, in a sustainable way.</p> <p><u>Regional Diagnostics</u> Programme has been established to develop and deliver plans for services sustainability across core diagnostic modalities.</p> <p><u>Radiology</u> – establishing common demand and capacity position for the region and considering key challenges to address.</p> <p><u>Endoscopy</u> programme aims to bring a regional service model approach to drive out variation, enable greater access and develop a collaborative training approach.</p> <p><u>Pathology</u> - To deliver, sustainable, patient-centred and value based cellular pathology services by standardising service delivery across the UHBs, integrating pathways, ensuring high-quality end-to-end services across the region.</p> <p><u>Ophthalmology</u> - The vision for the programme is that Ophthalmology Services in South East Wales are sustainable and deliver high quality care and improved outcomes to patients in a timely way.</p> <p><u>Cancer</u> - The programme is working to bring grater consistency to services to standardise governance and support arrangements enabling grater collaboration.</p>

Lewis, Raychelle
28/01/2026 16:17:21

South West Wales Cancer Centre



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

Programme	Key Points
<p>South West Wales Cancer Centre (SWWCC) Regional Strategic Programme</p> <p><i>Lewis Raychelle 28/01/2026 16:17:21</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 the out indicatively would be located in Singleton. Aim is to get this to Boards in September, for approval to go to WG to formally launch the capital Business Case process.

Baseline information

Regional – NHS Wales

Organisation	Key developments
Regional Joint Committees	<ul style="list-style-type: none"> • There are now 2 ‘Regional Joint Committees’ for the South East and South West Wales areas • These have been established with an intended purpose set out by the Minister for Health and Social Care, for effective regional planning and delivery of service models, and associated improvement in outcomes, quality and reduction in inequalities in access. • PTHB is an associate member of the South West body ‘Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards’ and the ‘South East Regional Joint Committee’. • The work programmes for both Committees are in development.
South East Wales Regional Portfolio Board	<ul style="list-style-type: none"> • Updates were given at the October meeting of the Regional Portfolio Board as summarised below: • Llantrisant Health Park is a major focus for this Board and key workstreams are being considered in terms of alignment to the ongoing business case development • Updates were given on Endoscopy, Radiology, Orthopaedics, Cancer, South Central Stroke Delivery, Ophthalmology, Pathology – highlights below: <ul style="list-style-type: none"> • Endoscopy – updates provided on procurement process currently underway • Radiology – updates provided on options appraisal and demand and capacity work • Orthopaedics – update on regional plan, scoping of Full Business Case underway • Cancer – update on Regional Cancer Programme Board, Phase 2 priorities, regional oncology and data • South Central Stroke – update on regional model, National standards, Thrombectomy work • Ophthalmology – update on insourcing, regional alliance model, cataracts pathway • Pathology – update on management model, options appraisal and business case working group
South West Wales	<ul style="list-style-type: none"> • The South West Wales Regional Joint Committee actions in relation to planned care are progressing in orthopaedics and cataracts surgery.
Mid Wales Joint Committee for Health and Care	<ul style="list-style-type: none"> • Professor Philip Kloer, Chief Executive HDUHB has commenced as Chair of the committee and Keith Jones Director of Operational Planning and Performance HDUHB has commenced as Programme Director • Current Priorities for the Committee are 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 • Other areas of work being taken forward in the delivery plan 2025/26 are Colorectal services pathway for Mid Wales, Dermatology provision and stroke task and mission groups has been established. • The Committee are also considering progress made against The Longley report published in 2014 led by Professor Marcus Longley, a study of the provision of health services in Mid Wales.

Baseline information

RSSPP Forum



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

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

Lewis, Raychelle
28/01/2026 16:17:21

Baseline information

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



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

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

Lewis Raychelle
28/01/2026 16:17:21

Baseline information

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.

Baseline information

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)

Lewis, Raychelle
28/01/2026 16:17:21

Baseline information

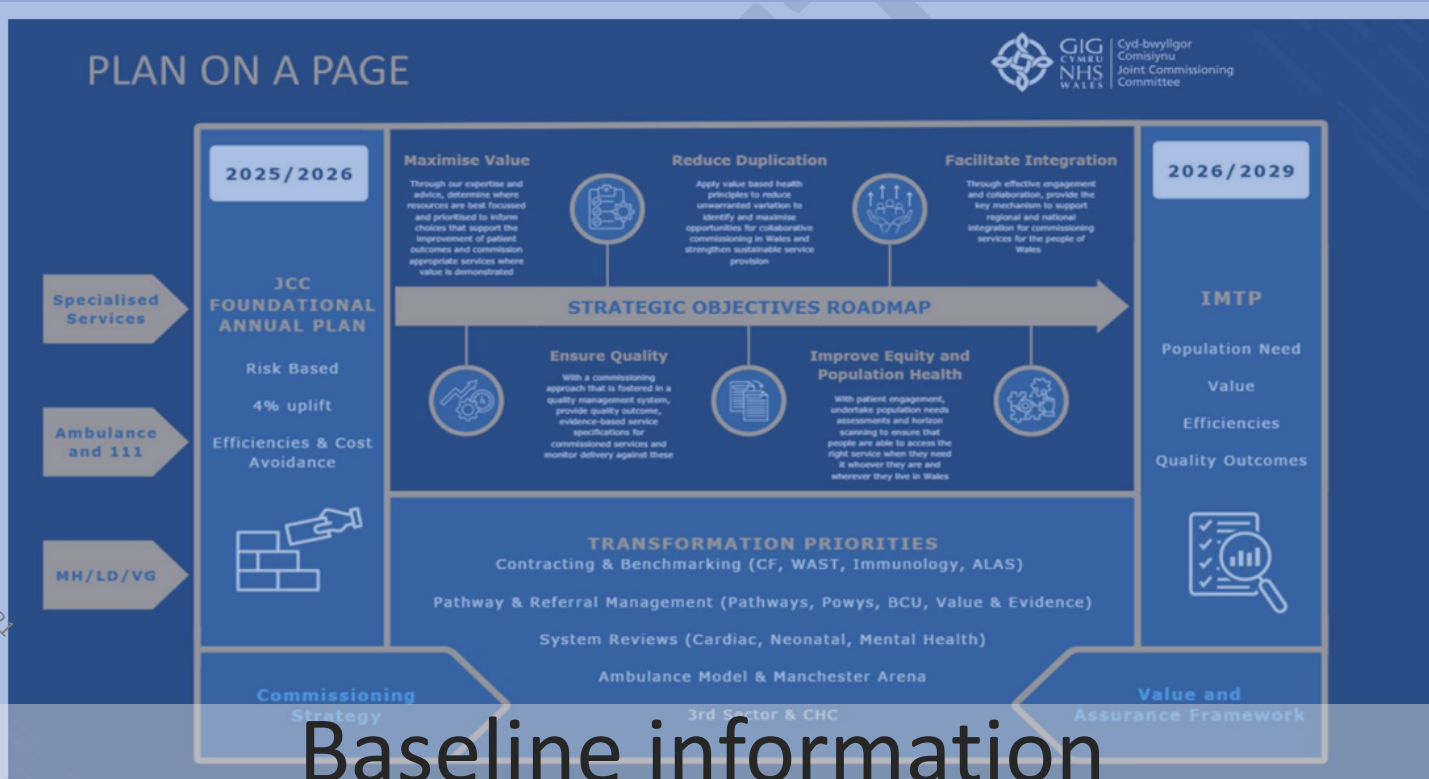
NHS Wales Joint Commissioning Committee

Joint Commissioning Committee 2025/26 Foundation Plan

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

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

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



Lewis Raychelle
28/01/2026 16:17:24

Baseline information

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.

Baseline information

Lewis Raycole
28/01/2026 16:17:21

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.

Baseline information

Welsh Government: all-Wales maternity services assessment

Organisation	Key developments
Welsh Government: all-Wales maternity services assessment	<ul style="list-style-type: none">• NHS Performance and Improvement have been commissioned to undertake an all-Wales assurance assessment of maternity and neonatal services. This will start this month and will be independently chaired. It will take account of the findings of the recent reviews of maternity and neonatal services across the UK, including in Swansea Bay.• https://performanceandimprovement.nhs.wales/functions/networks-and-planning/maternity-and-neonatal-services/mnssp-implementation-network/• A Maternity and Neonatal Oversight Panel has been established, which will be a time limited group to provide an independent assessment of Wales maternity and neonatal services. The Panel have national expertise in their respective fields and will support work to improve the quality and safety of maternity and neonatal services.• It will provide Welsh Ministers with external assurance on the quality and safety of maternity and neonatal services and make recommendations for the future development and improvement of services. This is a structured process by which the panel members will assess, judge, and evaluate the quality of services across Wales, against a defined standard.

Lewis, Raychelle
28/01/2026 16:17:21

Baseline information

National & Regional Stroke Programmes

Regional / Health Board Stroke Programmes:

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

Stroke programmes in England:

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

Baseline information

Integrated Medium Term Plan 2025-28

Strategy:	<p>The Long-Term Strategic Framework ‘Delivering Excellence’ sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation our clinical services model to ensure that patients receive the ‘right advice and care, in the right place, every time’. The ambition is to evolve from a traditional ambulance and transport service, towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who make contact through 111, 999 and non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which WAST work.</p> <p>The evolved Clinical Services Model is designed to be clinically led, patient centred and integrated across multiple services. To deliver this transformation, WAST will:</p> <ul style="list-style-type: none">• Embed clinically led decision making: Clinically led care decisions from first patient contact, ensuring timely, personalised responses, reducing unnecessary interventions and improved outcomes.• Enhance system connectivity: Systems, processes and staff integrated across WAST and supported by digital solutions to deliver consistent patient experiences and maximise resource efficiency.• Offer choice through diversified response options: Expanding response pathways in collaboration with the wider system, will allow safe, community-based treatments while ensuring ambulance dispatch is prioritised for critical needs.• Strengthen collaborative pathways: Partnerships with Health Boards, commissioners, and community services will create shared care pathways, enabling patients to the access most appropriate local services.
Finance:	<p>Given the Trust’s current underlying position, along with the level of funding able to be made available, and subject to some of the remaining risks highlighted in the paper presented by the Executive Director of Finance & Corporate Resources, this does provide the ability for the Trust to present a balanced financial plan for 2025/26. WAST has been asked to outline what further stretch it could make in its cost improvement/savings plans by the JCC, however this plan is presented in the context of an £8.5m savings target.</p>

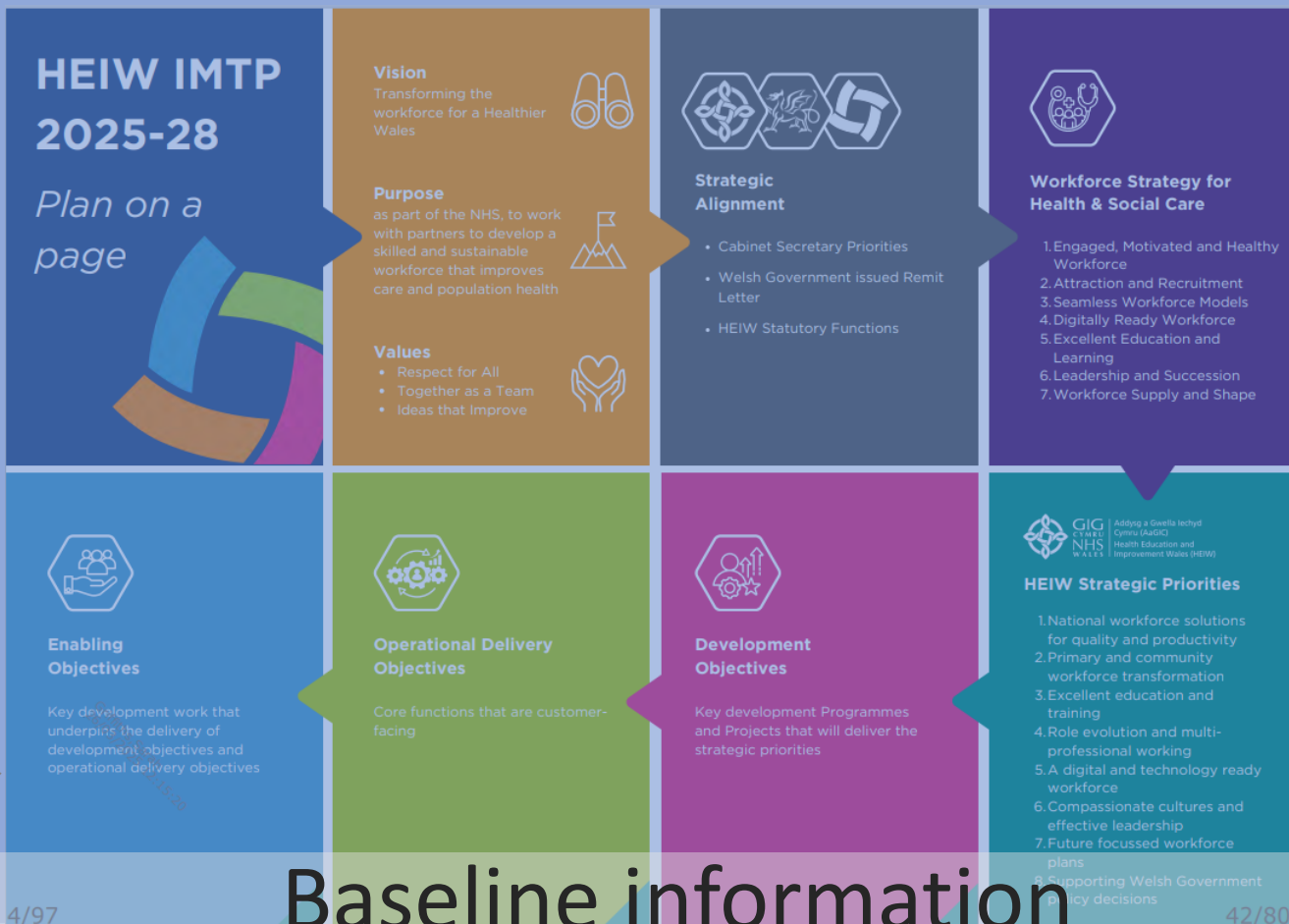
Lewis Raychelle
28/01/2026 16:17:21

Baseline information

Health Education and Improvement Wales (HEIW)

Integrated Medium Term Plan 2025-28

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



Lewis Raychelle
28/01/2026 16:17:21

4/97

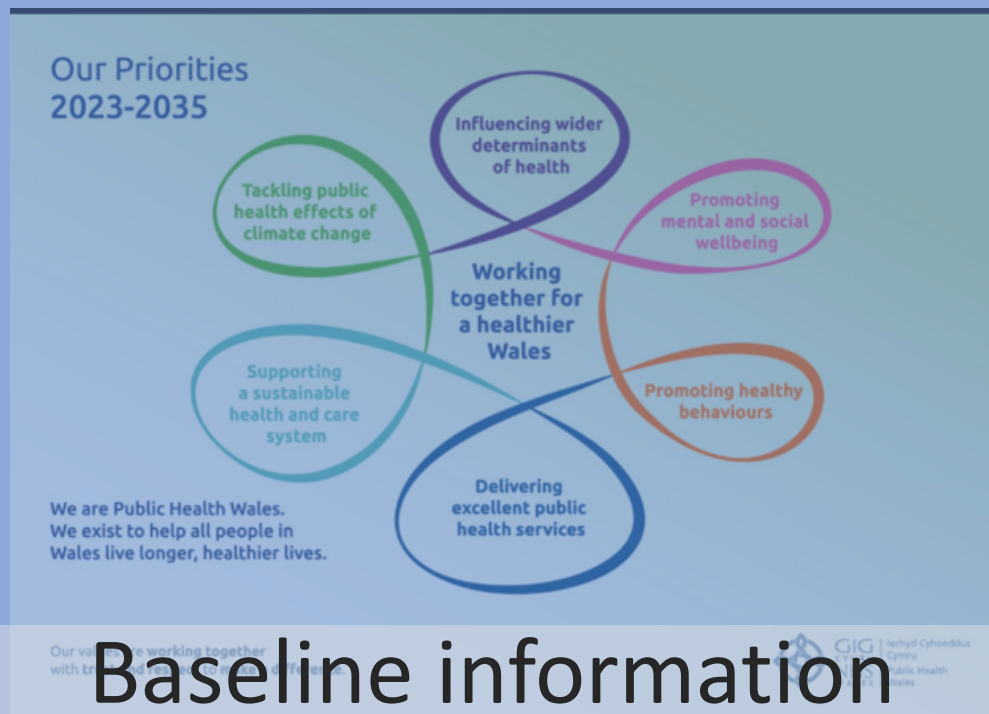
Baseline information

42/804

Strategic Plan (IMTP) 2025-28

PHW have submitted a Strategic Plan for 2025-28.

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



Lewis, Raychelle
28/01/2026 16:17:21

Baseline information

Strategic Plan (IMTP) 2025-28

Plan on a Page 2025-26

NWSSP Strategy Map

Delivering Value, Innovation and Excellence through Partnership

Our Values



Our Strategic Objectives



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

Baseline information

National – NHS in England

The Planning Framework for the NHS in England has been released and sets 3-year operational & financial roadmap for NHS England and local systems. The focus is outcomes-based delivery, restoring elective performance, strengthening primary/community care, accelerating digital transformation, and prioritizing prevention & population health

Core Objectives & Targets

- Restore elective care: 92% of patients treated within 18 weeks by 2028/29 (70% by 2026/27)
- Improve urgent/emergency care: 82% A&E 4-hour target by Mar 2027, 85% by Mar 2029
- Strengthen primary, community, mental health services; shift activity out of hospitals
- Accelerate digital adoption to improve productivity and reduce bureaucracy
- Embed prevention and population health to reduce demand and inequalities

Planning & Financial Approach

- Multi-year (3 & 5 year) planning replaces annual cycle
- Resource allocation tied to deliverable productivity/efficiency improvements
- Stronger national oversight, but local flexibility encouraged

Strategic Shifts

- Hospital → Community: invest in community teams, virtual wards, pathways
- Treatment → Prevention: focus on population health, long-term condition management
- Analogue → Digital: mandate digital adoption for care and measurement

Operational Priorities

- Elective recovery: activity restoration, waiting list management, productivity
- UEC redesign: capacity, flow, workforce, ambulance improvements
- Cancer, diagnostics, mental health: explicit capacity/access targets
- Community health: 78% activity within 18 weeks by 2026/27; 80% by 2028/29
- Primary care: 90% of urgent cases seen same day
- Workforce & productivity: minimum 2% annual productivity improvement

Local System Requirements

- Develop credible 3–5 year plans aligned to national trajectories
- Emphasize community care, prevention, digital adoption
- Strengthen governance, data reporting, improvement capability

Baseline information

Escalation and Assurance Arrangements in NHS England

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

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

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

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

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

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

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

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

Baseline information

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

Trust Strategy 2023-28

New five-year strategy, which sets out how they will deliver an innovative future for patients, colleagues and communities.

Five key objectives:

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
2. Develop our Veterans Service as a nationally recognised centre of excellence
3. Integrate MSK pathways across Shropshire, Telford and Wrekin
4. Grow our services and workforce sustainably
5. Innovation, education and research at the heart of what we do

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.

Opening of new
Theatre building

Lewis Hayelle
28/07/2016 16:17:21

Baseline information

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
SATH Trust Strategy 2022-27	<ul style="list-style-type: none"> • Our vision “ To provide excellent carer for the communities we serve”. The six strategic themes - Improve the quality of care that we provide, Deliver a better patient journey and experience, Ensure seamless patient pathways, Make our organisation more sustainable, Enhance wider health and wellbeing of communities, Make SaTH a great place to work
Development works	<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.
Urgent temporary changes to oral and maxillofacial services	<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.
Phase 1 works	<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 long planned pre-build refurbishment to provide larger patient bays and improved patient visibility through modern staff bases. The refurbishment forms part of the Trusts wider ITT plans, where a four-storey expansion is currently underway at the front of the RSH site and is expected to open in 2028.

Baseline information

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.

Lewis Raychelle
28/01/2026 16:17:21

Baseline information

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
Trust strategic objectives 2025/26	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.
Spinal surgery referrals	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.

Lewis, Raychelle
28/01/2026 16:17:21

Baseline information



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.3

PLANNING, PARTNERSHIPS, AND POPULATION HEALTH COMMITTEE **03 February 2026**

Subject:	Partnership Governance and Assurance Report
Approved and presented by:	Nicola Johnson, Executive Director of Planning, Performance and Commissioning and Helen Bushell, Director of Corporate Governance/Board Secretary
Prepared by:	Assistant Director Partnership Development and contributors
Other Committees and meetings considered at:	Executive Committee – 21 January 2026

PURPOSE:
The paper provides the updated Partnership Governance and Assurance Framework and High Level Report.

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

Approve/Take Assurance	Discuss	Note
Y		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

EXECUTIVE SUMMARY:

The Partnership Governance and Assurance Framework was approved by the Executive Committee on the 2nd April 2025 and was received by the Planning, Partnerships and Population Health Committee (PPPH) Committee on the 19th May 2025. It has been updated and is attached (**Annexe 1**). The Framework was an Annual Plan requirement and addressed an Internal Audit recommendation.

The Framework recommended that there should be a biannual report to PPPH Committee. The first report was submitted to PPPH Committee in August 2025. The second high level report is attached (**Annexe 2**).

In relation to the multiagency partnerships involving Powys Teaching Health Board (PTHB) (which are predominantly statutory) the updated Framework and high level report provide a view of:

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

The section on partnership maturity will be populated over time as partnership self-assessments are undertaken.

Deepening partnership relationships is seen as a driving force by Welsh Government in the shift to prevention, the improvement of population outcomes, the development of community services, the protection of vulnerable people, and the reduction of pressure on hospitals.

BACKGROUND

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

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

The Framework has been updated and a Schedule of "Partnerships by Choice" added.

The high level report does not cover all of the partnerships listed within the Framework, in order to prevent duplication where there is already reporting through another route, as summarised in the table below. (The performance of PTHB services funded via partnership grants are reported via the Integrated Quality & Performance Framework).

Level	Partnership included in Updated Framework	Partnership included in High Level Report
Powys (including where it is designated as a statutory region)	✓Regional Partnership Board	✓
	✓Public Services Board	✓
	✓Powys Community Safety Partnership	✓
	✓Powys Youth Justice Management Board	✓
	✓Area Planning Board	✓
	✓Primary Care Clusters	✓
	✓Local Partnership Forum Advisory Group	This is not included in this report as a Board Advisory Fora Report is a standing item on the Board agenda.
Wider Region	✓Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS)	✓
	✓Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards	✓
	✓Regional Housing Support Collaborative (RHSCG)	✓
	✓Dyfed Powys Local Resilience Forum	✓
	NHS Regional Planning Committees: ✓Mid Wales Joint Committee for Health and Care ✓South East Wales Joint Committee ✓Regional Joint Committee Swansea Bay and Hywel Dda Health Boards	Covered by the Strategic Change report.
National	✓NHS Wales Joint Commissioning Committee	✓
	✓NHS Wales Shared Services Partnership Committee	✓
Partnerships by Choice Schedule	✓Joint Leadership Team Meeting	Reference only as the group which approves Section 33 Agreements.
	✓NHS Cross Border Network (England and Wales)	✓
	✓The Marches Forward Partnership	Watching brief only

Development of High Level Report

The lead director or supporting officer/Partnership Co-ordinator was asked to update the relevant sections of the Framework and the High Level Report. This has included colleagues outside PTHB. Contributors have included the:

Regional Partnership Board Co-ordinator
Governance and Policy Officer, Powys County Council
Area Planning Board Manager, Powys County Council
Housing Support Grant Manager, Powys County Council
The Deputy Director of Finance
Assistant Director of Nursing
Assistant Director of Commissioning & Performance
Deputy Board Secretary
Programme Manager Mid Wales Joint Committee for Health and Care
Civil Contingencies Manager
Head of Primary Care
Other Directors and Assistant Directors provided information, signposting and/or advice.

The Framework and High Level Report attempt to provide information in a way which is succinct, meaningful, and of value to the Health Board. The investment in building and maintaining individual partnerships needs to be proportionate to the potential benefits in achieving shared strategic goals to meet the needs of the local population.

Those involved in co-ordinating partnerships, who have contributed to the Framework and Report, have found it helpful to see an overview of the work of other partnerships. The Co-ordinators now meet to share information and learning.

The co-ordinators are working together to strengthen collaboration. Steps are being taken to draw together work on assessments; to align plans; to share data; and to enable people with lived experience to influence wider partnerships and programmes. Engagement and insight reports are shared through the Engagement and Insight Network.

Key Updates, Risks and Issues

Regional Partnership Board

- In line with the Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024 and the revised Social Services and Wellbeing (Wales) Act Part 9 guidance, PTHB has designated a "responsible person" for the RPB, which is the Executive Director of Primary, Community and Mental Health. The responsible person must:

- encourage co-operation and partnership working within their appointing partnership body;
 - take the lead in promoting their appointing partnership body's contribution to the meeting of the objectives of the regional partnership board;
 - report back to the cabinet or, as the case may be, the board of their appointing partnership body on the work of the regional partnership board.
- In December 2025 the RPB agreed to extend the Health and Care Strategy to March 2029. Work on the population needs assessment, wellbeing assessment and market stability report will be undertaken by March and May 2027. This will enable improved alignment with the Joint Area Plan, Powys Cluster Plans, the Powys Wellbeing Plan, Better Together, Sustainable Powys and the North Powys Wellbeing Programme.
 - The Outline Business Case for the North Powys Wellbeing Programme was submitted to Welsh Government in mid-December; a flagship partnership development in Newtown in line with the Strategy.
 - The revised RPB accountability arrangements with Welsh Government are summarised in the updated Framework. These include annual accountability meetings, which the responsible person attends alongside the RPB chair and local authority counterparts. The PTHB Chair is covering the RPB Chair post on an interim basis until re-election in May 2026.
 - Key PTHB Executives and Assistant Directors have worked closely within RPB partners to ensure that the 2026/7 RPB Delivery and Resource Plan addresses the greatest system pressures including pathway of care delays and inappropriate admission to hospital, and this was approved by the RPB Board in December 2025.
 - The last report highlighted the need to ensure robust exit planning in relation the Regional Integration Fund (RIF), which ends in March 2027. PTHB has been working through the RPB to ensure that the RPB Delivery and Resource Plan includes robust action in relation to exit planning and delivery. PTHB has also included actions in the draft PTHB Annual Plan for 2026/2027. The health board receives £3.1m. Some projects were not intended to continue and lessons and outcomes will be reported as part of closure. Others will seek mainstreaming through business cases through the Investment Benefits Group, ahead of consideration by the Executive Committee. However, the risks in relation to key third sector services funded via RIF (£1.4m) also need to be addressed.

In December 2025 Welsh Government issued a statement and Year 3 Annual Report on "**Building an Integrated Community Care System**".

This is a joint position statement for the 7 major funds contributing to the development of the ICCS in Wales:

- Allied Health Professions Investment Fund
- 'Building Capacity through Community Care - Further Faster programme
- Housing with Care Fund
- Integration and Rebalancing Capital Fund
- Regional Integration Fund
- Six Goals for Urgent and Emergency Care
- Strategic Programme for Primary Care

The links the full report are below

[Adeiladu System Gofal Cymunedol Integredig: adroddiad blynyddol blwyddyn 3 | LLYW.CYMRU](#)

[Building an Integrated Community Care System: year 3 annual report | GOV.WALES](#)

Joint Commissioning Committee

- There is a financial risk relating to the £1.8m forecast End of Year Deficit (at month 9) in relation to PTHB and the health Board is working closely with the JCC team and the other Health Boards on the development of the Integrated Commissioning Plan for 2026/27.

NHS Wales Shared Services Partnership (NWSSP)

- In December 2025 the Cabinet Secretary made a statement on the accountability and governance arrangements and the review being undertaken in relation to NWSSP. A summary of the statement is included in the High Level Report.

Mid and West Wales Regional Safeguarding Board

- There is no longer a Junior Safeguarding Board, as alternative arrangements are in place for including the voice of children and young people.
- The need to ensure prevention of violence against women, domestic abuse, sexual violence, alcohol and substance misuse remain a key focus of strategic partnership work – and has the potential to reduce harm and avoidable primary, mental health and emergency activity.
- There remain opportunities for PTHB to better utilise existing services funded by Welsh Government provided through other agencies in partnership – notably in relation to alcohol and substance misuse services.
- There is growing financial pressure in relation to detoxification and rehabilitation placements.

Lewis, Raychelle
28/01/2026 16:17:21

- The need to balance immediate short-term pressures against longer term strategic work, including the shift to prevention, is a common challenge.

A high level summary of key risks in relationship to partnership working, from a health board perspective, is provided at the end of the report. Risk and mitigation in relation to partnership working has been contributed to the Organisational Risk Register and relevant actions submitted for inclusion within PTHB's draft Annual Plan.

NEXT STEPS:

1. The Partnership Governance and Assurance Framework will be updated annually and a highlight report produced biannually.

IMPACT ASSESSMENT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe			x		The PTHB Partnership Governance and Assurance Framework aims to provide a basis for understanding PTHB's involvement in partnerships; for ensuring appropriate governance; and for improving partnership working.
Timely			x		
Effective			x		
Efficient			x		
Equitable			x		
Person Centred			x		
Workforce			x		
Leadership			x		
Culture			x		
Information			x		
Learn, Improve, Research			x		
Whole Systems Approach			x		

EQUALITY:

	No impact	Negative	Positive	Both	
Age	x				
Disability	x				
Gender reassignment	x				
Marriage / civil partnership	x				
Pregnancy / maternity	x				
Race	x				
Religion or Belief	x				
Gender	x				
Sexual Orientation	x				
Welsh Language	x				
Socio-economic status	x				
Social exclusion	x				
Carers	x				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	x				The PTHB Partnership Governance and Assurance Framework should help to reduce clinical, financial, corporate, operational and reputational risks.
Financial	x				
Corporate	x				
Operational	x				
Reputational	x				

Lewis, Raychelle
28/01/2026 16:11:21



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK

Powys Teaching Health Board

Lewis, Raychelle
28/01/2026 16:17:21

Updated 12.01.2026

Contents

Introduction, Purpose and Legislative Background	4
Purpose	4
What does “Partnership” mean?	4
Scope	4
Statutory Partnerships	5
Delegation of Functions	5
Partnerships by Choice	8
Partnership as a way of working	8
Overview	11
Regional Partnership Board	13
Public Services Board	20
Community Safety Partnership.....	23
Powys Youth Justice Management Board.....	25
Area Planning Board	28
Primary Care Clusters	30
Local Partnership Forum Advisory Group	32
Safeguarding	35
Dyfed Powys Local Resilience Forum.....	38
Mid Wales Joint Committee for Health and Care	40
Other NHS Regional Partnerships	43
Non Ministerial Departments	44
NHS Wales Joint Commissioning Committee.....	44
NHS Wales Shared Services Partnership Committee (NWSSP)	46
Assurance	48
Process for Adding or Removing a Partnership to/from the PTHB Partnership Governance Framework	49
Recommendations	50
Key References.....	51
Annexe 1: Welsh Government classification	52
.....	52
“Partnerships by Choice Schedule”	53
Joint Leadership Team	53
NHS Cross Border Network (England and Wales)	54
Annexe 2: Partnership Maturity Matrix	0

Lewys Raychelle
28/01/2026 16:17:21

Version Control	
21.01.2026	Assistant Director Partnership Development; Director of Corporate Governance/Board Secretary; and Director of Planning and Performance – for Executive Committee.
03.02.2026	For consideration at PPPH Committee

Lewis, Raychelle
28/01/2026 16:17:21

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. The framework also has a Schedule on “Partnerships by Choice”.

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.

“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 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 Planning, Performance and Commissioning 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 framework is statutory partnerships involving PTHB. However, there is additional short "**Partnerships by Choice Schedule**" including for example the Joint Leadership Team with the County Council, which is the route for approval of Section 33 Agreements. The schedule takes into account the scope of the Framework set out earlier and the Welsh Government classification in Annexe 1. "Partnerships by Choice" are characterised as having developed voluntarily and take a variety of different approaches to partnership working. 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.

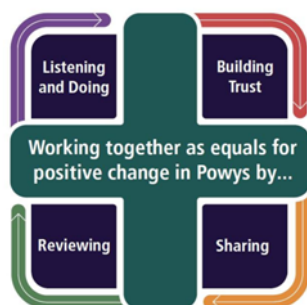
Partnership as a way of working

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.

Lewis Raychelle
28/01/2026 16:17:21

- 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.

Lewis, Raychelle
28/01/2026 16:17:21

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.

Level	Partnership included in Framework
Powys (including where it is designated as a statutory region)	Regional Partnership Board
	Public Services Board
	Powys Community Safety Partnership
	Powys Youth Justice Management Board
	Area Planning Board
	Primary Care Clusters
	Local Partnership Forum Advisory Group
Wider Region	Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS)
	Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards

	Regional Housing Support Collaborative Group (RHSCG)
	Dyfed Powys Local Resilience Forum
	NHS Regional Planning Committees: Mid Wales Joint Committee for Health and Care Southeast Wales Joint Committee Regional Joint Committee Swansea Bay and Hywel Dda Health Boards
National	NHS Wales Joint Commissioning Committee NHS Wales Shared Services Partnership Committee

Partnerships by Choice Schedule	Joint Leadership Team Meeting
	NHS Cross Border Network (England and Wales)
	The Marches Forward Partnership (watching brief only)

Lewis, Raychelle
28/01/2026 16:17:21

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.

<https://www.legislation.gov.uk/wsi/2024/1238/made>
[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 operates a tripartite leadership arrangement with chair and vice-chair responsibilities being sought from across the three key partners of the Health Board, Local Authority and CVC (PAVO).

The RPB is currently chaired by the PTHB Chair, with vice-chair roles being taken on Social Care Portfolio Holder and the CVCs CEO. (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).

Named Health Board responsible officer as per Partnership Arrangements (Wales)

Regulation 2024: The Executive Director of Primary Care, Community and Mental Health is the named responsible officer as per the requirement of the Partnership Arrangements (Wales)

Regulations 2024 who must be responsible for:

- a) encourage co-operation and partnership working within their appointing partnership body;
- b) take the lead in promoting their appointing partnership body's contribution to the meeting of the objectives of the regional partnership board;
- c) report back to the cabinet or, as the case may be, the board of their appointing partnership body on the work of the regional partnership board

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 a delivery 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 £2.56million 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 'RBP 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.)

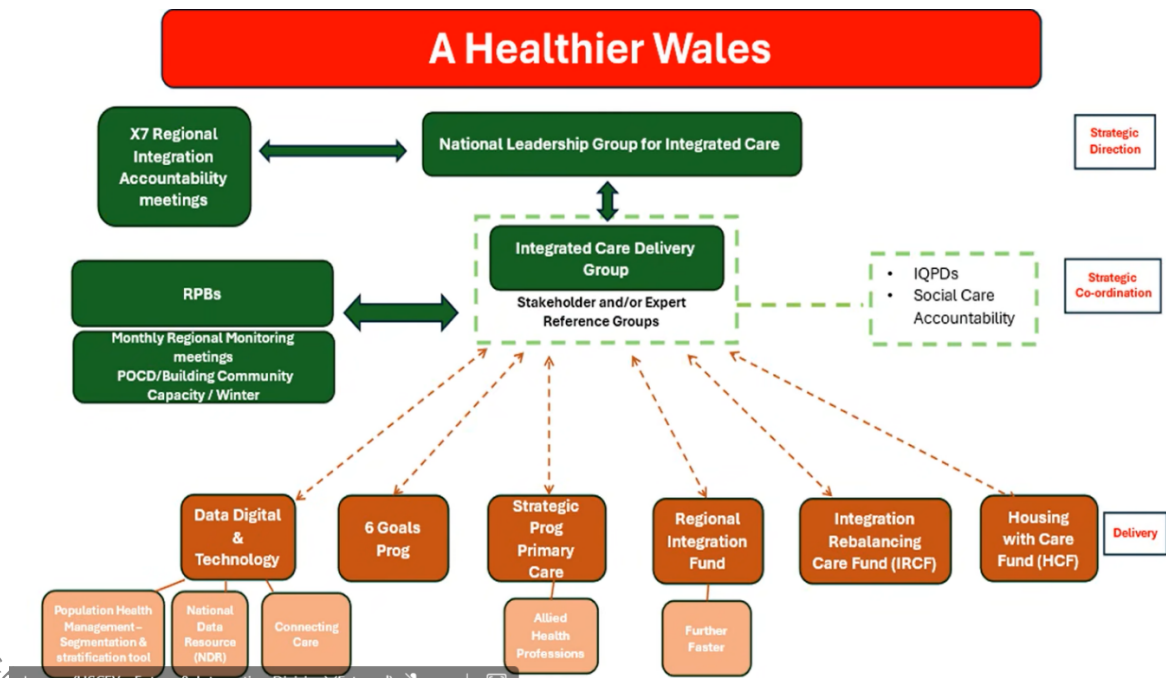
Plan

The RPB 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.

Welsh Government put in place revised accountability arrangements for RPBs in 2025, including the RPB Chair and the named PTHB” responsible officer” and the local authority counterpart attending a meeting with the Cabinet Secretary. The diagram below summarises the revised arrangements.



An annual RPB self-assessment is also required using a Welsh Government issued format.

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 March 2027.

The HCF is not permanent recurrent funding and is due to end in March 2027

The IRCF Revenue / Capital Funding is due to end in March 2026 and March 2027 respectively, unless extensions agreed.

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 that 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 – it has been agreed that the current strategy will be extended for a further two years so this work will take place after the Population Needs Assessment and Market Stability Work 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.

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. (There is a Collaboration Agreement in place between the University of South Wales and PTHB which supports the "Leading Digital Transformation Learning Academy").

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 RPB 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.

Lewis, Raychelle
28/01/2026 16:17:21

Public Services Board

Partnership Name

Public Services Board

Partnership Type, Legislation, Delegation

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.

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.

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.

PTHB Scheme of Delegation: The full PTHB Board retains the power to agree the Well-being objectives in accordance with the requirements of the Well-being 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 Services Board.

Terms of Reference

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.

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

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.

Key Subgroups

It is supported by the PSB Wellbeing Planning Group and Programme Boards.

Leadership

The PSB is currently 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 to achieve its objectives.)

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

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 Support Grant, the purpose of which is to assist PSBs as they build their strategic capacity and capability to support the delivery of well-being plans.

Welsh Government are due to undertake a listening exercise with PSBs which will inform the funding model from 2027/28 and onwards.

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 2025/26 was £47,077, provided by the Welsh Government Regional Support Grant.

Plan

Powys Well-being 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 process involved to produce the Well-being Assessment and Population Needs Assessment have been explored in readiness for the next iteration in 2027, with the aim of limiting the potential for duplication. While both assessments have separate legislative requirements, at a national level, conversations have begun regarding the potential for integrating both assessments considering their similarities, however this would be subject to legislative changes. 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 Services 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.

Lewis, Raychelle
28/01/2026 16:17:21

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. Its objectives are to: reduce crime; reduce anti-social behaviour; tackle the drivers of crime (particularly drugs and alcohol); reduce re-offending; reduce the fear of crime; reduce the number of killed and seriously injured (KSI) – Road Safety.</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 of Nursing)</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 of Nursing.

Lewis, Raychelle
28/01/2026 16:17:21

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 Nursing 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. There were previously difficulties in the group meeting due to the post of the Regional Development Co-ordinator being vacant. The RHSCG is currently led by the Housing Support Grant leads for Ceredigion, Carmarthenshire, Pembrokeshire and Powys. There is ongoing discussion held on group membership and future attendees. To date, the group has come to an agreement that attendees will be invited when reviewing specific regional initiatives.

The post of the Regional Development Co-ordinator (RDC) has been vacant due to difficulties recruiting within annual fixed term funding. The issue is under review as there is a low likelihood of recruiting for the RDC role on a yearly basis.

Despite the vacant RDC post, local authority Housing Support Grant (HSG) leads are still committed to co-ordinating activity, looking for synergies and sharing best practice in terms of regional commissioning and homelessness prevention in line with Housing Support Group guidance, Housing Support Programme Strategies and Rapid Re-housing strategies. In terms of recommissioning across the region, a key issue is whether to use Grant award processes vs total re-tender. The group has agreed to share information and papers where necessary.

Prevention of Homelessness: The Powys Housing Support Grant (HSG) allocation for 2025-2026 is approximately £8 million and indications are that the budget will be set at similar levels for 2026-27.

The HSG funds a range of non-statutory homelessness prevention services including:

- The Montgomery Family Crisis Centre
- Calan Domestic Violence Service
- Pobl Floating Support Service
- Mid & North Powys Mind

Lewis, Raychelle
28/01/2026 16:17:21

- Brecon Mind
- Sense Cymru
- Kaleidoscope

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

Lewis, Raychelle
28/01/2026 16:17:21

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

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.

Lewis, Raychelle
28/01/2026 16:17:21

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 was 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 Leads represent the Clusters at the Pan Cluster Planning Group, also supported by the Assistant Director of Primary Care. The PCPG receives and approves annual IMTPs and regular reports against these plans. The Cluster provides the PCPG with updates on delivery against objectives and the associated financial profile.

Reporting Process and Cycle

As above

Key Issues

- Ensuring alignment with the RPB through the Pan Cluster Planning Group (RPBE).
- Development of 2026-27 plan with priorities including frailty, mental health, urgent care, and prevention (respiratory, asthma, obesity, diabetes).
- Structural Changes: including the merger of Mid and South Powys Clusters, new collaborative arrangements for optometry and pharmacy, and the move to two cluster plans and leads from April next year.

Lewis, Raychelle
28/01/2026 16:17:21

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. Provide regular opportunities to strengthen social partnership and consider the Social Partnership Annual Report, in accordance with the Social Partnership and Public Procurement (Wales) Act 2023.</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 subgroups to establish ongoing dialogue, communication and consultation on service and operational management issues specific to Localities/Service areas. Where these subgroups 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;

- 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.

Lewis, Raychelle
28/01/2026 16:17:21

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

The diagram shows a hierarchical structure. At the top is the 'Mid & West Wales Safeguarding Children & Adults Executive Boards'. Below this are four main subgroups: 'Training Sub Group', 'Policies & Procedures Sub Group', 'Child & Adult Practice Review Sub Groups', and 'Local Operational Groups'. Under 'Policies & Procedures Sub Group' are 'Task & Finish Groups'. Under 'Child & Adult Practice Review Sub Groups' are 'Practice Review Panels'. Under 'Local Operational Groups' are 'Junior Local Safeguarding Children Boards'.

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 Nursing 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 o 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 o 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**.

Lewis, Raychelle
28/01/2026 16:17:21

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:

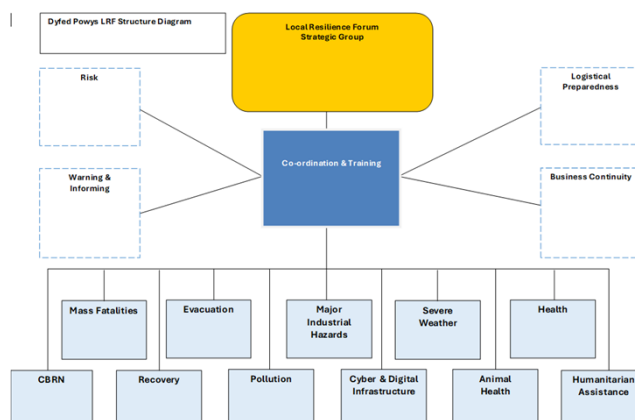
- to agree on joint strategic and policy approaches relating to Dyfed Powys' preparedness and response;
- to approve the Community Risk Register, and ensure it provides a robust basis for planning;
- to ensure that appropriate multi-agency plans, procedures, training and exercises necessary to address 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, direction from the Wales Resilience Framework and Delivery Plan and decisions 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.

Lewis, Raychelle
28/01/2026 16:17:21

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 (MWJC), 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 include 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 and the three Local Authorities (Ceredigion County Council, Gwynedd Council and Powys County Council) with Llais as a co-opted member.</p> <p>The MWJC has a set of annually agreed “Mid Wales” priorities with the purpose of providing added value to organisations working across Mid Wales and which align to the Integrated Medium Term Plans (IMTP) /Annual /Regional Plans of the Joint Committee’s partner organisations.</p>
Key Subgroups
<p>The MWJC oversees the delivery of the Mid Wales Priorities and Delivery Plan and the work of its sub-groups.</p> <p>The Mid Wales Planning and Delivery Executive Group (MWPDEG) leads on the development and implementation of the Mid Wales Priorities and Delivery Plan with its membership comprising planning representatives from the three Health Boards and WAST with the Chair of the Mid Wales Social Care Group attending on behalf of the three Local Authorities.</p> <p>The MWPDEG is supported in its work by the following groups:</p> <ul style="list-style-type: none"> · The Mid Wales Clinical Advisory Group (MWCAG) which provides clinical support and advice on the Mid Wales priorities either as identified by the group or as commissioned by the MWPDEG. · The Mid Wales Social Care Group (MWSocG) which focuses on social care and the alignment of plans for social care services across Mid Wales. Its membership includes Directors of Social Services for the three Mid Wales Local Authorities. A review of the group is currently in progress to ascertain whether its role provides added value and whether its role is already being undertaken elsewhere by other national and regional groups and mechanisms. · “Priority specific” task and finish groups implementing the delivery plan. These task and finish groups report directly to the MWPDEG with an update on progress provided to bi-monthly MWPDEG meetings. · The Mid Wales Strategic Commissioning Group (MWStCG) has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively for the population of Mid Wales. The group is directly accountable to the three Health Boards, with reports on its work provided to the MWPDEG. The group supports the MWJC in proposing suggested service areas which may benefit a regional approach. · The Rural Health and Care Wales (RHCW) Stakeholder Group reports to the MWJC and provide updates on its work to the MWPDEG. RHCW was established in response to the twelfth recommendation of the Mid Wales Healthcare Study that ‘The three Health Boards, working with local Universities and others, should develop and support a centre of excellence in rural healthcare, with a particular focus on research, development and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales.’ The workplan for RHCW supports the Joint Committee’s priorities with more wide-ranging areas of work that encompass broader social models of health and ill health preventative measures.
Leadership
<p>Joint Committee Leadership Team: Lead Chair- Chair, BCUHB; Lead Chief Executive CEO, HDdUHB 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, HDdUHB.</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 Liaisons.

Budget

£150,000 (£50,000 contribution from the three Mid Wales Health Boards)

Plan

The annual priority setting exercise includes a workshop session of the Mid Wales Planning and Delivery Executive Group to discuss and set the proposed priorities for the upcoming year with the following taken into consideration:

- Progress made on the Mid Wales priorities for the current year.
- Emerging themes / issues identified by the Joint Committee's sub-groups and task and finish groups.
- Individual organisational plans for the upcoming year and any other emerging matters which may require a collaborative discussion and regional approach.
- Feedback received from the public.
- Priorities of other regional and national programmes.

The proposed priorities are shared with the Joint Committee's sub-groups and task and finish groups for consideration and feedback prior to final agreement by the Mid Wales Planning and Delivery Executive Group (MWPDEG) and the MWJC. Delivery of the priorities is supported by a Mid Wales Priorities and Delivery Plan which details the scope, expected outcomes, key actions including timescales and the governance arrangements including responsible officers and delivery mechanisms.

The Mid Wales Priorities and Delivery Plan for 2025/26 focused on the following priorities and workstreams:

Priority	Workstream
Urology	Prostate-Specific Antigen (PSA) pathway
	Trial Without Catheter (TWOC)
Ophthalmology	Powys THB nurse led wet age-related macular degeneration (AMD) service
	Networking opportunities and joint pathway development
	Mid Wales Clinical Leadership
	Primary care eye care services for the South Gwynedd area
Cancer	Bronglais General Hospital Chemotherapy Day Unit
	Radiotherapy and chemotherapy pathways
Community Dental Services	Endodontic services
	Paediatric General Anaesthesia at Bronglais General Hospital
Strategic service change programmes	<ul style="list-style-type: none"> i. Stroke services ii) Community models iii) 6 goals for urgent and emergency care iv) New clinical model for WAST
Cross Border workforce arrangements	Information sharing agreement
	Support workers development programme
	Band 2 and 3 Health Care Support workers curriculum
Colorectal	Colorectal
Dermatology	Dermatology

Assurance Arrangements

The implementation of the Mid Wales Priorities and Delivery Plan and risks are tracked through a BRAG rating and risk & mitigating actions score.

The Joint Committee and its sub-groups receives updates on the progress of the Mid Wales Priorities and Delivery Plan and 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

WJC 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 Mid Wales Priorities and Delivery Plan.

Updates on the progress of the Mid Wales Priorities and Delivery Plan are provided to the bi-monthly meetings of the MWPDEG and MWCAG.

Bi-annual Mid Wales plans/reports are produced, following the MWJC meetings, for Health Board, WAST 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

Lewis, Raychelle
28/01/2026 16:17:21

Other NHS Regional Partnerships

A **Southeast Wales Joint Committee** was established in 2025 and PTHB is an Associate Member.

In January 2025 a **Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards** was established, to provide joint leadership for the regional planning, commissioning, and delivery of services. The chair of PTHB is an Associate Member.

PTHB constantly collaborates with other health boards and NHS Trusts, as it does not have a District General Hospital. It works with other health organisations 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 nevertheless 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.

Lewis, Raychelle
28/01/2026 16:17:21

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

Sub-Committees

Quality, Safety and Outcomes Sub-Committee

Planning Performance and Finance Sub-Committee (PTHB CEO member)

Working Groups

Collaborative Commissioning Leadership Group (It Advises JCC on the development of the strategy and plan. The PTHB representative is the Executive Director for Planning, Performance and Commissioning.)

Finance Working Group (The PTHB representative is the Deputy Director of Finance.)

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 Planning, Performance and Commissioning 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 2025/2026 was approx. £57.6 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. At Month 9 2025/26 the forecast end of year overspend is £1.8m.
- The Emergency Medical Retrieval and Transfer Service Judicial Review has concluded, implementation is being worked through.

Lewis, Raychelle
28/01/2026 16:17:21

Partnership Name

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.

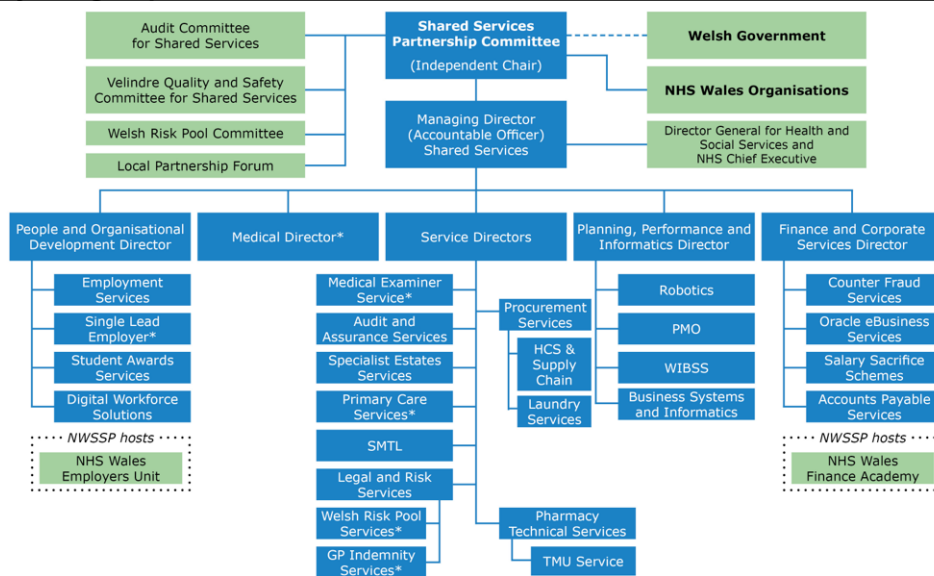
As a hosted organisation NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. (The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012)

PTHB Scheme of Delegation: A Memorandum of Co-operation and a Hosting Agreement must be in place between the health boards 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.

Review

In December 2025 the Cabinet Secretary published a written statement in relation to the Independent Review of NWSSP's accountability and governance arrangements. In April 2025, the former Director General of Health, Social Care and Early Years and NHS Wales Chief Executive commissioned an independent review of NWSSP's governance and accountability arrangements. These arrangements have been in place for 14 years. During this time, NHS Wales has undergone significant change, including the pandemic, and NWSSP has grown substantially since its creation in 2011. The review engaged Velindre, NWSSP, and other NHS stakeholders. The recommendations were shared with the Chairs of Velindre and the Shared Services Partnership Committee, who have shared their joint feedback. The final recommendations and response will be published to ensure transparency, and implementation will follow, through a collaborative programme between both organisations and Welsh Government to strengthen governance and accountability. The Cabinet Secretary stated unequivocally that Welsh Government has neither seen nor received any evidence to suggest criminality.

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**

Lewis, Raychelle
28/01/2026 16:17:21

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
- Resources
- Governance
- Strategy
- Operational Working
- Outcomes

There should be a biannual high-level 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 **High-Level Partnership Report** will report progress; finance; and performance and 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.

Lewis, Raychelle
28/01/2025 16:17:21

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 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.

Lewis, Raychelle
28/01/2026 16:17:21

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

Lewis, Raychelle
28/01/2026 16:17:21

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.)

Lewis, Raychelle
28/01/2026 16:17:21

“Partnerships by Choice Schedule”

The main focus of the framework is statutory partnerships involving PTHB. However, this short schedule includes “Partnerships by Choice” but still taking into account the Scope of the Framework and the Welsh Government classification above.

“Partnerships by Choice” are characterised as having developed voluntarily and take a variety of different approaches to partnership working. 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 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. Its 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

Partnership Name
NHS Cross Border Network (England and Wales)
Partnership Type, Legislation, Delegation
Partnership by choice
Terms of Reference
<p>The terms of reference are due to be reviewed. The NHS Cross Border Network has existed for a number of years as a forum in which to discuss matters specific to healthcare arrangements for patients living along the border between England and Wales. This group considers issues both pertinent to the immediate England/Wales border and wider cross border issues impacting across England and Wales. The group has oversight both of wider policy matters, as well as specific operational issues, to the level of individual patients, as required.</p> <p>The NHS Cross Border Network is responsible for:</p> <ul style="list-style-type: none"> • working cooperatively to sponsor collaboration between agencies on both sides of the border • identifying and addressing any potential challenges specific to cross border healthcare that may arise • overseeing the strategic direction for cross border healthcare with primary regard for the quality of patient care and with appropriate patient and public involvement • overseeing the appropriate engagement of key stakeholders in the development of policy and in resolving operational issues • providing a shared learning network for issues specific to cross border healthcare • making recommendations on key decisions to other groups e.g., local cross border groups • overseeing the delivery of projects or programmes relating to cross border healthcare, ensuring the project/programme remains on course to deliver its intended outcomes • monitoring working practices in line with the Statement of Values and Principles and raising issues/concerns for discussion at the earliest opportunity • managing key programme risks and issues and escalating as appropriate. <p>The NHS Cross Border Network will make recommendations on matters pertaining to the overall strategic direction for cross border healthcare, providing oversight of specific projects or programmes as required. However, the network will not have responsibility for final decision making on healthcare policy in England or Wales.</p>

Where appropriate, the group will make recommendations to any project or programme board associated with changes to cross border healthcare arrangements.

It will also act as the vehicle for escalating risks or issues which cannot be resolved locally, in line with the organisational governance arrangements of the represented organisations.

Local Health Boards	Integrated Care Boards
Aneurin Bevan University Health Board	NHS Cheshire and Merseyside
Betsi Cadwaladr University Health Board	NHS Gloucestershire
Powys Teaching Health Board	NHS Herefordshire and Worcestershire
	NHS Shropshire, Telford and Wrekin

Membership of the network will also include representatives from other parts of the NHS in England and Wales, including GP practices, NHS England regional and local offices, Specialised Services representatives from England and Wales and representatives from Llais Wales and Healthwatch organisations in England. Other key stakeholder such as provider organisations and local authorities will be invited to attend meetings in accordance with matters at hand, as appropriate.

Wider assistance and advice may be required from time to time from other partners, including Welsh Government, Department of Health, and community and voluntary sector representatives. These representatives will attend meetings in an advisory capacity and will not be permanent members of the group.

As part of the group's oversight responsibilities for projects or programmes, advice from representatives drawn from specific disciplines, such as legal, finance, IT and information governance, communications, patient and public engagement, and clinical engagement may also be required.

Key Subgroups

The Network has the scope to have oversight of programmes and to establish task and finish groups.

Leadership

The NHS Cross Border Network will be jointly chaired by a representative from the NHS in England and the NHS in Wales.

Budget

There is no specific designated budget. The NHS Cross Border Network is owned, chaired and managed by the NHS in England and Wales. It is envisaged that the secretariat responsibility will be shared across the group in the future.

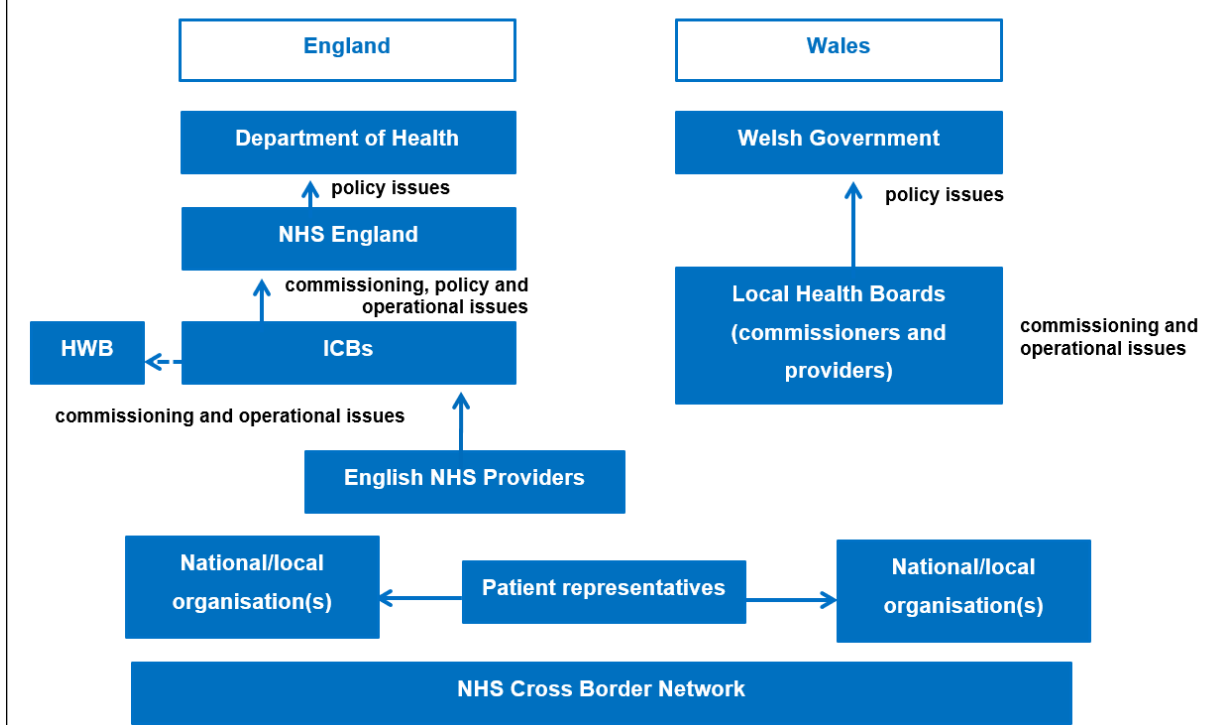
Plan

NA

Assurance Arrangements

Lewis, Raychelle
28/01/2026 16:17:21

Annex A: NHS Cross Border Network - governance arrangements to support decision-making



Reporting Process and Cycle

Quarterly meetings

Key Issues

- Elective care policy differences between England and Wales
- “Choice” policy for English patients registered with Welsh GPs
- Differences in the funding and commissioning arrangements between England and Wales
- Escalation and dispute resolution process set out in the Statement of Values and Principles and its application
- New operating model in England

PTHB maintains a watching brief on the **Marches Forward Partnership (MFP)** as future work has the potential to improve population health. MFP is currently a partnership of the neighbouring border councils of Herefordshire, Powys, Shropshire, and Monmouthshire. The partnership aims to unlock government and other investment on major projects in the Marches region. It aims to take forward joint work in relation to Nature, Energy and Climate Adaption; Transportation and Digital Transformation; Health, Housing and Skills; Food, Rural Development and the Visitor Economy.

Lewis, Raychelle
28/01/2026 16:17:21

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	Resources	Governance	Strategy	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. Recognition of roles and responsibilities, including duties of co-operation.	Approach for gathering and analysing population, individual and financial outcomes in place, but needs improvement.

Lewis Raychelle
28/01/2026 16:17:21

<p>Level 1</p>	<p>Predominantly single agency approach, with limited input from/involvement of partners. Limited communication. “Hot spots” of poor relationships.</p>	<p>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.</p>	<p>Awareness of Standing Orders and Scheme of Delegation. No clear route for resolving differences. Rudimentary shared risk management in place.</p>	<p>Involvement in engagement but late and/or mechanistic. Adverse impacts on partner agencies not foreseen and/or mitigated.</p>	<p>Predominantly single agency or individualistic approach. Limited communication.</p>	<p>Approach for gathering and analysing population, individual and financial outcomes in place under development at an early stage.</p>
<p>“Never Event”</p>	<p>Hostile or absence of partnership relationships</p>	<p>Breach of Standing Financial Instructions. Misappropriation, Fraud, Corruption or ultra vires expenditure; Significant financial risk unfairly passed from one partner to another.</p>	<p>Breach of Standing Orders and/or Scheme of Delegation. Legal action between statutory partners. Major Risks not assessed.</p>	<p>No engagement. Foreseeable major adverse impact of agency plans on another agency not shared.</p>	<p>Serious Harm through failure of partnership working. Noncompliance 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.</p>	<p>Declining key outcomes for shared population.</p>

Example of a Code of Conduct for Partnership Working

Lewis Raychell
28/01/2026 11:17:21

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

Lewis Raychelle
28/01/2026 16:17:21

Annexe 2 – PTHB Partnership Governance and Assurance Framework High Level Report (Q42025/26)

Powys Multi-Agency Partnerships	
Regional Partnership Board (RPB)	
<p>RPBs bring together local authorities and health boards to plan and deliver integrated care services, focusing on prevention, early intervention, and better outcomes for people. They coordinate resources, develop joint plans, and manage pooled funds to support key groups such as older people, children with complex needs, and carers. The Powys RPB involves the third sector and other partners. Further details of the RPB’s statutory basis; Purpose; PTHB Membership; Budget; Plans; and Subgroups are set out in the updated Partnership Governance and Assurance Framework. The RPB Chair is the Chair of PTHB on an interim basis. The designated Responsible PTHB Executive Officer is the Executive Director for Primary, Community & Mental Health. The Director of Public Health Medicine is the lead Executive Officer for the relationship between the RPB and the Public Service Board.</p>	
Maturity	PTHB Risks, Issues and Mitigation
<p>A baseline self-assessment was undertaken during the summer 2025 to identify areas of strength, and areas that may require improvement. Initial outputs were captured as follows and will be used to create a development plan for the RPB Board and its sub partnerships:</p> <ul style="list-style-type: none"> • Shared strategic direction under Health and Care Strategy, but risk of being too broad and not fully inclusive of all partners and citizens. Focused priorities have been agreed. • Governance: key components in place however, improvements needed to support effective exit planning. • Collaboration: Relationships built on trust and commitment, yet funding uncertainty and planning alignment remain challenges. • Co-production: Central to ethos but reporting and feedback need improvement to capture citizen and carer voices. • Impact Measurement: Growing focus on outcomes but evidencing preventative work is still difficult. <p>This broadly translates across the maturity matrix in the PTHB Partnership Governance and Assurance Framework as follows:</p>	<p>Resource Plan</p> <p>Following work through Q2&3, on the 18th of December the RPB agreed a delivery and resource plan for 26/27 focused on the greatest system risks. Key priorities were:</p> <ul style="list-style-type: none"> • Helping people get back home to Powys from out of county, and home from hospital faster and safely • Preventing people in Powys from going into hospital and out of county • Children and young people (particular focus on children looked after; child protection; and children overweight at school entry) • New ways of integrated and whole system working • Prevention and Early Help and Support model • Enabling programmes (focused on the greatest system pressures) • Shorter term cost avoidance and cost saving for partners / savings to the system <p>Exit Plans</p> <p>The last report highlighted the need to ensure robust exit planning in relation the Regional Integration Fund (RIF), which ends in March 2027 with no confirmed onward arrangements. PTHB has been working through the RPB to ensure that the RPB Delivery and Resource Plan includes robust action in relation to exit planning and delivery. PTHB has also included actions in the draft PTHB Annual</p>

<p>Leadership & Relationships Level 2 Generally positive and effective engagement from all partners. Commitment to open and transparent communication. Shared commitment to success.</p>
<p>Resources Level 2 Compliance with Standing Financial Instructions. Expenditure within delegated limits, but limited information about the impact of expenditure.</p>
<p>Governance Level 2 Assurance Framework in place with regular reporting by exception. Clear route for resolving difficult issues. Risk plan and mitigation in place.</p>
<p>Strategy Level 3 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.</p>
<p>Operational Working Level 2 Shared commitment to success. Generally collaborative relationships. Recognition of roles and responsibilities, including duties of co-operation.</p>
<p>Outcomes Level 2 Approach for gathering and analysing population, individual and financial outcomes in place, but needs improvement.</p>

Key Changes

- The annual RPB Delivery and Resource Plan 26-27, which outlines the key strategic priorities, delivery and investment areas to deliver against the Joint Area Plan / Health and Care Strategy, was agreed by the RPB in late December 2025.
- RPB Chair changed in Sept 25 and is now PTHB Chair on an interim basis until re-election process takes place in May 26.
- New Welsh Government Accountability Meetings introduced in Summer 25 to help strengthen partnership oversight and delivery, specifically through the Winter. This included a Regional Accountability meeting in December (held annually thereafter) with the Minister for Children’s and Social Care. The Exe. Director of Primary Care, Community & Mental Health is the named responsible officer for the Health Board.
- Submission of North Powys Wellbeing Programme SOC / OBC to Welsh Government in mid-December; outcome of decision should be known by Spring 26.

Plan for 2026/2027. The health board receives £3.1m. Some projects were not intended to continue and lessons and outcomes will be reported as part of closure. Others will seek mainstreaming through business cases through the Investment Benefits Group, ahead of consideration by the Executive Committee. Risks in relation to key third sector services funded via RIF (£1.4m) also need to be addressed.

Aspects of PTHB work funded via RIF include:

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

together with the benefits of wider preventative system efforts such as Community Connectors and unpaid carers support.

Revised Accountability Arrangements

The first Regional Accountability meeting was positive and offered assurances to the Minister. (HB Executive directors will work with partners to ensure there is no confusion in relation to PTHB’s Scheme of Delegation; current statutory responsibilities; and the importance of local co-production.)

Winter Planning

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

Shared Vision and Strategy

In December 2025 the RPB agreed to extend the Health and Care Strategy to March 2029. Work on the population needs assessment, wellbeing assessment and market stability report will be undertaken by March and May 2027. This will

Business Cycle

Development of 2025/2026 resource plan September and October 2025 / agreed plan by Dec 25. Submitted to Executive Committee January 2025 and to PPPH Committee February 2025. The Annual Report to be submitted to the public Board of PTHB in July 2026. The updated Joint Area Plan (2023-2028) will need to be reviewed in line with the development of the next 10-year Health and Care Strategy (which is being extended to March 2029). The RPB Co-ordinator will link with Planning leads to ensure alignment of the planning timetables. The Population Needs Assessment (PNA) and Market Stability Report (MSR) will need to be updated in 2026/27 – an initial timeline for this work has been developed. The PNA was last refreshed in 2025 and the MSR was first completed in 2022, although ongoing work to understand need and position of key markets have continued.

Good Practice

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

- **Trauma-Informed and Family-Led Practice**
Projects supporting families and care-experienced children have embedded trauma-informed, relationship-based approaches. Art psychotherapy, restorative practices, and consistent, trusted relationships have improved emotional resilience, confidence, and family stability, with case studies illustrating transformative impact.
- **Person-Centred, Preventative Approaches**
Early intervention and prevention are central, with services like Home Support, Community Connectors, and Befriending reducing escalation to higher-level needs, supporting independence, and improving emotional wellbeing. Tailored interventions and “What Matters” conversations empower individuals to articulate needs and access the right support.

enable improved alignment with the Joint Area Plan, Powys Cluster Plans, the Powys Wellbeing Plan, Better Together, Sustainable Powys and the North Powys Wellbeing Programme.

Role in Pan Powys Cluster Planning

The RPB Executive is the Pan Cluster Planning Group. The RPBE considered the developing cluster plans in December 2025 to ensure alignment.

In December 2025 Welsh Government issued a statement and Year 3 Annual Report on “**Building an Integrated Community Care System**”. This is a joint position statement for the 7 major funds contributing to the development of the ICCS in Wales.

- Workforce Development and Learning Culture**
 Investment in staff training (e.g., Teepa Snow dementia training, trauma-informed practice) and reflective practice is driving continuous improvement. Staff report improved morale, teamwork, and skill development, while projects adapt to challenges through learning and innovation.
- Community Cohesion and Volunteer Involvement**
 The Social Value Forum and community-based projects have fostered creativity, connection, and wellbeing, with volunteers contributing significant time and social value. Community hubs, play pods, and group activities have strengthened local networks and resilience
- Measurable Outcomes and Satisfaction**
 High satisfaction rates are reported across models with tangible improvements in confidence, reduced isolation, and emotional wellbeing. Quantitative data shows reductions in hospital admissions, length of stay, and agency staffing costs, alongside increased independence and community engagement.

More specific examples of good practice work can be found in the latest RPB Q2 Reporting.

Public Services Board (PSB)

Details of the PSB's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. This statutory partnership was established under the Well-being of Future Generations (Wales) Act 2015 and its responsibilities are:

- To consult on the assessment of Well-being within Powys
- To prepare and publish a local Well-being Assessment for Powys
- To consult on the Powys Well-being Plan
- To prepare and publish a local Well-being Plan for Powys
- To review or amend the local Well-being Plan and to publish an amended local Well-being Plan where required
- To consult on any amendment to the local Well-being Plan as required
- To prepare and publish an annual report that sets out the Powys PSB's progress in meeting the local objectives
- To review and report annually on progress to the public, Welsh Government, democratically elected members, and Powys PSB member organisations.

PTHB representation includes the Chair, CEO and Executive Director of Public Health.

Maturity:	PTHB Risks Issues and Mitigation
Initial work was undertaken on developing a maturity matrix linked to the Future Generations Act spanning governance, processes, people and culture. However, further thought is being given to the framework to be used.	Closer links to Powys RPB are developing particularly around the sharing of engagement, data and associated insights. The integration of the processes involved to produce the Well-being Assessment and Population Needs Assessment have been explored in readiness for the next iterations due in 2027, with the aim of limiting the potential for duplication. While

A National Strengthening PSB Progress Group was established during 2025/26 by Welsh Government, the Future Generations Commissioner's Office, Public Health Wales, Co-Production Network Cymru and PSB representatives, which aims to:

- drive improvements in how PSBs operate and deliver against the Well-being of Future Generations Act
- bring together national organisations to collaboratively improve PSB effectiveness and impact, and
- address challenges identified by PSBs and public bodies to ensure support is coherent, tailored, and systemically desirable.

To support the achievement of the above aims, three sub-groups have been formed which will focus on 'monitoring and evaluation guidance', 'communication and visibility' and 'learning spaces'. The national group and sub-groups are open to attendance from PSB chairs, board representatives, PSB coordinators and people who support and work alongside PSBs.

Key Changes

Councillor Jake Berriman chairs the PSB following his nomination and election by the PSB's statutory membership at the Board meeting held on 15th July 2025.

Business Cycle

PTHB previously approved the Powys PSB Wellbeing Plan (5-year plan 2023-2028). Work in relation to the next iteration of the plan will be in 2027. The full Wellbeing Assessment was undertaken in March 2022. The 2024/25 Annual Report of the PSB and was approved by the PSB in September 2025. It was submitted to the PPPH Committee following approval by the PSB.

Good Practice

6-monthly Engagement and Insight Reports are being produced via the joint RPB/PSB Engagement and Insight Network, which prevents duplication of work and potential engagement fatigue by bringing together the findings gained from existing partner engagement activity into one report, which is shared with the RPB and PSB to ensure senior leaders are informed of engagement findings and are aware of partners' planned future engagement.

Key Changes

both assessments have separate legislative requirements, at a national level, conversations have begun regarding the potential for integrating both assessments considering their similarities, however this would be subject to legislative changes. The PSB ensures that the RPB is informed of activities which may impact on delivery of the Area Plan. The mechanism for how RPB progress is included within the PSB is continuing to be improved.

There is a need to ensure timetables align, so that the work on preparing and drafting the assessments can also feed into the work on the development of the next 10-year Health and Care Strategy.

A review of Public Service Boards by WAO in 2019 concluded that PSBs are unlikely to meet their potential unless they are given the freedom to work more flexibly and think and act differently. In the recent Future Generations Report for 2025, the Future Generations Commissioner referenced other report findings relating to PSBs, identifying the need for:

- greater recognition by senior leaders - to promote more effective collaboration across partnership structures;
- a 'One Welsh Public Service' approach – to break down perceived divisions between public services to improve outcomes and reduce resource and capacity pressures;
- geographical alignment of partnerships – to help senior leaders prioritise PSBs, Welsh Government must ensure new policy, legislation and guidance reinforces the importance of PSBs and avoid adding complexity, and
- resourcing of partnerships - emphasising the five ways of working, particularly collaboration, within public sector budgets and grant funding to ensure partnerships are sufficiently resourced.

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

Due to the change of leadership in Powys County Council, Councillor Jake Berriman is to chair the PSB following his nomination and election by the PSB's statutory membership at the Board meeting held on 15th July 2025.

Business Cycle

PTHB previously approved the Powys PSB Wellbeing Plan (5-year plan 2023-2028). Work in relation to the next iteration of the plan will be in 2027.

The full Wellbeing Assessment was undertaken in March 2022.

The 2024/25 Annual Report of the PSB is being finalised and will be submitted to the PSB in September 2025. It would be submitted to the PPPH Committee after that.

(A mid-point review of the Population Needs Assessment was undertaken following changes made to the associated statutory guidance, with the draft shared with RPB Fora for comment in March 2025.)

Good Practice

6-monthly Engagement and Insight Reports are being produced via the joint RPB/PSB Engagement and Insight Network, which prevents of work and potential engagement fatigue by bringing together the findings gained from existing partner engagement activity into one report, which is shared with the RPB and PSB to ensure senior leaders are informed of engagement findings and are aware of partners' planned future engagement.

Powys Community Safety Partnership (CSP)

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

Maturity:

A self-assessment is undertaken.

Key Changes

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

Business Cycle

There is a Community Safety Strategy and Community Safety Action Plan.

PTHB Risks Issues and Mitigation

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

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

Lewis Job
28/01/2025 10:21

<p>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</p>	
<p>Good Practice</p>	
<p>Area Planning Board (APB)</p>	
<p>Details of the APB's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. However, in summary the APB seeks to: strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and enhance and improve the key functions of planning, commissioning and performance management.</p>	
<p>Maturity:</p>	<p>PTHB Risks Issues and Mitigation</p>
<p>The APB does not yet have a self-assessment process for partnership development but has established a strategic leads group (including the police, county council and NHS), and a financial governance group alongside the main APB with the aim of strengthening partnership working, while also showing clear governance processes.</p>	<p>The APB allocates resources of approximately £2.24m including:</p> <ul style="list-style-type: none"> • the Substance Misuse Action Fund (SMAF)(£1.2m) • PTHB Ringfenced (£733,000) • OPCC (£75,000) • HMPPS (£59,000) • COMPLEX NEEDS (£177,000) • Resources are ring fenced within the budget for specific services such as access to Buprenorphine, Naloxone, individuals with complex needs, children and young people and residential rehabilitation.
<p>Key Changes</p>	
<p>Welsh Government guidance for APBs is currently being revised.</p>	
<p>Business Cycle</p>	
<p>The APB produces quarterly reports spanning performance against key performance indicators, progress against the annual plan and finance (which is submitted to the Area Planning Board and Welsh Government).</p>	<p>Currently Buprenorphine is funded through a separate SMAF funding allocation. Buprenorphine is currently undergoing a Welsh Government review and a level of uncertainty is present around current funding allocations Wales wide. Over the last twelve months detoxification and rehabilitation placements currently funded through Substance Misuse Action Fund have increased by 100%. As detoxification and rehabilitation is a statutory responsibility additional funding streams will need to be identified through key partners.</p>
<p>Good Practice</p>	
<p>An in-depth population needs analysis has been undertaken, which will be shared once it is finalised to help inform long term and multiagency planning.</p>	<p>The emerging findings of an in-depth needs assessment indicate opportunities to:</p>

Lewis, J. 28/01/2026 16:17:21

- strengthen referral and treatment pathways to ensure PTHB fully utilises available substance misuse services in the face of growing demand.
- prevent alcohol related brain-injury at an earlier treatable stage and to improve outcomes for people using services through earlier intervention in Powys to avoid out of county treatment and admission
- improve shared care
- improve use of multiagency resources for those with mental health and substance misuse needs in the key age profile 36 to 45
- to strengthen communication and partnership working.
- For people with alcohol and substance misuse difficulties who are not able to drive, transport to assessment and treatment appointments remains an issue.

Powys Youth Justice Management Board (YJMB)

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

Maturity:	PTHB Risks Issues and Mitigation
National representation at local meetings helps to guide, support, develop ensure linkage with other Youth Justice Boards.	PTHB actively participates and contributes resources.
Key Changes	
No key changes since the PTHB Partnership Governance and Assurance Framework was published.	
Business Cycle	
There is a Youth Justice Plan 2025-26 and progress against it monitored through a Youth Justice Report every quarter in line national KPIs. There is a national inspection cycle. Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2025 is the most recent.)	
Good Practice	

Area Planning Board (APB)

Lewis, Michelle
28/01/2026 16:17:21

Details of the APB's **statutory** basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. However, in summary the APB seeks to: strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and enhance and improve the key functions of planning, commissioning and performance management.

Maturity:	PTHB Risks Issues and Mitigation
The APB does not yet have a self-assessment process for partnership development but has established a strategic leads group (including the police, county council and NHS) with the aim of strengthening partnership working.	<p>The APB allocates resources of approximately £2.4m including:</p> <ul style="list-style-type: none"> • the Substance Misuse Action Fund (£1.2m) • and resources ring fenced for specific services such as access to Buvidal; for people with complex needs; for children and young people; and residential rehabilitation. <p>The emerging findings of the in-depth needs assessment indicate opportunities to:</p> <ul style="list-style-type: none"> • strengthen referral and treatment pathways to ensure PTHB fully utilises available substance misuse services in the face of growing demand; • prevent alcohol related brain-injury at an earlier treatable stage and to improve outcomes for people using services through earlier intervention in Powys to avoid out of county treatment and admission • improve shared care • improve use of multiagency resources for those with mental health and substance misuse needs in the age group 36 to 45 • and to strengthen communication and partnership working. • For people with alcohol and substance misuse difficulties who are not able to drive, transport to assessment and treatment appointments remains an issue.
Key Changes	
Welsh Government guidance for APBs is currently being revised.	
Business Cycle	
The APB produces quarterly reports spanning performance against key performance indicators, progress against the annual plan and finance (which is submitted to the Area Planning Board and Welsh Government).	
Good Practice	
An in-depth population needs analysis has been undertaken, which will be shared once it is finalised to help inform long term and multiagency planning.	

Primary Care Clusters

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

Maturity:	PTHB Risks Issues and Mitigation
<p>There is a Welsh Government requirement that clusters self-assess annually against the Primary Care for Model Wales (PCMW) and the Accelerated Cluster Development (ACD) frameworks. Scores are self-assessed against "Pre-Foundation"; "Foundation"; "Developing"; and "Mature". This is followed by a peer review in quarter 3 evaluating progress in moving towards the PCMW & ACD.</p> <p>The self-assessment completed in April 2025 shows scoring predominantly in the "Foundation" and "Developing" levels for the different elements of the PCMW & ACD.</p> <p>(In addition, the RPBE is reflecting on its role and purpose as the Pan Cluster Planning Group through its self-assessment process.)</p>	<p>Ensuring clarity of purpose and an effective relationship with the Pan Cluster Planning Group (RPB Executive) remains key. 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. The draft 2026-27 plan was considered at the RPBE in December with priorities including frailty, mental health, urgent care, and prevention (asthma, obesity, diabetes).</p> <p>It should be recognised that clusters work within a wider system and, therefore, the development of the primary and community model extends beyond cluster planning.</p> <p>There are vacant cluster lead roles within the mid and south clusters. This has been reviewed and proposed changes to the cluster model are being developed and considered.</p> <p>Plans are progressing in relation to changes including the merger of Mid and South Powys clusters, new collaborative arrangements for optometry and pharmacy, and the move to two cluster plans and leads.</p> <p>There is variation in the degree of professional engagement in collaboratives (including due to seasonal pressures) which is being addressed through improved communication.</p> <p>(PTHB will need to keep horizon scanning the cross-border implications of the NHS 10-year plan in England – although this is a wider issue than just primary care.)</p>
<p>Key Changes</p> <p>There are two cluster lead vacancies, which in the South is due to the 2-year tenure rule.</p>	
<p>Business Cycle</p> <p>Annual Cluster Plans are developed as part of the IMTP process (starting in September 2025).</p> <p>There are quarterly reports to the Pan Cluster Planning Group on progress of development projects. There is a Primary Care Clusters Dashboard. Clusters provide at least bi-annual reports to PPPH Committee.</p>	
<p>Good Practice</p> <p>Partnership working within the clusters is maturing. Other parts of Wales have sought to learn from Powys in terms cluster meeting structure and development.</p>	
<p>The Local Partnership Forum is included in the Framework, but to prevent duplication it is not included within this report as a Board Advisory Forum Report is a standing item on the Board agenda. However, it has been confirmed that the terms of reference of the Local Partnership Forum are being updated to take account of the requirements of the Social Partnership and Public Procurement (Wales) Act 2023.</p>	
<p>The Joint Leadership Team is not a multiagency partnership but was included as it is the meeting which ensures the Section 33 Agreements have been signed.</p>	
<p>Mid & West Wales Multiagency Partnerships</p>	
<p>Mid and West Wales Regional Safeguarding Boards (CYSUR & CWMPAS)</p>	

Lewys
28/01/2025
16:17:21

<p>Details of the Safeguarding Board's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. (CYSUR is an acronym for Child and Youth Safeguarding: Unifying the Region and is also the Welsh word for reassurance and CWMPAS is the Mid and West Wales Regional Safeguarding Adults Board and is an acronym for Collaborative Working and Maintaining Partnership in Adult Safeguarding and is also the Welsh word for scope or remit). The Executive Boards for CYSUR and CWMPAS work together as an overarching regional Board to monitor and improve regional safeguarding activity across Mid and West Wales.</p>	
<p>Maturity:</p> <p>Each partner agency has to submit an annual self-assessment against a pre-set template, which PTHB completed in Q4 2024/25. There is also an annual board development day in January, which also assists the development of the annual plan.</p>	<p>PTHB Risks Issues and Mitigation</p> <p>The safeguarding boards need to ensure links with the Community Safety Partnerships, National Independent Safeguarding Board and Welsh Government. PTHB provides a resource contribution.</p>
<p>Key Changes</p> <p>No key changes since the PTHB Framework was developed.</p>	<p>Partnership work has been underway:</p> <ul style="list-style-type: none"> • Developing a culture of collaboration and innovation across the partnership, which promotes a safe, skilled and resilient workforce • Measuring, evidencing and understanding the impact of this Board's work on professional practice, and how this improves outcomes for children and adults at risk • Undertaking systemic analysis of organisational performance and change to better understand its impact on children and adults at risk. • Continuing to influence and contribute to the national strategic agenda to support improvements in safeguarding legislation, guidance and policy.
<p>Business Cycle</p> <p>There is an annual plan which is monitored via quarterly performance reports. The Annual Report from the Mid and West Wales Safeguarding Board is considered by the PTHB Strategic Safeguarding Group and is also submitted to Welsh Government. The report for 2024/25 is due to be approved and submitted. Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2025 is the most recent). PTHB's 2024-25 Safeguarding Maturity Matrix Improvement Plan has been reported on quarterly to PTHB Safeguarding Strategic Group.</p>	
<p>Good Practice</p> <ul style="list-style-type: none"> • Mature partnership working • Coproduction of regional guidance across both adult and child safeguarding • Regional audit plan • Collaborative work on National Safeguarding week and campaigns and consultations • Coordination and oversight of all safeguarding practice reviews and actions plans 	
<p>Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards (VAWDASVRB)</p>	
<p>Details of the VAWDASVRB's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, this statutory partnership delivers the regional strategy on violence against women, domestic abuse and sexual violence.</p>	
<p>Maturity:</p>	<p>PTHB Risks Issues and Mitigation</p>
<p>Key Changes</p>	

No key changes since the PTHB Framework was developed.	<p>Funding of the partnership is on an annual basis in terms of Welsh Government, which is resulting in projects of a year or less. Local agency partner funding is yet to be determined.</p> <p>Key areas of focus are:</p> <ul style="list-style-type: none"> • Challenging public attitudes towards violence against women, domestic abuse and sexual violence across the population through awareness raising and a space for public discussion with the aim to decrease its occurrence. • Increasing awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to make positive personal choices • Increasing focus on holding to account those who commit or may carry out abusive or violent behaviour to change their behaviour and avoid offending/reoffending • Making early intervention and prevention a priority • Ensuring relevant professionals are trained to provide effective, timely and appropriate response to victims and survivors • Providing all victims with equal access to appropriately resourced, high quality, needs-led, strengths based, intersectional and responsive services.
Business Cycle	
<p>The Mid and West Wales Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2023-27, supported by an annual implementation plan.</p> <p>Progress is monitored via quarterly reports to the VAWDASV Board and via an Annual Report to Welsh Government.</p> <p>Also, within PTHB quarterly updates on progress are given to the Strategic Safeguarding Group.</p> <p>Within PTHB an Annual Safeguarding Report is submitted to the PEQS Committee (July 2025 most recent).</p>	
Good Practice	
The 5-year strategy sets out the priorities.	

Dyfed Powys Local Resilience Forum (LRF)	
<p>Details of the LRP's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the Dyfed Powys Local Resilience Forum sits at the apex of local civil protection arrangements in mid and south-west Wales. 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.</p>	
Maturity:	PTHB Risks Issues and Mitigation
<p>Multiagency training and exercises take place. There are national resilience standards for LRFs. There are ad hoc peer assessments of the LRFs.</p>	<p>The PTHB programme of work continues to be driven by national, regional and local risk assessment and responses to incidents /emergencies.</p> <p>Civil Contingencies related risks are included on both the organisational and strategic risk registers; these risks are monitored via the PTHB Executive Committee and Board.</p>
Key Changes	
No significant changes	
Business Cycle	

Regular updates and assurance on the delivery of the Dyfed Powys LRF Business Plan are monitored via the Training and Coordination Group and the Strategic LRF Group

PTHB produces an Annual Report on Civil Contingencies Planning which is submitted to the Board of PTHB and to the NHS Wales Performance and Improvement.

The LRF is currently reviewing the Terms of Reference from all group and sub-group meetings to ensure that they remain fit for purpose.

Good Practice

There is continued access to a range of multi-agency training and exercising opportunities is available for PTHB staff.

Regional Housing Support Collaborative Group (RHSCG)

The RHSCG is currently led by the Housing Support Grant leads for Ceredigion, Carmarthenshire, Pembrokeshire and Powys. (The group was not previously meeting due to the Regional Development Co-ordinator (RDC) remaining vacant, with a low likelihood of recruiting due to fixed term funding.) There is ongoing discussion held on group membership and future attendees. To date, the group has come to an agreement that attendees will be invited when reviewing specific regional initiatives. Up and coming re-commissioning across the Region are key agenda items to identify synergies and best practice opportunities, including options around grant award vs total re-tendering. The group has agreed to share information and papers where necessary.

Maturity:

The convening of the RHSCG under the oversight of the Housing Support Grant leads of the Mid and West Wales local authorities has led to clearer opportunities to align commissioning and service specification standards and will also work to better align data collection and contract monitoring protocols through 2026-27.

Key Changes

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

PTHB Risks Issues and Mitigation

Regional Co-ordinator Vacancy

The role and purpose of the RDC in terms of recruitment to the vacancy are under review, particularly in the context of the short-term funding arrangements and fixed term approach. Despite the vacant RDC post, local authority HSG leads are still committed to co-ordinate activity and look for synergies and share best practice in terms of regional commissioning and homelessness prevention in line with HSG guidance, Housing Support Programme Strategies and Rapid Re-housing strategies.

Prevention of Homelessness

Llewellyn Jones
28/07/2025 11:17:11

<p>Business Cycle</p>	<p>The Powys Housing Support Grant (HSG) allocation for 2025-2026 is approximately £8 million and indications are that the budget will be set at similar levels for 2026-27. The HSG funds a range of non-statutory homelessness prevention services including:</p> <ul style="list-style-type: none"> • The Montgomery Family Crisis Centre • Calan Domestic Violence Service • Pobl Floating Support Service • Mid & North Powys Mind • Brecon Mind • Sense Cymru • Kaleidoscope • 24 hour specialised social care support, including for people with learning disabilities • Hoarding Prevention • Housing Support Team <p>Key activity through late 2025 to early 2026 sees the re-Tendering of the Housing Related floating support services in Powys which will give new impetus to Powys non-statutory homelessness prevention services and present opportunities to work more closely with statutory partners including Housing, Social Services and PTHB.</p> <p>PTHB Representation PTHB representation on the Homelessness and Housing Support Grant Management Board would be welcomed.</p>
<p>Powys Housing Support Programme Strategy (extended to a 5th year)</p> <p>Rapid Rehousing Strategy</p> <p>https://en.powys.gov.uk/media/16238/Local-Housing-Strategy-for-Powys-2022-26/pdf/tkPowys_HSP_Strategy_2022-26.pdf?m=1708682315643</p> <p>https://powys.moderngov.co.uk/documents/s80685/Appendix%20A%20-%20Rapid%20Rehousing%20Transition%20Plan%20v6.pdf</p>	
<p>Good Practice</p>	
<p>National Partnerships</p>	
<p>NHS Wales Joint Commissioning Committee (NWJCC)</p>	
<p>Details of the JCC's statutory basis; Purpose; PTHB Membership; Budget; and Subgroups are set out in the Partnership Governance and Assurance Framework. In summary, the JCC is a statutory partnership under The National Health Service Joint Commissioning Committee (Wales) Regulations 2024; The National Health Service Joint Commissioning Committee (Wales) Directions 2024. Hosted by CTMUHB.</p> <p>Local Health Boards must jointly exercise the planning, securing and commissioning of— (a) specialised services for— (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children, (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis, (c) emergency medical services, (d) non-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.</p>	

Maturity:	PTHB Risks Issues and Mitigation	
<p>In line with Section 9.2 of the NWJCC Standing Orders there is regular self-assessment of the Committee's performance & operation. The results for 2024/25 were reported on 15/7/25. Areas to further strengthen were: the Committee development programme; Risk Register & Assurance Framework (differentiating JCC and Health Board risks); development of a population-based strategy; and report writing.</p>	<ul style="list-style-type: none"> • The impact on the other services for which PTHB is responsible (including primary and community services) if the financial requirement for JCC delegated services exceeds health board uplift. The JCC is forecasting a £1.8m year-end overspend at month 9 in relation to PTHB. • Mitigating actions being taken including High Secure MH Contract renegotiation, NHSE contract renegotiation; actions to reduce exposure to in year cost pressures e.g. NHS Wales Medium Secure recommissioning of capacity, Delayed Transfers of Care (DTC), Continuation of Blueteq etc. • The Emergency Medical Retrieval and Transfer Service Judicial Review has concluded, implementation is being worked through. • Phase 2 of ambulance performance framework now live. • Non Emergency Patient Transport (NEPTs) – Commissioning Assurance Group established. Problematic for PTHB with examples and complaints from patients with transport being cancelled, sometimes with very late notice, resulting in patients missing their planned appointments. • Hepato-Pacreato- Biliary (HPB) Service Model – suspended. SBUHB no longer provide services for acute pancreatitis (SAP) and C&VUHB no longer accept out of area SAP referrals. • Caswell Clinic/Taith Newydd Units – due to Fire Oct 24, remedial actions to take 12-18 months, significant cost in admitted patients to alternative provision. • Waiting times: Plastic Surgery (S Wales), Obesity (Salford). • Service sustainability challenges including: C&VUHB Neurosurgery high risk posts; C&V Acute Neurosurgery Therapies MDT; SBUHB Neuro Rehab; S Wales Cochlear Impact and Bone Conduction Implants (ongoing staffing challenges); Paeds Intensive Care Beds in Children's Hospital for Wales (insufficient capacity to meet demand); Neonatal Cots (neonatal nursing shortages). • Ensure the Collaborative Commissioning Leadership Group is providing sufficient scrutiny to support CEO decision making at the JCC. • Chief Commissioner- currently recruiting to permanent post (advert closes 19/1). 	
Key Changes		
<p>Implementation of new organisational structure. 29% vacancy rate.</p> <p>Interim Chief Commissioner. Newly appointed Directors of Commissioning for: Ambulance Service and 111; Specialist Mental Health, Learning Disability and Vulnerable Groups (Interim); Specialised Services; Corporate Planning and Strategy (Interim); Planning (Interim); new Committee Secretary from Sept 2025.</p>		
Business Cycle		
<p>JCC Foundational Plan 2025/26 submitted to WG.</p> <p>Strategic priorities identified with CEO sponsor, JCC lead and CCLG lead.</p> <p>NWJCC long-term strategy development engagement and timescales (to form basis of IMTP 2026-29).</p>		

Lewis Raychelle
28/01/2026 16:17:21



Good Practice

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

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

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

NHS Wales Shared Services Partnership Committee (NWSSP)

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

Maturity:

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

Key Changes

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

Business Cycle

PTHB Risks Issues and Mitigation

In December 2025 the Cabinet Secretary published a written statement in relation to the independent review of Shared Services, explaining that in April 2025, the former Director General of Health, Social Care and Early Years and NHS Wales Chief Executive commissioned an independent review of NWSSP’s governance and accountability arrangements. These arrangements have been in place for 14 years. During this time, NHS Wales has undergone significant change, including the pandemic, and NWSSP has grown substantially since its creation in 2011. The review engaged Velindre, NWSSP, and other NHS stakeholders. The recommendations were shared with the Chairs of Velindre and the Shared Services Partnership Committee, who have shared their joint feedback. The final recommendations and response will be published to ensure transparency, and implementation will follow, through a collaborative programme between both organisations and Welsh Government to strengthen governance and accountability. The Cabinet Secretary stated

Llewellyn Jones
28/01/2025 16:11:21

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

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

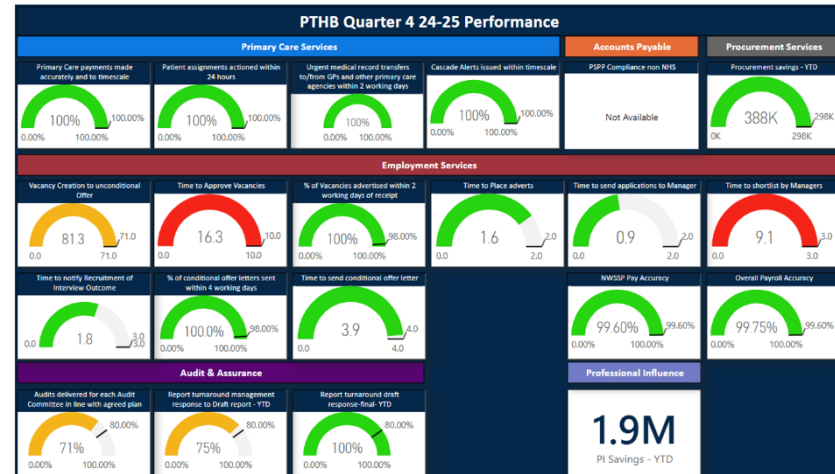
Good Practice

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

unequivocally that Welsh Government has neither seen nor received any evidence to suggest criminality.

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

PTHB Performance Quarter 4 24-25



Llewellyn Raychelle
28/01/2026 16:17:21

Partnerships By Choice	
NHS Cross Border Network (England and Wales)	
This is a partnership by choice. Further details are provided in the Partnership Governance and Assurance Framework. This group considers issues both pertinent to the immediate England/Wales border and wider cross border issues impacting across England and Wales.	
Maturity:	PTHB Risks Issues and Mitigation
The Cross Border Network has been in place for more than 10 years.	<ul style="list-style-type: none"> • Elective care policy differences between England and Wales • "Choice" policy for English patients registered with Welsh GPs • Differences in the funding and commissioning arrangements between England and Wales • Escalation and dispute resolution process set out in the Statement of Values and Principles and its application • New operating model in England
Key Changes	
The NHS Cross Border Network is jointly chaired by a representative from the NHS in England and the NHS in Wales. The terms of reference are to be updated.	
Business Cycle	
Quarterly meetings	
Good Practice	
The group sponsors collaboration between Health Boards and Integrated Care Boards on both sides of the border.	

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

PTHB Partnership Governance & Assurance High Level Report Summary of Risks Q2 2025/2026					
LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain 5				◇JCC resource requirement exceeding uplift to health boards	
Likely 4			◇Focus on immediate system pressures limits resource allocation to prevention. ◇Short-term funding affects recruitment and a short term focus	◇Insufficient Exit Plans for PTHB RPB RIF funded projects/staff and key RIF funded third sector services March 2027	

Lewis Raychelle
28/01/2026 16:17:21

			<ul style="list-style-type: none"> ◇ Changes to grant funding affecting vulnerable groups in Powys. ◇ Insufficient information about outcomes. 		
Possible 3			<ul style="list-style-type: none"> ◇ Difficulty aligning strategy and planning arrangements due to different statutory requirements and timetables. ◇ Unintended consequences of changes to RPB accountability. ◇ Difficulty confirming the PTHB contribution to some partnerships (representation and/or resource) ◇ PTHB Standing Orders and Scheme of Delegation not up to date in relation to partnerships. 	<ul style="list-style-type: none"> ◇ Difficulty focusing on areas of greatest system opportunity and impact within complex partnership arrangements. ◇ Insufficient co-production and involvement of those with lived experience. 	
Unlikely 2			<ul style="list-style-type: none"> ◇ Partners Do Not Share vision & strategy ◇ Section 33 Agreements not signed 	<ul style="list-style-type: none"> ◇ Partnerships overspend 	
Rare 1					<ul style="list-style-type: none"> ◇ Partnership "Never Events" such as legal action between partners; noncompliance with Standing Orders or the scheme of delegation.

Lewis, Raychelle
28/01/2026 16:17:21

Very Low	Low	Moderate	High
1-3	4-8	9-12	15-25

Lewis Raychelle
28/01/2026 16:17:21



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.4

PLANNING, PARTNERSHIP AND POPULATION HEALTH COMMITTEE **03 February 2026**

Subject:	Powys RPB Delivery and Resource Plan 2026-27
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Regional Partnership Board Coordinator
Other Committees and meetings considered at:	RPB Board - 18 December 2026 RPB Executive Meeting and RPB Executive Working Groups through September – December 2025. Executive Committee - 14 January 2026

PURPOSE:

This report provides an overview of the approach and process for the development of the RPB Delivery and Resource Plan 2026 – 2027, and includes a High-level Plan on a Page, key delivery priorities and a resource overview.

The Plan was agreed by the RPB Board on 18 December 2025 at its formal Board meeting.

RECOMMENDATION(S):

The Planning, Partnership and Population Committee is asked to:

- Take **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
- **NOTE** the key delivery and resource commitments of the plan in 2026/27, including and the focus on exit planning.

Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Alignment	Notes
1. Focus on Wellbeing	Y	The RPB Delivery and Resource Plan aligns fully with the Health Board's wellbeing objectives and strategic priorities with the plan mapping directly onto these.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	

5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides an overview of the approach and process for the development of the RPB Delivery and Resource Plan 2026 – 2027, and includes a High-level Plan on a Page, key delivery priorities and a resource overview. Further details of delivery priorities and investment are included later in the plan across the key partnership arrangements as follows: Start Well, Live Well (including Mental Health), Age Well, Workforce Futures, North Powys Wellbeing Programme, Capital, and Transformation in Partnership.

Development of the plan

The Plan was developed around the following key principles and approaches:

1) Strategic Framework:

The plan was developed within the context of the Powys Health and Care Strategy and the RPB’s Five Year Joint Area Plan. Priorities were refreshed in 2025 to ensure alignment with these guiding documents.

2) Refined Priorities:

A refined set of strategic priorities were created to focus efforts on the greatest system pressures and to guide the Regional Integration Fund (RIF) programme. This included identifying cost improvements to ensure value for money and to release funding for new activities closely aligned to these priorities.

3) Evaluation, Prioritisation and Assurance (EPA) Process:

The RPB undertook an EPA process to assess RIF-funded projects against the updated priorities. Projects were evaluated for compliance, implementation strength, exit planning, and alignment. Updates were made to address any gaps identified by the EPA and helped to strengthen the programme going forward.

4) Performance Monitoring:

Routine quarterly monitoring of the RIF programme and wider RPB actions against Area Plan objectives provided assurance on delivery and effectiveness, and informed the development of the plan for 2026/27.

5) Data and Engagement:

The Population Need Assessment was updated in 2024, and further data analysis and engagement were used by Strategic Partnerships to sense-

Lewis, Raychelle
28/01/2026 16:17:21

check their actions and resource plans, ensuring they addressed and responded to the greatest needs.

6) Strengthened Project Planning:

For any new projects, updated templates were used to ensure suitability, robustness, and deliverability, with a particular focus on exit planning from the outset.

7) Partnership and Governance:

Strategic partnerships (Start Well, Live Well, Age Well) developed their plans collaboratively, using engagement forums (e.g. Live Well Engagement Forum) and presenting plans to the RPB Executive Group for challenge and system-wide alignment. The RPBE and its Working Group provided constructive challenge to shape the plans over several months.

Key PTHB Executives and Assistant Directors have worked closely with RPB partners to ensure that the 2026/27 RPB Delivery and Resource Plan addresses the greatest system pressures including pathway of care delays and inappropriate admission to hospital.

8) Continuous Improvement:

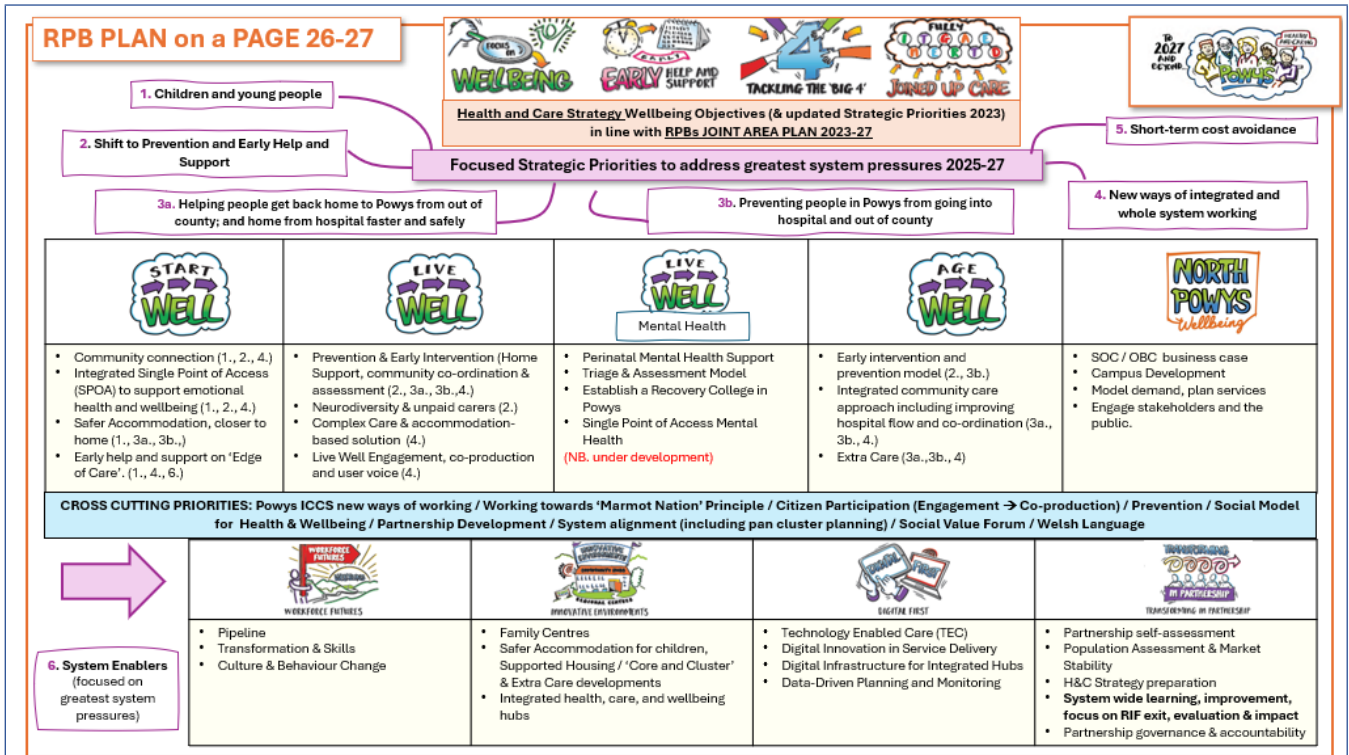
The approach aimed to maximise delivery and impact, with opportunities identified to further develop processes in the coming year.

The Plan – RPB Delivery Plan on page 26-27

The “Plan on a Page” overview summarises the RPB’s strategic priorities and cross-cutting themes for 2026–27

The plans demonstrate how each partnership will contribute to the refreshed Area Plan priorities, with clear resource requirements and a system-wide view of transformation.

Lewis, Raychelle
28/01/2026 16:17:21



The RPB's Delivery and Resource Plan is designed to maximise impact by focusing on the most pressing system pressures, aligning resources to strategic priorities, and embedding learning and adaptation into all programmes. Partnership working, co-production, and good governance underpin the approach, ensuring that plans are both ambitious and deliverable within the current financial context. Flexibility and sustainability are central themes, with proactive exit planning and a commitment to mainstreaming successful initiatives to secure long-term benefits for Powys residents.

Delivery Plan – Key components of the plan

Strategic Focus and Alignment

- Delivery activity is now more strategically aligned around larger projects and programmes, targeting the greatest system pressures and reflecting the refined set of RPB strategic priorities.
- There is a clear shift towards prevention, early help, and supporting people to live independently, with a focus on children, older adults, and those with complex needs.

Learning and Adaptation

- Delivery plans have evolved based on ongoing learning, performance monitoring, and feedback loops, ensuring that what works is scaled and what doesn't is adapted or exited.
- Collaborative review processes have confirmed that current areas of focus for the plan remain appropriate for delivering on many of the key priorities.

Lewis Raychelle
28/01/2026 16:11:21

System Change and Partnership

- A wide range of activity is being delivered across RPB partnerships to drive system change, improve outcomes for different population groups, and better understand what works.
- Flexibility in deployment is emphasised to accommodate emerging opportunities at both national and local levels (e.g. Better Together, Sustainable Powys). There is an emphasis on maintaining flexibility to respond to changing needs and opportunities, with contingency planning and finance tracking in place.

Exit Planning and Sustainability

- Exit planning is a key consideration due to the scale of investment and the challenging financial context; sustainability and mainstreaming of successful initiatives are ongoing priorities.
- In 2026/27 PTHB will receive approximately £3.1m of Regional Integration Fund (RIF) funding which is time limited to no later than the end of March 2027, when all RIF funding is due to end. The Resource and Delivery Plan includes robust exit planning for RIF funded projects and this has been reflected in draft actions in the Health Board's Annual Plan for the financial year 2026/2027, so that PTHB budget holders in receipt of funding provide assurance that exit plans are in place and that the learning from the projects is shared.

Resource Plan – High-Level Summary

To stay within the RIF financial resource, the allocations to projects in each work area is based on no uplifts for projects requesting this in 2026/27 (unless rationale evidenced through additional activity).

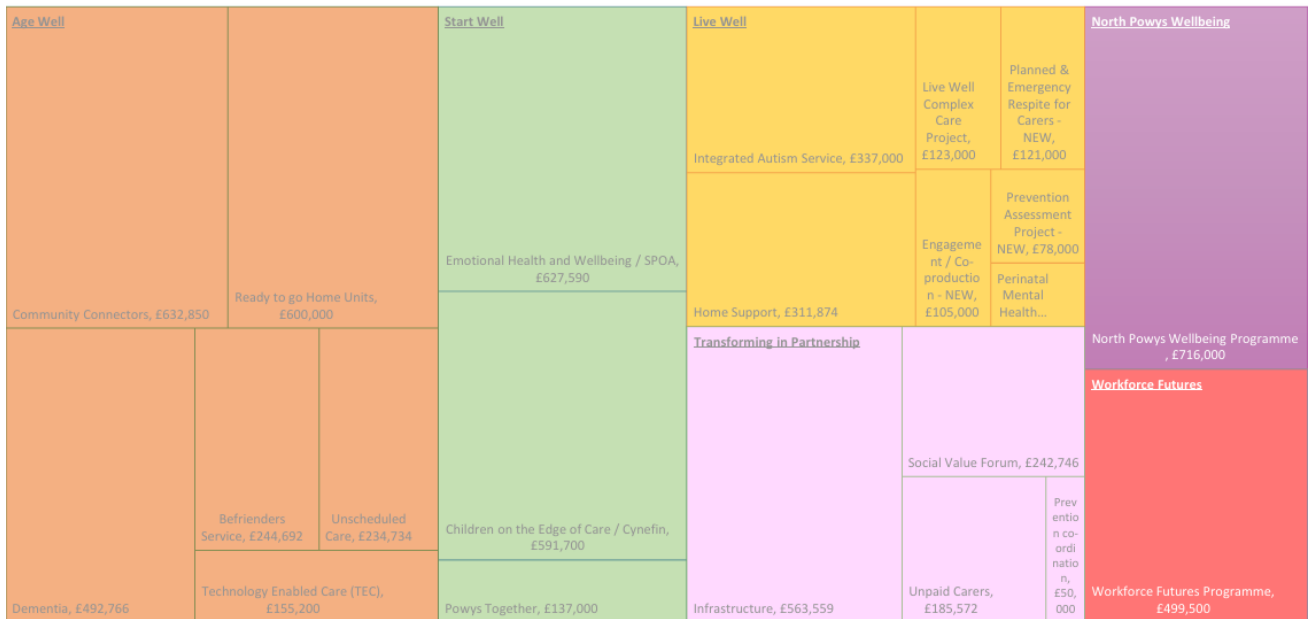
- RIF funding is split across RPB Strategic Partnerships – Start, Live, Age Well; and enabling / cross cutting work.

2026/27 resource is split by Partnership arrangement:

- Start Well £1.35m
- Live Well £1.08m
- Live Well MH - £0.53m
- Age Well £2.36
- North Powys £0.716m
- Workforce Futures £0.499m
- Transforming in Partnership £1.04m.

Based on this, the RIF financial allocation plan is currently under committed by approx. £37k. As budgets are currently not agreed for statutory organisations, work will continue in terms of value for money of projects and efficient delivery demonstrating outcomes. As RIF moves towards exit and closure it is anticipated

that some projects may not run until 31st March 2027 and therefore create additional slippage within year.



Monitoring and review of the RPB plan will continue along the same lines as 2025/26, focusing on the quarterly dashboard reporting and RIF project spend and delivery against the approved RPBs Joint Area Plan. Opportunities to continue to strengthen reporting to ensure assurances are given, along with demonstrating what is having an impact and how learning from this can shape future service models.

ADDITIONAL INFORMATION:

Regulations in relation to the Regional Partnership Board were updated in 2025 and included the requirement for Health Boards to appoint an executive member of the RPB as the "responsible person" who must: encourage co-operation and partnership; take the lead in promoting their appointing partnership body's contribution to the meeting of the objectives of the regional partnership board; and report back on the work of the partnership board. The Executive Director of Community, Primary Care and Mental Health is the designated Responsible Person. The Accountability Arrangements with Welsh Government have also been amended.

PTHB representatives on the RPB will participate in the Welsh Government required self-assessment during the next financial year.

NEXT STEPS:

- Communicate the Plan: Share with all relevant teams and stakeholders.

- Implementation: Partnerships finalise delivery plans and begin project work (April 26)
- Monitoring: Start quarterly progress reviews and finance tracking; report to RPB Executive and Board and into relevant organisational governance arrangements as agreed (May onwards)
- Governance: Hold regular meetings to oversee delivery, address risks, and adapt as needed (ongoing)
- Risk & Exit Planning: Strengthen sustainability plans for projects, preparing for post-RIF funding (Jan 2026 onwards)
- Continuous Improvement: Use feedback and learning to refine delivery and maximise impact (ongoing)

Powys RPB Delivery and Resource Plan 2026-2027

FINAL

Lewis, Raychelle
28/01/2026 16:17:21



Overview – Slide 2.

- How was the plan developed – 3.
- RPB Plan on a page – 4.

Strategic Context – Slide 5.

- Integrated Community Care System, Health and Care Strategy, Joint Area Plan, Wellbeing Objectives – 6-8.
- Refined priorities (2025 –27) – 9.
- Learning and impact so far – 10.

Governance, Data and Engagement – Slide 11

- RPB Governance & Delivery mechanisms – 12.
- Partnership effectiveness and development – 13.
- Data, Co-production & Engagement – 14-15.
- Planning alignment - 16

Delivery and Resource Plan – Summary – Slide 18

- Key messages: Delivery - 18
- Key messages: Resources 19- -20

Monitoring, Review & Next Steps – Slide 22

Delivery and Resource Plan – Detail – slide 23

- Start Well – 24-25
- Live Well - 26
- Live Well – Mental Health - 27
- Age Well – 28
- Workforce Futures – 29-31
- North Powys Wellbeing Programme -32-33
- Innovative Environments - 34
- Transforming in Partnership – 35 – 36
- Social / Community Model for Health and Wellbeing – 37

How was the plan developed? – key messages

The following offers an overview of the approach that was taken to develop the RPBs Delivery and Resource Plan 26-27, highlighting the key parameters that were put in place to support good partnership planning. These have helped ensure a robust planning effort was followed to establish the plan for next year. Whilst there are opportunities to further develop these processes into next year, the focus will be on maximising the delivery and impact of the plan.

- **Strategic Framework:**

The plan was developed within the context of the Powys Health and Care Strategy and the RPB's Five Year Joint Area Plan. Priorities were refreshed in 2023 to ensure alignment with these guiding documents.

- **Refined Priorities:**

A refined set of strategic priorities was created to focus efforts on the greatest system pressures and to guide the Regional Integration Fund (RIF) programme. This included identifying cost improvements to ensure value for money and to release funding for new activities closely aligned to these priorities.

- **Evaluation, Prioritisation and Assurance (EPA) Process:**

The RPB undertook an EPA process to assess RIF-funded projects against the updated priorities. Projects were evaluated for compliance, implementation strength, exit planning, and alignment. Updates were made to address any gaps identified by the EPA.

- **Performance Monitoring:**

Routine quarterly monitoring of the RIF programme and wider RPB actions against Area Plan objectives provided assurance on delivery and effectiveness, and informed the development of integrated models of health, care, and wellbeing.

- **Data and Engagement:**

The Population Need Assessment was updated in 2024, and further data analysis and engagement were used by Strategic Partnerships to sense-check their actions and resource plans, ensuring they addressed the biggest needs.

- **Strengthened Project Planning:**

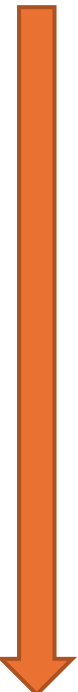
New projects used updated templates to ensure suitability, robustness, and deliverability, with a particular focus on exit planning from the outset.

- **Partnership and Governance:**

Strategic partnerships (Start Well, Live Well, Age Well) developed their plans collaboratively, using engagement forums (e.g., Live Well Engagement Forum) and presenting plans to the RPB Executive Group for challenge and system-wide alignment. The RPBE and its Working Group provided constructive challenge to shape the plans.

- **Continuous Improvement:**

The approach aimed to maximise delivery and impact, with opportunities identified to further develop processes in the coming year





Health and Care Strategy Wellbeing Objectives (& updated Strategic Priorities 2023) in line with RPBs JOINT AREA PLAN 2023-27

Focused Strategic Priorities to address greatest system pressures 2025-27

1. Children and young people

2. Shift to Prevention and Early Help and Support

5. Short-term cost avoidance

3a. Helping people get back home to Powys from out of county; and home from hospital faster and safely

3b. Preventing people in Powys from going into hospital and out of county

4. New ways of integrated and whole system working

<ul style="list-style-type: none"> Community connection (1., 2., 4.) Integrated Single Point of Access (SPOA) to support emotional health and wellbeing (1., 2., 4.) Safer Accommodation, closer to home (1., 3a., 3b.,) Early help and support on 'Edge of Care'. (1., 4., 6.) 	<ul style="list-style-type: none"> Prevention & Early Intervention (Home Support, community co-ordination & assessment (2., 3a., 3b.,4.) Neurodiversity & unpaid carers (2.) Complex Care & accommodation-based solution (4.) Live Well Engagement, co-production and user voice (4.) 	<ul style="list-style-type: none"> Perinatal Mental Health Support Triage & Assessment Model Establish a Recovery College in Powys Single Point of Access Mental Health <p>(NB. under development)</p>	<ul style="list-style-type: none"> Early intervention and prevention model (2., 3b.) Integrated community care approach including improving hospital flow and co-ordination (3a., 3b., 4.) Extra Care (3a.,3b., 4) 	<ul style="list-style-type: none"> SOC / OBC business case Campus Development Model demand, plan services Engage stakeholders and the public.

CROSS CUTTING PRIORITIES: Powys ICCS new ways of working / Working towards 'Marmot Nation' Principle / Citizen Participation (Engagement → Co-production) / Prevention / Social Model for Health & Wellbeing / Partnership Development / System alignment (including pan cluster planning) / Social Value Forum / Welsh Language

Lewis Raychelle
28/01/2024 16:17:21

6. System Enablers
(focused on greatest system pressures)

<ul style="list-style-type: none"> Pipeline Transformation & Skills Culture & Behaviour Change 	<ul style="list-style-type: none"> Family Centres Safer Accommodation for children, Supported Housing / 'Core and Cluster' & Extra Care developments Integrated health, care, and wellbeing hubs 	<ul style="list-style-type: none"> Technology Enabled Care (TEC) Digital Innovation in Service Delivery Digital Infrastructure for Integrated Hubs Data-Driven Planning and Monitoring 	<ul style="list-style-type: none"> Partnership self-assessment Population Assessment & Market Stability H&C Strategy preparation System wide learning, improvement, focus on RIF exit, evaluation & impact Partnership governance & accountability

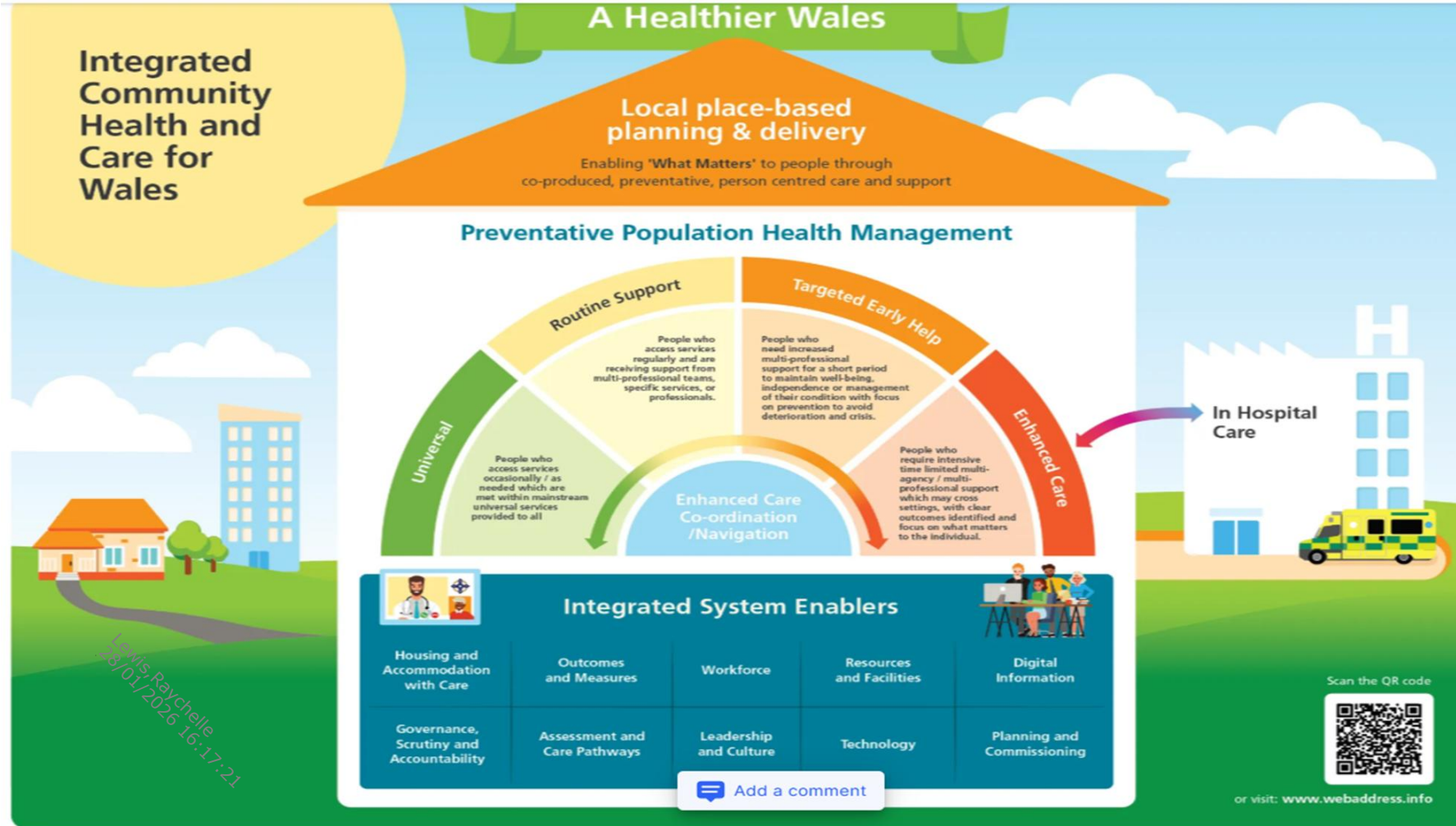
Strategic context

Lewis, Raychelle
28/01/2026 16:17:21



What is the emerging national strategic direction?

Draft Integrated Community Care System (ICCS) governance model



Wales to become world's first 'Marmot nation' to tackle health inequalities



Llywodraeth Cymru
Welsh Government

What is our strategic framework? – Health and Care Strategy at a glance

A HEALTHY CARING POWYS



HEALTH AND CARE STRATEGY
2017 – 2027
DELIVERING THE VISION
DISCHARGING OUR DUTIES
IN RELATION TO THE JOINT AREA PLAN

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING
A VISION OF THE
FUTURE OF HEALTH
AND CARE IN POWYS...

WE AIM TO DELIVER
THIS VISION THROUGH-OUT
THE LIVES OF THE PEOPLE
OF POWYS...

WE WILL SUPPORT
PEOPLE TO IMPROVE
THEIR HEALTH AND
WELLBEING THROUGH...

OUR FUTURE VISION

FOCUS ON INEQUALITIES + PEOPLE WITH GREATEST NEED
IMPROVE HEALTH AND WELLBEING
A LEADER IN INTEGRATED RURAL HEALTH AND CARE

To 2027 AND BEYOND...



Powys Regional Partnership Board
Annual Report
April 2024 to March 2025

A HEALTHY, CARING POWYS



Powys Regional Partnership Board's Joint Area Plan 2023- 2028
(Including Midterm Review of the Health and Care Strategy for Powys)



SUMMARY - JUNE 2023



DRAFT POPULATION NEEDS ASSESSMENT
Regional Partnership Board
Health and Social Care
22/02/2022

What are our joint priorities – Joint Area Plan Priorities at a glance 2023-2028

JOINT AREA PLAN PRIORITIES 'AT A GLANCE' 2023-2028

Wellbeing Objectives



- 1.1 Community Development
- 1.2 Supporting Carers
- 1.3 Population health Improvement, including health inequalities



- 2.1 Emotional health and wellbeing
- 2.2 Early, help and prevention models of care
- 2.3 Supporting families to stay together



- 3.1 Mental Health
- 3.2 Cancer
- 3.3 Respiratory
- 3.4 Circulatory



- 4.1 Care Co-ordination
- 4.2 Unscheduled care
- 4.3 Care closer to home

Enabling Objectives



- 5.1 Designing, planning and attracting the workforce
- 5.2 Leading the workforce
- 5.3 Engagement and wellbeing
- 5.4 Education, training and development
- 5.5 Partnership and citizenship



- 6.1 Information, advice and assistance (incl. non-digital)
- 6.2 Digital information systems
- 6.3 Digitally enabled environments



- 7.1 Accommodation based solutions
- 7.2 Rural, regional centres
- 7.3 Community Wellbeing Hubs



- 8.1 Effective and efficient partnership governance and culture
- 8.2 Citizen participation
- 8.3 System wide learning to support innovation, improvement and adoption of sustainable models
- 8.4 Primary and Community Care
- 8.5 Develop alternative delivery models, including social value
- 8.6 Welsh language

These priorities have been reviewed in light of recent feedback, learning and data. Most of these priorities are maintained from the original Area Plan, but there are some updates. Each priority is colour coded as below.



Lewis, Raychelle
28/01/2026 16:17:21



RPB developed a **refined set of strategic priorities to help us to prioritise the greatest system pressures and impact** and help focus the RIF programme going forward.

- 1. Children and young people** (*particular focus on children looked after; child protection; and children overweight at school entry*)
- 2. Shift to Prevention and Early Help and Support**
- 3. Helping people get back home to Powys from out of county; and home from hospital faster and safely; Preventing people in Powys from going into hospital and out of county**
- 4. New ways of integrated and whole system working**
- 5. Enabling programmes** (*focused on the greatest system pressures*)
- 6. Shorter term cost avoidance and cost saving** for partners / savings to the system

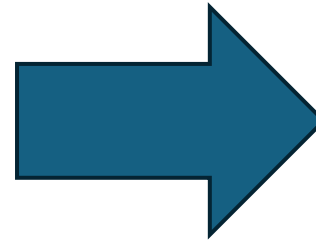
Lewis, Raychelle
28/01/2026 16:17:21

Highlights / progress against Area Plan so far – learning and impact

☀️ Three Good Practice Examples

1. Emotional Health and Wellbeing Model for Children and Young People

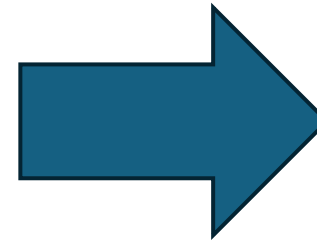
- Over 3,600 young people accessed support through 1:1, group, and universal sessions.
- 99% reported maintained or improved wellbeing.
- Includes innovative projects like the Youth Café in Newtown, now Lottery-funded



Start Well developing a Single Point of Access, building on success and learning from this programme of work

2. Home Support Service for Older Adults

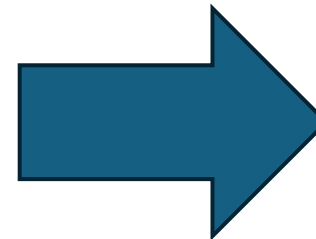
- Delivered 12,298 scheduled interventions.
- Achieved £223,000 in cost avoidance across health and social care, including £80,000 in ambulance services.
- Offers 24/7 responders, wellbeing checks, and practical support



Continued roll out of Home Support in other areas in Powys; and learning helping to shape a prevention model, alongside other key activity such as Community Connectors and Befrienders

3. Workforce Futures Programme

- Reached over 5,500 learners through career education.
- 598 staff completed compassionate leadership training.
- Includes a Volunteer Toolkit and carer development programme to build a resilient, skilled workforce



Successes through Workforce Futures Programme helping to improve workforce integration

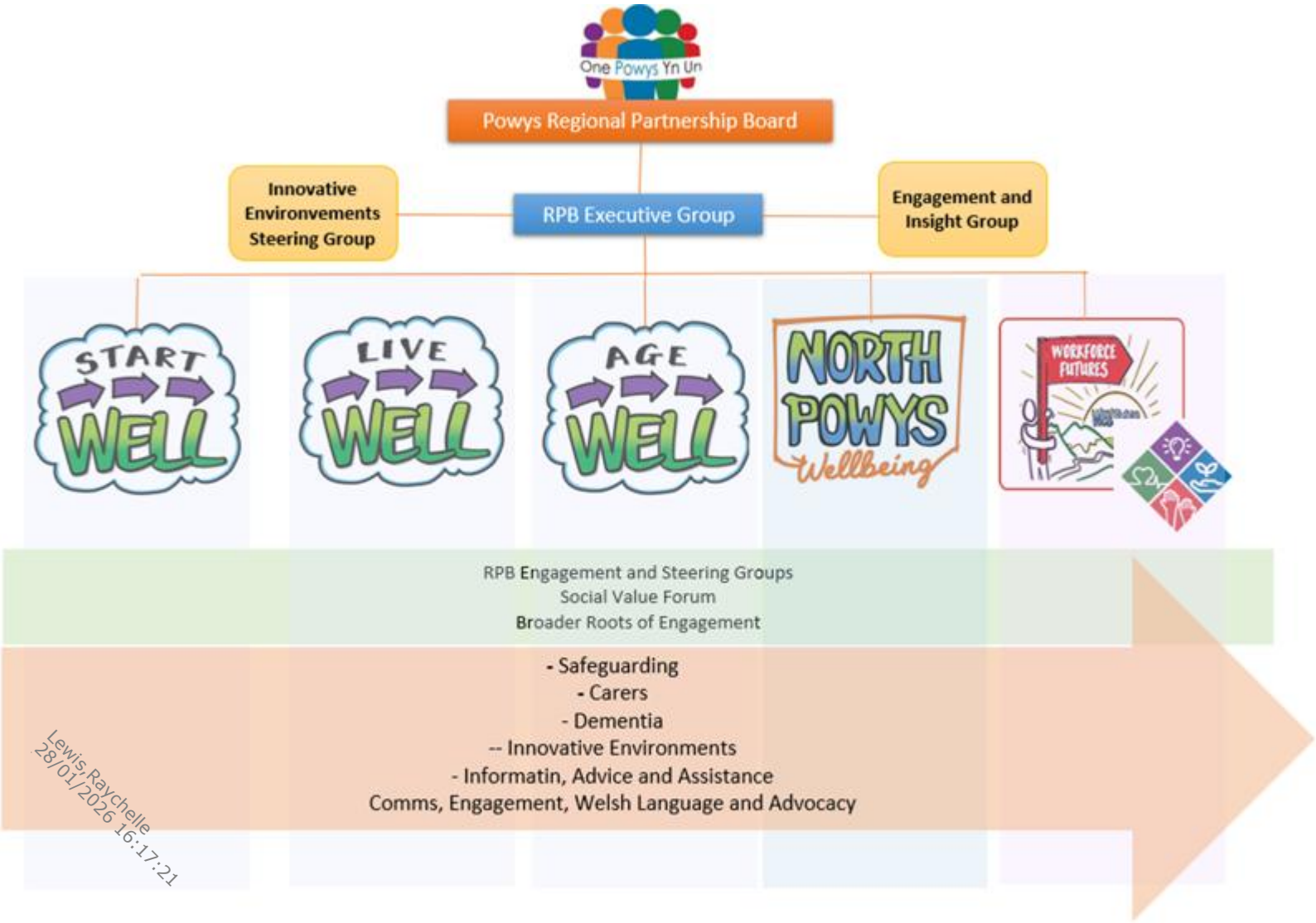


More examples in RPBs Annual Report

Governance & Engagement

Lewis, Raychelle
28/01/2026 16:17:21

RPB Governance and delivery arrangements – how will the plan be delivered?



Lewis, Raychelle
28/01/2026 16:17:21

These outline at a high level the delivery arrangements that remain in place to support the delivery of the plan and remain fit for purpose.

It is recognised there may be an opportunity to improve these by strengthening accountability arrangements; being clearer on roles and responsibilities of those involved in the arrangements; and simplifying arrangements to improve capacity of people to engage with all the different elements.

A wholesale review and change on the governance would not take place for now though, when a focus on delivery and impact remains the priority and can be achieved within current arrangements

Partnership Effectiveness – how well do the RPB Partnerships function?

The RPBs 'Partnership Health Check' was developed to offer assurances to senior leadership / Board members on the effectiveness of the Start, Live, Age Well Partnership arrangements by offering a flavour of whether the key elements of a partnership are in place, and where they aren't; and what action is being used to help address this (see figure below). This is reported on a quarterly basis and is carried out as a self-assessment by the respective partnership leads / chairs.

Partnership effectiveness will fluctuate over time – e.g. a Partnership Chair may change role or leave an organisation leaving a gap in leadership arrangements.

Some issues may be specific to a Partnership such as a Chair leaving. Or could be a wider issue that affects all partnership arrangements at times e.g. capacity of a key partner to engage with the partnership.

The Partnership Health Check helps partnerships identify areas of strength and areas that need improving, and put corrective action in place to address these. This helps offer assurances to RPB Executive / Board that partnerships are responding to changes and remain self-reflective.

More recently, a wider self-assessment process across the partnerships has taken place to identify good practice and areas for improvement. The output from this will form the basis of a RPB partnership development programme for next year, with a clear set of actions to support our ongoing partnership development journey.

Whilst further analysis is needed on this, some high level areas of focus could be:

- **Improving governance arrangements**, specifically strengthening accountability; clarifying roles and responsibilities and simply arrangements to improve capacity of people to engage with all the different elements
- **Improving relationships and trust building** across partnerships

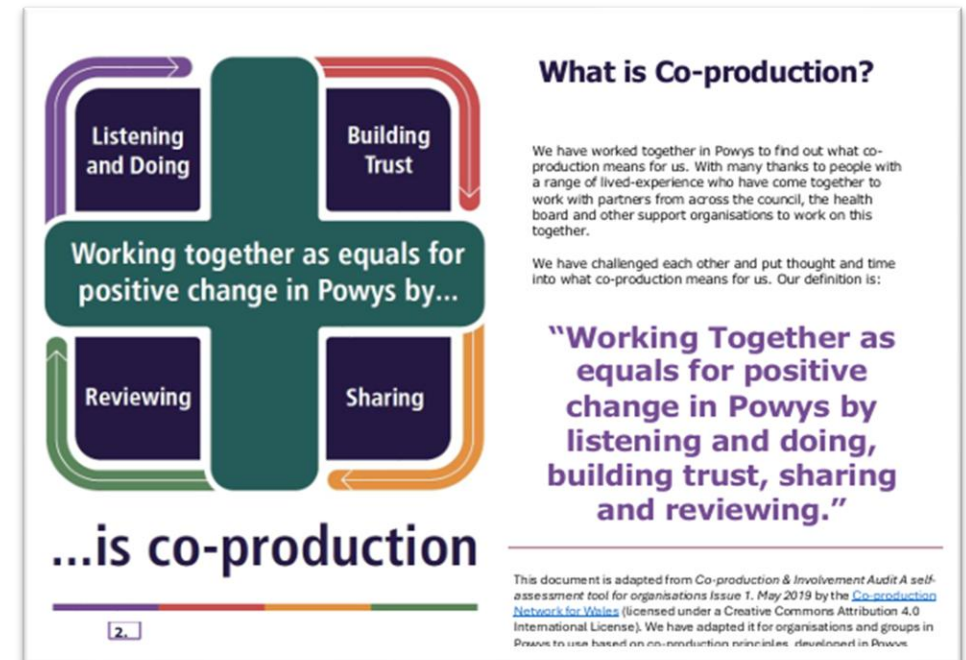
Strategic Objectives have been agreed	RPB short term priorities / goals agreed	Strong governance and accountability arrangements to ensure work is getting done	Project governance	Current and fit for purpose ToRs	Joint Chairing / leadership arrangements in place	Partnership Lead & Support arrangements in place	Regular meetings in line with agreed ToRs	Good cross sector attendance	Appropriate engagement mechanisms to ensure diverse voice to inform decision making	Relevant RPB cross cutting priorities defined and being implemented	Total (out of 55)	Suggested areas for improvement and next steps
---------------------------------------	--	--	--------------------	----------------------------------	---	--	---	------------------------------	---	---	-------------------	--

Co-Production and Engagement



- Co-productive practice continues to be at the heart of the RPBs Partnership arrangements, continually striving to put people at the centre of planning and decision making to ensure transformation and service delivery is person centred.
- All Strategic Partnerships have their own engagement forums with people with lived experience for example, the Junior Start Well Board is an active group of young people that feeds into the Start Well Partnerships on a regular basis.

- The co-production Journey Tracker was developed with people in Powys to ensure we worked collectively across PSB and RPB to further strengthen our co-production arrangements against an agreed definition and set of principles. The *Co-production Journey Tracker* is a simple tool which helps services, groups and organisations find out where they are in their co-production journey. The tool was trialled by the Live Well Partnership as part of reenergising the Forum, which had also developed a proposal for securing funding for coordinator role for something with lived experience.
- The Tool will be rolled out to help groups highlight where their strengths lie and where they may need extra support or training by providing a snapshot of what is working, and what needs to be done to keep improving.



What are the current needs and challenges faced by our population? – Key Themes

Mental Health & Wellbeing

Rising demand for timely, integrated mental health support across all ages. Long waiting times and increasing complexity of needs.

Neurodevelopment & Inclusion

Sustained need for autism/ADHD assessments and inclusive services. Data gaps and clarity on neurodiversity remain priorities.

Safeguarding & Inequalities

Persistent risks from domestic abuse, poverty, and hidden harm. Cost-of-living pressures heighten safeguarding and mental health challenges.

Access & Housing

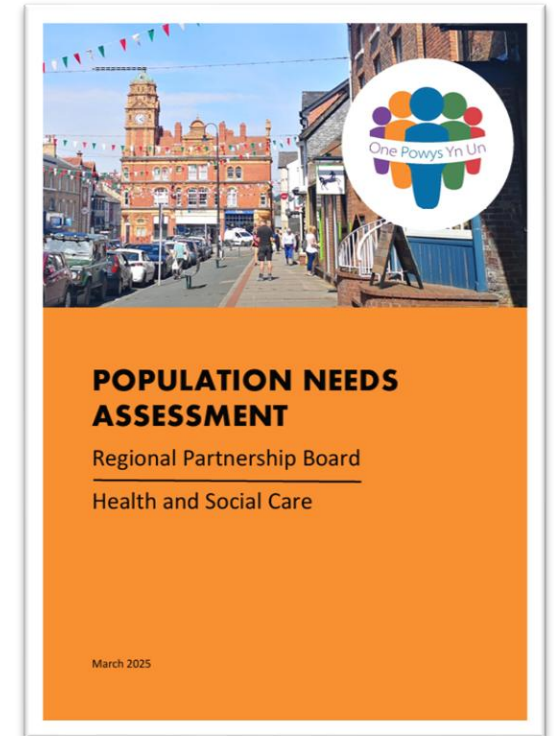
Rurality limits access to health, education, and housing. Shortfalls in affordable and specialist accommodation, especially for older adults and those with disabilities.

Demographic & Workforce Pressures

Rapidly ageing population and shrinking workforce create care gaps. Significant shortfall in domiciliary and reablement services projected.

Transition & Independence

Support for young people with additional needs and older adults to live independently. Requires better planning, community engagement, and sustainable housing models.



***The Population
Need Assessment
and Market
Stability Report
will need to be
updated again in
2027***

Other planning frameworks / planning alignment

Four key priorities - community-based care (with emphasis on frailty), prevention (diabetes, respiratory), urgent care, and mental health.

North Powys Cluster – 2026/27 Key Points

- **Strengthened Collaboration:** Building on Pan-Powys partnership, fostering shared learning and sustainable service development.
- **Frailty Services:** Continued focus on frailty, including a Community Dental Frailty Service and plans to review alternative care pathways and home visiting to reduce hospital admissions.
- **Digital Innovation:** Ongoing rollout of digital platforms (e.g., AccurX) to improve patient access and service efficiency.
- **Prevention & Early Intervention:** Expansion of pilots for stroke prevention (AF diagnosis), asthma (FeNO testing), and obesity clinics; enhanced community pharmacy roles.
- **Integrated Community Care:** Closer working with transformation teams and voluntary sector to develop integrated, community-based models and streamline referrals.
- **Challenges:** Addressing workforce capacity, agile delivery, and sustainable recruitment to support timely project implementation

South & Mid Powys Cluster – 2026/27 Key Points

- **Cluster Merger:** Integration of South and Mid Clusters to create a larger, more resilient, and innovative footprint for primary care.
- **Enhanced Access:** Expansion of multidisciplinary teams, digital solutions, and proactive care pathways to reduce admissions and improve outcomes.
- **Prevention Focus:** Targeted programmes for diabetes and respiratory health, with expanded screening and early intervention.
- **Urgent & Emergency Care:** Integrated triage, improved access to urgent services, and collaboration with out-of-hours and digital services.
- **Mental Health:** Early intervention, expanded therapies, and joined-up working with voluntary and health partners.
- **Innovation & Sustainability:** Pooling resources, sharing expertise, and maintaining strong collaborative ethos to drive transformation

Delivery and Resource Plans across RPB Partnerships / Programmes

Summary

Lewis, Raychelle
28/01/2026 16:17:21

RPB Delivery and Resource Plan – Delivery Overview

The RPB's delivery and resource plan is designed to maximise impact by focusing on the most pressing system pressures, aligning resources to strategic priorities, and embedding learning and adaptation into all programmes. Partnership working, co-production, and strong governance underpin the approach, ensuring that plans are both ambitious and deliverable within the current financial context. Flexibility and sustainability are central themes, with proactive exit planning and a commitment to mainstreaming successful initiatives to secure long-term benefits for Powys residents.

The plans demonstrate how each partnership will contribute to the refreshed Area Plan priorities, with clear resource requirements and a system-wide view of transformation

Delivery Plan – High-Level Summary

Strategic Focus and Alignment

- Delivery activity is now more strategically aligned around larger projects and programmes, targeting the greatest system pressures and reflecting the refined set of RPB strategic priorities.
- There is a clear shift towards prevention, early help, and supporting people to live independently, with a focus on children, older adults, and those with complex needs.

Learning and Adaptation

- Delivery plans have evolved based on ongoing learning, performance monitoring, and feedback loops, ensuring that what works is scaled and what doesn't is adapted or exited.
- Collaborative review processes have confirmed that current areas of focus remain appropriate for delivering on priorities, with RPB Executive Group support for continuation.

System Change and Partnership

- A wide range of activity is being delivered across RPB partnerships to drive system change, improve outcomes for different population groups, and better understand what works.
- Flexibility in deployment is emphasised to accommodate emerging opportunities at both national and local levels (e.g., Better Together, Sustainable Powys). There is an emphasis on maintaining flexibility to respond to changing needs and opportunities, with contingency planning and finance tracking in place.

Exit Planning and Sustainability

- Exit planning is a key consideration due to the scale of investment and the challenging financial context; sustainability and mainstreaming of successful initiatives are ongoing priorities.

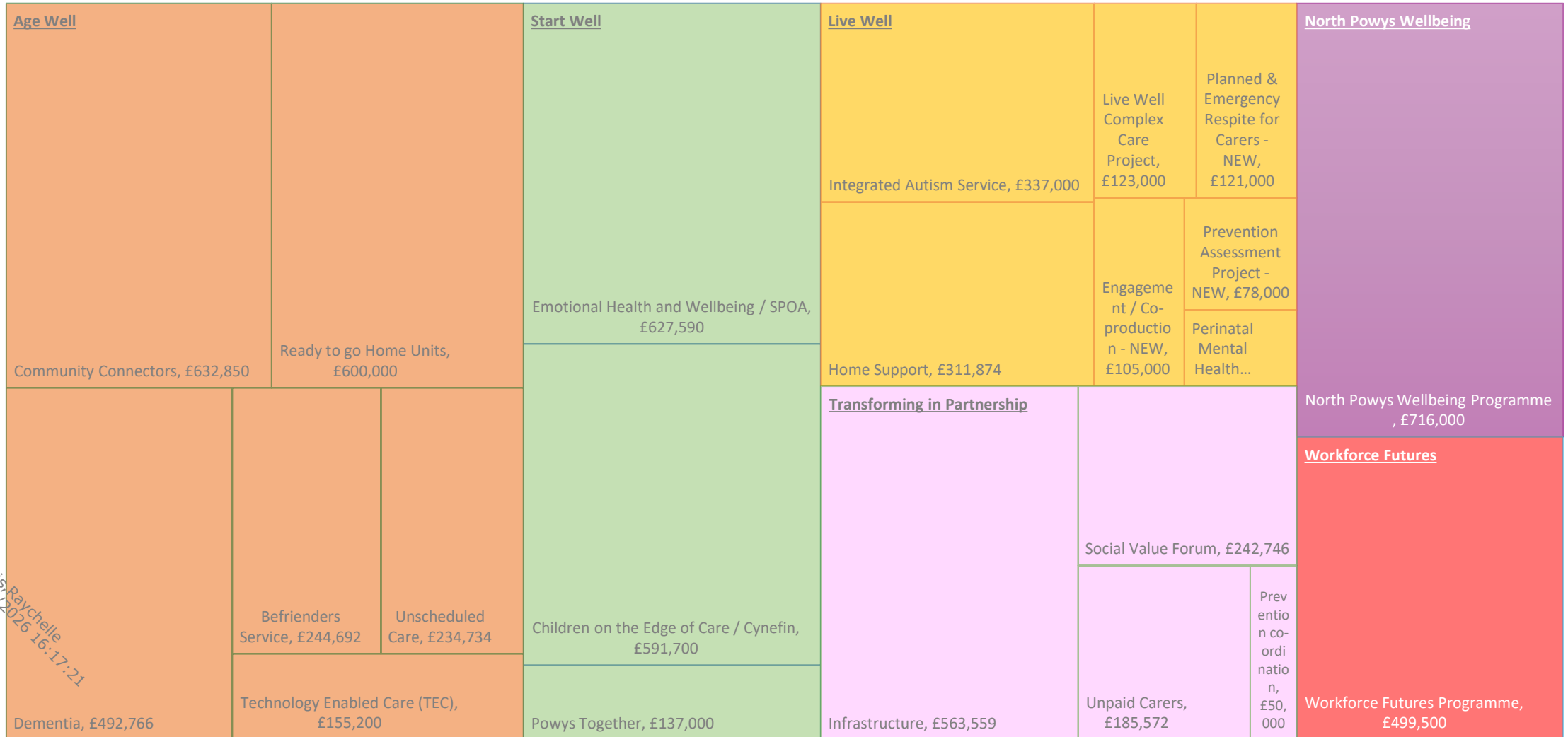
Resource Plan – High-Level Summary

To stay within the RIF envelope, the following is based on no uplifts for project requesting this in 26/27 (unless rationale through additional activity).

- RIF funding is split across RPB Strategic Partnerships – Start, Live, Age Well - and enabling / cross cutting work
- 2026/27 resource split Start Well £1.35mil / Live Well £1.08mil / Live Well MH - £53k / Age Well £2.36mil / North Powys £716k / WFF £499k / Transforming in Partnership £1.04mil
- Based on this, the RIF envelop is currently under committed by approx. £37k. - settlements and budgets currently not agreed for organisations, so work will continue in terms of value for money, delivering efficiently and, as we move towards exit and closure of some projects, they may not run until 31st March and therefore create additional slippage within year

The chart visual depicts how RIF funding is allocated across key priority areas, with the sizes of the boxes correlating to the amount of investment being received.

RIF Spend Overview



Start Well Live Well Age Well Workforce Futures North Powys Wellbeing Transforming in Partnership

Start Well	Emotional Health and Wellbeing / SPOA	£627,590
	Children on the Edge of Care / Cynefin	£591,700
	Neurodevelopmental Remodel	£0
	Powys Together	£137,000
Live Well	Home Support	£311,874
	Prevention Assessment Project - NEW	£78,000
	Planned & Emergency Respite for Carers - NEW	£121,000
	Live Well Complex Care Project	£123,000
	Integrated Autism Service	£337,000
	Engagement / Co-production - NEW	£105,000
	Perinatal Mental Health Service	£52,979
Age Well	Community Connectors	£632,850
	Befrienders Service	£244,692
	Dementia	£492,766
	Ready to go Home Units	£600,000
	Unscheduled Care	£234,734
	Technology Enabled Care (TEC)	£155,200
Workforce Futures	Workforce Futures Programme	£499,500
North Powys Wellbeing	North Powys Wellbeing Programme	£716,000
Transforming in Partnership	Unpaid Carers	£185,572
	Social Value Forum	£242,746
	Prevention co-ordination	£50,000
	Infrastructure	£563,559.00
		£7,102,762 *

*26-27 plan is currently approx. £37k under allocation.

NB - settlements and budgets currently not agreed for organisations, so work will continue in terms of value for money, delivering efficiently and, as we move towards exit and closure of some projects, they may not run until 31st March and therefore create additional slippage within year

Monitoring & Review

Lewis, Raychelle
28/01/2026 16:17:21

Monitoring and Review

Monitoring and review of the RPB plan will continue along the same lines as this year, focusing on the quarterly dashboard reporting and RIF project spend and delivery against the RPBs Joint Area Plan. Opportunities to continue to strengthen reporting to ensure assurances are given and we are demonstrating what is having an impact and how learning from this can shape future models.

Priority Areas

- **Governance & Accountability** – Strengthen oversight and performance management.
- **Monitoring Impact & Benefits** – Improve systems to track outcomes and evidence benefits.
- **Sustainability & Mainstreaming** – Embed sustainability from project start through lifecycle.
- **Exit Strategy**- focus on supporting activity to safely exit and / or sustain where there is a strong business case.
- **Finance Tracking** – Monitor spend vs plans for timely reallocation where required.
- **Contingency** – work closely with Chairs and project leads to ensure flexibility to adapt to delivery changes if required.

Monitoring Systems

- Quarterly dashboards
- Regular performance monitoring to Partnership / Programme Boards with escalation mechanisms into RPB Executive / Board as required.
- Strengthening outcomes reporting and impact / difference made for project level reporting.

Delivery and Resource Plans across RPB Partnerships / Programmes

Detail

Lewis, Raychelle
28/01/2026 16:17:21

Start Well – Delivery & Resource Plan - Chairs Susan Dinsdale - PTHB / Sharon Powell - PCC

Strategic Priorities (Area Plan 23-27)	Key Areas of Action	RIF Project Next Steps & Timescales (evolving / exiting / mainstreaming / seeking further RIF)	RIF resource requirement 26/27 (if applicable)	Post RIF funding plan
<p>Early Help and Play</p> <ul style="list-style-type: none"> Support Children and young people and Families to achieve and maintain healthy, active lives 	<ul style="list-style-type: none"> Evolve Powys Together – RIF <ul style="list-style-type: none"> Expand community engagement to South Powys by recruiting two additional part-time coordinators. Build partnerships with PAVO and Third Sector to plan and deliver wellbeing activities. Focus on early intervention, community resilience, and co-production with families. Deliver a range of activities/events to support health, wellbeing, and child development. Regular consultation with communities to identify needs and gaps. Embed successful activities into existing community organisations for sustainability. Development of Multi Agency Early Help Hubs Implementation of actions within play sufficiency assessment Establish a multi-agency SPoA panel for early intervention and prevention. Establish a multi-agency SPoA panel for early intervention and prevention. Neurodevelopmental Parenting work 	<p>2026 Q1–Q2: Recruit and orientate new coordinators for South Powys. 2026 Q2–Q3: Establish partnerships and networks in South Powys. 2026 Q2–Q4: Begin delivering activities/events based on community needs. 2026–2027: Monthly stakeholder meetings, ongoing delivery, and evaluation. Post-RIF (from April 2027): Aim to continue in current form under new funding, with a focus on sustainability and embedding activities into communities. Ongoing evaluation and support from coordinators as needed. Mainstreaming: Activities to be absorbed into community organisations, with coordinators supporting sustainability and identifying new gaps for future projects. Seeking Further Funding: If further funding is required, the project will seek new arrangements to maintain delivery across Powys</p>	<p>Powys Together £137,000</p>	<p>Activities absorbed into community orgs</p>
<p>Emotional Health and Wellbeing</p> <ul style="list-style-type: none"> Further developing integrated support for children and young people with additional needs 	<ul style="list-style-type: none"> Emotional Health and Wellbeing Model, including supporting young unpaid Carers - RIF Recruit panel lead, coordinator, ND support workers, and therapists. Deliver specialist support for neurodivergence and therapeutic needs. Provide training for workforce and expand counselling in primary schools. Regular weekly panel meetings for case discussion and referral management. Ongoing review, evaluation, and monitoring of service uptake and impact. 	<p>Next Steps & Timescales: 2025 Q4–2026 Q1: Recruit panel lead/coordinator, ND support workers, and therapists. 2026 Q1: Launch SPoA panel and commence weekly meetings. 2026–2028: Continue project delivery, compliance meetings, and evaluation. 2026 Q4–2027 Q1: Review services, consider funding options, and plan for continuation or exit. Post-RIF (from April 2027): Project aims to continue under new funding, with learning from initial delivery informing future arrangements. Mainstreaming: Well-established SPoA and panel to be embedded in service delivery, with ongoing staff managing the process. Seeking Further RIF: If required, further funding will be sought to maintain and expand the service</p>	<p>Single Point of Access £627,590</p>	<p>Embed SPoA/panel in service delivery</p>

Lewis, Raychelle
28/01/2026 16:17:21



Start Well – Delivery & Resource Plan - Chairs Susan Dinsdale - PTHB / Sharon Powell - PCC

Strategic Priorities (Area Plan 23-27)	Key Areas of Action	RIF Project Next Steps & Timescales (evolving / exiting / mainstreaming / seeking further RIF)	RIF resource requirement 26/27 (if applicable)	Post RIF funding plan
<p>Specialist Support Closer to Home</p> <ul style="list-style-type: none"> Enable Children and young people to receive intensive support in Safer Accommodation, closer to home Enable early help and support for Children and young people on the ‘Edge of Care’ 	<ul style="list-style-type: none"> Evolve Edge Of Care service into a new model of care to support children and young people at risk and in the care service – called ‘Cyefin’ – RIF <ul style="list-style-type: none"> Set up three PODs (South, Mid, North Powys) for multi-disciplinary, trauma-informed family support keeping children safely at home. Keep children at home safely reducing the need for children to become looked after. Deliver therapeutic interventions and build family/community resilience. Co-produce support plans with families, focusing on strengths-based approaches. Train staff in relational and strengths-based practice. Further remodel childrens ND service - RIF <ul style="list-style-type: none"> Implement multidisciplinary workforce model and training. Develop digital infrastructure for referrals and reporting. Enhance family engagement and co-production. Map pre- and post-diagnostic support and create ND roadmap. Monitor performance and embed KPIs into business intelligence systems. Residential / Fostering / Short Breaks / 16+ Developments Review transition and educational pathways for young people with complex needs. 	<p>2025–2026: Pilot phase, establish PODs, recruit staff, deliver training, and begin service delivery. 6 & 9 months: Structured reviews focusing on user feedback and qualitative outcomes. 2026–2029: If successful, seek further funding to expand and embed the model, aiming for cultural change and multi-agency involvement. Mainstreaming: Long-term aim to embed PODs into base budget and reduce reliance on statutory services. Seeking Further Funding: If pilot is successful, source further years of funding to expand and embed the model.</p> <p>2025–2026: Recruit and induct additional roles, maintain waiting list compliance, redesign pathway, launch digital referral forms, and conduct audits. 2026–2027: Continue service improvement, co-production forums, and performance monitoring. 2027 Q1: Decision on business case for recurrent funding. 2027 Q1–Q2: Evaluation and project closure, with lessons learned. Post-RIF (from March 2027): If recurrent funding is approved, embed the redesigned ND service into long-term commissioning.</p>	<p>Edge Of Care £591,700</p> <p>ND £0 - Seeking core funding through HB processes (tbc)</p>	<p>Reduce statutory reliance, seek alternative funding</p> <p>Exiting: If funding is not secured, project may cease.</p>
<p>Cross Cutting Priorities</p>	<ul style="list-style-type: none"> Children and Young People Participation (e.g. Junior Start Well Board and other engagement work) NYTH / NEST whole system way of working (<i>co-production, trusted adults, wellbeing across education, Access to expertise, No Wrong Door, Safe and Supportive Communities</i>) 		<p>£0 (Funding incorporated into above)</p>	
<p>Lewis, Raychelle 28/01/2026 16:17:21</p>			<p>Total RIF Requirement 26/27 £1.35mil</p>	



Live Well - Delivery & Resource Plan – Chairs - Clare Lines (PTHB) / Sharon Frewin (PCC)

Strategic Priorities (refined to address greatest system pressures)	Key areas of action in 26-27	RIF Project Resource 26-27	RIF Project Next Steps & Timescales	Post RIF funding plan
Early Intervention and Prevention <ul style="list-style-type: none"> Develop prevention and community co-ordination so that people in Powys have their care and support needs met, including carers people in Powys. Address the health and care inequalities facing people in Powys through targeted interventions. 	<ul style="list-style-type: none"> Build community capacity by linking people to local services and providing community-based activity that supports wellbeing Q1 – Q4 RIF Embed a social model of disability approach across partners by increasing awareness and understanding of how to deliver this well within services – Q1 – Q4 Develop and deliver a safety assessment and support for falls prevention service in Powys - Q1 begin deliver based on pilot learning; Q2 –3 continue deliver / monitor; Q4 continue / review RIF 	Home Support £311,874 Prevention assessment project £78,000	During 26/27 : Mainstream two current RIF funded areas Undertake feasibility and roll out to new RIF funded localities. Developing robust and equitable funding methodology. Demonstrate cost avoidance Design, develop and agree model based on learning from 25/26. During 26/27: Project delivery, including contract monitoring, reviewing and further development.	Meetings arranged with Partnership Chairs in November / December to discuss strategic plans for RIF funded activity
Emotional and Physical Health and Wellbeing <ul style="list-style-type: none"> Promote good emotional health and wellbeing for people in Powys, so that they can live their lives to the full. 	<ul style="list-style-type: none"> Continue to improve outcomes for adult unpaid carers by working in partnership to ensure strategic arrangements to support carers are well-established and deliver maximum value Q1 – Q4 Support life alongside caring by developing a planned and emergency respite for carers service in Powys - Q1 begin deliver based on pilot learning; Q2 –3 continue deliver / monitor; Q4 continue / review RIF 	Planned and Emergency Respite for carers project £121,000	Design, develop and agree model based on learning from 25/26. During 26/27: Pilot project rollout in chosen locality (North) with pilot demographic (Dementia)	
Specialist / Complex Care and Support <ul style="list-style-type: none"> Develop Community based care – providing complex care closer to home for people in Powys. Accommodation-based solutions for people in Powys to live as independently as possible within their communities 	<ul style="list-style-type: none"> Further develop partnership working through the Live Well Complex Care / Specialist Support Group, including further development of the integrated autism service and ADHD service Q1 – Q4 RIF Continue to deliver the Integrated Autism Service (IAS) Q1 – Q4 RIF Develop Core and Cluster Accommodation options to support people with physical / learning disabilities to live within their own communities. Q1 – Q4 	Complex Care and support project £123,000 Integrated Autism Service £337,000	During 26/27: Robust forecasting of data for individuals with complex care and support needs to establish services in Powys that needs their health and social care needs.	
Cross Cutting Priorities	<ul style="list-style-type: none"> Implement a shift to prevention through a public health / whole population-based approach Supported Employment and Engagement, Co-production, Autism Spectrum Disorder (ASD) Groups Q1 – Q4 RIF 	Engagement and Co-production project £105,000	During 26/27: Design and develop job description for SE role and recruit. Establish and deliver ASC peer support groups. Build on Live Well forum and engagement through the county	
		Total RIF Requirement 26/27 £1.08m		

Lewis, Raynelle
28/01/2026 16:17:21



Live Well Mental Health - Delivery & Resource Plan – Chairs, Louisa Kerr (PTHB) & TBC

Strategic Priorities (Area Plan 23-27)	Key areas of action	RIF Project Next Steps & Timescales (evolving / exiting / mainstreaming / seeking further RIF or other funding)	RIF resource requirement 26/27 (if applicable)	Post RIF funding plan
<ul style="list-style-type: none"> Improving information, advice, and assistance Develop whole system approach to trauma informed services and training 	<ul style="list-style-type: none"> Improve monitoring, reporting and outcomes measurement Embed the use of Health Impact Assessments which consider the impact of decisions on both physical and mental health. Create (or further enhance) a central hub for information Clearly explain what mental health services offer Continue adoption of trauma informed approaches 			
<ul style="list-style-type: none"> Preventing escalation and developing pathways of support Supporting resilience through on-line therapeutic support and intervention Supporting children, young people, and families receiving interventions (<i>links with Start Well Partnership</i>) 	<ul style="list-style-type: none"> Prevention Focus : building blocks Clarify support available Strengthen available community support Upskill all in foundation mental health training Ensure access to effective interventions for all ages Move to recovery focused, open access, person centred care Create one clear way to access mental health support Build new care pathways that focus on people’s needs 		<p>Perinatal</p> <p>£52,979</p> <p>Recovery College</p> <p>TBC</p>	<p>Meetings arranged with Partnership Chairs in November / December to discuss strategic plans for RIF funded activity</p>
<ul style="list-style-type: none"> Improve co-production 	<ul style="list-style-type: none"> Embed coproduction into the development and delivery of all actions. Increase lived experience voice Work better together to avoid duplicating efforts 			

Lewis Rayshelle
28/01/2026 16:17:21



Age Well - Delivery & Resource Plan – Chairs, Sharon Frewin (PCC) / David Farnsworth (PTHB)

Strategic Priorities (refined to address greatest system pressures)	Key areas of action	RIF Project Resource 26/27	RIF Project Next Steps & Timescales (evolving / exiting / mainstreaming / seeking further RIF or other funding)	Post RIF funding plan
<p>Early Intervention and Prevention</p> <ul style="list-style-type: none"> Further develop and implement an early intervention and prevention model through locality-based support. Increase early help, support, and inclusion opportunities to reduce loneliness and isolation. 	<ul style="list-style-type: none"> As part of development of Social Model for Health & Wellbeing and Social Prescribing, link people to local services and community support to reduce isolation and improve wellbeing Provide companionship and social contact for individuals at risk of loneliness. 	<p>Community Connectors £632,850</p> <p>Powys Befriending Service £244,692</p>		<p>Meetings arranged with Partnership Chairs in November / December to discuss strategic plans for RIF funded activity</p>
<p>Integrated Community Care Approach</p> <ul style="list-style-type: none"> Develop and implement an integrated community care approach focused on older people/frailty (including frailty of memory) to include modernising domiciliary care, reablement / rehabilitation, integrated brokage function, trusted assessment, maximise use of direct payments / microenterprises, and enhancing community capacity including supporting unpaid carers. Ensure that Home First ethos is implemented, if a person requires hospital admission and reduce delayed transfers of care, through improved integrated working. 	<ul style="list-style-type: none"> Dementia Support – Guide individuals and families through dementia care pathways and available support. Deliver specialist dementia care at home to avoid unnecessary hospital admissions. Offer timely diagnosis and support for people with memory concerns and cognitive decline. Hospital Flow and Care Coordination - Prepare patients for safe discharge from hospital with appropriate support plans. Coordinate care packages efficiently across health and social care providers. Enhance urgent and emergency care pathways to reduce delays and improve outcomes. <p>Further roll out Technology Enabled Care (TEC) to support people in their own homes Q1-Q4</p>	<p>Dementia Navigators £100,000</p> <p>MAS £133,000</p> <p>Dementia HTT £259,766</p> <p>RTGHU £600k</p> <p>Integrated Brokerage £0</p> <p>Unscheduled Care £234,734</p> <p>TEC £155,200</p>	<p>Recurrent funding for 26/27 – continue to explore opportunities to make efficiencies and align service with wider transformational planning under Better Together</p> <p>Better Together Programme - As part of the scoping work and approach to develop sustainable services, the older adult community and inpatient services have been accelerated and the future models to ensure resilience and exit strategy from external funding are being considered.</p> <p>Better Together Programme intended to define alternative models of care, with view to implementation in latter part of 2026/27</p> <p>Develop section 33 agreement; testing dynamic system on behalf of PTHB; inform a business case to inform and embed process. Exit March 26.</p> <p>Business case in development to mainstream functions, with expectation that Better Together Programme will augment impact of BAU</p> <p>Delivery of TEC to a target 900+ individuals and achieve cost avoidance to the partnership c.£700k</p>	
<p>Where People Live</p> <ul style="list-style-type: none"> Supporting older people with where they live through further development of Extra Care and other accommodation and community-based solutions, including working with care home sector. 	<p>Accommodation and Care</p> <ul style="list-style-type: none"> Extra Care Programme Develop housing with care options that enable older people to live independently longer. Powys Owned Care Homes Programme Maintain and modernise council-owned care homes to meet future care needs. 	<p>N/A</p>		
		<p>Total RIF 26/27 £2.36mil</p>		<p>197/308</p>

Lewis, Raychelle
28/01/2026 11:21



Rationale and approach

Following WFF Programme Reshape in Q4 2024/25, the programme is seeking comparable RIF funding in 2026/27. 2025/26 resource has been assessed and an opportunity to adjust resource identified, making a cost saving (£9K). Remaining posts costed at 3.6% uplift.

Seeking like for like facilities costs as per 2025/26 (£13.5K) plus an additional £4K for essential servicing of the simulation equipment, which is now outside warranty.

NB any reduction in ACEES resource from HEIW will necessitate additional RIF funding in order to maintain the scheme or there will be a reduction in ACEES activity, dependent on the funding amount.

In addition to RIF (and HEIW) funding utilised to deliver the Workforce Futures Programme, partners also make “in kind” contributions that add value. For example, PAVO attend all ACEES sessions, adding rich insight into volunteering opportunities for young people in Powys, which has resulted in an increase in the number of young people seeking volunteer placements. The We Care Wales Career Connector from social care is a member of the ACEES facilitation team, enabling ACEES to be delivered bi-lingually and deliver first-hand experience of working in social care.

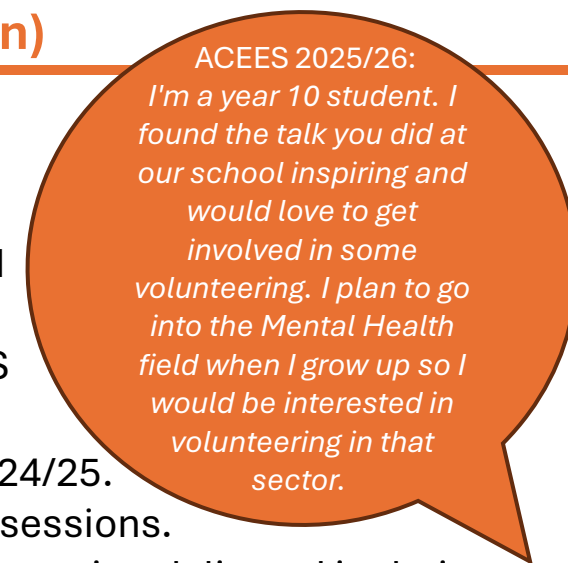
The Workforce Futures Programme Board endorsed this resource plan on 18th November 2025.

Lewis Ray
28/01/2016 16:17:21



Snapshot of Reach and Impact

- In Q1-Q2 2025/26, 62,744 contacts through the Workforce Futures Programme.
- 2024/25 ACEES reach: whole school approach 5507 learners (of which, 1189 yn Gymraeg) plus 152 Y12/13/college learners with advanced, hands-on training (practical skills, scenario-based learning and Dementia Friend).
- 4 out of 11 shortlisted PTHB Healthcare Support Worker Apprenticeship applicants directly cited ACEES experience.
- 47% increase in health and social care and medical science post 16 enrolments in Powys schools in 2024/25.
- Increase in number of young people seeking volunteer placements via PAVO following ACEES 2-252/26 sessions.
- A male learner shared with a parent that he and his friends had been talking positively about the ACEES session delivered in their school, indicating the programme is effective in overcoming stereotypical views of gender roles in health and social care.



ACEES Careers Festival 19th March 2025

A Productive Day of Learning!

Our Year 12 Health and Social Care students had an amazing day exploring careers! They had the opportunity to ask questions about career progression and entry routes, gaining valuable insights into their future paths. It wasn't just theory—students also got hands-on experience, trying out practical skills and getting a real feel for the industry. A huge thank you to the professionals who shared their knowledge and inspired our learners!

- Clinical Leadership Immersive Programme deployed in tiers, shortlisted finalist by HPMA in national (UK) awards and delivery with social care colleagues commencing.
- Wellbeing Harmony and Balance sessions (Feb-June 2025) taken up by carers, staff from PCC, PAVO, Credu, Kaleidoscope, TGP Cymru, Health and Care Research Wales. 91.9% (n=37) of participants in group sessions and 100% (n=10) of participants in 1:1 sessions had a reduction in perceived distress.
- Workforce wellbeing remains central to system sustainability. A range of group, team and 1:1 interventions are available including over 50 managers who completed the wellbeing and engagement module, tailored sessions for Credu, Citizen's Advice and carers.
- Carers who have attended the Exploring Caring sessions report a positive impact on their wellbeing. Supporting unpaid carers contributes to the delivery of care as close to home as possible and avoidance of costs associated with residential or hospital care.

Workforce – Delivery and Resource Plan (SROs Nina Davies / Debra Wood-Lawson)

Strategic Priorities (refined to address greatest system pressures)	Key areas of action	Programme Next Steps & Timescales (evolving / exiting /mainstreaming / seeking further RIF or other funding)	RIF resource requirement 26/27 (If applicable)	Post RIF funding plan
<p>Two key priority areas, continued from 2025/26:</p> <p>Pipeline – A focus on workforce models and supply. This includes work undertaken for the longer-term workforce supply through engagement with schools and colleges under the Academy Careers Education Enterprise Scheme (ACEES), as well as how our voluntary sector is embedded as part of our wider workforce.</p> <p>Transformation Skills and Development - This area will focus on targeted support towards identified transformation initiatives. It will still include the need to develop leadership capability, sustaining and supporting people through change, transformation training needs and developing the capability to adapt to and embed the new ways of working.</p> <p>Dynamic deployment of WFF resource based on the needs of the RPB and RIF projects/programmes to support culture and behavioural change as new ways of working are embedded.</p> <p><i>Lewis, Raychelle 28/01/2026 16:17:21</i></p>	<ul style="list-style-type: none"> Targeted support for identified teams preparing for or going through change Building on success to date with immersive leadership programmes, offering these in a way which maximises positive impact on delivering and embedding change Targeted activity with services planning to undertake or undertaking change (e.g. managing change, individual and team coaching specific to change) Scenario-based learning will continue to be included in the design and delivery of sessions undertaken by the Academy team Bitesize offer to fit the needs of our partners Wellbeing of staff and unpaid carers supported through targeted work with individuals, teams and groups. 	<p>In 2026/27 WFF is seeking continuation of RIF funding, slightly increased from 2025/26 to account for pay increments and anticipated 3.6% pay uplift.</p> <p>Funding for longitudinal research on ACEES is being explored in order to demonstrate impact in inform long term pipeline strategies for the future.</p> <p>WFF can support and assist services through the development of future plans in order to mainstream resource that is currently RIF funded.</p> <p>Support to projects in measuring impact.</p> <p>WFF can work with RIF projects and programmes to achieve cultural and training shift – this can be shaped by the RPB Executive Group in alignment with Sustainable Powys and Better Together.</p> <p>Support 6 RIF projects related to the Social Model for Health and Wellbeing to deliver integration and the resulting value.</p> <p>Providing OD support to the North Powys Wellbeing Programme subject to resource allocation provided as requested for 2026/27.</p> <p>Support the development and implementation of a RPB Partnership Development Programme to strengthen how we work together as partners, based on feedback from the RPB Self-Assessment work in 25-26 – Q1 develop; Q2 – Q4 implement</p> <p>Support ongoing system wider learning with the RPB, co-ordinate a ‘Lessons learnt and Future Steps’ Event to showcase good practice from partnership working and support next steps post RIF – Q2</p>	<p>£499.5K</p> <p>Posts funded: Strategic Workforce Lead; Leadership and Team Change Facilitator (2 WTE); Workforce Futures Business Manager; Widening Access Manager; Joint Workforce Experience and Wellbeing Manager; Workforce Futures Volunteer/carers Manager; Project Support Officer; Workforce Futures Joint Administrative Support Officer.</p> <p>This figure includes facilities and servicing costs.</p>	<p>Multidimensional exit plan depending on each WFF project.</p> <p>“Leadership and Culture” and “Workforce” identified as ICCS Integrated System Enablers. An opportunity to collaborate with the Regional Partnership Board during 2026/27 to co-design and shape the future approach together.</p>

Strategic Priorities (Area Plan 23-27)	Key areas of action	Programme Next Steps & Timescales (evolving / exiting /mainstreaming / seeking further RIF or other funding)	RIF resource requirement 26/27 (If applicable)
<ul style="list-style-type: none"> • Integrated Local Services • Sustainable Workforce • Innovative Environment • Decarbonisation • Regeneration 	<ul style="list-style-type: none"> • Development of Strategic/Outline Business Case (SOC/OBC) for Phase 1 of the Newtown multi-agency campus. • Mobilisation of programme team and re-engagement of paused workstreams. • Design and delivery of a Community Resource Hub as a ‘new front door’ for integrated services. • Integration of Primary and Community Care services within the campus model. • Establishment of a Family Centre and co-located Mental Health Services. • Development of a Health and Care Academy, including student and key worker accommodation. • Creation of a Community Café as part of the wellbeing campus. • Feasibility and service planning for supported living and accommodation solutions. • Progression of demand and capacity modelling to inform service design. • Engagement and communications planning for stakeholder and public involvement. 	<ul style="list-style-type: none"> • Phase 1 Full Business Case (FBC) Development: Completion of the FBC to support the initial phase of the campus. • Service Brief Refinement: Further development of Phase 1 service briefs to enable effective service redesign and transformational planning – this includes focused work primary care. • Current State Analysis & Transition Planning: Assessment of existing service provision and creation of a transition roadmap towards the defined Wellbeing Offer. • Phase 1 Construction Commencement: Initiation of construction works for Phase 1. • Phase 2 Strategic/Outline Business Case (SOC/OBC): Development of SOC/OBC for Phase 2, focused on the Rural Regional Diagnostic and Treatment Centre. • Feasibility & Service Planning – Supported Living: Exploration of supported living and accommodation solutions, including service planning. • Demand & Capacity Modelling: Finalise modelling to support Phase 2 to inform future service design and delivery. • Stakeholder Engagement & Communications: Planning and implementation of engagement strategies for stakeholders and the public. • Strategic Alignment: Continued integration with the Better Together and Sustainable Powys programmes. 	<p>£716,000</p>

Lewis, Raychelle
28/01/2026 16:17:21



Innovative Environments (Capital) - Deliverables and Outcomes (Chair - Wayne Tannahill)

Strategic Priorities (RPB Strategic Capital Plan)	Key areas of action	RPB Resources (Revenue and Capital)	Timescales	Key Outcomes
<p>Start Well</p> <ul style="list-style-type: none"> Ensure sufficient range of not for profit / safe and appropriate placements that meets needs of Powys children and young people who are looked after, provided close to home, and focuses on achieving the best possible outcomes for children. Develop county wide provision of integrated family support centers to deliver early intervention and prevention for children and their families, and explore options of providing family time from these hubs. 	<ul style="list-style-type: none"> Development of Children's Residential accommodation Games Hospital – development of five bungalows to provide supported accommodation and support for young people aged 16 – 18 Further feasibility, planning and Development work of integrated family centres in Brecon and Ystradgynlais 	<p>Housing with Care Fund (HCF) Capital</p> <p>Integrated Rebalancing Capital Fund (IRCF) Capital</p> <p>Integrated Rebalancing Capital Fund (IRCF) Revenue</p>	<p>Activity will be delivered across multiple years as per RPBs Strategic Capital Plan Delivery Plan (see below) with regular review and scrutiny of activity via RPBs Innovative Environments Capital Group to ensure deliverability against agreed aims and outcomes</p>	<ul style="list-style-type: none"> Develop county wide provision of integrated Early Help family centers to deliver early intervention and prevention for children and their families Ensure more children who are Looked After can live closer to home; currently, many are placed outside of Powys and Wales.
<p>Live Well</p> <ul style="list-style-type: none"> increase capacity with 'Core and Cluster' by developing new accommodation that offer a mixture of independent and supported accommodation options that is flexible and diverse Explore the development of accommodation solutions to support people with mental health, closer to home, including mental health step-down provision Continue to support people to live independently, safe, and well within their own home for longer, through developing more supported living and sheltered accommodation 	<ul style="list-style-type: none"> Supported living across Powys – purchases and developments – Newtown (Woodlands Way and Garth Owen), Welshpool (Chartwell), Ystradgynlais (Bryngroes) Feasibility study to explore step down accommodation for people with complex needs due to mental illness / mental disorder 	<p>Housing with Care Fund (HCF)</p>		<ul style="list-style-type: none"> Ensure that 94% of people with a learning disability and living within their communities are supported to continue doing so through having supported accommodation options Consider 'Mental Health' specific models of care with 24-hour support - to provide step down from residential placements or step up from community to avoid residential care to increase independence where support can be flexed as required
<p>Age Well</p> <ul style="list-style-type: none"> Ongoing development of Extra Care provision to ensure older people can be supported in accommodation that meets their needs and maximize opportunity for independence Ensure sufficient bed capacity, including respite, to meet the needs of older people, providing care as close to home as possible. Refurbishment and reconfiguration of current residential care provision to help deliver on above priorities, and to ensure a focus on individual residential needs, preferences and expectations regarding the nature and quality of accommodation and care 	<p>Extra Care Developments</p> <ul style="list-style-type: none"> 66 units, Neuadd Maldwyn, Welshpool – final stages of development 41 independent living units Pont Aur, Ystradgynlais 68 units, Brecon – construction due to start in 2025 	<p>Housing with Care Fund (HCF) Capital</p> <p>Integrated Rebalancing Capital Fund (IRCF) Revenue</p>		<ul style="list-style-type: none"> Strong impetus to provide care at home to allow people to live at home for longer will continue to reduce demand for residential care placements
<p>Cross Cutting</p> <ul style="list-style-type: none"> Develop a range of integrated Health, Care and Wellbeing Hubs, aspiring to meet individual needs more holistically, with a focus on health promotion, prevention, social prescribing and open / green spaces Continue to embrace digital solutions – e.g. Technology Enabled Care – to support people to live closer to or within their own homes. Develop suitable infrastructure and accommodation options for the integrated care workforce to live and work in Powys as part of Workforce 	<ul style="list-style-type: none"> Strategic blueprint for integrated hubs being developed Newtown integrated health and wellbeing campus Spa Road, Llandrindod Bronllys Chapel development Digital / TEC 	<p>Housing with Care Fund (HCF) Capital</p> <p>Integrated Rebalancing Capital Fund (IRCF) Revenue</p>		<ul style="list-style-type: none"> transforming health and care services to be more holistic, integrated, and community-based, emphasizing prevention, early intervention, digital innovation, and local delivery, while promoting independence, community participation, and improved service

See RPBs Strategic Capital Plan for full details of capital strategy, plan and progress to date



Transforming In Partnership & RPB Infrastructure - Deliverables and Outcomes (RPB Exe.)

Strategic Priorities (refined to address greatest system pressures)	Key areas of action	RIF Resource 26-27	Key Outcomes
<ul style="list-style-type: none"> Continue to develop the maturity of partnership arrangements and embed a culture of partnership working. Continue to develop citizen participation from engagement through co-design to co-production System wide learning to support innovation, improvement and adoption of sustainable models of health and wellbeing (including primary and community care) Strategic assessment, planning and delivery in a more co-ordinated way across strategic partnership landscape (e.g. Clusters, PSBs, etc.) Support key cross cutting work such as Welsh Language, Unpaid Carers; Social Value Explore more integrated digital opportunities - TBC 	<ul style="list-style-type: none"> Ensure rigorous exit planning and implementation in relation to RIF funded projects. Review RPB governance arrangements to ensure delivery mechanisms for RPB Area Plan are best suited to enable delivery of programme (for example, consider how cross cutting priorities are delivered against as part of the Life Course governance approach) – Q1 review; Q2 implement if required. Lead on development and implement a RPB Partnership Development Programme to strengthen how we work together as partners, based on feedback from the RPB Self-Assessment work in 25-26 – Q1 develop; Q2 – Q4 implement RIF Lead ongoing system wider learning, co-ordinate a ‘Lessons learnt and Future Steps’ Event to showcase good practice from partnership working and support next steps post RIF – Q2 RIF Strengthen understanding of ‘value’ across the partnership – quality, cost, equity – to support robust decision making – Q1 – Q3 Complete a Population Needs Assessment (PNA) aligning closely with PSBs Wellbeing Assessment to ensure a full assessment of wellbeing and care and support needs within Powys to inform strategic planning across partners – Q2 – Q3 Secure capacity to implement key priority actions for the RPB from the ‘Preventing the Preventable’ Framework to begin to embed a shift to prevention across partners – Q2 – Q4 RIF Update the Health and Care Strategy to support a 2+-year extension of the strategy to support strategic planning and delivery within a shared strategic framework for partners – Q1 – Q3 Continue to support adherence of partners to the SSWB Act, specifically in relation to changes to Part 2 and Part 9 through the RPB Team, including support for citizen voice at RPB Board Q1-Q4 RIF Further explore and where possible implement joint commissioning arrangements (for example around third sector commissioning) to support better alignment and use of resources – Q1 – Q3 Deliver the Welsh Language Active Offer as part of implementing Gofal More Than Just Words Action Plan – Q1 – Q4 RIF Further roll out the RPB Co-Production Tracker to identify key strengths and areas for improvement across key RPB engagement mechanisms / forums and develop key actions to improve co-production practice across partners via the Powys Engagement and Insight Group (PEIN) Q1-Q4 RIF Continue to Improve outcomes for unpaid carers specifically around two priority areas (via Carers Steering Group) Q1-Q4 Identifying and valuing unpaid carers RIF 	<ul style="list-style-type: none"> Partnership Development, Performance & Evaluation £17k Finance & Operational Support £96k Primary Prevention Capacity £20k Social / community model for health and wellbeing £30k RPB Co-ordination Team £300k Citizen / Carer Member Support £24k Welsh Language Active Offer £45k RPB Co-Production & Engagement HQ £76k Unpaid Carers projects 	<ul style="list-style-type: none"> Whole system change and new models of integrated health and care, including social value, to support better outcomes for people Ensure governance arrangements remain fit for purpose and support the RPB to carry out its business efficiently and effectively. Develop relationships and trust across the partnership and support shared risk taking Improve co-production practice Embed culture of learning and sharing across partnership to help deliver system change Further integrate primary care with community-based services to ensure focus on well-being, equity, early help and support, sustainability of services and joined up care.



Transforming In Partnership & RPB Infrastructure – RPB Team Further Detail

Core RPB Team – Further Detail	Key Areas of Work			Key Outcomes	
<p>RIF Infrastructure</p> <p>RPB Team</p> <ul style="list-style-type: none"> ○ RPB Coordinator ○ Strategic Commissioning & Project Manager ○ Partnership & Programme Support Officer ○ Dementia ND & Carers Project Manager – DAP funding ○ RPB Project / Administration Officer ○ Citizen Participation and Continuous Engagement / Co-Production Support ○ Resource for wider infrastructure support paid for as a contribution e.g. Comms / Engagement, Finance, etc. 	<p>Co-ordination, development and refreshing of key strategies, plans, reports and evaluations</p> <ul style="list-style-type: none"> • Health and Care Strategy • Joint Area Plan • Strategic Capital Plan • Population Needs Assessment • Market Stability Report • Annual Delivery and Resource Plans • Annual Reports • Evaluations, including RPB Evaluation Prioritisation, and Assurance Framework 	<p>Leadership, co-ordination and support for key partnership business and governance arrangements</p> <ul style="list-style-type: none"> • RPB Board & RPB Exe. • Innovative Environments Capital • Start Well, Live Well, Live Well Mental Health and Age Well Partnerships • Carers Steering Group • Strategic ND Group • Dementia Leads Steering Group • Engagement and Insight Network • Co-production Network 	<p>Monitoring, reporting and management across key funding streams</p> <ul style="list-style-type: none"> • Overseeing and co-ordination the RPBs Performance and Monitoring Framework, including co-ordination of Partnership Dashboards <p>Revenue (£7.8m)</p> <ul style="list-style-type: none"> • RIF • IAS & ND • Dementia /MAS • Unpaid Carers / Short Breaks • Integrated Rebalancing Revenue Fund <p>Capital (£2.8m +)</p> <ul style="list-style-type: none"> • Housing with Care Fund • Integrated Rebalancing Capital Fund 	<p>Supporting partners and developing relationships, and trust across the partnership</p> <ul style="list-style-type: none"> • Managing RPB Development programme to support efficient and effective working across partners. • Providing support to Partnership Chairs / SRO's, Partnership Leads and Project Leads • Supporting culture of learning and sharing across partnership • RPB Citizen / Carer Member Support Officer 	<p>Whole system change and new models of integrated health and care to support better outcomes for people in line with Health and Care Strategy</p> <p>Ensure governance arrangements remain fit for purpose and support the RPB to carry out its business efficiently and effectively.</p> <p>Develop relationships and trust across the partnership and support shared risk taking</p> <p>Improve co-production practice</p> <p>Embed culture of learning and sharing across partnership to help deliver system change</p>

Logos: Raychelle
18/01/2026 16:17:21



Purpose:

To refine and implement a social model of health and wellbeing for adults and older people in Powys, focusing on prevention, early intervention, and promoting independence, in line with the Social Services and Wellbeing (Wales) Act.

Key Action Areas:

1. Redefine the Social Model:

- 1. Clarify and align the definition of the social model of health and wellbeing across partners.
- 2. Focus on community wellbeing, preventative services, and mechanisms that enable individuals to stay healthy and independent.
- 3. Ensure the model is practical and can be applied by organisations and the RPB.

2. Mapping & Assessment:

- 1. Identify and map current services and activities aligned with the social/community wellbeing model.
- 2. Assess gaps, overlaps, and synergies in existing provision.
- 3. Clarify roles and coordination in the preventative space.

3. Action Planning:

- 1. Develop a short- and medium-term action plan (1–5 years) with clear delivery leads.
- 2. Agree on headline actions to progress the model.

Governance & Resources:

- **Social model for health and wellbeing steering group established (oversight / steering / guidance), alongside Task and Finish Group (work through key tasks)**

- Led by a Consultant in Public Health, reporting to the Social Model for Health Group.
- Supported by administrative and coordination resources from Powys LHB and RPB.
- Further resource being requested for 26-27 to support ongoing work and next steps.

Timeline:

• October 2025 – April/May 2026, with key tasks including partner engagement, literature review, model refinement, mapping, and action planning.

*26/11/2026 16:17:21
Rebecca Raychelle*



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.5

Planning, Partnership and Population Health Committee **Date: 03 February 2026**

Subject:	Health Protection Annual Summary
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Principal Public Health Practitioner: Health Protection
Other Committees and meetings considered at:	Updates on Health Protection incidents and threats regularly brought to Executive Committee over the last 12 months.

PURPOSE:

The purpose of the paper is to provide a summary of health protection incidents and outbreaks responded to during the last 12 months, and an update on some of the proactive health protection work undertaken to respond to wider health protection threats.

Please note that where reported incidents are less than 5 or currently under investigation, information has been summarised to protect confidentiality.

RECOMMENDATION(S):

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

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

Approve/Take Assurance	Discuss	Note
Y	N	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	N
4. Enable Joined up Care	Y

5. Develop Workforce Futures	N	
6. Promote Innovative Environments	Y	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides a summary of health protection incidents and outbreaks responded to during the last 12 months, and an update on the proactive health protection work undertaken to respond to wider health protection threats.

2025/26 has been a period of continued progress for health protection with services mobilising to respond to many communicable disease incidents and outbreaks with public health implications and undertaking targeted prevention work.

DETAILED BACKGROUND AND ASSESSMENT:

1.0 The Health Protection Framework Welsh Government 2025

In the June 2025, Welsh Government published the first Health Protection Framework for Wales. The framework outlines WG’s vision for health protection in Wales as follows:

The health protection system in Wales will prepare, prevent, and respond to existing, emerging and future health protection hazards in order to protect the people of Wales, minimise risk and harm, promote health and save lives. It will also support communities to recover.

The 4 pillars of the Framework are:

Preparation

Preparation at local, regional and national levels will ensure we have the right people, plans, capabilities and countermeasures in place. Through effective preparation, we have assurance that our health protection system is agile and resilient and promotes consistency of outcome for people across Wales.

Prevention

Prevention will mitigate the risks of health protection hazards, especially for vulnerable people, and will reduce avoidable morbidity and mortality. Some people are more at risk of a poor clinical outcome from health protection hazards than others and require tailored approaches to ensure appropriate action is taken.

Response

Response to communicable disease and environmental incidents will risk assess and implement required public health action to protect individuals and communities in Wales.

Recovery

Recovery will support workforce wellbeing, community rehabilitation and resilience, longer term impacts on population health and environmental restoration.

1.1 Powys Health Protection Service

Welsh Government has directed Health Boards to develop an agile, integrated health protection team with the ability to maintain ongoing response to the pandemic / post emergency pandemic phase, respond to 'all hazards' and prepare for future health protection threats. Following two Organisational Change Processes (OCP), undertaken in March/April 2023 and again during 2024, the team reduced in size, in line with reduced funding allocation, to a small integrated team with mixed skill set and capability.

A joint Powys Health Protection team has been developed by Powys Teaching Health Board and Powys County Council. The work of the team aligns with the Welsh Government's new Health Protection Framework four pillars, while aiming to address the unique challenges of a rural county with dispersed communities and cross-border dependencies.

1.2 Regional Health Protection Governance Structure (See Figure 1)

The Health Protection Strategic Oversight Group (HPSOG) maintains oversight and assurance in relation to the surveillance, planning, and delivery of a safe, effective and timely response to the health protection needs of the population of Powys. The HPSOG is chaired by the Executive Director of Public Health with representatives with health protection roles from the Local Authority, Public Health Wales and the Health Board.

Operational governance is delivered through the multi-agency Health Protection Operational Management Group (HPMOG), chaired by the Local Authority Senior Manager – Community Health Protection and Well-being. This group meets fortnightly to oversee service delivery, coordinate planning and response, and to operationalise jointly agreed workplans.

The governance structure provides a clear framework which aims to deliver a resilient, equitable, and integrated health protection system. Powys has unique demographic, a large geographic area and is served by seven health economies, so relies on strong leadership, organisation, and partnership to support the delivery of the health protection function.

Lewis, Raychelle
28/01/2026 16:17:24



Figure 1: Powys Regional Health Protection Governance Structure

1.3 Communicable Disease Outbreak Control Plan for Wales

The WG Communicable Disease Outbreak Control Plan for Wales (Wales Outbreak Plan) is the formal agreed document which is used as the framework for managing and responding to communicable disease outbreaks with public health implications within Powys and across Wales.

2.0 Responding to and managing local Incidents and Outbreaks

The demand to prepare for and respond to wider health protection incidents and outbreaks has been significant over the last 12 months. Incident / Outbreak Control Teams have been convened to respond to both incidents and outbreaks including responding to:

- food poisoning outbreak
- STEC (E.coli O157) in children (school setting)
- blood borne viruses
- hepatitis C
- scabies
- acute respiratory infections
- Avian influenza.

The IMT undertakes investigative work to identify the source of the infection and implement controls to manage and prevent further spread to minimise harm to residents.

A summary of some of the incidents and outbreaks responded to and managed during this period are set out below in Table 1, and further Summary Surveillance Report Powys of individual cases managed, is set out in Appendix A.

Table 1: Summary of some infectious disease incidents responded to during January – December 2025

Date & Quarter	Diseases/Sampling	Place
January – March 2025	Acute Respiratory Infections (ARI)	Nursing & Residential homes
January – March 2025	Clostridium Perfringens Outbreak	Hotel Powys
April – June 2025	Acute Respiratory Infections (ARI)	Nursing & Residential homes
April – June 2025	Blood Bourne Viruses (BBV) linked to tattooing with vulnerable young people	Community
April – June 2025	ARI linked to young people and Gastro-intestinal illness	Community
July – September 2025	ARIs	Nursing & Residential Homes
July – September 2025	STEC 0157 E-Coli Outbreak	School/community
July – September 2025	Avian influenza	Poultry farms
October – December 2025	ARIs	Nursing & Residential Homes
October – December 2025	Elevated Carbon Monoxide Levels	Community Three households, Powys

2.1 Mpox (previously monkeypox)

Over the last few years, there has been an upsurge in cases of Mpox particularly in central African countries. Whilst the risk to the population of UK has been assessed as low by UKHSA, cases do occur in the UK and there is a continued need for Health Boards to be prepared for and have pathways in place to respond to suspected cases. Whilst the World Health Organization (WHO), in September 2025, lifted the declaration of Mpox as a Public Health Emergency of International Concern (PHEIC), the UK's strategic goal continues to be the elimination of person-to-person transmission of Mpox within the UK.

The health protection service has developed and 'tested' pathways to be as prepared as possible to respond and manage a suspected case of Mpox. This includes:

- Developing locally Standard Operating Procedures (SOPs) for testing and pathways for managing a possible and confirmed case of Mpox.
- Identifying and offering FIT testing training to targeted staff to maintain competency (training undertaken by the Health & Safety Team)
- Exercising Health Board pathways by undertaking unannounced tests 'the management of Mpox pathway at PTHB MIU sites
- together with partners organisations, participated in an all-Wales - Exercise Fad Felen, on 05 September 2024, which aimed to explore the system response to case(s) of Mpox in Wales.

2.2 Mumps, Measles and Rubella (MMR)

System working across organisations continue to increase and maintain MMR uptake across both teenage and pre-school cohorts. Teenage immunisations catch-up clinics, have been delivered through vaccination centres and outreach clinics to support the school age uptake, with equitable access provided through evening and weekend clinic provision. For pre-school aged children who are offered vaccination through their GP Practice, work underway to proactively identify children who have not received their vaccination on schedule to support timely engagement with GP practices to offer catch-up vaccination. This is complemented by the weekly oversight of GP pre-school immunisation queue lists, with escalation and corrective action where capacity pressures are identified. Collectively, these measures provide assurance that system risks are actively managed, support timely vaccination, and contribute to improved and sustained immunisation coverage.

2.3 Respiratory Infections

WG set out that the approach to testing and contact tracing for respiratory infections (Covid-19, influenza, RSV). For testing, this means that whilst we will continue to focus provision on those at higher risk of serious outcomes from respiratory viruses, patient testing is based on local clinical decision making in support of incidents/outbreaks in vulnerable settings (e.g. care homes, special schools, avian influenza). Similarly, contact tracing for respiratory infections is similar to other communicable diseases and is undertaken where there is a locally determined health protection need, such as an incidents / outbreak in a high-risk settings/group.

The Regional Health Protection Team has an agreed pathway for managing incidents in care homes with roles and responsibilities set out for responding to residents, reporting respiratory symptoms and to support management of incidents/outbreaks.

3.0 Proactive Health Protection work

The Health Protection Team works across the public sector and with high risk/vulnerable settings taking a preventative approach to support (as far as reasonably practical) the reduction of hazards, and to support with preparedness with the aim to prevent and minimise the harm from incidents/outbreak occurring, where possible.

3.1 Care Home Support

The Health Protection Champions workstream was established to strengthen health protection capacity within residential and nursing care homes across Powys. Its core purpose is to empower frontline care staff to become leaders in proactive health protection practices, covering infection prevention and control, vaccination uptake, and workforce training. This initiative builds a preventative, resilient culture that aims to reduce the risk of outbreaks, enhances preparedness for emerging health threats, and promotes the overall health and wellbeing of residents and staff.

The workstream is a crucial element of supporting prevention, preparedness and response in adult care homes in Powys, and helps support the resilience and sustainability of the sector. In developing Health Protection Champions in each care home in Powys the workstream aims to reduce care home reliance on external agencies, and to build capability and capacity within care homes to respond to any incidents or outbreaks.

During Quarter 1 and Quarter 2 of 2025/26, the Health Protection Team undertook a phased approach to developing and launching the Health Protection Champions programme. The initial phase focused on research, design, and stakeholder engagement. To ensure the programme was relevant and accessible, the team conducted joint visits to all 29 residential and nursing homes in Powys. These visits provided an opportunity to introduce the concept of Health Protection Champions, gather informal feedback, and assess training needs. Drawing on best practice the team developed a comprehensive Health Protection Champion resource addressing key topics such as hand hygiene, PPE use, outbreak management, environmental cleaning, and staff wellbeing. It also incorporates wider health promotion content, including Making Every Contact Count (MECC) guidance.



Powys Health Protection Champions Scheme Logo.

Health Protection Champion training days were held on a locality basis in Newtown, Llandrindod Wells, Brecon, and Ystradgynlais.

3.2 Surge Response

There is a recognition that Health Boards may need to provide a surge response to outbreaks (e.g. surge respond to infection waves). The reduction in funding and subsequent reduction in staffing capacity impacts on ability and capacity to deliver a surge response, as documented in the health protection partnership risk register. The funding and current small team provides capacity to deliver a limited clinical model of patient testing during Monday-Friday (9am-5pm) through the Health Board and tracing through the Local Authority to outbreaks within vulnerable settings. Vaccination is the best defence, and the Health Board has developed and tested its surge capacity for vaccination which would be dependent on additional funding (in the event of a request to surge).

3.3 Hepatitis B and C Elimination Plan

Welsh Government has set an ambition to eliminate hepatitis B and C as a public health threat by 2030.

The 'Powys Hepatitis B and C Group' oversees the implementation and monitoring of the Hepatitis B and C Elimination Action Plan, reporting progress to the Area Planning Board, and annually to the Health Board Executive Committee and onwards to Welsh Government. Feedback on the progress on the implementation of Powys Plan is provided to Committee Members in background papers.

Outreach testing has increased including targeting vulnerable groups in Powys to offer testing through the Probation Service, substance misuse service providers, and organisations working with individuals experiencing homelessness. Staff in the Health Protection Team support delivery of the actions within the plan by undertaking outreach testing for hepatitis to expand the offer of testing through offering an outreach model with the aim of raising awareness and increasing access to those at greater risk.

In this last year, the team have responded to intelligence on tattooing incidents with vulnerable young people. Using a partnership and community approach with Swansea Bay hepatology and health protection team, the team over a few months had a targeted approach within Ystradgynlais, which was very successful regarding uptake of BBV tests. There is now, monthly ongoing support in the community.

3.4 Fast Track Powys

Powys Teaching Health Board signed the Fast Track Cities Paris Declaration, on 23rd July 2025, at the Royal Welsh Show, joining all other Welsh Health Boards to make Wales the first Fast Track Nation. Fast Track Powys is a multi-agency initiative aligned to the Welsh Government's HIV Action Plan and the global Fast Track Cities movement, aiming to eliminate new HIV transmissions and reduce stigma by 2030. This initiative supports broader health equity and wellbeing objectives, and its implementation will be supported by Fast Track Cymru through resources, training, and national campaign alignment.

In Powys, a multi-agency steering Group (including representatives from Powys County Council, PTHB, PAVO, Adferiad, Kaleidoscope) has been established to lead this work, supported by Fast Track Cymru. The group has identified three priorities and developed an action plan aimed at: increasing HIV testing, raising awareness and reducing stigma, and boosting uptake of Pre-Exposure Prophylaxis (PrEP). Powys promotes access to home testing kits via the All - Wales Test & Post platform. The PHW led 'Test and Post' service has been launched to enable online requesting, with tests being received and sent by post, with results via text. Self-testing kits and promotional materials have been distributed to targeted non-clinical community settings and businesses, including barbershops, tattoo parlours, and community venues such as libraries and sports clubs. In addition, HIV awareness training has been delivered to 18 operational staff members across PTHB, PCC and PAVO. This training covered

- HIV transmission and prevention
- The role of PrEP (pre-exposure prophylaxis)

- Distribution and use of self-testing kits
- Conducting confident conversations around sexual health
- Addressing stigma and supporting individuals' post-diagnosis.

3.5 Exercising Plans

Actively exercising and testing plans jointly with partners is crucial part of planning and preparedness to respond to acute public health incidents. During the past 12 months, PTHB has participated in Exercise Solaris and Exercise Pegasus.

Exercise Solaris involved a multiagency exercise coordinated through Local Resilience Forums across Wales to assess elements of preparedness, capabilities, and response arrangements in the context of a pandemic arising from a novel infectious disease.

Following on from Exercise Solaris, during the Autumn PTHB, together with other Dyfed Powys Local Resilience Forum members, participated in the UK wide multi-agency Exercise Pegasus. Exercise Pegasus tested key aspects of the UK's preparedness, capabilities, and response strategies in the context of a pandemic arising from a novel infectious disease. This exercise required significant capacity, both in preparation and engagement and debrief sessions. The exercise took place in three phases: emergence in September, mitigation in October, and containment in November 2025. For each phase, a Powys response workbook was completed, in addition to a LRF Regional workbook. A local debrief was held in December 2025 with learning being captured to inform updating of plans. A UK debrief report will be published in late 2026, following a fourth recovery phase exercise in summer 2026.

NEXT STEPS:

The Health Protection Team will continue to:

- prioritise resources to deliver to meet the requirements to manage community incidents/outbreaks to protect the most vulnerable residents **and** undertake proactive health protection work to respond to wider health protection threats.
- work collaboratively with the Local Authority and Public Health Wales to respond to and manage health protection incidents/outbreaks in line with The Communicable Disease Outbreak Control Plan for Wales.

Lewis, Raychelle
28/01/2026 16:17:24

Introduction and Methods

Introduction

This report is an overview of laboratory results and clinical notifications reported to Public Health Wales (PHW) during December 2025. It aims to provide information on infectious disease activity to key stakeholders in order to facilitate rapid public health action.

The report summaries the number of reports by week found on PHW's case and incident management system, Tarian. For GI pathogens, the cumulative incidence adjusted for the population of Powys (cases per 100,000 of population) are presented. To allow comparisons, the cumulative incidence for the rest of Wales (i.e., the other 21 Local Authorities combined) are presented.

Figures published in this report should be considered preliminary and should be expected to be updated on a week to week basis as new information become available.

Definitions

For the purpose of this report, the following definitions have been used:

A **clinical notification** is defined as any notification received by Public Health Wales and entered manually onto Tarian. Reports are dated using the notification date.

A **laboratory report** is defined as a positive result of a particular pathogen. Most laboratory reports are fed into Tarian using a system that reviews all results from NHS Wales laboratories using expert rules. Laboratory reports can also be submitted to manually to public health Wales from Laboratories from other UK regions and non NHS Wales's laboratories. Reports are dated using the date of sample collection. If this was not recorded, the date of notification is used.

Limitations

This report uses all data available on Tarian at the time of production. Further investigations may mean some reports detailed in this document will be reclassified as discarded due to them not reaching the full case definition. This can be for many reasons including, but not limited to:

Lack of confirmation after additional testing from laboratories, including reference laboratories

The identification of duplicate records or tests on inappropriate samples (e.g. test samples)

Samples being re-tested or re-issued by the laboratories.

It is also likely that some results for specimens collected within the reporting period may not yet be found on Tarian.

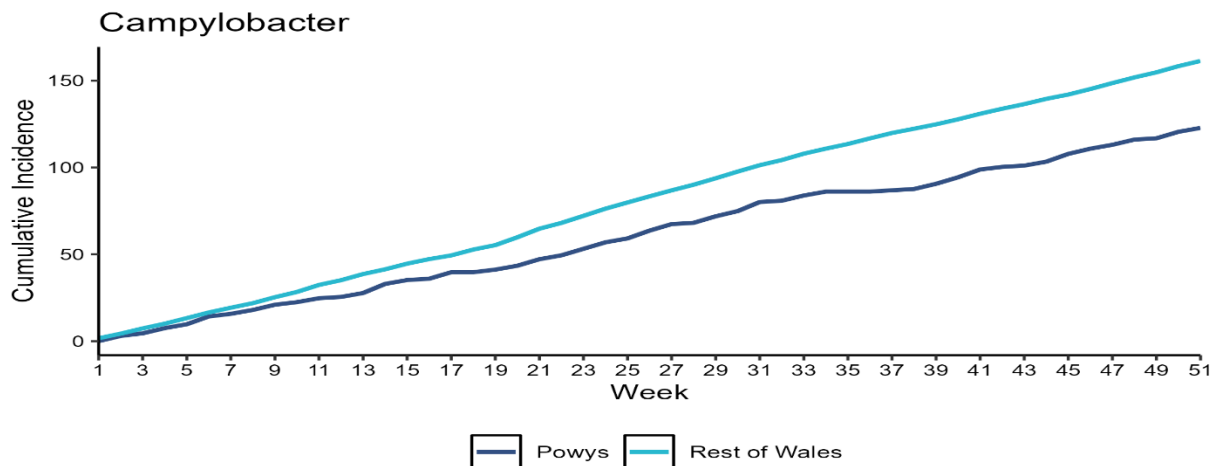
It is possible that some Laboratory reports and notifications for Welsh residents who live close to the English border may be tested in the English health care system. Consequently, PHW may not have been made aware of these notifications/lab reports.



GI Pathogens

Campylobacter

Figure 1: Cumulative incidence of *Campylobacter* compared to the rest of Wales: 2025

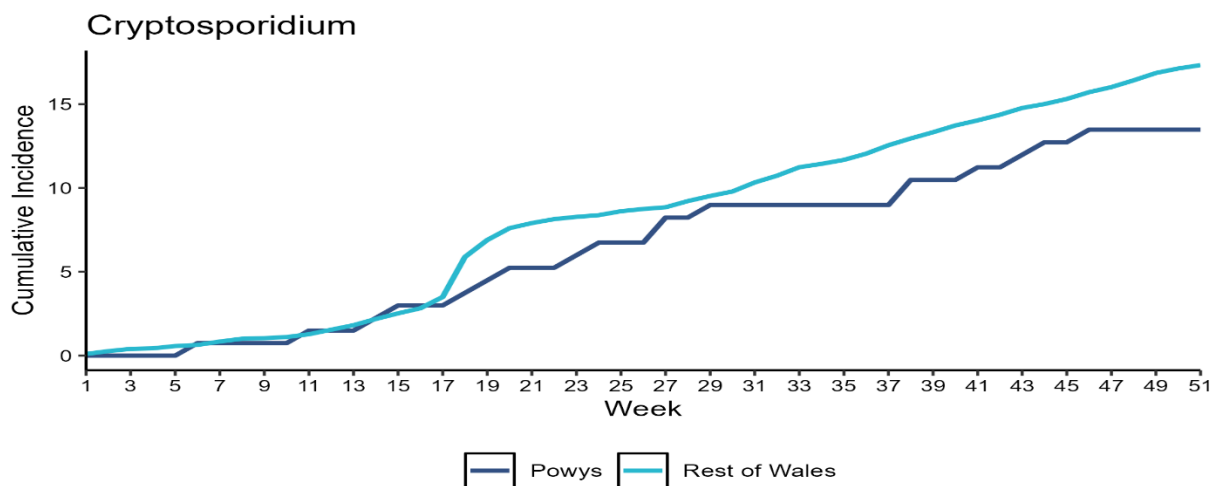


Ten cases of *Campylobacter* were reported in Powys during December compared with 18 in November and 9 in the same time period last year. In terms of risk factors: 5 cases had farm/farm animal or environmental exposures; 3 had food and environmental exposures and 2 had food related risk factors (out of date, poor food hygiene practices). No links between the cases were identified.

The cumulative incidence rate of *Campylobacter* infection in Powys is currently lower than the rest of Wales, reflecting seasonal trends.

Cryptosporidium

Figure 2: Cumulative incidence of *Cryptosporidium* compared to the rest of Wales: 2025



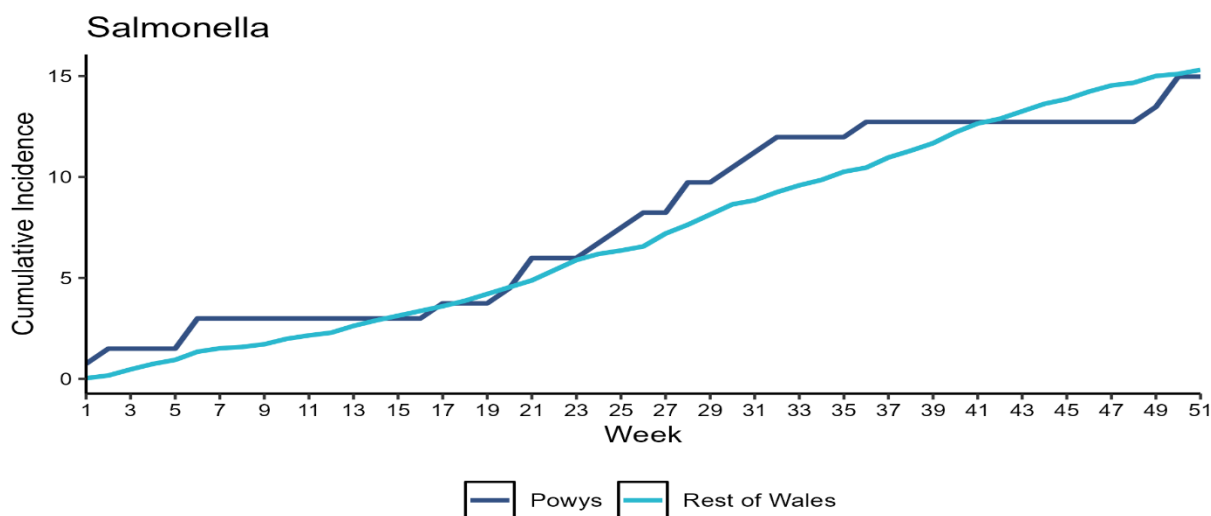
No cases of *Cryptosporidium* were reported during December compared with 1 in November and 2 during the same time period last year. The cumulative incidence rate in Powys is lower than the rest of Wales reflecting seasonal trends.

Lewis, Raychelle
28/01/2026 16:17:21



Salmonella

Figure 3: Cumulative incidence of *Salmonella* compared to the rest of Wales: 2025

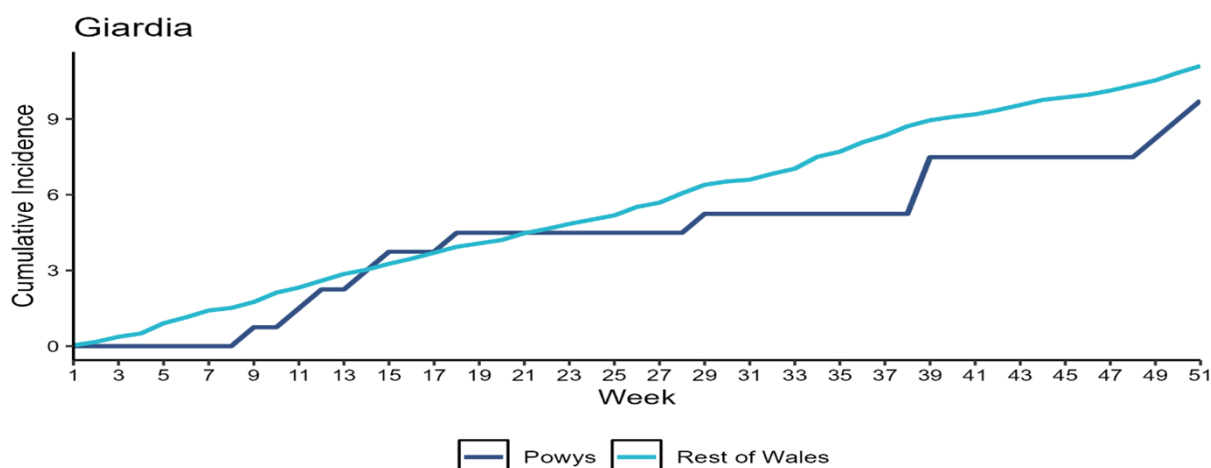


Three cases of *Salmonella* were reported in December compared with 0 in November and 0 during the same time period last year. Two females and 1 male affected; age >25. Typing and risk factor data, where known, is given below:

- *Salmonella enteritidis* (1) : India
- *Salmonella Chester* (1) : Morocco
- *Salmonella Uganda* (1) : unknown

The cumulative incidence rate of *Salmonella* sp in Powys is at a very similar level to the rest of Wales.

Figure 4: Cumulative incidence of *Giardia* compared to the rest of Wales: 2025

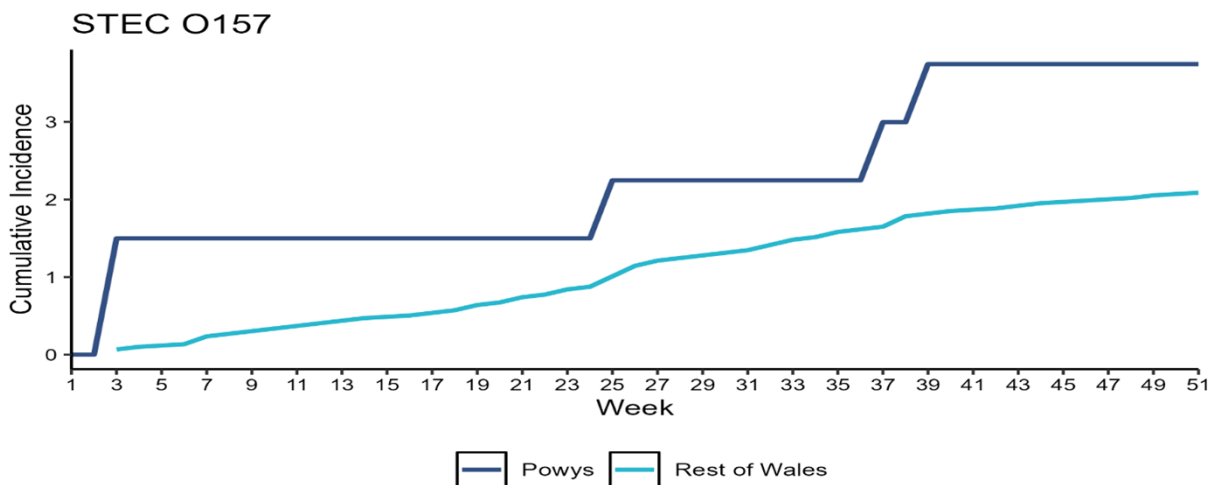


Three cases of *Giardia* were reported in December compared with 0 in November and 0 in the same time period last year. Two females and 1 male affected, age >35. In terms of risk factors 1 had travelled to Spain; 1 had multiple risk factors (environmental and poor food hygiene practices) and 1 was unknown. The cumulative incidence of *Giardia* infection is slightly lower than the rest of Wales.

Lewis, Raychelle
28/01/2026 16:17:21

STEC-O157

Figure 5: Cumulative incidence of STEC O157 compared to the rest of Wales: 2025

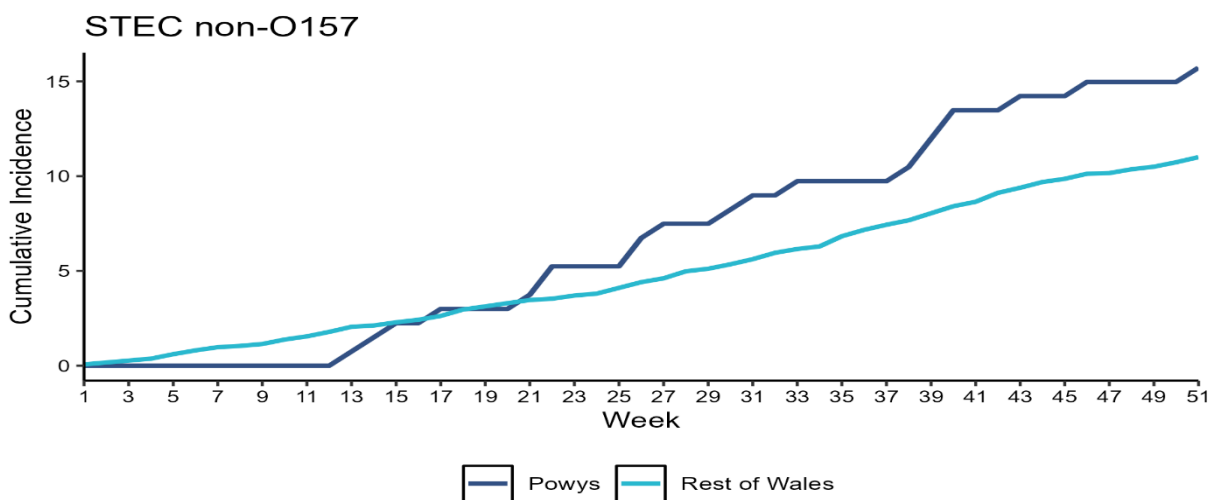


No cases of STEC O157 was reported in Powys during December compared with 0 in November and 0 in the same time period last year.

The cumulative incidence of this infection remains slightly elevated compared to the rest of Wales.

STEC Non_O157

Figure 6: Cumulative incidence of STEC non_O157 compared to the rest of Wales: 2025



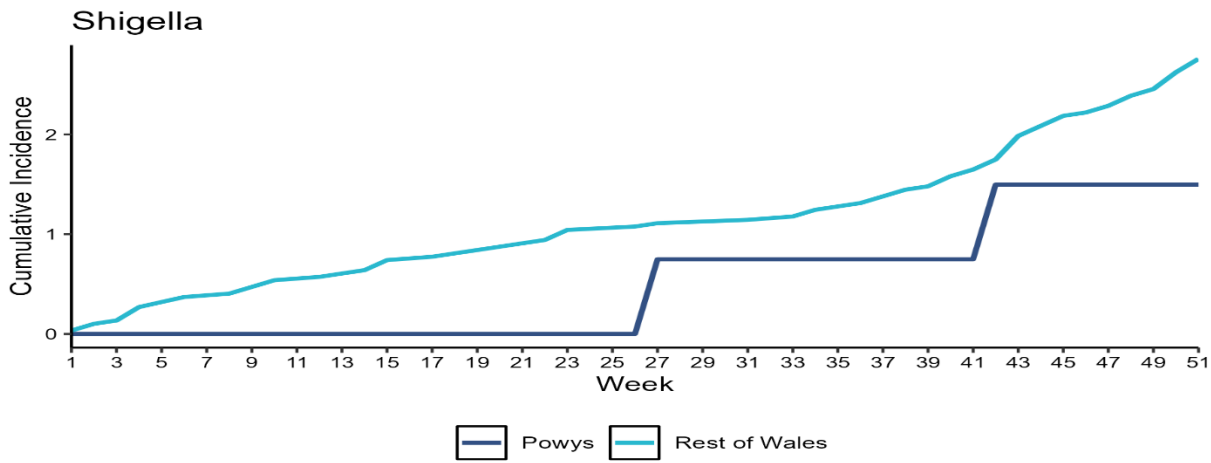
Two cases of low risk STEC non-O157 were reported during December compared with 1 in November and 0 in the same time period last year. One reported travel to Egypt. The cumulative incidence rate in Powys is elevated compared to the rest of Wales.

Lewis, Raychelle
28/01/2025 16:17:21



Shigella

Figure 7: Cumulative incidence of Shigella compared to the rest of Wales: 2025



No cases of *Shigella* were reported in Powys during December compared with 0 in November and 0 in the same time period last year. The cumulative incidence rate in Powys is lower compared to the rest of Wales.

Lewis, Raychelle
28/01/2026 16:17:21



Table 1: Number of Notifications/Infectious Diseases reported in Powys: 2025

Notification of Infectious Disease Report - Powys 2025

DISEASE	ORGANISM	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Jan-Dec 2025	Total Dec 2024	Total Jan-Dec 2024
		ACUTE ENCEPHALITIS	HERPES SIMPLEX	0	0	0	0	0	0	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS NFB	CRYPTOSPORIDIUM	0	1	1	2	4	2	3	0	2	3	1	0	19	2	34
DENGUE FEVER		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DYSENTERY	SHIGELLA SP	0	0	0	0	0	0	1	0	0	1	0	0	2	0	3
FOOD POISONING		0	0	1	0	0	1	1	0	0	0	1	0	4	3	6
FOOD POISONING	CAMPYLOBACTER	13	15	9	15	13	19	22	8	5	14	18	10	161	9	224
STEC O157	ESCHERICHIA COLI O157	2	0	0	0	0	2	0	0	1	0	0	0	5	0	3
STEC non-O157	ESCHERICHIA COLI	0	0	1	3	3	1	3	1	3	3	1	2	21	0	12
FOOD POISONING	SALMONELLA SP	2	2	0	1	3	3	4	1	1	0	0	3	20	0	14
GIARDIASIS NFB	GIARDIA LAMBLIA	0	1	2	2	1	0	1	0	2	0	0	3	12	0	3
LISTERIOSIS NFB	LISTERIA MONOCYTOGENES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IGAS		1	0	0	0	0	0	2	0	0	0	0	0	3	0	6
LEGIONELLOSIS	LEGIONELLA SP	0	0	0	0	0	0	0	0	1	0	0	3	4	0	3
LEPTOSPIROSIS	LEPTOSPIRA SP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
LYME DISEASE	BORRELIA BURGDORFERI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
MALARIA		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
MEASLES**		0	0	0	0	0	0	0	1	0	0	0	1	2	1	22
MENINGITIS		1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
MENINGOCOCCAL SEPTICAEMIA		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
MONKEYPOX		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MUMPS*		3	1	5	1	1	1	1	1	0	0	1	0	15	0	24
RABIES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RUBELLA**		0	0	0	1	0	0	0	0	0	0	0	0	1	0	0
SCARLET FEVER		3	0	1	0	1	1	1	0	1	0	4	1	13	1	52
TUBERCULOSIS ¹		0	0	1	0	0	0	0	0	0	1	0	0	2	1	3
TYPHOID FEVER	SALMONELLA TYPHI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIRAL HAEMORRHAGIC FEVER	HANTAVIRUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIRAL HEPATITIS	HEPATITIS A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIRAL HEPATITIS	HEPATITIS B	0	2	0	0	0	0	0	1	0	0	2	0	5	3	8
VIRAL HEPATITIS	HEPATITIS C	0	1	0	0	0	0	1	0	0	0	0	2	4	0	8
VIRAL HEPATITIS	HEPATITIS E	3	1	1	0	0	0	1	0	0	0	3	0	9	1	2
VIRAL HEPATITIS	Unknown aetiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHOOPING COUGH ²		1	1	0	1	0	0	0	0	0	0	1	1	5	0	116
Total		29	25	22	26	26	30	41	13	16	22	32	26	308	21	547

* 0 positive mumps cases

** 0 positive measles, no positive rubella cases on salivary testing

² 2 positive whooping cough cases

¹Data from TB enhanced surveillance database

Lewis, Raychelle
28/01/2026 16:17:21



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item:5.6

Planning, Partnerships & Population Health Committee **DATE: 03 February 2026**

Subject:	Adult Population Screening Programmes: Annual Update
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Public Health Consultant Head of Service: Public Health Programmes Consultant in Public Health Screening (Public Health Wales)
Other Committees and meetings considered at:	N/A

PURPOSE:
This paper provides a summary of either current screening coverage or uptake for all UK National Screening Committee (UKNSC) approved adult screening programmes. The purpose of the paper is to inform committee members about screening participation in the Health Board population, and to provide assurance about actions to maintain or improve coverage/uptake and reduce inequity locally and nationally.

RECOMMENDATION(S):
The Planning, Partnerships & Population Health Committee is asked to:

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

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	Screening promotes wellbeing by aiming to detect the early stages of disease or prevent disease occurring, helping to ensure support is provided as early as possible.
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	N	Screening directly addresses cancer incidence and impact.

EXECUTIVE SUMMARY:

This paper provides a summary of coverage or uptake in Powys Teaching Health Board (PTHB) for the five adult population screening programmes in the UK. These five programmes are: breast screening, bowel screening, cervical screening, abdominal aortic aneurysm screening and diabetic retinopathy screening. The time periods used for each screening programme vary, reflecting differences in Public Health Wales (PHW) Screening Division reporting periods for the different adult screening programmes.

Unsurprisingly, there is variation in screening coverage/uptake across Health Boards in Wales. This is often driven by socioeconomic disadvantage, as well as access issues due to the central location of some screening services. In this paper there are three benchmarks used to judge variation in performance for the PTHB population: other health boards in Wales, national standards for coverage/uptake, and performance in Herefordshire (& Worcestershire). A table summarising performance for the PTHB population is shown below.

Table 1: Summary of performance for the PTHB population.

	Highest Health Board in Wales	Above the national standard	Better than Herefordshire & Worcestershire
Breast screening	✓	✓	X
Bowel screening	✓	✓	X
Cervical screening	✓	X	N/A
AAA screening	✓	✓	X
Diabetic retinopathy screening	✓	✓	X

The second part of this paper describes local and national efforts to improve participation in screening and to reduce inequities in access. Updates to the work of PHW Screening Division to promote greater equity in access to screening through communication, community and engagement, collaboration, and service delivery are described. This section also includes policy updates for targeted lung cancer screening and prostate cancer screening. Work locally in respect of screening champions and other activities to improve participation are also set out at the end of this paper.

BACKGROUND:

Screening aims to detect the early stages of disease or prevent disease occurring in the first place. By identifying people at higher risk of having a disease early, cost effective treatment options can be offered, preventing ill-health and the harm that would otherwise occur.

Screening programmes are evidence-based population interventions which have been recommended following rigorous evaluation against agreed criteria. Each UK nation sets its own screening policy based on the recommendations of the UK National Screening Committee (UKNSC). In Wales, the Wales Screening Committee is the national advisory body which considers the evidence and advises on the implementation of new programmes, or modifications to existing programmes.

The PHW Screening Division is responsible for the following adult population-based screening programmes:

- Bowel Screening Wales;
- Breast Test Wales;
- Cervical Screening Wales;
- Wales Abdominal Aortic Aneurysm Screening Programme;
- Diabetic Eye Screening Wales.

Either coverage or uptake rates are used for each screening programme in this paper, depending on what the different programmes have published most recently. These are similar, but slightly different measures. Coverage is the proportion of the eligible population who have participated in screening within each of the screening programmes respective screening intervals.

Uptake measures the proportion of those invited for screening who have participated in screening within a specific time period. For example, table 1 shows bowel screening uptake in 2023/24. This is single year data (the screening interval for bowel screening is two yearly), showing only those invited who attended in that twelve month period. Uptake typically differs from coverage in terms of the denominator (eligible vs invited populations), and in respect of the time periods chosen.

All adult screening programmes have now fully recovered following the pause in screening during the COVID-19 pandemic. Recovery means that everyone who is eligible for screening in Wales should now be receiving an invitation to attend within the recommended screening intervals for individual screening programmes.

Please note that in last year's screening update paper, figures on inequities in screening uptake were presented. PHW Screening Division are in the process of updating the figures, but this is not available at the time of writing this paper, therefore, there is no inequity data included this year. As a new addition to this

year's paper, coverage/uptake rates for Herefordshire (& Worcestershire where the programmes are combined) are shown to provide a cross border comparator or benchmark of screening performance.

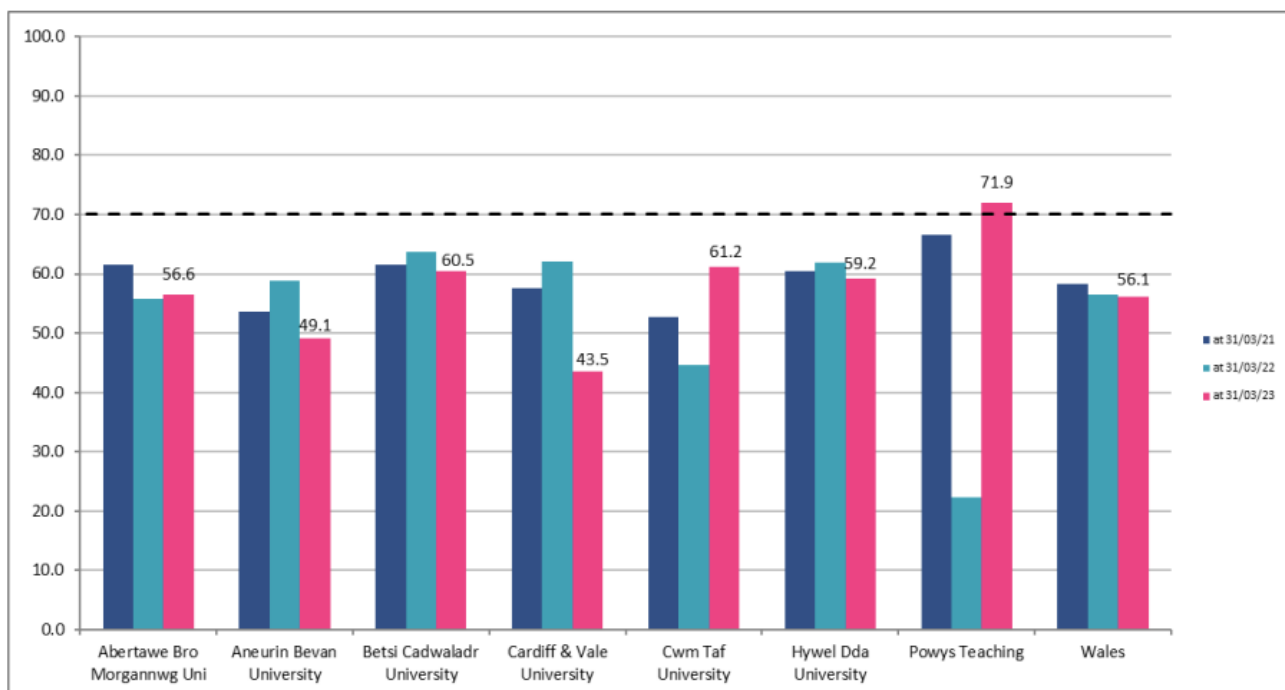
SCREENING UPTAKE BY PROGRAMME

1.0 BREAST SCREENING

Breast Test Wales invite women aged 50-70yrs who are resident in Wales and registered with a GP every three years for a mammogram (x-ray) to look for the early signs of breast cancer. If there are any abnormalities observed on the mammogram the person is invited to an assessment clinic for further tests. Screening is offered either via mobile screening units, or at one of the static sites at Llandudno, Wrexham, Swansea or Cardiff.

Breast screening coverage is defined as the percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous three years. To allow all women time to have received their first invitation, coverage is presented for the 53-70yrs age range. The target standard for coverage is 70%.

Figure 1. Breast screening coverage percentage, women aged 53-70yrs, by Health Board of residence, 2021-2023.



Source: Breast Test Wales Annual Statistical Report 2022-23.¹

Breast screening coverage has fallen slightly at a national level from 58.4% in 2021 to 56.1% in 2023. While this pattern is replicated across five Health Boards, in the remaining two (CTMUHB and PTHB) coverage has increased.

Currently, the 70% standard for coverage is met only in Powys Teaching Health Board where coverage was 71.9% in 2023. In Herefordshire in 2024, the breast screening coverage rate was 73.2%.²

Just to note that coverage in Powys declined in 2022 due to an extended round length that was a result of clinics not being delivered in Powys during the previous three years due to the pause and then recovery from the Covid-19 pandemic. As the programme recovered and provided clinics in Powys, this has resulted in a return to timely round length with improvement in coverage in 2023.

2.0 BOWEL SCREENING

Bowel Screening Wales was launched in October 2008 with the aim of reducing the number of people dying from bowel cancer. Bowel Screening Wales send people a home test kit in the post every 2 years. The test aims to find cancer at an early stage by measuring blood in stools. In 2022/23, Bowel Screening Wales screened 272,928 eligible people in Wales, resulting in 376 diagnosis of bowel cancer and removal of polyps from 2,733 people. In 2022, 86% of patients diagnosed via screening received curative treatment compared to 50% who presented as an emergency.³

Bowel screening has undergone a multi-year age extension programme in recent years, and everyone in Wales aged 50-74yrs is now automatically invited for screening every two years.

The acceptable standard for bowel screening uptake is a minimum of 60% of invited participants returning a completed test within six months of invitation.

In 2023/24, uptake in Powys Teaching Health Board was the highest in Wales, exceeding the 60% standard at 67.3% (table 2). Comparison with neighbouring rural counties bordering Powys, shows that bowel screening uptake rate was higher at 72.5% in Herefordshire & Worcestershire in 2023/24.⁴

Table 2. Bowel screening uptake by Health Board of residence, 2023/24.

Health Board of Residence	Eligible /		Uptake%
	Invited	Tested	
Aneurin Bevan UHB	91682	59761	65.2
Betsi Cadwaladr UHB	114957	75792	65.9
Cardiff and Vale UHB	66742	43608	65.3
Cwm Taf Morgannwg UHB	67538	43564	64.5
Hywel Dda UHB	66837	44794	67.0
Powys Teaching Health Board	24617	16560	67.3
Swansea Bay UHB	57503	36910	64.2
WALES TOTAL	490374	321300	65.5

Source: Public Health Wales Screening Division.⁵

3.0 CERVICAL SCREENING

Cervical screening is also known as a smear test. The cervical screening (smear) test is not a test for cancer. It looks for high-risk types of a very common virus called human papillomavirus (HPV). Almost all cases of cervical cancer are caused by high-risk types of HPV. The virus can cause cell changes over time, which can lead to cervical cancer if left untreated. There are about 160 cases of cervical cancer diagnosed every year in Wales, and it is the most common cancer in women under the age of 35yrs.⁶

Women aged 25-64yrs will be invited for cervical screening every 5 years, with screening usually undertaken in their GP practice, or a sexual health clinic in some instances. The standard for coverage is 80%.

Table 3. Cervical screening coverage by Health Board of residence as at 01/04/24.

Local Health Board	Eligible / Invited	Tested	Coverage %
Aneurin Bevan University	158106	110498	69.9
Betsi Cadwaladr University	172439	119831	69.5
Cardiff & Vale University	138295	92544	66.9
Cwm Taf Morgannwg University	115783	80191	69.3
Hywel Dda University	94347	64097	67.9
Powys Teaching	31647	22897	72.4
Swansea Bay University	99356	66194	66.6
WALES TOTAL	811776	557566	68.7

Source: Public Health Wales Screening Division.⁷

No Health Board in Wales has a coverage rate that meets the 80% standard (table 3). As at the 1st April 2024, the cervical screening coverage rate for Powys Teaching Health Board was 72.4% - the highest Health Board in Wales. In Herefordshire in 2024, screening coverage among 25-64yrs was 71.3%².

4.0 ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

The Wales Abdominal Aortic Aneurysm Screening Programme was launched in 2013. AAA screening looks for a swelling (aneurysm) of the aorta in the abdomen. A ruptured AAA can lead to serious blood loss that will need immediate emergency treatment, but the chances of getting to hospital and surviving surgery are poor.

Men aged 65yrs are invited by the Wales AAA Programme to attend for a one-off ultrasound scan at a GP surgery or local hospital. In addition, men over 65yrs not previously screened for AAA can self-refer for screening by contacting Public Health Wales. The uptake target for initial screening is 75%.

Powys had the highest Health Board uptake in 2023/24 at 84.1% (table 4). Every Health Board achieved the 75% target uptake level. Across Herefordshire and Worcestershire, screening coverage was 86.2% for men aged 65yrs in 2024/25.⁸

Table 4. Abdominal aortic aneurysm screening uptake by Health Board, 2023/24.

Local Health Board	Eligible / Invited	Tested	Uptake %
Aneurin Bevan University	4004	3062	76.5
Betsi Cadwaladr University	5520	4267	77.3
Cardiff & Vale University	3751	2823	75.3
Cwm Taf Morgannwg University	2898	2280	78.7
Hywel Dda University	3187	2521	79.1
Powys Teaching	1242	1044	84.1
Swansea Bay University	2806	2166	77.2
WALES TOTAL	23429	18180	77.6

Source: Public Health Wales Screening Division.⁹

5.0 DIABETIC EYE SCREENING WALES (DESW)

Diabetic retinopathy is one of the most common causes of blindness in the UK. It has no obvious symptoms, therefore eye screening can identify the condition early, enabling treatment to commence and help save a person’s sight.

Everyone aged 12yrs and over with a diagnosis of diabetes and registered with a GP in Wales is invited by DESW either annually or, since July 2023, bi-annually for patients identified as low risk. Screening can be carried out within hospitals, health centres or community venues. There are mobile DESW screening teams who travel to different sites across Powys.

The target standard for uptake of routine screening is 75%.

In 2022/23, Powys Teaching Health Board had the highest rate of eye screening uptake in Wales at 84.7%, although the difference between the highest and lowest Health Boards was small, at just 6.9%. In Herefordshire and Worcestershire in 2022/23, the diabetic eye screening coverage rate was 94.2%.¹⁰

Lewis, Raychelle
28/01/2026 16:17:21

Table 5. Diabetic eye screening uptake by Health Board 2022-23

LHB	Attended	Invited	Uptake (%)
Aneurin Bevan UHB	11,524	14,166	81.4
Betsi Cadwaladr UHB	16,375	19,550	83.8
Cardiff and Vale UHB	9,576	12,311	77.8
Cwm Taf Morgannwg UHB	10,802	13,362	80.9
Hywel Dda UHB	9,685	11,485	84.3
Powys Teaching LHB	2,858	3,375	84.7
Swansea Bay UHB	7,722	9,405	82.1
All Wales	68,970	84,156	81.9

Source: Public Health Wales Screening Division¹¹

It is clear from the figures presented that the PTHB population engage and participate with screening programmes. In each of the five screening programmes, the PTHB population exhibits the highest rates of either coverage or uptake – although differences between Health Boards are typically small. National performance targets are met for every screening programme, with the exception of cervical screening. When comparing the PTHB position with cross border counties, coverage or uptake is similar for breast and AAA screening, but this difference rises to around 5 percentage points for bowel screening and reaches almost 10 percentage points for diabetic retinopathy screening lower, the population in Herefordshire (and Worcestershire in some instances) appear to achieve slightly higher screening rates. However, as noted, the PTHB population is generally participating at a level above the absolute, national performance standards.

UPDATE ON NATIONAL PHW SCREENING DIVISION WORK

Tackling inequity remains a key priority within the PHW Screening Division and work has continued to implement the Equity Action Plan that covers the five key areas of communication, community and engagement, collaboration, service delivery and data and monitoring. The Screening Division is planning to publish a new five-year inequity strategy by the end of 2025/26 and has been holding a series of engagement workshops to inform the strategy.

Some updates on the current action areas:

Communication

Development of accessible formats of information including the development of BSL videos for Breast Test Wales (BTW), Bowel Screening Wales (BSW) and Abdominal Aortic Aneurysm (AAA) screening programmes.

Continued commitment to the development of easy read guides across all programmes, with the development of an easy read writing guide for use across the Division.

Development of targeted communication campaigns to support national awareness campaigns and provision of PHW assets library to provide access to approved bilingual resources for use by partners.

Development of targeted resources to address specific barriers faced by communities such as people who are transgender or non-binary, carers and people who support them and people working with ethnic minority communities.

Community and Engagement

Continued delivery of community education through screening awareness training. This aims to increase knowledge and awareness of NHS Wales screening programmes. There were 10 sessions delivered in 2024/25 across Wales with over 150 participants attending.

A community of practice has been established to support collaborative working and sharing of best practice to reduce inequities. The Screening Engagement Network has supported people who have attended the community training by ensuring regular updates for those working at a community level through the *Screening Matters* communication bulletin.

Collaboration

Development of *Screening Information for Professionals* webpages to provide access to screening specific resources and information. These pages include access to data, evidence-based interventions and best practice toolkits. This work is being initiated with the Bowel Screening Wales programme and then rolling-out to other programmes

Service Delivery

Programmes continue to offer reasonable adjustments including flexibility around appointments, including the offer of early/late appointments, longer appointments and pre-site visits where available. To reduce anxiety around attending an unfamiliar location, a walk-through video of the breast screening journey has been co-produced with stakeholders. This video 'what to expect' has received positive feedback from partners and participants. This is part of a focus on improving the experience for first-time attendees.

Lewis, Raychelle
28/01/2026 16:17:21

In response to participant feedback on barriers to the uptake of the screening offer, Diabetic Eye Screening Wales (DESW) now offer evening and Saturday clinics to improve accessibility for working age adults.

Lung Cancer Screening

In 2022, the UKNSC recommended targeted screening for lung cancer for people aged 55 to 74yrs identified as being at a high risk of lung cancer, i.e. current or former smokers.¹² The UKNSC recommended that the four UK nations should move towards implementation of targeted lung cancer screening with integrated smoking cessation service provision.

In a written statement in June 2025, the Cabinet Secretary for Health and Social Care confirmed that Wales will introduce a national lung cancer screening programme targeted at current or former smokers.¹³ There will be a phased approach to implementation based on age, starting with the upper age range and gradually reducing it over time, with the first people anticipated to be invited for screening from 2027. The programme is expected to cost around £13m per annum once fully implemented. PHW are leading implementation of the programme in Wales.

Prostate Cancer Screening

At the time of writing this paper, there has been media coverage of calls for a national screening programme for prostate cancer. Routine screening is not currently recommended by the UKNSC,¹⁴ although men aged 50yrs or over can ask their GP for a prostate specific antigen (PSA) test at any time.

Routine screening for prostate cancer is not recommended because the PSA test is not considered accurate enough: it cannot distinguish between harmless, low risk prostate cancers and aggressive cancers that need treatment, leading to both overdiagnosis and overtreatment. This is important because treatment can cause a range of harms, including urinary incontinence, faecal incontinence and erectile dysfunction. For more detail, the balance of the harms and benefits of prostate cancer screening have been modelled by Cancer Research UK and are shown in the appendix to this paper.¹⁵

POWYS SPECIFIC ACTIVITIES

In addition to national work, targeted work to promote uptake of screening is underway locally. This includes:

1) Diabetic Eye Screening Wales mid-Wales team

DESW have recruited and trained staff to form a new mid-Wales team, which has been fully operational since April 2025. The staff were recruited and are based in south Wales after several unsuccessful recruitment attempts locally in

Powys. The team travel into Powys and have increased clinics being delivered in localities across Powys, significantly reducing travel time for residents.

Challenges for the programme include meeting the increased demand with increasing prevalence of Diabetes. DESW are also exploring options for clinic accommodation, particularly for more than 1 day at a time, as this will help further increase appointment capacity and availability, and reduce waiting times for the eligible population. There are currently 2,667 participants who have not received an offer within 12 months and one day of their previous screen or last invitation.

2) Screening Champions

National Screening Awareness training provides participants with the skills and knowledge to raise awareness of screening within communities, and to dispel myths and encourage uptake. In 2025, eight individuals attended training from a Powys organisations, including the Health Board and Powys County Council.

3) Local participation in the national Screening Engagement Network

This network aims to keep partners up to date with screening developments, and to provide a platform to share good practice.

4) Lingen Davies Cancer Champions

Joint work with Lingen Davies Cancer Fund Powys Cancer Champion Initiative, who have so far (June 2023-November 2025) recruited and trained 362 Cancer Champions. The Champions are volunteers equipped to have conversations with their family, friends and colleagues to increase their knowledge of issues such as cancer signs and symptoms, and encourage them to take part in screening. Also, they have been contributing to national Screening Engagement work, including highlighting specific needs of Powys communities.

5) Local participation in national Screening and Inequalities Group

This is a forum for sharing learning about local and national work. It provides an opportunity for Public Health Teams to share local knowledge and understanding, to improve uptake, equity of uptake and accessibility of national screening programmes.

NEXT STEPS:

The data presented in this paper provides an annual update on the performance of adult screening programmes in the Powys Teaching Health Board population. The paper also describes recent activity to improve uptake nationally and locally. The data will continue to be monitored to ensure

coverage and uptake in Powys continues to remain high and that inequities are being addressed. Update reports will continue to be brought to the Committee on an annual basis, or when new information becomes available.

References

1. Public Health Wales Screening Division (2023) *Breast Test Wales Annual Statistical Report 2022-23*. Available from: <https://phw.nhs.wales/services-and-teams/screening/breast-screening/programme-reports/annual-statistical-reports/> [Accessed 17/12/25]
2. Office for Health Improvement and Disparities (2025) *Public Health Outcomes Framework - at a glance summary*. Available from: <https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E06000019.html?area-name=Herefordshire> [Accessed 17/12/25].
3. Public Health Wales Screening Division (2023) *Bowel Screening Wales Annual Statistical Report 2022-23*. Available from: <https://phw.nhs.wales/services-and-teams/screening/bowel-screening/programme-reports/> [Accessed 17/12/25]
4. NHS England (2025) *Bowel Cancer Screening: Annual Report 2023 to 2024*. Available from: <https://www.gov.uk/government/publications/bowel-cancer-screening-annual-report-2023-to-2024> [Accessed 15/12/25]
5. Public Health Wales Screening Division (2024) *Bowel Screening Wales: Uptake / Coverage by Local Authority and Health Boards*. Available from: <https://phw.nhs.wales/services-and-teams/screening/bowel-screening/programme-reports/uptake-coverage-by-local-authority-and-health-boards/> [Accessed 15/12/25]
6. Public Health Wales Screening Division (2024) *Cervical Screening Wales: About cervical screening*. Available from: <https://phw.nhs.wales/services-and-teams/screening/cervical-screening-wales/about-cervical-screening/> [Accessed 15/12/25].
7. Public Health Wales Screening Division (2024) *Cervical Screening Wales: Uptake / Coverage by Local Authority and Health Boards*. Available from: <https://phw.nhs.wales/services-and-teams/cervical-screening-wales/information-resources/programme-reports/> [Accessed 10/12/25].
8. NHS England (2025) *AAA standards report 2024 to 2025*. Available from: <https://www.gov.uk/government/statistics/abdominal-aortic-aneurysm-screening-standards-report-2024-to-2025/aaa-standards-report-2024-to-2025> [Accessed 10/12/25].
9. Public Health Wales Screening Division (2024) *Wales Abdominal Aortic Aneurysm (AAA) Screening Programme: Uptake / Coverage by Local Authority and Health Boards*. Available from: <https://phw.nhs.wales/services-and-teams/screening/abdominal-aortic-aneurysm-screening/programme-reports/> [Accessed 12/12/25].
10. NHS England (2025) *Diabetic eye screening: 2022 to 2023 data*. Available from: <https://www.gov.uk/government/publications/diabetic-eye-screening-2022-to-2023-data> [Accessed 08/12/25].
11. Public Health Wales Screening Division (2023) *Diabetic Eye Screening Wales Annual Statistical Report 2022-23*. Available from: <https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/programme-reports/annual-statistical-reports/> [Accessed 12/12/25].
12. UK National Screening Committee (2022) *Adult screening programme: Lung cancer*. Available from: <https://view-health-screening-recommendations.service.gov.uk/lung-cancer/> [Accessed 08/12/25].
13. Welsh Government (2025) *Written Statement: A National Lung Screening Programme for Wales*. Available from: <https://www.gov.wales/written-statement-national-lung-screening-programme-wales> [Accessed 15/12/25].

14. UK National Screening Committee (2025) *Adult screening programme: Prostate cancer*. Available from: <https://view-health-screening-recommendations.service.gov.uk/prostate-cancer/> [Accessed 16/12/25].

15. Cancer Research UK (2025) *Modelling the outcomes of prostate cancer screening*. Available from: https://nationalscreening.blog.gov.uk/wp-content/uploads/sites/254/2025/11/Prostate-Screening-Infographic_FINAL_27.11.25.pdf [Accessed 10/12/25].

IMPACT ASSESSMENT				
This section must be completed for all strategic organisational decisions including approval of Health Board policies.				
QUALITY:				
	No impact	Negative	Positive	Both
Safe				
Timely				
Effective				
Efficient				
Equitable				
Person Centred				
Workforce				
Leadership				
Culture				
Information				
Learn, Improve, Research				
Whole Systems Approach				
A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with Health Board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.				
EQUALITY:				
	No impact	Negative	Positive	Both
Age				
Disability				
Gender reassignment				
Marriage / civil partnership				
Pregnancy / maternity				
Race				
Religion or Belief				
Gender				
Sexual Orientation				
Welsh Language				
Socio-economic status				
Social exclusion				
Carers				
An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with Health Board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.				
RISK ASSESSMENT:				
	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)
Clinical				
Financial				
A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with Health Board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.				

Corporate					
Operational					
Reputational					

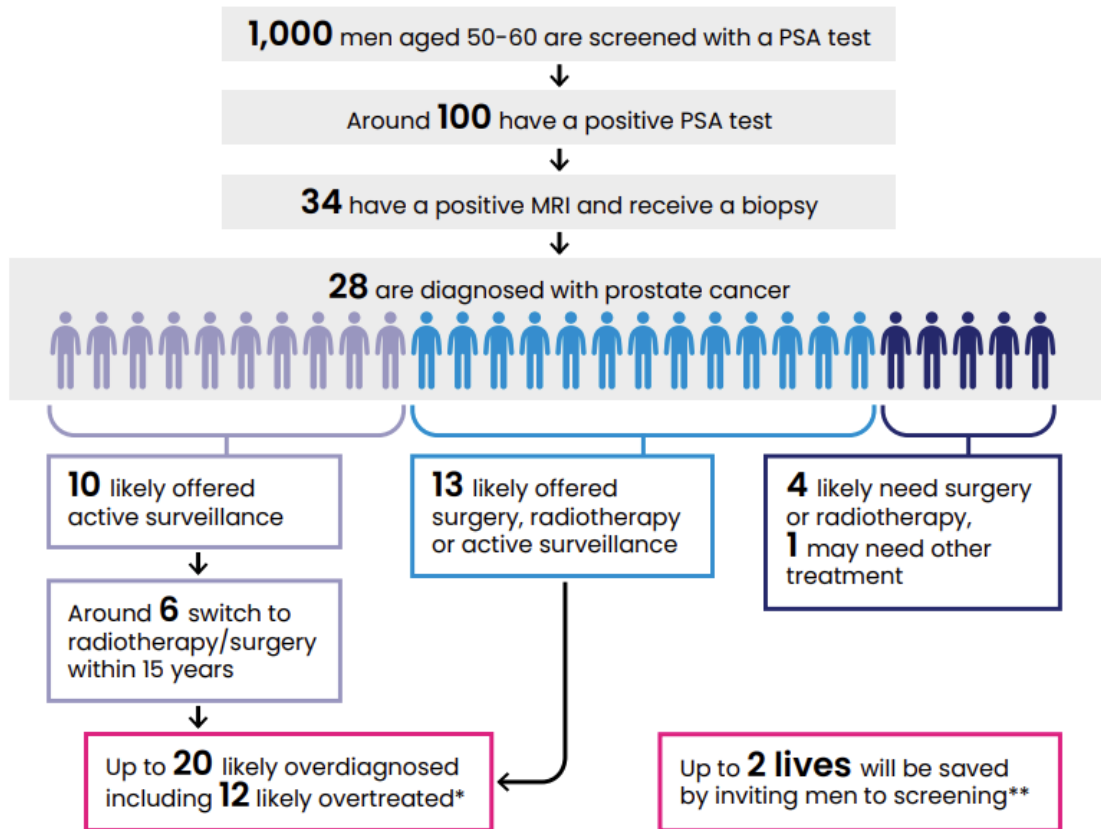
Appendix

Lewis, Raychelle
28/01/2026 16:11:22

Modelling the outcomes of prostate cancer screening



This infographic has been designed by Cancer Research UK with figures calculated by UK National Screening Committee.



Treatment harms after 5 years

- **For men who had surgery**, almost 20% experience leaking urine and 50% experience erectile problems
- **For men who had radiotherapy**, almost 40% experience erectile problems and around 5% experience bowel problems

These statistics apply to all men who had treatment, including men who needed treatment for their cancer and men who may have been overdiagnosed with a cancer that wouldn't have gone on to harm them

*This number assumes that some men who switch from active surveillance to radiotherapy/surgery within 15 years did so unnecessarily. And some men who were offered surgery, radiotherapy or active surveillance chose surgery or radiotherapy when active surveillance could have been sufficient.
 **Assumes all invited men accept a PSA test.
 The information in this infographic is based on the Göteborg II screening study using PSA and MRI over 4 years in men aged 50-60 (Hugosson et al, NEJM 2024), deaths prevented in men aged 50-69 from the CAP screening trial (Martin et al, JAMA 2024) and in men aged 55-69 from the ERSPC screening trial (Roobol et al, NEJM 2025), harms in men aged 50-69 from ProtecT (Hamdy et al 2023, Donovan et al 2023).



Together we are beating cancer

Lewis, Raychelle
28/01/2026 16:17:21



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.7

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE **DATE 03 February 2026**

Subject:	Meeting the Needs of Children with Additional Learning Needs in Powys: Update Report
Approved and presented by:	Paul Hooton, Executive Director of Nursing, Quality and Family Health
Prepared by:	Head of Nursing, Children’s Services. Designated Education Clinical Lead Officer (DECLO)
Other Committees and meetings considered at:	Previous Paper presented to Executive Committee and PPPH Committee in August 2025

PURPOSE:

This paper provides the Committee with an update on the Health Board’s responsibilities and ongoing activity to work with Education partners to meet the needs of children and young people with additional learning needs. By successfully meeting these needs, Powys Teaching Health Board fulfils its statutory obligations under the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (the ALN Act) and supports better outcomes and better experience for children and young people with additional learning needs (ALN) and their families.

This paper provides assurance that enhanced structures are now in place to ensure that the Health Board complies with its statutory duties under the ALN Act, and for the management and escalation of compliance issues.

- It provides partial assurance with regard to:
- the Health Board’s current compliance with its legal duties;
 - activity to establish and drive forward a workplan to ensure ongoing progress with Health – Education priorities via the AISG; and
 - progress in responding to the review the Health Board’s ALN arrangements provided by Audit and Assurance Services in March 2025.

RECOMMENDATION(S):

Additional Learning Needs (ALN) Planning, Partnerships and Population Health Committee

3 February 2026

Agenda item: 5.7

Lewis, Raychelle
28/01/2026 11:17:21

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

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

EXECUTIVE SUMMARY:

This paper provides an update on the development of the Education co-ordinated, multi-agency system in Powys that aims to meet children and young people’s additional learning needs (ALN), and through which the Health Board fulfils its statutory duties under the ALN Act. It provides an update on the Health Board’s compliance with its duties under the Act and update on related activity. Key priorities for the next period and challenges associated with the Act are outlined in closing.

While the ALN Act is Education legislation, it places new statutory duties on Health Boards to ensure effective collaboration between Education and Health professionals that is essential for the Act to achieve its overarching objective: better outcomes and better experience for children and young people with ALN and their families.

PROGRESS:

1.1 The National Context: From Implementation to Delivery, and Ongoing Legislative Uncertainties

In September 2025, the Act’s 4-year implementation phase ended and the phase of full ‘delivery’ of the legislation commenced. In keeping with the current focus of delivery, activity is progressing to finalise and implement a national assurance and reporting framework through with Health Boards will be required to report on their compliance with the requirements of the Act. A reporting framework was approved by the Welsh Information Development Group in

December 2025. This is being finalised and is expected to be shared with Health Boards for impact assessment in March 2025. Following further redrafting in response to feedback, it is expected that a Data Provision Notice will be submitted to the Welsh Information Standards Board and, subject to approval there, will be issued to Health Boards. It is anticipated that a trial period of reporting may commence from September 2026, with full reporting expected to commence in April 2027. An 80% compliance standard is expected to be the initial requirement against which Health Boards' compliance with their legal duties under the Act will be measured.

The ALN Act is an unusually complex piece of legislation and Welsh Government are undertaking a review of the legislation and its statutory guidance. There remain multiple areas of ambiguity and uncertainty regarding the correct interpretation of the legislation, especially with regard to the scope and extent of some Health Board duties under the Act. Clarity has been sought regarding some of the matters most relevant to Health Boards, which could significantly increase the nature of the demands that the legislation places on them. The current paper, and assurances provided within it, need to be understood in the context that there are significant points of wider uncertainty that may call for an urgent re-assessment. Should there be any significant changes, the Committee will be promptly updated.

1.2 The Local Context: Previous Reports to Committee

The last report provided to this Committee, in August 2025, provided assurance regarding further progress in the implementation and monitoring of the operational process by which the Health Board supports person-centred planning for children and young people with ALN and thereby fulfils key legal duties under the ALN Act. This process is supported by a digital system that enables the Health Board to report on its compliance.

The paper noted that the (previously low) number of statutory requests for involvement to the Health Board had increased somewhat as new processes became embedded. Data showed a reasonable rate of compliance with the Health Board's statutory duties, though with some improvement required.

The report showed that there had been progress in key areas:

1. Implementation of the operational processes through which the Health Board complies with its key legal duties under the Act.
2. Ongoing development of the digital infrastructure that will provide the Health Board with assurance that it is complying with its key legal duties.
3. Establishing internal Health Board processes to provide good governance and assurance, and responding to Internal Audit and Assurance Service's audit of arrangements in place on PTHB to meet the requirements of the ALN Act.

Lewis, Raychelle
28/01/2026 11:17:21

4. Collaboration with Powys County Council through the ALN Integrated Steering Group (AISG).

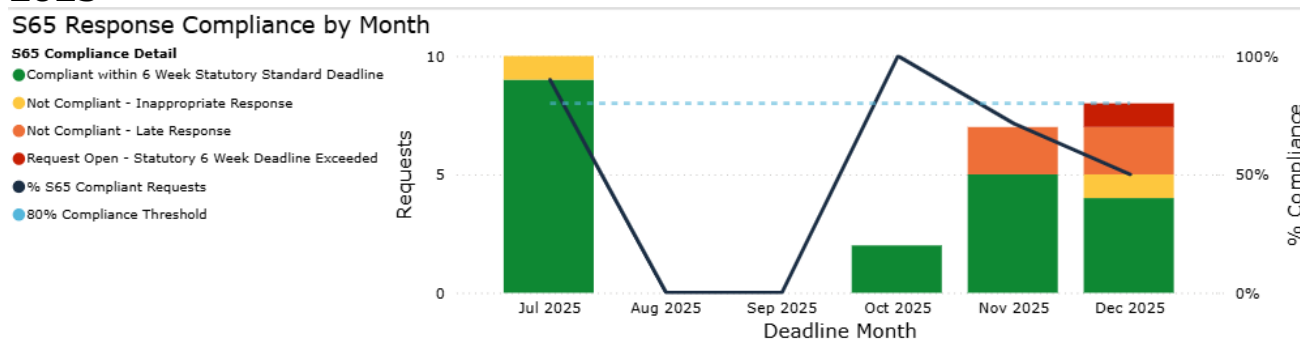
1.3 Update on the Health Board’s compliance with its legal duties under the ALN Act

Powys Teaching Health Board was the first Health Board in Wales to develop a bespoke digital system with which to monitor its compliance with the requirements of the ALN Act. With the ongoing support of Digital colleagues to refine this system over the past year, reliable data is now available regarding the Health Board’s compliance with its legal duties under Sections 65 and 20 of the ALN Act.

Under Section 65 of the ALN Act, relevant Health Board services are statutorily required to provide timely information requested by Local Authorities to support their decision-making and planning for children and young who may have ALN. In many cases such requests are issued by schools, for whom there is no statutory duty to respond but where a timely response is nonetheless crucial to ensure that children with additional needs benefit from plans that are holistic, realistic and effective.

Graph 1 below shows that Health Board services received 27 requests for information from the Local Authority for which a response was due from July – December 2025, of which 20 received a timely and appropriate response, an overall compliance rate of 74%.

Graph 1: Compliance with Statutory S65 Requests, July – December 2025

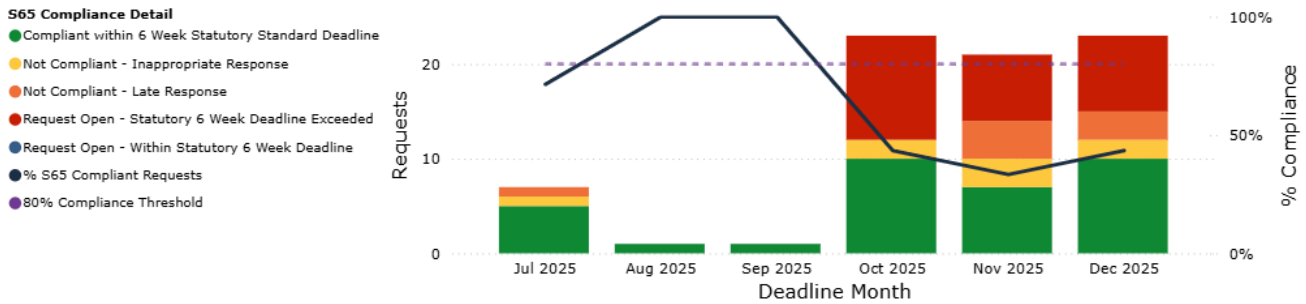


Graph 2 shows that during the same period, Health Board services received 76 requests for information from schools, where the same legal duty does not apply. 34 of these requests were complied with, an overall compliance rate of 44.7%.

Graph 2: Compliance with Non-Statutory S65 Requests, July – December 2025

Powys Raychelle
28/01/2026 11:17:21

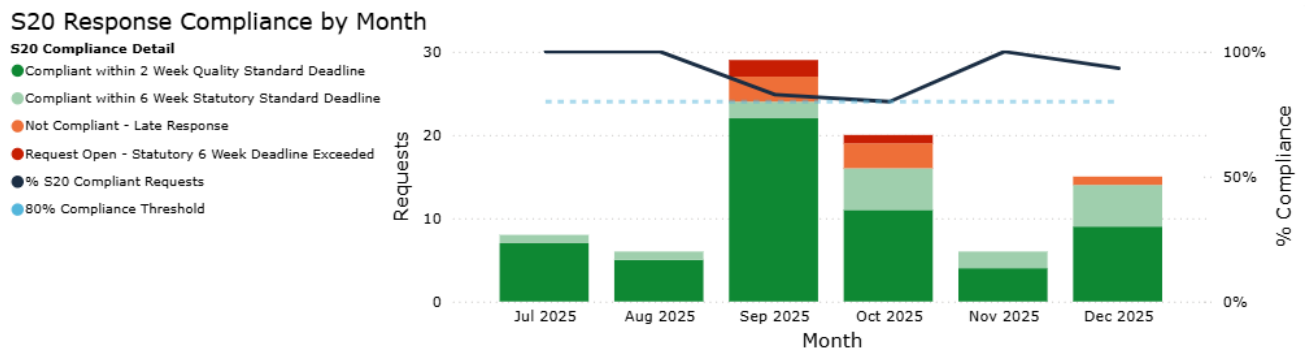
S65 Response Compliance by Month



Under Section 20 of the ALN Act, Education bodies may refer a matter to Health Board services asking them to consider whether there is a treatment of service that would normally be provided in the NHS in Wales, that is likely to be of benefit in addressing a child or young person’s key barriers to learning. Where such a request is received, the Health Board is required to respond promptly, and where a treatment or service is identified, to decide whether this should be delivered in Welsh; to take all reasonable steps to deliver the intervention in Welsh of so; and to secure or deliver this as part of the child or young person’s statutory plan. (It should be noted that our current understanding is that a Section 20 referral is not a ‘new’ referral to a Health Board service, but would be made for a child who is already accessing Health provision, in order to integrate this provision onto their statutory Education co-ordinated plan.)

Graph 3 shows that Health Board services received 84 such referrals requiring a response between July and December 2025, and that they responded appropriately and within the required timeframe in 74 cases, an 88.1% rate of compliance. While the statutory requirement for Section 20 referrals is 6 weeks, the Health Board aims to respond to these requests in a 2-week period to support timely Education decision-making, and this enhanced quality standard was met in 58 cases (69%).

Graph 3: Compliance with Statutory S20 Referrals, July – December 2025



In all cases, where a relevant treatment or service was identified, a decision was made about whether the provision was required in Welsh.

At present, the Health Board is not able to provide assurance regarding whether it is fulfilling its statutory duty to secure / deliver the provision identified in

Additional Learning Needs (ALN)

Planning, Partnerships and Population Health Committee
3 February 2026
Agenda item: 5.7

response to the Section 20 referral. This work will be progressed via the ALN Monitoring and Compliance Group (see below).

To summarise: the data shared in this part of the report shows challenges for the Health Board in meeting its requirement under Section 65 of the Act to share timely information needed by Education partners to ensure that children and young people with ALN benefit from holistic, effective and realistic plans. Overall compliance with this requirement (covering both statutory and non-statutory requests) shows a slight decline in performance from that provided in the August 2025 report. However, data shows a strong rate of compliance for Health Board services in meeting the requirements of Section 20 of the Act, where there has been an improvement in performance and where in many cases the promptness of the response exceeds statutory requirements and meets a locally-agreed quality standard.

Deeper analysis of the Section 65 challenges has shown that while compliance with some services (e.g., Speech and Language Therapy, Health Visiting) is very strong, for some services significant improvement is required. Activity that is outlined below (1.4 of this report) to strengthen the Health Board's internal governance structures will be key to addressing this. Analysis has also highlighted variabilities and inconsistencies in how Education partners are following agreed operational processes, which will be addressed via the ALN Integrated Steering Group (AISG; see section 1.5 of this report). Finally, analysis has highlighted training needs for some staff members. This will be progressed once the operational variabilities and inconsistencies have been addressed.

1.4 Internal structures to strengthen compliance

Activity has been progressed to enhance the Health Board's internal governance arrangements to support compliance with its legal duties under the ALN Act. An ALN Compliance and Monitoring Group has been established, co-chaired by the DECLO and the Head of Therapies and Healthcare Sciences. This group meets bimonthly and requires all relevant Service Leads to report on compliance data for their respective Service areas as well as providing a space for collaborative problem-solving.

Terms of reference for the Compliance and Monitoring Group have been developed, subject to ratification by the Women and Children's Quality and Performance Meeting. It is intended that the Group will produce a quarterly update report for the Quality and Performance Meeting, as well as providing additional updates by exception when required.

It has been observed that the group, while in its infancy, is already strengthening operational 'ownership' for compliance with the requirements of

the Act. Initial, non-validated 2026 data shows significantly improved compliance, suggesting that this will be a key enabler of improved compliance moving forward.

1.5 Update on the ALN Integrated Steering Group (AISG)

Multi-agency collaboration is a key principle underpinning the ALN Act, and the oversight and strategic leadership of multi-agency working within the ALN system is provided by the ALN Integrated Steering Group (AISG). This group is jointly chaired by Powys County Council's ALN and Inclusion Lead Officer and PTHB's Head of Children's Public Health Nursing and Paediatric Services. Lead officers across both Education and Health are represented within this group.

Changes in both Health Board and Education leadership have limited the group's progress over the past months, but an updated workplan for the group is being finalised and will be brought to the AISG and to the partner organisations separately for formal approval by March 2026. A key element of the plan will be on refining and strengthening the consistency with which the formal operational processes through which the Health Board fulfils its duties under the Act are carried out. As was noted at part 1.3 of this report, some issues in this area have been identified that require working through.

Over the last period there has been progress under the AISG's governance in formalising the mechanism through which the Health Board notifies the Local Authority of pre-school children who have emerging needs or who are likely to have ALN, and in joint data capture regarding this. The Health Board has a statutory duty under Section 64 of the ALN Act to notify the child's parents or carers and the responsible Local Authority where it identifies in the course of its normal activity that a child is likely to have ALN, to support the principles of early identification of needs and early intervention that underpin the Act. It has been agreed between the Health Board and the Council that a non-statutory notification of needs will also be made, subject to parental consent, to support an effective whole-systems approach for children with emerging needs that may not meet the threshold for having ALN.

Data shared by Powys County Council colleagues at the December AISG provided assurance that the Health Board is effectively meeting these duties, with 27 early years referrals or notifications issued from April – December 2025, generally for 'emerging needs', with statutory notifications of probable ALN being issued 3 times. In all cases, data showed that parents / carers had been offered an opportunity to discuss this with the referring Health professional, in line with the Health Board's statutory obligations, and that parents had been in agreement with the referral / notification being issued. Importantly, it was shared that there had been no cases over the past year where a child with significant needs had 'landed cold' in Education, i.e. where a child had started in

an Education setting without appropriate information being shared to support an effective transition.

It was agreed that the AISG will receive an update on early years notifications on a 6-monthly basis. Data regarding these notifications will also be a part of ALN Committee reports moving forwards.

1.6 Update on Responses to the ALN Internal Audit

Scope & Assurance Summary

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

An audit carried out by Audit and Assurance Service in March 2025 concluded reasonable assurance in the Health Board's arrangements to meet the requirements of the ALN Act. Matters requiring management attention included:

- 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.

An update on progress against the actions for the internal audit is provided below.

Internal Audit Management Action Log

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

Finding	Action	Status
Responsible individuals have been designated within each partner organisation but robust collaborative	An agenda item will be raised at the ALN Integrated Steering Group (AISG) with the intention of establishing more clearly defined governance arrangements in respect of the partnership working	Complete due Sept 2025

Additional Learning Needs (ALN)

Planning, Partnerships and Population Health Committee
3 February 2026
Agenda item: 5.7

working governance arrangements are yet to be established	arrangements. It will be requested that the newly established governance arrangements are employed to ensure that the strategic plan and actions listed within the work plan are subject to a documented approvals process and that monitoring procedures are established to address outstanding actions.	HoN Children
Comment: <i>There has been a change to the joint chair from Education. The new Chair has provided her support to the existing ToR for the group and to the current continuous improvement programme. There is confidence that established collaborative governance arrangements will continue.</i>		
The DECLO has undertaken some training initiatives and offers individual assistance to colleagues who require guidance in relation to ALN issues, but a formal or regular training programme is not currently in place	Training initiatives will be revisited; a training schedule will be produced, informed by existing or refreshed data about staff knowledge and confidence, and details of training availability will be made available to relevant staff. Records will then be maintained of attendance at completed training	In Progress Due Sept 2025 (deferred to June 26) DECLO
Comment: <i>With agreement of senior operational colleagues, a planned audit of training needs was deferred while issues with the ALN digital system were resolved. An audit of training needs has been now carried out. Current gaps in staff knowledge and competence are closely related to inconsistencies in the implementation of the operational processes through which the Health Board fulfils its duties under the ALN Act. Priority is therefore being given to resolving these issues through collaboration with Powys County Council in the AISG, from January - March 2026. Once current operational implementation issues have been resolved, a linked programme of audit and training will be implemented to support continuous improvement through the 2026/27 planning cycle.</i>		
AISG Strategic Priorities Plan Monitoring A plan is in place, and whilst listed outcomes were appropriate, some were found to be unclear in terms of the means by which they are to be achieved. Target dates either have not been listed, are ambiguously defined, or have elapsed.	Monitoring procedures in relation to the partnership's Strategic Priorities Plan will be reviewed and it will be ensured that regular reports are made at an appropriately senior level, with reference to the reviewed governance arrangements specified in Key Finding 1.	In progress Due Sept 2025 (revised to March 2026) HoN Children
Comment: <i>With agreement of senior colleagues, there has been a delay in approval of the updated programme plan approval. This was due to recent changes in both Health and LA leadership. An updated and AISG agreed workplan is currently being finalised and will be subject to the respective approval processes.</i>		
Data Validation Data validation exercises are being undertaken but assurances cannot yet be made with respect to the completeness of data contained in the ALN App.	Data validation exercises will continue, and regular compliance reports will be made to the Planning, Partnerships and Population Health Committee.	Complete Dec 2025 HoT (IT Systems lead)
Comment: <i>Significant work undertaken to resolve IT issues. Confidence in system effectiveness has improved. Ongoing monitoring to ensure staff actions are complete to ensure ongoing completeness and reliability of data sets.</i>		
Section 64 Notifications The system by which notifications of suspected cases where additional learning needs have been identified and are issued to parents / carers and the Local Authority is yet to be established.	The system will be finalised and validated. Progress reports will be made in the ALN Update to the PPPH Committee	Complete HoN & DECLO Dec 2025
Comment: <i>An update report received by the AISG in December 2025 provided assurance regarding the Health Board's fulfilment of its duties under Section 64 of the ALN and confirmed that there have been no</i>		

breaches within last academic year, specifically no instances of children commencing school with additional learning needs (ALN) where early identification of need had not been appropriately shared from health services to education. This finding provides strong assurance and evidences significant progress in the effectiveness and reliability of the communication systems now in place between agencies. To maintain this standard and support continuous improvement, regular update reports will be provided to the AISG and it has been agreed that any breaches will be subject to a multi-agency case review. This approach will ensure that learning is captured and that any improvements needed are identified and implemented in a timely manner.

2 Priorities for the next period

Fulfilling the Health board's statutory requirements

Timescale: for update, April 2026

Through the work of the recently-formed ALN Monitoring and Compliance Group, and aligning with wider Health Board governance structures, activity will be progressed to ensure that the Health Board is able to reliably and consistently meet its legal duties that have been set out earlier in this paper (1.3), and that it is able to report on its duty to deliver / secure additional learning provision.

The ALN Monitoring and Compliance Group will clarify the timescales for this by April 2026, with an update report provided to the Women and Children's Quality and Performance meeting.

Finalising and driving progress with the AISG workplan

Timescale: March 2026

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

A key priority area within the workplan will be to ensure a clear framework for refining the formal operational processes through which Education and Health services collaborate under the ALN Act and through which the Health Board fulfils its statutory duties, and ensuring that these are followed by all partners.

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

Timescale: For review June 2026

The ALN Act places new statutory demands on NHS operational services (especially children's therapies services, and in particular Speech and Language Therapy) but has been introduced without additional resource for the NHS. Planned work to assess the demand / capacity impact of the Act on

operational services has previously been noted but has not been prioritised due to relatively low numbers of requests for statutory involvement.

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

3 Risks and challenges

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

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

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

- an operational framework through which the Health Board fulfils its key statutory duties under the ALN Act.
- the digital infrastructure that both supports compliance and provides data for purposes of assurance.
- collaborative arrangements in place between the Health Board and its key delivery partner, PCC, through the AISG.
- An enhanced compliance monitoring infrastructure via the ALN Monitoring and Compliance Group.
- processes to monitor and escalate concerns within Women & Childrens services and PCC.

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

NEXT STEPS:

Additional Learning Needs (ALN)

Planning, Partnerships and Population Health
Committee
3 February 2026
Agenda item: 5.7

The Committee is asked to receive assurance that robust governance arrangements are now in place to support effective Health / Education collaboration and to ensure that the Health Board meets its statutory duties under the ALN Act, in readiness for anticipated national reporting requirements.

The Committee is asked to receive partial assurance with regard to:

- the Health Board's compliance with its legal duties;
- activity to establish and drive forward a workplan to ensure ongoing progress with Health – Education priorities via the AISG; and
- progress in responding to the internal audit on the Health Board's ALN arrangements.

It is expected that full assurance regarding these matters will be achievable within the next 6 months.

Lewis, Raychelle
28/01/2026 14:17:21

Additional Learning Needs (ALN)

Planning, Partnerships and Population Health
Committee
3 February 2026
Agenda item: 5.7



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.8

Planning, Partnerships and Population Health Committee	Date: 3 February 2025
---	------------------------------

Subject:	Committee Effectiveness: Continuous Development Plan 2025-26
Approved and presented by:	Stella Gwynne, Deputy Board Secretary
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	Committee Effectiveness report and plan have been considered at earlier Committee meetings in 2025.
Appendices:	Appendix A – PPPH Continuous Development Plan 2025-26

PURPOSE:

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

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

RECOMMENDATION(S):

The Committee is asked to:

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

Approve/Take Assurance	Discuss	Note
X		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

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

COMMITTEE EFFECTIVENESS

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

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

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

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

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

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

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

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

NEXT STEPS:

The Corporate Governance Team will continue to monitor actions still under implementation as of February 2026 and will consider how these are fed into the continuous development processes for 2026/27.

Appendix A – PPPH Continuous Development Plan 2025-26

Committee Effectiveness: Continuous Development Plan 2025–2026

Planning, Partnerships and Population Health Committee

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

Theme	Action	Owner	Timeline	Status	Comments
Membership	Review and confirm committee membership	DCG / PTHB Chair	Q1	Complete	New Committee Membership confirmed as of May 2025
Assurance to Board (Quality Assurance: QMS)	Develop a standardised reporting template for clear upwards assurance	Governance Team	Q2	Complete	Alert, Advice, Assurance, Inform (AAAI) Reports have been introduced for all Committees for reporting to the Board from March 2025 (having been piloted during 2024/25). This template will be reviewed and matured in readiness for September Board.
Organisational Learning (Quality Learning: QMS)	Schedule opportunity to actively consider evidence of learning and improvement in each Committee	Governance Team	Q3	Underway	Integrated into review of Committee Work programme for 2026-27 as in development as of Q4.
Committee Agenda Focus	Apply risk-based approach to	DCG/Committee Chairs	Q1	Complete	Prioritisation is undertaken as part of the agenda setting process, this is

(Quality Planning: QMS)	planning agendas, prioritising high-risk/high-impact items				aligned to SRR, CRR, ORR and BAF process.
Training & Induction	Develop induction information and training needs analysis for each Committee	Governance Team	Q4	Complete	ARAC induction pilot held in September 2025, further schedule to be considered for 2026/27.
Integration of Risk	Incorporate risk lens in committee discussions and papers	Governance Team	Ongoing	Underway	Review of Committee Paper template underway with consideration of how to best integrate risk appetite levels into cover reports.

Lewis, Raychelle
28/01/2026 16:17:21

Committee-Specific Action Plan

Planning Partnerships and Population Health Committee

Theme	Action	Owner	Timeline	Status	Comment
Training	Introduce training on systems working and transformation	EDP&C/DCG	Q2	Paused	Financial control actions have limited the opportunity to procure training, this action will be reviewed when appropriate.
'Better Together' clarity	Define Committee's role in tracking Better Together progress	Committee Chair/Governance Team	Q1	Complete	Clarity provided as part of revised Terms of Reference as approved by Board in May 2025
Assurance on partnerships	Greater focus on partnerships, partner presence and use of external evidence	Committee Chair/Governance Team	Q3	Underway	Partnership Governance Framework assurance reporting is well established as of Q4. This action will be considered further in review of Committee Work programme for 2026-27 which is in development as of Q4.

Lewis, Raychelle
28/01/2026 16:17:21



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.9

Planning, Partnerships and Population Health Committee	Date of meeting: 3 February 2025
---	---

Subject:	Planning, Partnerships and Population Health Committee Terms of Reference
Approved and presented by:	Stella Gwynne, Deputy 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:

- **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 in May 2026 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	

Lewis Raychelle
28/01/2025 16:17:21

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 were approved by the Board in May 2025 and the proposed revised draft are attached as Appendix A, with track changes enabled.

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 2026 to take effect into 2026/27.

It is suggested that the Committee considers **the following proposals:**

Section of Terms of Reference	Updates
3 – Delegated Powers and Authority	Inclusion of specific reference to the Population Health Strategic Framework
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 2026 to take effect into 2025/26.

APPENDICES

- a. Planning, Partnerships and Population Health Committee Terms of Reference (Draft February 2026)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Planning, Partnerships & Population Health Committee

Terms of Reference & Operating Arrangements

Draft ~~May 2025~~ February 2026

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.

2. PURPOSE

- 2.1 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.

2.2 **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:

- strategy, strategic frameworks and plans consistent with the Board's overall strategic direction;
- business cases and service planning proposals;
- the alignment of supporting and enabling strategies, including workforce, capital, estates digital;
- 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.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- 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);
- plans and arrangements for the following matters are received and appropriately aligned:
 - Joint committee and partnership planning;
 - Engagement and communication; and
 - Civil Contingencies and Business Continuity;
- that partnership governance and partnership working is effective and successful; and
- 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

- 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
- Seek assurance that the **H**health **B**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
- 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 that the Health Board's Population Health Strategic Framework is robust and fit for purpose;
- f)h) _____
- g)i) _____ Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h)j) _____ Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i)k) _____ 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 Management of Policies and Other Written Control Documents Policy 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 Strategic 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
 - any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

- 3.4 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 Strategic 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 x2

Additional Independent Members of the Board may be appointed if required.

The Committee may also co-opt additional 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 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
- 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 and

- representatives from Llais on an observer basis

Secretariat

4.4 The secretariat for the Committee will be provided by the Corporate Governance Team.

Member Appointments

4.4 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.

4.5 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.

4.6 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

4.6 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
- 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 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 Director of Corporate Governance / 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 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

Draft
Lewis R. G. G. G.
28/01/2025 16:17:21

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;~~ Chair's assurance 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.

7.3 The Director of Corporate Governance / Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's 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 Director of Corporate Governance / 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 Director of Corporate Governance / 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 or Director of Corporate Governance will report any changes to the Board, for approval.

Planning, Partnerships and Population Health Committee 2025-2026						
Theme	Item Title	Duration (mins)	May 19/05/2025	August 14/08/2025	November 20/11/2025	February 03/02/2026
Governance	Minutes of previous meeting		✓	✓	✓	✓
Governance	Declaration of Interests		✓	✓	✓	✓
Governance	Action Log		✓	✓	✓	✓
Governance	Committee Reflections	5	✓	✓	✓	✓
Governance	Committee Risk Register	5	✓	✓	✓	✓
Governance	Annual Work Programme	15	✓			
Governance	Work Programme (updated through year)	0		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness	25	✓			
Governance	Committee Governance Action Plan	10		✓		✓
Governance	Committee Annual Report	10	✓			
Governance	Review of Terms of Reference	10	✓			✓
Planning	Approach for development of 26/27 Annual Plan, Health and Care Strategy update	25			✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix	25			✓	
Planning	Strategic Change Report and Engagement Report	30	✓	✓	✓	✓
Planning	Primary Care Cluster Reporting against delivery 2024/25	20	✓			
Planning	Strategic Commissioning Framework	20				✓
Partnerships	Regional Partnership Board - Annual Delivery Plan	15		✓		✓
Partnerships	Public Service Board Annual Report (to include Climate change)	15			✓	
Partnerships	North Powys Wellbeing Programme	20		✓		X
Partnerships	NWSSP Performance Report	5	Year-end		Mid-year	
Partnerships	Transformation and Change	25	X (direct to Board)	✓	✓	X
Partnerships	Partnership Governance Framework	10	✓	✓		
Population Health	Whole Systems Approach to prevention of obesity	15	✓			
Population Health	Adult Weight Management Pathway Update	20	✓			
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	15	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When pu	15				✓
Partnerships	Partnership Governance and Assurance Framework Report	10		✓		✓

Population Health	Annual Report of Director of Public Health (including reducing inequalities)	15	X	✓		X
Population Health	Health Protection Summary Report	10				✓
Population Health	Child Immunisation Annual Report	10			✓	
Population Health	Additional Learning Needs (ALN)	10		✓		✓
Population Health	Winter Plan 2025/26	15		✓		
Population Health	Vaping Deep Dive/Tobacco Control Action Plan (Annually at request of Committee)	20		X	✓	
Population Health	Reasons why health is deteriorating - age, MH, substance misuse, vaping, co morbidity.	20				
Audit Reports	Any Internal Audit/Wales Audit reports received - for information	NA	✓			
JCC Report	Any updates from JCC Planning, Performance and Finance Sub-Committee		✓			
Statutory Compliance	Wellbeing of Future Generations Act Report	10			X	
Population Health	Charter for Families Bereaved by Public Tragedy			X		X
Transformation & Value	Specific projects from the Transformation programme would be brought back to future meetings to look at financial innovation and transformation.	15				
Planning	Final Integrated Annual Plan 2025/2026 Second look needed at joint PPPH and D&P meeting March 2026 - 16.03.26 HOLD	25				
Population Health	Eye Health Needs Assessment publication	10		✓		

Lewis, Raychelle
28/01/2026 16:17:21



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (Last updated December 2025)

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
APB	Area Planning Board
BAF	Board Assurance Framework
BCUHB	Betsi Cadwaladr University Health Board
BMA	British Medical Association
CAAP	Clinical associate in applied psychology
CAMHS	Child and Adolescent Mental Health Services
CCN	Childrens Community Nursing
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice

CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CTMUHB	Cwm Taff Morgannwg University Health Board
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CTC	Care Transfer Co-ordinator
CCOMG	Complex Care Operational Management Group
DATIX	Incident Management System
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DGH	District General Hospital
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
DPA	Data Protection Act
DToC	Delayed Transfer of Care
D2RA	Discharge to Recover and Assess
DST	Decision Support Tool
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EOY	End of Year
EMRTS	Emergency Medical Retrieval & Transfer Service
EPMA	Electronic Prescribing and Medicines Administration
ESR	Electronic Staff Record
EMI	Elderly Mentally Infirm
FBC	Full Business Case
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
F&P	Finance and Performance Committee
GDS	General Dental Services
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
GNCC	General Nursing Complex Care Team

H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HDUHB	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HP	Health Protection
HPF	Healthcare Professionals Forum
ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LA	Local Authority
LHB	Learning Health Board
LMC	Local Medical Committee
LPF	Local Partnership Forum
LRF	Local Resilience Forum
LTA	Long Term Agreement
MAC	Mindfulness, Acceptance and Compassion Team
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
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
PA	Physician Associate
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PMVA	Prevention and Management of Violence and Aggression
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
P&C	People and Culture Committee
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RIIC	Research, Innovation & Improvement Coordination
RIE	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
TaODEC	Tactical Organisation Development, Engagement and Communication
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
TUPE	Transfer of Undertakings Protection of Employment
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
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WVT	Wye Valley Trust

YTD	Year to Date

Lewis, Raychelle
28/01/2026 16:17:21

Primary Care - Clusters Project Management

Final Internal Audit Report

2025/26

Powys Teaching Health Board



Substantial Assurance

Contents

Executive Summary 1

Findings & Agreed Action Plan 3

Appendix A 7

Review Reference	PTH-2526-13
Fieldwork	October – November 2025
Executive Sign Off	18 December 2025
Audit Committee	January 2026
Executive Lead	Elaine Lorton, Executive Director of Primary Community Care and Mental Health
Audit Team	Ian Virgil, Head of Internal Audit Lucy Jugessur, Deputy Head of Internal Audit

Lewis Raychelle
28/01/2026 16:16



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd

Shared Services
Partnership
Audit and Assurance Services



Executive Summary

Purpose

The purpose of our review was to assess how the project management processes within the clusters are working to enable effective identification and implementation of developments.

Overview

There are currently three Clusters across Powys covering North, South and Mid-Powys but from April 2026 the South and Mid-Powys clusters are to merge. Under the Accelerated Cluster Development Programme as part of the Strategic Programme for Primary Care, clusters receive funding to undertake projects to support their development across Wales. In the 2024/25 financial year, there were 34 live projects across the three Powys clusters with a total value of £870k. There has been limited guidance available nationally in terms of how the project management and governance arrangements should be undertaken, and the Health Board has therefore developed its own procedures, albeit with reference to an informal network across the other Health Boards. The current approach is very comprehensive and robust, and there is regular consultation with Cluster members to ensure that it remains appropriate.

We have concluded substantial assurance on this area. The matter requiring management attention is:

- The terms of reference for the Clusters need to be amended to more accurately reflect the reality of members that are eligible to vote to approve individual projects.

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:

- Whilst the procedures for the management and governance of projects taken forward with clusters are well documented and robust, reliance for their effective completion is heavily dependent on the Cluster Development Manager; and
- Currently the procedures and reporting requirements are the same for all projects, no matter whether the value is £5k or £300k. There is, however, a proposal to introduce a more streamlined approach for projects with a value of under £10k.

Lewis, Raychelle
28/01/2026 16:17:21

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	A robust, documented process is in place for the identification, evaluation, selection and approval of the developments that are to be taken forward within the clusters.	1	Reasonable
2	There are standardised, documented project management arrangements in place to ensure the effective implementation of the approved developments. The arrangements are proportionate to the respective value of projects and include identification of project leads, development of project plans and allocation of resources.	-	Substantial
3	Progress towards the implementation of the individual developments is effectively monitored and reported, including the identification and management of any risks to delivery	-	Substantial
4	Robust governance arrangements are in place to ensure that overall progress with the developments is effectively monitored and reported both locally and via appropriate escalation through the Health Board where required.	1	Reasonable

Management Actions

0
High Priority

1
Medium Priority

Themes



■ Governance

Risk Types

Financial Loss

Lewis, Raychelle
28/01/2026 16:17:21

Findings & Agreed Action Plan

Objective 1: A robust, documented process is in place for the identification, evaluation, selection and approval of the developments that are to be taken forward within the clusters; Reasonable

Overview / Summary of Observations

Comprehensive procedures have been developed for the approval of projects under the Accelerated Cluster Development Programme, and these are subject to continual review and revision with Cluster members. This has led in particular to the development of the plan-on-a page document which is credited with speeding up the process for approval as it provides a quicker initial decision which if approved leads to a more detailed proposal being completed. The one-page plan should align with and reference:

- The Cluster’s IMTP priorities;
- The locality’s population needs analysis; and
- Have recorded support from the sponsoring collaborative before being presented to the Cluster.

All projects are subject to a formal voting process and the outcome of this is formally recorded and issued to all members of the relevant cluster. Testing of a sample of projects from different clusters and at different stages of maturity identified no concerns but did illustrate the changing and improving requirements and documentation for their identification and approval. There is however a need to clarify the number of votes needed to approve a project in the Clusters’ Terms of Reference as the current wording does not reflect the reality of the actual position.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Terms of Reference - Voting Requirements</p> <p>The terms of reference for the North Cluster state that: <i>For decisions where there is a financial implication, no less than 75% of members will secure a decision (12 representatives).</i></p> <p>However, testing of a number of projects identified approvals being based on numbers that were frequently less than 12 and which were as low as eight approving members. The reason for this is due to the following:</p> <ul style="list-style-type: none"> • The Cluster having less than 16 members: <ul style="list-style-type: none"> • Members being ineligible to vote due to declared conflicts of interest; and • Members not responding to the request to vote (which is done virtually). 	<p>Project approvals are not consistent with the wording of the requirements set out in the Cluster Terms of Reference.</p>	<p>Agreed Action:</p> <p>The wording of the Terms of Reference for each of the Clusters will be amended to remove the reference to a specific number of representatives and to include the word eligible – i.e. therefore excluding any member with a declared conflict of interest but not excluding those that have just not responded to the request to vote.</p>

<p>Similarly, the terms of reference state that: <i>For decisions where there is NO financial implication, a core member vote of 50% plus 1 will secure the decision. (9 representatives)</i></p>		<p>Expected Evidence of Implementation: Updated Terms of Reference</p>
<p>Theme: Governance</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Amanda Walters, Head of Primary Care Target Implementation Date: 31st January 2026</p>

Objective 2: There are standardised, documented project management arrangements in place to ensure the effective implementation of the approved developments. The arrangements are proportionate to the respective value of projects and include identification of project leads, development of project plans and allocation of resources

Substantial

Overview / Summary of Observations

The progress of projects is managed through a Project Monitoring Sheet which is maintained centrally by the Cluster Development Manager. Projects are monitored using the following headings:

- Project Overview;
- Project Plan;
- Resources;
- GANTT chart;
- Action Log;
- Risks and Issues;
- Spend against budget.

Project Monitoring Sheets are kept up to date through regular project meetings, and these are led by the Cluster Development Manager.

The approach to monitoring the progress with implementation of approved projects is therefore robust, albeit that it is very dependent on the role of the Primary Care Cluster Development Manager. The approach has been updated over recent times and as projects are often multi-year in length, audit testing of a sample of projects identified some differences in approach from current requirements, but nothing that caused any particular concern.

A proposal has been drawn up to have a more minimal approach for projects up to £10k in value - this is due to be taken forward for discussion by the Head of Primary Care at the Cluster Business Meeting in February. We would be generally supportive of this development, however the detail of what might and might not be required, and how this might fit with procurement regulations, remains to be thought through.

Overview / Summary of Observations

Regular reporting is undertaken to both the Regional Partnership Board (RPB) Executive Committee and the Cluster Business meeting.

The reports to the RPB Executive Committee are prepared by the Cluster Development Manager and are drawn from the individual Project Monitoring Sheets which are informed by the regular team meetings with the Project Leads. The report covers for each project:

- Description of the project;
- Traffic Light Status;
- Funding Amount and Source;
- Delivery Timescales;
- Project Update;
- Any major risks;
- Next Steps;
- Forecast Financial Outturn.

Reporting to the Cluster Business Meeting is undertaken by the Project Lead and previously could be a verbal update but now requires a written report using a standard template. The report includes the following:

- Headline details – e.g. Project Title, Lead, Cluster, Collaboratives, Start Date and Expected Duration;
- Update Summary;
- Project Status;
- Project Finance:
- Quantitative Measures: and
- Qualitative Indicators.

Testing of a sample of projects identified that reports were being produced for both the Cluster and the RPB Executive as required.

Lewis, Raychelle
28/01/2026 16:17:21

Objective 4: Robust governance arrangements are in place to ensure that overall progress with the developments is effectively monitored and reported both locally and via appropriate escalation through the Health Board where required.

Reasonable

Overview / Summary of Observations

There are currently three clusters in place across Powys – North, South and Mid. Each should have a Cluster Lead, who is usually a GP, but this does not have to be the case. There is currently no Cluster Lead for both South and Mid-Powys, and the decision has been taken to merge these Clusters with effect from April 2026, which will result in a cluster size that is more representative of clusters across Wales as a whole. The Clusters have a wider membership than when first established, including a number of specialisms other than GPs, and also including the third sector but not currently Local Authorities. Local Authorities do however sit on the RPB Executive.

The Cluster Lead is usually employed for one day or two sessions a week. Under each cluster is a number of collaboratives which are not all fully formed as yet but which cover:

- General Medical Services;
- Optometry;
- Community Pharmacy;
- General Dental Services;
- Allied Health Professionals; and
- Professional Nursing.

Clusters have detailed terms of reference covering their operation. Formal reporting is to the Regional Partnership Board Executive Committee on which the Health Board is represented by the Assistant Director of Primary Care Services, who additionally takes a detailed annual report on the Accelerated Cluster Development Programme to the Health Board Planning, Partnerships and Population Health Committee.

Although not raising a separate finding here, we have attributed a rating of reasonable to this objective in recognition of the need to update the Cluster Terms of Reference for the numbers required for voting (As detailed within Key Finding 1 above).

Lewis Raychelle
28/01/2026 16:17:21

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](#)

Disclaimer

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 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.

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 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.

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.





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 7.4

Planning, Partnerships and Population Health Committee **Date: 3 February 2026**

Subject:	Committee Risk Register
Approved and presented by:	Stella Gwynne, Deputy Board Secretary
Prepared by:	Deputy Board Secretary
Other Committees and meetings considered at:	N/A
Appendices:	Appendix A – Committee Risk Register

PURPOSE:

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

This copy of the Committee Risk Register is based upon the updates provided by Executive Leads in readiness for reporting to the Executive Committee on 19 November and Board on 26 November 2025. This version was previously reviewed by the Committee at it’s meeting on 20 November 2025.

The Committee Risk Register is provided as **Appendix A**. Updates since the last report are highlighted in red.

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
Y	Y	X

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

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

NEXT STEPS:

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

The next Strategic Risk Register update is due to the Board on 26 November 2025.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Committee Risk Register

Planning, Partnerships and Population Health Committee

February 2025 (November 2025 data)

Lewis Raychelle
28/01/2026 16:17:21

STRATEGIC RISK DASHBOARD

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

Lewis Raychelle
28/01/2026 11:17:21
KEY:

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

Lewis, Raychelle
28/01/2026 16:17:21

RISK HEAT MAP

Almost certain 5					
Likely 4				SRR 002 – Transformation SRR 005 – Primary Care SRR 008 – Primary Care	
Possible 3				SRR 010 – Emergency Response	
Unlikely 2					
Rare 1					
LIKELIHOOD X IMPACT	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5

Lewis, Raychele
28/01/2026 16:17:21

<p>SRR 002</p>	<p>There is a risk that: The Health Board is unable to successfully deliver and realise the benefits of transformation</p>										
<p>Current Risk Score:</p> <p>12 16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: 3 4 x 4 = 12 16</p> <p>Inherent: 4 x 4 = 16</p> <p>Target: 2 x 4 = 8</p>	<p>Risk Category: Innovation and Strategic Change</p> <p>Boards Risk Appetite: Eager</p>									
<p>Executive Lead: Executive Director of People and Culture</p>	<p>Assuring Committee: Planning, Partnerships and Population Health</p>										
<p>Latest review date: July 2025</p> <p>Added to register: July 2025</p> <p>Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs</p>	<p style="text-align: center;">Risk Score Trajectory</p> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>8</td> <td>12</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	8	12	Nov 25	8	16	<p>Risk cause/source:</p> <ul style="list-style-type: none"> • Insufficient capacity to deliver across the Better Together Portfolio • Insufficient cognition and capability to deliver the level of transformational change across the Better Together Portfolio • Lack of organisational and public readiness for change • Timescales are too challenging to deliver • Inability to invest in estate and infrastructure required to deliver level of transformational change across the Portfolio • Financial recovery plan FY25/26 impacts on ability to deliver the Better Together portfolio • Unable to access reliable data and/ or deliver digital transformation and infrastructure to support change • Misalignment with key dependencies both external and internal to the portfolio
Month	Target Score	Risk Score									
July 25	8	12									
Nov 25	8	16									

		<p>Risk materialising would result in:</p> <p>Will not deliver improved quality and sustainability of services or make better use of resource. Health Board will remain in escalated measures.</p> <p>Services remain fragile with significant variation / inconsistency in service provision creating inequity and gaps</p> <p>Unable to develop clinical services plan required as part of Level 4 de-escalation criteria. Commissioning spend continues to escalate.</p> <p>Unable to realise wider benefits of transformation in a timely manner</p> <p>Reputational damage</p>		
Controls (What has been implemented to manage the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
2.1	<p>Transformation programmes in place under the Better Together Portfolio, in line with PTHB Strategic Priorities, to provide the capacity to deliver the transformational deliverables required to support delivery of a balanced financial plan within 3-5 years.</p> <p><i>Lewis Paychelle 28/01/2026 16:17:21</i></p>	<ul style="list-style-type: none"> Transformation updates provided to Executive Committee Portfolio Highlight report, Portfolio and Programme workbooks, minutes and assurance reports from the Better Together Portfolio including North Powys 	Reasonable	Executive Committee

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

Lewis Paychelle
28/01/2026 16:17:21

		<ul style="list-style-type: none"> Inputs and outputs from wider stakeholder engagement meetings. 		
2.7	Ongoing assessment of delivery capacity as portfolio plan develops. Monitored through Portfolio Board and reported to Executive Committee	<ul style="list-style-type: none"> Portfolio Board reporting to Executive Committee 	Reasonable	Better Together Portfolio Board

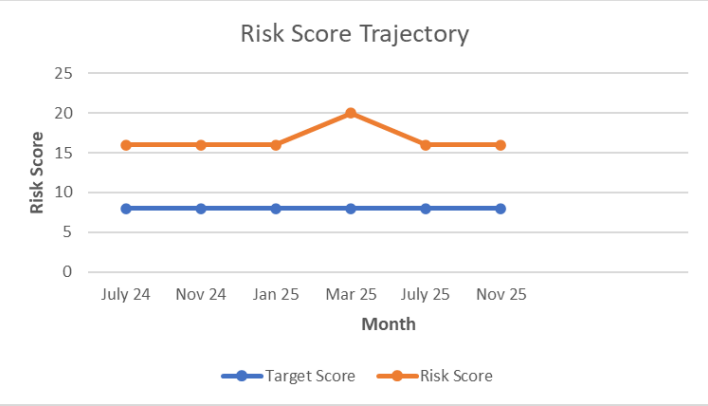
Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Revised timeline in development, including consideration of alignment for future phases and resourcing plan to strengthen delivery confidence	DI&T	NEW	End Nov 2025	On track
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DI&T; Executive Director Programme Leads; Programme SROs	Approved Temporary Changes implemented for 6 month period and under evaluation. Further decision making aligned with Better Together.	July 2025 Ongoing	On track Aligned to extension of Better Together timeline
Ongoing public, staff and stakeholder communication & engagement	DI&T; Director of Corporate Governance	ODEC workstream established to oversee delivery of Comms & Engagement activity to support portfolio delivery Resource plan supported and in implementation.	Ongoing	On track

Lewis Raychelle
28/01/2026 16:17:21

Map dependencies within portfolio and external to portfolio including strategic change being enacted on PTHB borders and assess impact and areas for close monitoring	DSI&T; Director of Planning, Performance & Commissioning	This continues	Ongoing	On track
Development of Estates Strategy	Associate Director of Capital, Estates & Property	Close working with Better Together programme to support strategy development	Ongoing	On track
Assess dependencies with digital work plan	DSI&T; Director of AHPs, Health Science and Digital	Dependencies and interdependencies under ongoing assessment	Ongoing	On track
Additional information:				
N/A				

Lewis, Raychelle
28/01/2026 16:17:21

SRR 005	There is a risk that Primary Care is unable to respond to demand																						
Current Risk Score: 16	Risk rating detail: (likelihood x impact) Current: L4 x I4 = 16 Inherent: L4 x I4 = 16 Target: L3 x I4 = 12	Risk Category: Performance and Service Sustainability Boards Risk Appetite: Open																					
Executive Lead: Executive Director of Primary Care, Community and Mental Health		Assuring Committee: Planning, Partnerships and Population Health Committee																					
Latest review date: July October 2025 Added to register: July 2024 Link to Strategic Priorities and Wellbeing Objectives: SP 4 and WBO 8	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 24</td> <td>8</td> <td>16</td> </tr> <tr> <td>Jan 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Mar 25</td> <td>8</td> <td>20</td> </tr> <tr> <td>July 25</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>8</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 24	8	16	Nov 24	8	16	Jan 25	8	16	Mar 25	8	20	July 25	8	16	Nov 25	8	16	Drivers/causes of risk: <ul style="list-style-type: none"> Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures Risk materialising would result in: <ul style="list-style-type: none"> Related workforce challenges may lead to services becoming unsustainable
Month	Target Score	Risk Score																					
July 24	8	16																					
Nov 24	8	16																					
Jan 25	8	16																					
Mar 25	8	20																					
July 25	8	16																					
Nov 25	8	16																					

Controls (What has been implemented to manage the risk?)	Sources of Assurance	Level of Assurance	Highest Assurance provided to:
<p>5.1 Monitoring and liaison with GP practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix, and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks.</p> <p>Additional national and local investment into GMS for 24/25. National 25/26 negotiations have been delayed; however the expectation is additional national investment will be announced. about to commence.</p> <p>Sustainability Assessment Panels being held following practice application submission. Targets discussions and action plans and support packages in place with specific practices.</p> <p>Implementing a local sustainability framework to consider supporting practices who do not meet the National Sustainability Assessment Framework criteria.</p>	<ul style="list-style-type: none"> • Escalation Tool • Sustainability matrix score • National Sustainability Assessment Framework • Primary Care Information Portal – access standards 	Reasonable	Executive Committee
<p>5.2 National Contract Assurance Framework embedded to support contract assurance.</p>	<ul style="list-style-type: none"> • Contract Assurance Framework • Annual Return • Supplementary Service Audits • Prescribing Data 	Reasonable	Executive Committee / Finance & Performance

Lewis Raychelle
28/01/2026 16:17:21

	<p>23/24 CAF cycle completed, with a mixture of targeted Practice visits and action plans. Outstanding actions being picked up as part of the 24/25 review process</p> <p>24/25 evidence reviews commenced, including a comparison of clinical indicators across the 2 years for consistency/improvement assurance. Outstanding actions from 23/24 being followed up as part of the 24/25 review process</p> <p>GMS Contracts Management Group currently meeting in mid July to confirming practice action plan requirements or targeted practice visits required as part of the 24/25 cycle.</p>	<ul style="list-style-type: none"> • Practice Declarations • GP Clinical Governance Self-Assessment Tool • Information Governance Toolkit 		
5.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p>26/27 Cluster IMTP plans currently being progressed, for presentation to agreed by RPB Executive Group by end of Q3 – 09/01/25</p>	Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / Finance & Performance
5.4	<p>OOH APMS contract is in place with Shropdoc from 01/04/25 to 05/061/26 (including extensions). PTHB Board have approved Direct Award to continue with current specification from 01/07/26 to 30/09/27.</p>	<ul style="list-style-type: none"> • Weekly Rota (triage & base cover) • Monthly achievement against OOH Performance Standards 	Limited Reasonable	Executive Committee / Finance & Performance

Leop Raydelle
23/01/2026 16:17:21

	<p>The future long-term viability of Shropdoc continues to be a high-risk concern for PTHB. The long-term company viability review is currently under review by the Health Board. This is not having an impact on current service delivery, however, is an ongoing risk for PTHB.</p> <p>Resolve and secure current commissioning arrangements with SBUHB for 25/26 to ensure ongoing provision of OOH cover for Ystradgynlais patients and Ystradgynlais Community Hospital. Meeting dates being arranged/Conversations being led at Director level between PTHB and SBUHB. SBUHB continue to provide a service.</p> <p>Quarterly Performance Reviews continue to monitor out of hours services.</p>	<ul style="list-style-type: none"> Quarterly Performance Review Commissioning Assurance Framework 		
5.5	<p>Allocating patients from the Dental Access Portal is in place. DAP is fluid with regular 'on and offs'</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. Urgent access pathways in place in all contract reform practices, further supported by the Community Dental Service pathway when needed.</p> <p>Mobile Dental provision, salaried PTHB service working well. Pathways in place to support patients following completion of course of treatment. Current location is Bronllys and from September onwards Gwynyfed High School.</p>	<ul style="list-style-type: none"> Dental Access Portal Contract Reform new patient and historic patient metrics. GDS monitoring Group 	Limited	Executive Committee / Finance & Performance


	Non-Recurrent investment added to contracts in areas of need (geographical and service need) securing increased access provision. Procurement underway to recommission general dental services in Crickhowell and Knighton			
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Desk top reviews to commence in July	October November 2025	On track
Review and assess completion of General Practice Improvement Plans	ADPC	Not yet commenced - linked to desktop reviews above.	March 26	On track
To undertake GDS End of year review visits with all contract holders	ADPC	Arranged for July/August 25. Includes 3 face to face visits	August 25	Completed
Undertake GDS Mid-Year Review visits	ADPC	Will be undertaken in October/November 2025	November 25	On track
Review of GMS sustainability matrix	ADPC	To be undertaken in Q2	November 25	On track
Relocate mobile dental clinic to Gwernyfed High School	Associate Dental Director/ADPC	Agreed implementation plan in place with the school	October December 25	On track
Offer additional non recurrent GDS access opportunities across Powys	ADPC	3 non-recurrent ortho contracts being progressed. Also Clifton Dental Practice non recurrent CVN agreed	September 25	Completed
Procure additional recurrent GDS access opportunities across Powys	ADPC	Crickhowell contract award – pending November Board	April 25	Completed

Lewis, Ray
28/01/2025 11:21

		Approval currently out to tender		
Procure additional recurrent GDS access in mid Powys		Knighton contract procurement commenced	March 26	On track
Assessment of delivery model of current GMS OOH service provision and future procurement options	Executive Director of Primary Care, Community and Mental Health (EDPCCMH/ADPC)	GMS out of hours review and future model appraisal group with multiple stakeholder representation set up, to consider various options for the future OOH GMS service delivery and model across Powys. This will be presented to September Board for approval	September 25	Complete
Complete Procurement of direct award for future provision of GMS OOH services	EDPCCMH/ADPC	Will commence following Board approval in September to proceed.	March 26	On track
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice post 30 th September 2025	EDPCCMH/ADPC	Procurement process concluded and APMS contract award issued. To be implemented on 01/01/26 being worked through with 2 bidders for Board approval of selected bidder (July Board)	July January 2026	On track
Additional information:				
Rationale for current score:				
<ul style="list-style-type: none"> Current Shropdoc OOH contract due to end 30/06/25 				

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Practice Sustainability support in place for Llanfyllin and Knighton
- Practice Sustainability applications for support being considered prepared for Llanidloes and Welshpool
- ~~Termination of Rhayader Medical Practice contract, effective from September 2025.~~
- Financial sustainability of practices may influence the termination of Local Supplementary Services
- Dental access continues to be challenging in areas with recruitment and workforce challenges. Mid cluster particularly affected currently.
- DAP waiting list currently at 3,500~~710~~ patients on the waiting list.
- Orthodontic demand continues to exceed capacity across Powys.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation is further compromised by ~~appropriately trained workforce~~ information governance complexities

Lewis, Raychelle
28/01/2026 16:17:21


<p>SRR 008</p>	<p>There is a risk that: The Health Board is unable to shift to a primary prevention focused health care system</p>										
<p>Current Risk Score:</p> <p>16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: L4 x I4 = 16 Inherent: L5 x I4 = 20 Target: L2 x 3I = 6</p>	<p>Risk Category: Innovation and Strategic Change</p> <p>Boards Risk Appetite: Eager</p>									
<p>Executive Lead: Executive Director of Public Health</p>		<p>Assuring Committee: Planning, Partnerships and Population Health</p>									
<p>Latest review date: July October 2025</p> <p>Added to register: July 2025</p> <p>Risk source: SP 1 and WBO 1</p> <p><i>Lewis Raychelle 28/01/2026 16:17:21</i></p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>6</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>16</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	6	16	Nov 25	6	16	<p>Cause of risk and rational for current score:</p> <ul style="list-style-type: none"> • NHS historically structured around acute and reactive care • The NHS is under immense pressure with escalating acute care demand; means it's a challenge to 'shift left' to reallocate resources to redesign care models around primary care and prevention • NHS Wales priorities and performance measures respond to rising health care pressures and are predominantly focused on activity and acute care rather than broader system change and population health outcomes. • Predominately community-based prevention services undertaken by the Health Board for tobacco control/smoking cessation and preventing childhood obesity is currently reliant on external grant funding.
Month	Target Score	Risk Score									
July 25	6	16									
Nov 25	6	16									

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

Lewis Psychology
28/01/2025 16:11

	Wales Performance Framework 2025-26.	NHS Wales Planning Framework reporting procedures.		
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
The <i>Better Together</i> consultation on adult physical and mental health community services in Powys contains the ambition that 'Together we want to create a future that helps people to stay healthy'.	Director of Improvement and Transformation	Phase 2 consultation underway until end July. Detailed work is underway to make sure the right timeline is in place for the work ahead	End of 2025/26 To be confirmed	On track
A Population Health Framework for Powys (DPH Annual Report) will be published.	Executive Director of Public Health	Completed. Published as part of Sept'25 Board papers.	24/09/25	Completed
The 2026/27 planning process in the Health Board will be used to take forward actions in the Population Health Framework.	Executive Director of Public Health	Work is underway to understand the 2026/27 planning process and how actions in the Framework can be included.	March'26.	On track.
Additional information:				
Rationale for current score: The controls currently in place are considered sufficient to reduce the inherent score to a current score of 16.				

Lewis, Rachelle
28/01/2026 16:17:21

<p>SRR 010</p>	<p>There is a risk that: The Health Board is unable to respond in a timely, efficient, and effective way to a major incident, or critical incident</p>										
<p>Current Risk Score:</p> <p>12 16</p>	<p>Risk rating detail: (likelihood x impact)</p> <p>Current: 34 x 4 = 12 16 Inherent: 4 x 4 = 16 Target: 24 x 3 = 6 12</p>	<p>Risk Category: Safety</p> <p>Boards Risk Appetite: Averse</p>									
<p>Executive Lead: Executive Director of Public Health</p>		<p>Assuring Committee: Planning, Partnerships and Population Health Committee</p>									
<p>Latest review date: October 2025</p> <p>Added to register: July 2025</p> <p>Link to Strategic Priorities and Wellbeing Objectives: Cross-cutting risk relevant to all SPs and WBOs</p>	 <table border="1"> <caption>Risk Score Trajectory</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July 25</td> <td>12</td> <td>16</td> </tr> <tr> <td>Nov 25</td> <td>6</td> <td>12</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	July 25	12	16	Nov 25	6	12	<p>Cause of risk and rational for current score:</p> <ul style="list-style-type: none"> Due to emergency planning arrangements at both the corporate level and operational level not being sufficiently robust to respond to the incident or emergency. <p>Risk materialising would result in:</p> <ul style="list-style-type: none"> Adverse impacts on delivery of care to patients Inability to respond to a major incident to meet needs of those affected Harm or injury to population, patients and/or staff Health Board breaches statutory duties under the Civil Contingencies Act 2004 Litigation & financial penalties Reputational damage and loss of public confidence Staff absence (injury, wellbeing)
Month	Target Score	Risk Score									
July 25	12	16									
Nov 25	6	12									

Lewis, Raychelle
28/01/2026 16:17:21

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

		<ul style="list-style-type: none"> • Training and exercise records 		
10.10	The Health Board is fully engaged in the NHS Wales Emergency Preparedness, Resilience and Response planning structures.	<ul style="list-style-type: none"> • Minutes of meetings • Training and exercise records 	Substantial	Executive Director
10.11	<p>The Health Board has participated in a variety of exercises. Examples of these exercises are included below (not inclusive):</p> <ul style="list-style-type: none"> • Exercise Mighty Oak (National Power Outage) • Exercise Pen Y Darren (Mass Casualty) • Exercise CYD (Communicable Disease) • Exercise Fad Fellin (Mpox/HCID) • Exercise Solaris (Pandemic) • Exercise Redstreak (Water disruption) • Exercise Wales Connect (Regular Pan Wales Response Plan activation test) • Walkthroughs of the operational response to major incidents/Mpox arrangements • Exercise Pegasus (Pandemic Response) 	<ul style="list-style-type: none"> • Exercise Reports 	Substantial	Executive Director
10.12	Testing of internal major incident and business continuity response plans through response to incidents, including: Powys Train Collision (October 2024) Storm Darragh (December 2024)	<ul style="list-style-type: none"> • Debriefs from internal responses to incidents 	Substantial	Executive Committee
10.13	Internal repository in place for all internal Response Plans	<ul style="list-style-type: none"> • Internal repository 	Substantial	Executive Director
10.14	Strengthened cross-border multi-agency working through the establishment of regular meetings to share information on identified areas of risks, preparedness activities and response.	<ul style="list-style-type: none"> • Six monthly meetings in place 	Substantial	Executive Director

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Deliver programme of work in place to strengthen identified areas of risk.	Civil Contingencies Manager		31 st March 2026	On Track
Complete cycle of work to ensure that PTHB internal response plans remain up to date.	Civil Contingencies Manager		31 st March 2026	On Track
Continue to provide regular update reports to the Executive Committee on programmes of work in place to strengthen identified areas of risk	Civil Contingencies	Regular updates on Exercise Pegasus (pre and during Exercise) to Executive Committee during August/September/October 2025. Debrief learning report will be incorporated into update report.	February 2025	On Track
Complete internal operational review of clinical governance arrangements for operational major incident response arrangements	Civil Contingencies Manager/ Urgent and Emergency Care Clinical Transformation Lead	Mass Casualty Incident Arrangements for Wales updated and approved at NHS Wales Executive Civil Contingencies Group (October 2025). This is informing update of HB review of arrangements underway.	December 2025	On Track
Additional training and exercise opportunities to support PTHB's staff preparedness in response to an incident or emergency to be made available	Civil Contingencies Manager		31 st March 2026	On Track

Continue to engage in, and actively promote preparedness activities (including planning, training, exercising) taking place with multi-agency partners, including NHS Wales Emergency Preparedness, Resilience and Response networks and Dyfed Powys Local Resilience Forum	Civil Contingencies Manager		31 st March 2026	On Track
Continue to incorporate lessons identified from other incidents and exercises into internal plans and procedures to strengthen the Health Board's future response to incidents	Civil Contingencies Manager		31 st March 2026	On Track
<p>Additional information: The Executive Director of Public Health holds the overall responsibility for Civil Contingencies Planning within PTHB, however all Executive Directors are responsible for ensuring business continuity for the services that sit within their portfolio areas, as outlined within the PTHB Business Continuity Policy. Cyber resilience and response sits within the responsibility of the Executive Director of Allied Health Professions, Health Sciences and Digital</p>				
<p>Rationale for current score: There are a number of control measures in place, however further work is required to strengthen identified areas of risk and test internal response capabilities.</p>				

Lewis Raychelle
28/01/2026 16:17:21