

**POWYS TEACHING HEALTH BOARD  
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**

**CONFIRMED**

**MINUTES OF THE MEETING HELD ON THURSDAY 14 July 2022  
VIA MICROSOFT TEAMS**

**Present:**

Rhobert Lewis	Independent Member (Committee Chair)
Ian Phillips	Independent Member (Committee Vice-Chair)
Ronnie Alexander	Independent Member
Kirsty Williams	Independent Member and PTHB Vice Chair

**In Attendance:**

Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Primary, Community Care and Mental Health
James Quance	Interim Board Secretary
Pete Hopgood	Executive Director of Finance, Information & ICT
Mererid Bowley	Director of Public Health
Julia Toy	Transformation Programme Manager
John Morgan	Transformation and Value Programme Manager
Andrea Blayney	Community Health Council Representative
Adrian Osbourne	Programme Director of Covid-19 and Test, Trace and Protect

**Observers:**

Bethan Hopkins	Audit Wales
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**Apologies for absence:**

Stephen Powell	Executive Director of Planning and Performance
Carol Shillabeer	Chief Executive Officer
Vivienne Harpwood	PTHB Chair

**Committee Support:**

Bethan Powell	Interim Corporate Governance Business Officer
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PPPH/22/33	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED that there was a quorum present. The Chair welcomed newly appointed Director of Public Health, Mererid Bowley, to the meeting.</p> <p>Apologies for absence were NOTED as recorded above.</p>
PPPH/22/34	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>No interests were declared.</p>
PPPH/22/35	<p><b>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 7 April 2022</b></p> <p>The Committee APPROVED the minutes of the meeting held on 7 April 2022, subject to the following clarification:</p> <ul style="list-style-type: none"> <li>• PPPH/22/12- It was highlighted that further detail would be required to better understand both Part 1 and 2 of the Mental Health Needs Assessments. The Committee were informed that The Director of Primary, Community Care and Mental Health would circulate a summary to explain both assessments to the Committee.</li> </ul> <p><b>Action: Director of Primary, Community Care and Mental Health</b></p>
PPPH/22/36	<p><b>MATTERS ARISING FROM PREVIOUS MEETINGS</b></p> <p>The committee discussed the following matters:</p> <p>PPPH/22/10: A briefing would be provided and circulated to members of the committee with regards to future plans to standardise the approach of Powys sites to become Smoke free.</p> <p>The Director of Public Health confirmed that as part of the Welsh Government control and Delivery plan, this remains a high priority for the Health Board. As part of legislation and compliance across all premises, an update would be provided on the forward pathway delivery, inclusive of the next report due to Committee in October 2022.</p> <p><b>Action: Director of Public Health</b></p>
PPPH/22/37	<p><b>COMMITTEE ACTION LOG</b></p>

	The Committee received and NOTED the Action Log.
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
PPPH/22/38	<p><b>HEALTHY WALES WHOLE SYSTEM APPROACH TO OBESITY PREVENTION</b></p> <p>The Director of Public Health presented the report and provided an overview of the approach to Obesity prevention introduced by Welsh government in 2021/2022. It was highlighted that a national systems leadership programme is in place to support the development of local Obesity systems and plans using system working methodology.</p> <p>It was noted that this important component of the national approach is critical for Executive-level support across a number of local partnerships for implementation. A workshop has been arranged to map the local approach of the obesity system in September 2022 and to develop an action plan in taking obesity prevention forward.</p> <p>It was noted that the report has received Executive Committee approval on 26 June 2022. Committee members were sighted on the proposed approach for Powys and oversight of the new programme.</p> <p><i>How does the Health Board aim to measure performance and indicate the path of further governance given the impact of the Obesity programme?</i></p> <p>The Director of Public Health highlighted the long-term aim of obesity prevention with the support of the programme action plan. Once implemented, immediate process evaluation would be undertaken to gain sound action planning going forward. It was noted that as a core population health issue, this programme of work would remain under the Planning, Partnerships and Population Health Committee business and further review would be considered during future report updates.</p> <p>The Committee discussed the report, highlighting the themes aligning the approach to partnership working. It was noted that the objectives and outcomes are difficult to identify, and it was recommended that further consideration to explore opportunities to support Obesity improvement to be integrated across the whole system.</p> <p>The Committee APPROVED the Healthy Wales Whole System Approach to Obesity Prevention.</p>
<b>ITEMS FOR ASSURANCE</b>	

**COVID-19 VACCINATION PROGRAMME 2022/2023:  
Review of phase 3 Delivery 2021/22, Review of Q1  
Delivery 2022/23, Forward look to Q2-Q4 2022/23.**

The Programme Director of Covid-19 Vaccination and Test Trace and Protect provided committee members with an overview of the delivery of the Covid-19 vaccination programme.

Committee members were advised that the Health Board has led the way in Wales since the commencement of the vaccination programme, seeing the highest uptake rates of all Health Boards and setting the pace for the whole of the country. Maintaining this pace will be challenging alongside the vital programme of recovery and renewal. It was noted that it remains essential that Powys have the vaccination workforce and wider infrastructure in place to respond to known requirements, expected requirements (e.g., planning for an autumn booster) as well as unknowns (e.g., potential for further expansion of spring boosters as well as surge response).

The Programme Director expressed the key transition from the Senior Responsible Officer, Hayley Thomas to Mererid Bowley, Director of Public Health and added personal thanks to Committee members for their continued support to the Covid-19 vaccination Programme.

*Have vaccination staff teams been retained to minimise staffing issues for future vaccination?*

The Programme Director confirmed the recognition that vaccination will continue and the requirement as a Health Board to develop a more sustainable and integrated approach. The Executive Committee have approved the approach to retain a core workforce into early 2023 with the assumed requirement of an Autumn Booster programme. The core workforce will minimise the impact on the wider workforce to support the vaccination programme delivery.

*What are the Health Board's plans to co-administer Flu and Covid vaccine?*

The Programme Director confirmed that Welsh Government are due to release Joint Committee on Vaccination and Immunisation (JCVI) guidance ahead of the autumn around a combined respiratory vaccination plan. It was highlighted that co-administration is a clear aspiration for Wales and Powys, recognising the factors outside of the Health Board's direct control. It was highlighted that there are different supply chains for the Covid and flu vaccinations in addition to new types of vaccines becoming available. It was noted that co-

administration is not expected to be rolled out fully this year, as a Health Board, this is the longer-term aspiration.

*Given the low uptake from staff of the Flu vaccination in previous years, what is the Health Board's approach to encourage this as we transition into the winter period?*

It was reported that with the National infrastructure aligning the Covid and Flu vaccination, planning meetings are in place with the Director of Public Health to align this and to review coadministration as a key priority of how this would be delivered. The Health Board procure Flu vaccination for staff and logistic planning is being managed as to how this is offered to all staff to increase the uptake.

It was noted by the Director of Primary, Community Care and Mental Health that the Primary Care position is under negotiation as a National PCCIS contractual arrangement is in place to balance the broader sustainability issues within Primary Care. Discussions with General Practices in terms of supporting delivery are underway.

*Is there an opportunity to offer permanent contracts to the temporary contracted Vaccination staff?*

The Programme Director confirmed that the desirability of permanent contracts for vaccination staff, has been acknowledged by the Workforce team. The Director of Public Health to seek clarity regarding permanent contracts for vaccination staff.

**Action: Director of Public Health**

*What are the Health Board's plans to review premises within North Powys for vaccination administration?*

It was confirmed that a number of buildings and Commercial Estate have been reviewed to administer vaccinations, however it appeared they were not deemed suitable for delivery. This was due to space requirements, ICT that were not adequate to set up the full infrastructure required. Thanks were noted to Newtown Leisure Centre and the Royal Welsh Show Ground in providing their premises during the pandemic which has now returned for usual business.

*What are the Health Board's next steps to encourage the significant low uptake for vaccination across Welshpool and Newtown?*

It was noted that due to the location of the Vaccination Centre within walking distance for the majority of patients, it is evident that access is not an issue for communities. It was noted that with leadership from Public Health, there are plans to re-establish the Vaccine Equity Group to support national data to reach out to the population through trusted leaders. Discussions are underway with Newtown Practice to

participate in the Autumn vaccination delivery following their support during the Spring Booster programme.

*When does the Health Board anticipate to secure a decision from General Practices to participate in vaccination administration and how do they intend to operate?*

It was advised that Primary Care have been contacted in support of the vaccination administration, however, there remains a challenge of uncertainty around the overall demand and capacity. It was highlighted that input from Primary Care across the Mid and South are not required due to the capacity support through the Mass Vaccination centres, however the North remains challenging and Ystradgynlais. It was noted that delivery would be available through Park Street Clinic, noting an extended delivery is required to delivery sufficient capacity. Discussions continue with Powys County Council in relation to the critical traffic management issues due to the constrained site. The timeframe regarding vaccination administration support from General practices remains a challenge and committee members would be informed of the progress made at the next meeting.

**Action: Director of Public Health**

*What is the role for Community Pharmacy Practitioners to support the Flu vaccination administration?*

The Programme Director confirmed that the Health Board does not plan to utilise the Community Pharmacy sector during the autumn booster programme due to the small number of pharmacies across Powys. It was reported that during the pandemic, the AstraZeneca vaccine was safely transportable, however the challenges today are evident with MRNA vaccine due to the complexity of additional requirements of safe transportation within primary care and the community.

*Does the Health Board have adequate staffing to support the vaccination Programme should a surge response be required?*

The current National intelligence indicates no immediate surge response. It was confirmed that as the planned programmes emerge, the Health Board aims to continue to deliver the programmes with the expectation of completion at the end of December 2022. It was highlighted that the national plan is currently based upon the Pfizer and Moderna booster supply chains with the expectation for a trial bivalent Moderna in the coming months. Staffing remains adequate with plans to step down services in support of a surge response if required.

The Committee expressed thanks to the Programme Director for the exceptional work undertaken in terms of the planning and delivery of the Covid-19 Vaccination Programme.

	<p>The Committee DISCUSSED and NOTED the review of 2021/22 Phase 3 delivery and Q1 2022/23 delivery in Powys, and the forward look for the COVID-19 vaccination delivery plan for the remainder of 2022/23 including the priorities for Q2.</p>
<p><b>ITEMS FOR DISCUSSION</b></p>	
<p>PPPH/22/40</p>	<p><b>OVERVIEW OF STRATEGIC RENEWAL PRIORITIES AND ARRANGEMENTS</b></p> <p>The report was presented to Committee members and an overview of the progress being made by a portfolio of programmes driving forward recovery and longer-term service 'renewal' was provided.</p> <p>During the first quarter of the financial year 2022/2023 the following highlights and key issues were reported:</p> <ul style="list-style-type: none"> <li>• £284k has been secured (non-recurrently) from the Wales Cardiac Network to assist with the implementation of the community cardiology service for Powys. However, the tight time scales for implementation, including clinical posts, is a significant challenge.</li> <li>• 972 "FIT" tests were provided across Powys between November 2021 and April 2022 in response to symptoms of bowel cancer to help identify it at an earlier more treatable stage. (189 of the tests were positive).</li> <li>• The use of temporary insourcing has enabled patients to be diagnosed and treated more quickly.</li> <li>• A Wet Macular Degeneration service has been extended into mid Powys and a nurse eye care injector is in place.</li> <li>• The Breathe Well Programme has been subject to an internal audit receiving "reasonable assurance" overall, with 4 areas found to have substantial assurance and one reasonable.</li> <li>• Recruitment of staff remains challenging, but funding such as that secured for community cardiology should increase clinical capacity.</li> </ul> <p><i>What plans are in place to respond to the challenges against the programmes should they not be deliverable?</i></p>

	<p>The Transformation Manager advised committee members that the governance arrangements of the renewal portfolio board currently meet on a monthly basis to discuss key decisions should programmes need to be paused. It was highlighted that any deviation across the programmes arise, this would be reported to Regional Partnership Board (RPB), the relevant health board committee and to the Board. The team continue to support the delivery across all schemes.</p> <p><i>How are lessons learned incorporated into renewal planning initiatives?</i></p> <p>A rapid discipline exercise has been undertaken following conclusion of the insourcing activity of lessons learned. Various workshops have been implemented to review data, reporting to the Renewal Strategic Portfolio Board which is then cascaded across services. It was highlighted that the proactive exercise has been beneficial to various portfolios of work supporting pathway changes across South Powys.</p> <p><i>How does inequality shape the programme going forward?</i></p> <p>The Committee were advised that the programme positions are analysed under the commissioning cycle adhering to the NICE standards such as reviewing population needs. This has identified inequalities, service gaps and variation of community resource requirements. The analysis stage supports continuous active learning as the programmes of work are developed. An example was provided by the Director of Therapies and Health Science of the scrutiny given to patient letters using proactive language, this is to support and encourage patient self-management providing information in an accessible format.</p> <p><i>What is the referral mechanism pathway for bowel cancer patients, given the 20% rate of patients with positive diagnosis?</i></p> <p>It was highlighted that if a patient has a positive Faecal Immunochemical Test (FIT) it is not a positive cancer diagnosis, but evidence that there is blood in their faeces which may be an indication of cancer. At this point the patient would be placed onto a suspected cancer pathway for further investigation. Approximately 10% of positive FIT tests are found to be cancer. However, for negative diagnostics, patients would be referred to their GP for further management and investigation.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
<p>PPPH/22/41</p>	<p><b>PRIMARY CARE CLUSTER PLANS</b></p> <p>The Director of Primary, Community Care and Mental Health provided the committee with an update on the process of how</p>



	<p>Clusters worked to develop their Cluster Integrated Medium Term plan (IMTP) and their priorities.</p> <p>It was highlighted that Accelerated Cluster Development programme (ACD) was introduced from April 2022 and was seen as a 'transition year' for clusters and the Health Board moves towards the Pan Cluster Planning arrangements and the full implementation of the ACD model.</p> <p>The cluster plans have focused on projects that were representative of the Welsh Government Ministerial priorities and cluster IMTPs (Integrated Medium-Term Plan) have continued to explore alternative ways to maximise the delivery of services across both Primary and Secondary care.</p> <p><i>What processes are in place for Cluster feedback in aligning lessons learned?</i></p> <p>The Director of Primary, Community Care and Mental Health advised the committee that a number of mechanisms are in place for strategic awareness of the cluster priorities and lessons learned through regular Cluster leads meetings. With the requirement of a national programme for accelerated cluster development, Powys recognises the importance of Primary Care as a key planning priority. Engagement with HEIW (Health Education Improvement Wales) remains a key focus to strengthen collaborative working relationships. It was noted that Cluster leadership across the Mid-cluster is urgently required.</p> <p>The Committee NOTED and welcomed the report.</p>
PPPH/22/42	<p><b>DELIVERY OF MULTI AGENCY PLAN FOR ADDITIONAL LEARNING NEEDS (ALN) AND EDUCATION TRIBUNAL (WALES) ACT (2018)</b></p> <p>The Director of Therapies and Health Science presented the report providing key focus on the implementation of key activity to date, multi-agency planning and anticipated demand and capacity challenges. It was reported that the ALN Act is now 'live,' with a phased programme for implementation over the period to summer 2024.</p> <p>The committee were provided with the transformative intentions of the ALN Act and the statutory requirements that the new legislative framework places on Health Boards. Whilst the Act has been formally 'live' from September 2021, implementation arrangements mean that initial levels of statutory demand have been relatively low.</p> <p>It was highlighted to committee members that the Act has been enacted with no additional funding from Welsh</p>

	<p>Government which has resulted in reconfiguration of services and utilising current staff to support the implementation of the Act.</p> <p><i>What was the known reason for the 3 requests that had breached the statutory timescales for information or help by Health Board services?</i></p> <p>The service is deemed to make decisions for those children on a waiting list on a clinical risk basis where children's needs require prioritisation. It is anticipated that a relatively low number would breach the statutory timeframe, but this is constantly reviewed and monitored.</p> <p>It is anticipated that a significant proportion of school children could have an additional learning need. The complex range of health care needs is covered by the legislation and as a Health Board it was noted that the service development planning is a crucial part of the pathway management intervention to ensure adequate referrals are received appropriately for individual needs.</p> <p>The Committee DISCUSSED and NOTED the Delivery of Multi Agency plan for additional Learning Needs and Educational tribunal (Wales) act (2018).</p>
<p>PPPH/22/43</p>	<p><b>REGIONAL INTEGRATED CARE FUND (ICF) UPDATE</b></p> <p>The Director of Finance and ICT presented the report, highlighting to committee members that the Welsh Government's ICF ceased in 2021/22, and is being replaced by the Regional Integration Fund, which consolidates the ICF and other Transformation funding streams into one core Regional Integration Fund. The RPB is in the process of finalising the 22/23 projects that will access this funding.</p> <p>To access the fund there is a requirement from partners to Match-fund this from core funding. Whilst 2022/23 is a transition year in this respect, this will present organisations with an increasing financial risk in future years as projects transition from new models to becoming embedded, which will need to be considered in the planning cycle.</p> <p>The Director of Finance and ICT highlighted to the committee that the prioritisation of future projects would be considered and engagements with agencies would be strengthened.</p> <p>The Committee DISCUSSED and RECEIVED THE Regional Integrated Care Fund Update.</p>

**POWYS REGIONAL PARTNERSHIP BOARD MARKET STABILITY REPORT**

The Director of Primary, Community Care and Mental Health provided committee members with an overview of the report to introduce the Draft Market Stability Report.

The report informed developments in Children's and Adults Social Services, commissioned provider services and community services since 2017, identifying challenges in the market and proposals for actions to be taken in future years via the Area Plan and Commissioning strategies going forward.

The report is intended to help Powys County Council and Powys Teaching Health Board to better understand the social care market within the Powys RPB area, with respect to regulated services. A number of substantial key issues were highlighted to committee members these are:

- Funding for the public sector in general and social services have been under significant pressure
- Preventative services were amongst the first to experience significant challenges and these have reduced over time in line with the budget pressures.
- The pandemic has contributed to an already rising demand for services for older people and children.
- Powys County Council and the Health Board have seen significant pressures to provide domiciliary care to older and vulnerable people in the community.
- 'Cost of living' crisis with inflation running at levels not known for a generation.
- The Council, Health Board and Third Sector providers have struggled for some time to retain and recruit staff.

The report provided an update on work undertaken to date. The final document will be submitted to the Local Authority, and the Regional Partnership Board during July 2022 for approval with a final submission to Welsh Government on 1 August 2022.

*Would an easy read facing report be available for public consumption?*

The Director of Primary, Community Care and Mental Health confirmed that further guidance was being sought about whether the Health Board would need to approve the document, but it was assumed for the purpose of this discussion that approval was not required.

Committee members raised concerns with regards to the use of inconsistent language throughout the report. In addition, concerns were highlighted regarding the level of accuracy of

	<p>the data and analysis, coherence, and content of the report. It was discussed and agreed that further refinement is required in relation to the use of wording around WCCIS issues, nursing care and position of Care Homes occupancy levels. It was recognised the purpose is a statement of the current market position and the report does not propose a future model of care. This report will inform the revised area plan which will set out the priorities for final submission to Welsh Government in March 2023.</p> <p>The Committee agreed that the report requires considerable work and revision to be ready for approval.</p> <p>The Committee DISCUSSED and NOTED the draft Powys Regional Partnership Board Market Stability Report.</p>
	<p><b>COMMITTEE RISK REGISTER</b></p> <p>The Board secretary presented the item and raised that risk management improvements continue to be worked through following the exercise undertaken from a recent Board Development session. These include Partnership working and red risks to mitigate the actions through a targeted approach.</p> <p>It was advised that the Partnership working risk rating would need to be reconsidered as a significant risk due to the complexity of current Partnership working arrangements. The Board Secretary confirmed this would form part of the Board Development exercise of risk management review.</p> <p>The Committee RECEIVED the Committee Risk Register.</p>
	<p><b>DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME OF BUSINESS</b></p> <p>The Board Secretary highlighted to Committee members that the principles of the Committee Work Programme aim to align to the objectives set against the balance of quality reporting. The programme provides flexibility to respond to risks, issues and escalations as required through the Committees.</p> <p>The Committee NOTED the Annual Programme of Business.</p>
<b>ITEMS FOR INFORMATION</b>	
PPPH/22/45	There were no items for inclusion in this section.
<b>OTHER MATTERS</b>	

PPPH/22/46	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>There were no items noted.</p>
PPPH/22/47	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>No other urgent business was declared.</p>
PPPH/22/48	<p><b>DATE OF THE NEXT MEETING</b></p> <p>20 October 2022 at 10:00, via Microsoft Teams.</p>