

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Planning, Population Health and Partnerships
Committee held in Public on 5 March 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Clare Budden	Independent Member (Chair of PPHP Committee)
Billy Nichols	Independent Member
Caroline Turner	Independent Member
In Attendance	
Jody Evans	Assistant Head of Risk Management (via Teams)
Phil Forbes	Development Manager- Clinical Lead Housing (<i>part meeting</i>)
Stuart Keen	Director of Environment and Estates (via Teams)
Hannah Lloyd	Principal Public Health Practitioner (<i>part meeting</i>)
Jane Moore	Executive Director of Public Health
Justine Parry	Acting Director of Digital, Data and Technology (via Teams)
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications (via Teams)
Paolo Tardivel	Interim Executive Director of Transformation & Strategic Planning
Pam Wenger	Director of Corporate Governance (via Teams)
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
<p>PP26.23 Welcome and Apologies</p> <p>The Chair of the Committee welcomed everyone to the meeting and apologies were noted for Gareth Williams, Tehmeena Ajmal, Dylan Roberts and Dave Harries.</p>
<p>PP26.24 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PP26.25 Unconfirmed Minutes of Meeting held on 15 January 2026</p> <p>It was agreed that the minutes of the meetings held on 15 January 2026 were a true and accurate record.</p>
<p>PP26.26 Matters Arising & Action Log</p> <p>The Committee reviewed the action log and agreed to close the actions that were proposed for closure.</p>



STRATEGIC PRIORITIES

PP26.27 Director of Planning Report

Members received the report and the Interim Executive Director of Transformation and Strategic Planning highlighted:

- The Strategic Intent was approved by the Board in January 2026 and the Integrated Medium Term Plan is being discussed in the private session of the Committee. This work supports the Health Board's progress beyond Special Measures and sets the term direction of travel.
- The Clinical Services Plan is progressing, and a session is taking place with Board members to discuss this further.
- In relation to Challenged Services, eight services were originally identified by Welsh Government however as we move forward now, it has been agreed that Oncology and Plastics no longer need to be included due to the positive progress made in these areas; but Gastroenterology (including Endoscopy) has been added as this is an area of concern for the Health Board.
- Inpatient services at Tywyn and Penley Community Hospitals continue to be an area of focus, due to the need for substantial service change. Formal public consultation under Welsh Government guidance will take place after the election period.
- The latest Annual Delivery Plan has been reported to the Performance, Finance and Information Governance Committee and Quarter 3 will report to the Board in March 2026.
- Progress in relation to Third Sector arrangements have been discussed by the Executive Committee and this area of work is being taken forward by the Interim Executive Director of Transformation and Strategic Planning, Executive Director of Public Health and Director of Partnerships, Engagement and Communications. A meeting has taken place with the Reaffirming Our Commitment to Third Sector Steering Group where work is taking place to co-develop a framework on strategic partnership. A workshop is taking place in April 2026 with partners to take this forward.

In discussing the item, the Committee:

- Agreed with the decision to include Gastroenterology as a Challenged Service. It was confirmed that Welsh Government took the decision in Quarter 3 not to de-escalate any areas of the organisation but have acknowledged the progress made in relation to Challenged Services.
- Queried whether Urgent and Emergency Care needs to be more prominent in the Integrated Medium Term Plan. It was confirmed that this is one of the major change programmes that sits above the Challenged Services as focus is required in this area.
- Recognised the importance of partnership working with the Third Sector to support patients and reduce pressure on hospitals by keeping people at home and addressing issues within community settings.
- Referred to the current challenging environment of balancing national and local priorities with the need to produce an Integrated Medium Term Plan. It was confirmed that 366 requirements have been received from a range of documentation and the Team have been working to map these and provide clarity on what has been included in the BCU draft plan.

- Suggested the need to connect with other Health Boards such as Hywel Dda to gain any learning in terms of de-escalation in specific areas. It was confirmed that Hywel Dda have been de-escalated in relation to leadership and governance. Hywel Dda have had a focus on operational governance with defined programmes and progress measurements whereas the Health Board have focussed on Board level leadership and governance with operational governance the next area of focus in the overarching plan. Connections with Hywel Dda are in place to share areas of learning.
- Reflected on the second Urgent and Emergency Care sprint and queried whether learning from the first sprint could be embedded into service flow. It was confirmed that the first sprint focussed on discharge out of hospital and the team continue to embed the learning from the sprint. The second sprint is focussed on Planned Care and this is currently ongoing.
- Agreed that future versions of this report should be provided for assurance.

It was resolved that the Committee:

- **COMMENTED** on the content of the report.

PP26.28 Partnerships, Engagement and Communications Delivery Plan: Progress Report

Members received the report and the Director of Partnerships, Engagement and Communications highlighted:

- This report provides an update on delivery of the Partnerships, Engagement and Communications (PEC) Delivery Plan for Quarter 3 of 2025/26 and also outlines the priorities and anticipated progress for Quarter 4.
- Progress remains on track and key milestones have been achieved particularly around strengthening the engagement infrastructure. Work continues to improve staff communication, strengthen relationships within communities and build engagement with partners.
- The team recently arranged a session in Ynys Mon to provide an opportunity for local councillors to speak with operational leaders from the Health Board to enable detailed discussions around areas of concern. The session was positively received and similar sessions will now be rolled out across all Local Authorities.
- Development of the Betsi Way Engagement Framework continues and the Engagement and Consultation Toolkit is being co-produced. These products will assist in establishing a consistent, evidence-based model for engagement.
- Improvements are being made in digital engagement and public affairs activity with feedback received being triangulated across all areas of the department.
- The priorities for Quarter 4 will focus on embedding improvements into routine organisational practice to ensure work is consistently applied, well evidenced and fully integrated into decision-making and service improvement.

In discussing the item, the Committee:

- Welcomed the improvements made in engaging with elected representatives noting that this approach supports clear communication, fostering strong and transparent relationships. It was confirmed that interactions and responses have become more consistent and efforts continue to make further improvements.

- Suggested consideration is given to groups that are less vocal such as younger and older adults including those with minority ethnic backgrounds and going forward work to highlight areas of progress and gaps as well as triangulating with the work of the Executive Director of Public Health. It was confirmed that the Public Health Team are currently assessing the needs of inclusion health groups including the best ways to connect and engage in these areas and a co-ordinated approach across the Health Board is taking place.
- Acknowledged the joint working taking place with partners in relation to Third Sector noting opportunities for development and collaboration to share concerns, seek solutions and provide facilities utilising centralised funding sources.

It was resolved that the Committee:

- **NOTED** the progress during Quarter 3 in delivering the Partnerships, Engagement and Communications Delivery Plan.
- **NOTED** the priorities and planned delivery for Quarter 4.
- **RECEIVED ASSURANCE** that delivery remains on track and continues to strengthen organisational capability, governance and partnership working.

PP26.29 Population Health Delivery Report

Members received the report and the Executive Director of Public Health highlighted:

- Work is taking place to redesign the format of the report to align with the Integrated Medium Term Plan.
- A Population Health Delivery Group has been established and will focus on a core set of indicators for the Health Board around the direction of travel and the progress being achieved.
- The report provides a summary of how the organisation is performing including comparative data with other Health Boards.
- The latest data highlights that healthy life expectancy is declining, particularly for women in deprived areas leading to additional support being required from health services.
- Progress has been made in relation to Diabetes, further work is taking place in conjunction with Primary Care to move the agenda forward in terms of care processes and this will align with the Community by Design workstream.
- Performance against vaccinations is positive however there is an issue with some parents opting out of the childhood immunisation programme therefore further work is required in this area.
- Guidance from Welsh Government states that Public Health Wales are developing information on weight management, with a focus on a primary care-based model for obesity across Wales. A dedicated group is being established to review this model, emphasising the need for high-volume, low-intensity interventions.

As part of the discussion, the Committee:

- Referred to the comparative performance across Wales in relation to under performance against the targets. It was confirmed that there are a range of targets, some are UK and Wales wide and others are set by UK screening programmes. The work plan for next year will focus on the vaccination equity plan and the screening equity plan in collaboration with Third Sector to support groups that are less likely to

participate in vaccination and screening programmes and address any challenges in this area.

- Highlighted the need to focus resources towards preventative measures to reduce demand on secondary healthcare services. It was confirmed that an event is due to take place in March 2026 with the Public Service Boards to develop wellbeing needs with a range of partners to move forward in this space across North Wales.
- Suggested new approaches to health such as weight loss vaccinations and vapes could have unintended consequences and there is need to ensure communication is shared widely. It was confirmed that there can be side effects associated with some elements and there is a need to ensure people have access to the relevant information.
- Confirmed that the Public Health Annual Report will highlight how communities are developing asset-based and strength-based approaches with the public sector as well as a focus on building capacity within communities.
- Referenced the key indicators in the report around developing capacity within the Health Board to prepare for and respond to health protection threats noting that this currently has a red status. It was confirmed that a Strategic Preparedness event is due to take place in April 2026, a renewed Communicable Diseases Plan is being developed and the quality aspects are being reported via the Quality, Safety and Experience Committee.

It was resolved that the Committee:

- **AGREED** the proposed items for the Quarter 4 Report.

PP26.30 BCUHB Homelessness Reduction Insights Work

Members received the report and the Executive Director of Public Health, Principal Public Health Practitioner and Development Manager- Clinical Lead Housing highlighted:

- Homelessness is not just a housing issue, it is a major Public Health concern as those at risk of homeless experience low life expectancy and health inequality.
- Welsh Government are introducing Ending Homelessness Legislation which introduces a statutory duty for all Health Board's around proactive prevention and strengthening multi-agency collaboration. The legislation is expected to be agreed towards the end of March 2026.
- The duty will require secondary care staff to identify patients at risk of homelessness, take appropriate preventative action and work collaboratively with partners to prevent and relieve homelessness from an early stage.
- Work is taking place to understand the current position of the Health Board in relation to the duty as well as identifying system barriers and opportunities to strengthen the Health Board's response to homelessness and wider inclusion health needs.
- The key components of this work focus on engaging with Local Authority Housing Teams, gaining staff insights from structured surveys, speaking to those with lived experiences and analysing current data.
- The themes identified include training and awareness gaps as staff have low confidence and limited understanding of homelessness risks, poor communication with Local Authorities where staff are unable to make contact with relevant colleagues, inconsistent pathways and delayed discharges due to housing status

and significant costs for additional bed days due to housing status not being addressed at initial contact with patients.

- Recommendations include organisation-wide training, working nationally with Welsh Government and Health Education and Improvement Wales.
- The report has been shared with the Executive Committee to agree the recommendations, develop a plan and monitor progress in this area of work.

As part of the discussion, the Committee:

- Suggested that a holistic approach is taken to consider areas that align and require partnership working rather than individual initiatives on the approach to each element.
- Confirmed the need to provide advice, guidance and support for Health Board staff as well as the public to ensure staff are aware of what support is available. It was agreed that communication in this area needs to be more prominent noting that a report on homelessness is also being reported to the Stakeholder Reference Group.
- Proposed staff affected directly are given the opportunity to co-create the plan and develop awareness training to increase the understanding of homelessness across the organisation.
- Stated that discussions around housing status need to take place when people are admitted not at the point of discharge.
- Agreed that homelessness does not feature widely in the current Integrated Medium Term Plan and there is a need to review this in relation to the wider determinants of health and integrate into the broader, long term strategy for the Health Board. It was confirmed that this aligns with the work around health inclusion to ensure the organisation are providing a coherent health offer to reduce health inequality. It was agreed that the Interim Executive Director of Transformation & Strategic Planning and Executive Director of Public Health would discuss this further outside of the meeting.
- Queried the timeline for implementation of the duty, it was confirmed that the requirements need to be in place by 2028 therefore work will take place with colleagues to determine when this can be delivered and how it will impact functions across the organisation.
- Highlighted the need to understand the legal obligations for the Board in relation to the duty and suggested the team link in with the Legal team to discuss this element in further detail.
- Referred to the high costs of clinically optimised patients where homeless was recorded and suggested the team link in with the work on value and sustainability to identify where savings can be made in this area.

Action:

- **PP26.30.1** Interim Executive Director of Transformation & Strategic Planning and Executive Director of Public Health to discuss outside of the meeting how to integrate homelessness more fully into the Integrated Medium Term Plan.

It was resolved that the Committee:

- **NOTED** the legislative, policy and strategic requirements to reducing health inequalities.

- **NOTED** the upcoming duty on Health Boards as part of Ending Homelessness Legislation.
- **CONSIDERED** the findings from the Homeless Insights work and supported plans to progress an Inclusion Health Offer for the Health Board, to be presented to Executive Committee at a future date.

GOVERNANCE, RISK AND ASSURANCE

PP26.31 Corporate Risk Register Report

Members received the report and the Director of Corporate Governance highlighted:

- The Committee were asked to receive assurance on the two updated Corporate Risks, one is within the risk appetite and one is outside of the risk appetite noting that actions are being developed to address this.
- Work is taking place with the Executive Committee to review all the risks and realign the gaps in controls and actions.

As part of the discussion, the Committee:

- Referred to action CRR25-05 'Strategic Change – Impacting Care and Staff Delivery noting that progress is being made and additional controls are now in place therefore the score should start to come down in the future.
- Noted the deadline dates in relation to CRR25-03 'Population Needs querying the confidence level of delivery the actions. It was confirmed that some areas will be addressed by the end of March 2026 and going forward there will be a need to assess these areas and start to embed prevention as a critical component.

It was resolved that the Committee:

- **NOTED** the update on the two strategic risks CRR25-03 and CRR25-05 with one risk scoring 16 and remaining above the Health Board's risk tolerance.
- **ENDORSED** both risks for submission to the Board, noting no proposed scoring changes.

PP26.32 Corporate Governance Report

Members received the report from the Director of Corporate Governance and it was resolved that the Committee:

- **NOTED** the matters considered in private at the meeting held on 15 January 2026.
NOTED the Committee forward workplan.

CLOSING BUSINESS

PP26.33 Agree Items for Referral to Board / Other Committees

It was agreed that the Chair's Assurance Report would alert the Board on the discussion around homelessness and the need for more prominence in the Integrated Medium Term Plan.

PP26.34 Review of Meeting Effectiveness

It was confirmed that the meeting had adhered to the values of the Health Board and there had been strategic discussion on key issues.



PP26.35 Date of Next Meeting

Thursday 7 May 2026, 9.15am

PP26.36 Resolution to Exclude the Press and Public

‘Those 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’