BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MINUTES OF THE PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE

DATE OF MEETING	Tuesday 30th June 2026, 09:30AM – 11:30AM
VENUE	Microsoft Teams

PRESENT	Phill Robson, Chair
	Dafydd Vaughan, Vice Chair
	Akmal Hanuk, Independent Member
	Helen Cunningham, Independent Member
IN ATTENDANCE	Hannah Evans, Director of Planning, Strategy and Partnerships
	Prof. Tracy Daszkiewicz, Director of Public Health
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Megan Detheridge, Governance Support Officer
	Lloyd Hambridge, Divisional Director of Primary Care (Item 3.2 & 3.3)
	Mikaela Swindon, Equality, Diversity and Inclusion Manager (Item 3.1)
	Joanne Gubbings, Assistant Director of Workforce & OD (Item 3.1)
	Neil Patrick, Independent Member (Item 3.1)
APOLOGIES	William Smart, Chair
	Paul Solloway, Director of Digital

PPHPC/3006/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PPHPC/3006/02	**Apologies for Absence** The Chair noted the apologise for absence.



PPHPC/3006/03	**Declarations of Interest** There were no declarations of interest raised relating to items on the agenda.
PPHPC/3006/04	**Draft Minutes of the last Meeting** The minutes of the Partnerships, Population Health and Planning Committee held on the 27th January 2026 were agreed as a true and accurate record of the meeting.
PPHPC/3006/05	**Committee Action Log** The Committee received the action log and was content with progress made on the completed actions. The Committee **NOTED** the report for information
PPHPC/3006/06	**Update on Armed Forces matters** The Committee received a presentation from Joanne Gubbings (JG), Assistant Director of Workforce and Organisational Development, and Mikaela Swindon (MS), Armed Forces Covenant and Equality, Diversity and Inclusion Manager, on progress made in delivering the Health Board's Armed Forces Covenant commitments. The Committee heard that the Health Board had maintained its Armed Forces Covenant commitments and continued to hold recognised accreditation standards, reflecting its commitment to ensuring that no member of the Armed Forces community experienced disadvantage when accessing healthcare services or employment opportunities. MS advised that improving identification remained a key priority, as better data would enable services to

	understand and respond more effectively to the needs of the Armed Forces community. MS confirmed that the Covenant related specifically to British Armed Forces personnel but advised that support was available through a range of military and charitable organisations for individuals from other military backgrounds. The Committee noted that obtaining accurate data remained challenging due to limitations within existing systems and the difficulty in identifying Armed Forces personnel and veterans. MS advised that improvements to workforce data collection were being considered as part of the move to a new UK-wide workforce system and that enhanced data would support better understanding of service access and outcomes. The Committee noted that the main restriction with wider implementation was a lack of awareness and understanding of the Covenant and Armed Forces-related needs across the organisation. MS highlighted the need to increase staff knowledge, particularly regarding mental health, musculoskeletal conditions and the specific experiences of veterans. Neil Patrick (NP), Independent Member, informed the Committee that the Gwent Armed Forces Forum had adopted revised Terms of Reference which reflected Armed Forces Covenant obligations across partner organisations. NP advised that work was underway to develop key performance indicators across partner agencies to strengthen governance arrangements and improve performance monitoring. The Committee **SUPPORTED** and **ENDORSED** the report.
PPHPC/3006/07	**Primary Care Sustainability Report** Lloyd Hambridge (LH), Director of Primary Care and Community Services, advised that primary care services



	continued to operate within a challenging environment characterised by rising demand, an ageing population, increasing prevalence of long-term conditions, workforce pressures and financial constraints. LH informed the Committee that a number of actions had been taken to improve sustainability across primary care. These included continued workforce development, support for independent contractors, and work to maintain service provision across primary care, pharmacy, dental and optometry services. The Committee sought clarification on developments relating to the Welsh Government review of the General Medical Services funding formula and asked whether Health Boards would have the opportunity to contribute to its development. LH confirmed that Health Boards would be actively involved in the review through national working groups and contract negotiation arrangements. The Committee sought assurance regarding opportunities to explore innovative and transformational models of service delivery for practices experiencing ongoing sustainability challenges. LH reported that collaborative approaches were already being developed through neighbourhood care networks and cluster arrangements, including the use of shared workforce models. LH advised that there was appetite amongst providers to consider new ways of working, although practices operating in areas experiencing high levels of deprivation often had less capacity to engage in transformational activity due to day-to-day service pressures. The Committee sought assurance that efficiency savings achieved by the Division had not adversely affected patient access to services. LH confirmed that a key principle underpinning the savings programme had been the protection of patient-facing services. LH explained that a significant proportion of savings had been achieved through medicines optimisation, procurement efficiencies,



	estate management and contractual arrangements rather than reductions in clinical services. LH reported that quality impact assessment processes had been used throughout to ensure patient care was not adversely impacted. Dafydd Vaughan (DV), Independent Member, queried whether alternative organisational models used elsewhere within the UK had been considered to support the delivery of managed GP services. LH confirmed that the specific approach described by DV had not been explored in detail and welcomed further discussion outside of the meeting. The Chair expressed concern that the overall strategic direction and interdependencies between Primary Care reporting programmes were not always clear and suggested that stronger organisational visibility and Board-level focus may be required to support delivery. Hannah Evans (HE), Director of of Planning, Strategy and Partnerships, acknowledged the observations made and agreed that further work was required to present these programmes in a more cohesive way. LH agreed that significant progress had been made over recent years in increasing the visibility of primary care issues across the organisation but acknowledged that greater pace, resource and organisational focus would be required to support future transformation. LH advised that proposals within the report would integrate sustainability arrangements more closely with divisional planning and the Integrated Medium-Term Plan, helping to strengthen oversight and alignment with wider strategic priorities. The Committee **NOTED** the report.
PPHPC/3006/08	**Update and implications of new WG national GDS contract**

Lloyd Hambridge (LH), Director of Primary Care and Community Services, advised that the new General Dental Services (GDS) contract aimed to improve access, target provision towards those with the greatest oral health need and provide greater flexibility in the delivery of services.

The Committee noted that the implementation of the new arrangements had resulted in significant operational challenges. 16 NHS dental contracts had been returned since the introduction of the new contract, potentially affecting approximately 65,000 patients across the Health Board area.

Dafydd Vaughan (DV), Independent Member, raised concerns regarding proposals to reduce contractual expectations for practices experiencing difficulties transitioning to new practice management software and that offering contractual flexibility could create an undesirable precedent for future digital transitions.

LH advised that, whilst some practices could potentially have transitioned earlier, details of the final contractual requirements and system expectations had not been available until relatively recently.

The Committee questioned whether lessons learned would be captured nationally to inform future contractual reforms. LH advised that concerns had been raised with Welsh Government and professional representatives.

The Chair sought assurance that the long-term benefits of the reforms remained achievable. LH confirmed that the overall direction of the reforms was widely supported. The Committee supported the ongoing recommissioning programme and the continued monitoring of the impact of the contractual changes.

The Committee **ACKNOWLEGDED** the report.



PPHPC/3006/09	**Regional Planning** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the key developments outlined within the report and highlighted the extensive engagement that had taken place across partner organisations, regional programmes and national planning arrangements. HE advised that a number of interrelated workstreams were progressing concurrently in support of wider service planning and transformation objectives. The Committee highlighted the emerging National Clinical Services Plan and sought assurance regarding how this work aligned with existing regional planning arrangements. The Committee requested a future update that demonstrated the relationship between national planning developments and the Health Board's regional and local planning programmes. **Action: Director of Strategy, Planning and Partnerships.** Members also discussed developments relating to surgical hubs and noted recent national policy announcements which were likely to influence both regional and national planning arrangements. The Committee noted the importance of understanding the future implications for hospitals within the Health Board area and requested further consideration of these developments at a future meeting once additional information became available. **Action: Director of Strategy, Planning and Partnerships.** The Committee received an update on regional work relating to orthopaedics and noted that further engagement activity was being planned to support understanding of the emerging proposals. An informal briefing session was being held outside of the meeting on regional orthopaedics.



	The Committee **NOTED** the report.
PPHPC/3006/10	**Public Health Update Report** Tracy Daszkiewicz (TD), Director of Public Health, presented the Public Health Update Report and provided an overview of the key issues highlighted within the report. Dafydd Vaughan (DV), Independent Member, sought an update on the development of Population Health Management arrangements and noted concerns that progress had been delayed. It was queried whether further escalation at Executive level would be beneficial. TD advised that the matter had already been escalated through existing channels, including Community by Design governance arrangements. TD noted that there was potential for Population Health Management to become a national programme and, whilst this presented opportunities, there was also a risk that local progress could be slowed by national timescales. The Committee expressed concern regarding the timescales involved and commented that the current position did not provide sufficient assurance. It was suggested that the Health Board should explore opportunities to become a pilot site in order to maintain momentum and avoid delays whilst national arrangements were being developed. The Committee discussed vaccination and health protection matters. TD advised that whilst vaccination performance remained above the Welsh average in several areas, uptake remained below the level required to achieve herd immunity, particularly in relation to MMR vaccination. The Committee noted the associated public health risks and the continued work being undertaken to improve vaccine uptake through targeted programmes and partnership working.



	During discussion, the Committee reiterated its support for Population Health Management and recognised the importance of resolving information-sharing barriers to enable the effective use of population data. Members emphasised the need to maintain local momentum and sought assurance that opportunities to influence national developments would continue to be actively pursued. The Committee **NOTED** the report.
PPHPC/3006/11	**Review of Committee Programme of Business 2026/27** This item was received for information.
PPHPC/3006/12	**Regional Integration Fund Audit report** This item was received for information.
PPHPC/3006/13	**Committee Risk Report** This item was received for information.
PPHPC/3006/14	**Items to be Brought to the Attention of the Board and Other Committees** **Public Health Update Report** Director of Public Health to bring a proposal to the Board in regards to the pilot sight for the Public Health Report Update.
PPHPC/3006/15	**Any Other Urgent Business** No other business raised.
PPHPC/3006/16	**Date of the Next Meeting: 13th October 2026**