



PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 14 NOVEMBER 2024 VIA MICROSOFT TEAMS

Present:		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Kirsty Williams	KW	Independent Member (PTHB Vice Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
Simon Wright	SW	Independent Member (University)
In Attendance:		
Hayley Thomas	HT	PTHB Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Lucie Cornish	LC	Director of Improvement & Transformation
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Sam Ruthven Hill	SRH	Assistant Director of Planning
Vicki Cooper	VC	Digital and Transformation Manager
Stuart Bodham	SB	Internal Audit (Observing)
Bethan Hopkins	BH	Audit Wales (Observing)
Beth Powell	BP	Corporate Governance Business Officer (Committee Support)
Apologies for absence:		
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Carl Cooper	CC	PTHB Chair
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health

PRELIMINARY MATTERS

WELCOME AND APOLOGIES FOR ABSENCE (PPPH/24/035)

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.

UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 13 AUGUST 2024 (PPPH/24/036)

The Committee **APPROVED** the minutes of the meeting held on 13 August 2024, as being a true and accurate record subject to the following amendment:

It was noted that Simon Wright's title would be corrected to Independent Member (University).

COMMITTEE ACTION LOG (PPPH/24/037)

The Committee Action Log was received, and ongoing actions were discussed.

PPPH/24/024a- Strategic change (Radiotherapy Satellite)

A briefing note had been received and would be circulated to members after the meeting.

PPPH/24/026- Better Together

Financial Innovation and Transformation projects to be included in future reporting.

Action: Director of Corporate Governance to discuss expectation with the Director of Transformation and Value

PPPH/24/012 - Antibiotic Resistance

Members noted the Public Health significance of this and what frequency would committee expect to see report updates?

MB explained that a national action plan is in place and she would discuss the reporting frequency with the Director of Nursing, Quality, Women and Family Health who is the Executive lead on this area. This would be confirmed at the next meeting.

Action: Director of Public Health

PPPH/24/027 – Maternity Dashboard is Not Yet Due and remains on track.

Six items were recommended and AGREED for closure.

The Committee **AGREED** the updates provided for implementation to the Action Log for closure.

ESCALATED ITEMS

There were no items for inclusion within this section.

ITEMS FOR ASSURANCE

STRATEGIC CHANGE REPORT (PPPH/24/038)

NJ presented the report and provided an update against the stocktake of Strategic Change programmes which may impact on Powys patients and services. Key actions within the Plan are collated under the five priority objectives.

A list of the escalation status for all Wales Health Boards was highlighted with the following changes in recent weeks:

- Cwm Taf Morgannwg University Health Board escalation to level 3 for CAMHS;
- Swansea Bay University Health Board and PTHB both escalated to level 4 for Strategy, Planning and Finance.

PTHB had increased the alignment of planning and escalation response to allow focus on areas that are most likely to lead to greatest improvement.

Powys' Transformation team are working alongside Hywel Dda's planned changes to learn from their approach to support local plans. Recent SE Wales Regional Partnership and Delivery Board meetings discussed Stroke services configuration.

Independent Members sought assurance by asking the following questions:

What are the implications for Powys regarding the National Standards for Palliative care?
The Director of Planning, Performance and Commissioning agreed to provide detail outside of the meeting.

Action: Director of Planning, Performance and Commissioning

Given Herefordshire are setting up a Diagnostic Centre and Surgical Daycare facility, and Robert Jones & Agnes Hunt are adding considerable capacity, what impact does this have on Powys waiting lists?

NHS England are incentivising efficiency and productivity with Day case activity welcomed for the benefits of patient experience and access. Further work is required to develop contracting with providers into 2025/26. It is thought that waiting times would continue to fall across NHS England with plans to track financial implications locally, noting that Day case activity would see longer term benefits for the Powys population.

Work has been undertaken to support diagnostic capacity through the North Powys Wellbeing Programme in terms of scoping additional capacity and to support onward planning. Powys has piloted supporting Orthopaedic capacity through MSK workstreams to develop a strong strategic partnership with Rhobert Jones and Agnus Hunt. This has underpinned the now approved Business case regarding additional resources for triage and management to ensure optimisation of MSK and Orthopaedic provision. It is planned that we should see a shift in referrals to local MSK services.

Given the investments into English trusts and challenges around financial planning, what is the plan and process to ensure Powys is in the best position given the opportunities that maybe available but are not affordable?

A recent JET (Joint Executive Team) meeting had taken place with Welsh Government, and this had been raised. PH explained that Powys' approach is using current resources to deliver the best outcomes for the population. Should additional capacity across English providers become available, this poses an opportunity for Powys, however also the need to understand what this means for patient flow and financial impact. These plans would link to Powys' Integrated Medium-Term Plan (IMTP) and future sustainability programme.

Does Powys have a free standing CAMHS service or are we dependent on other Health Boards?

CAMHS services have a number of levels, levels 1-3 are delivered by the Health Boards, CAMHS level 4 is an in-patient service and is nationally commissioned through the NHS Wales Joint Commissioning Committee arrangements.

Is there further information on how Powys plans to roll out support of new Stroke Services?

NJ explained that across the UK acute stroke services are being centralised in line with the National Standards to improve outcomes and ensure utilisation of new technology available. Powys will need to ensure we provide rehab and primary care support to mitigate the travelling time for patients and their families.

A full update would be provided to members outside of the meeting.

Action: Director of Improvement & Transformation

Given the recent announcements made this week for NHS English Trusts and new Chairs approach to review performance, do we know what this means for the population of Powys?

NJ acknowledged this was very recent news and should a change impact upon Powys residents, this will be incorporated into the next report to this Committee or DPC

Service Change Engagement Report

HB introduced the item and AO presented the report providing an overview of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services. Key highlights included:

- Temporary Service Changes: Engagement on temporary changes to Powys services including MIU and community hospital inpatient wards closed on 8 September 2024. The proposals were approved by the Board on 10 October and move to implementation.
- EMRTS: The next steps of the EMRTS review are due to be discussed at the NHS Wales Joint Commissioning Committee in November. The existing 23-010 is being retained to reflect the legacy engagement on EMRTS and Wales Air Ambulance, a new report 24-004 has been added with a specific focus on planning & delivery of engagement for Recommendation 4.
- The Commissioned and Cross-Border Services Watch List had been updated to include temporary changes in place in Hywell Dda and next steps in developing clinical service plans.

HT attended a recent JCC meeting and reported that the committee approved recommendation 4. The outcome of the response from WAST is due imminently, recognising the issues within recommendation 4 will form part of next stage planning, this is expected to be addressed and considered at the JCC.

The Committee **NOTED** the report and took **ASSURANCE** that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

INTEGRATED PLAN 2025/2026 DEVELOPMENT AND DRAFT MATURITY MATRIX (PPPH/24/039)

NJ presented the report with the proposed approach for the development of the Powys Integrated Plan (IMTP) 2025 – 2028, noting the Health Board had been placed into level 4 escalation with Welsh Government. The Plan will have the themes of Risk, Recovery

and Sustainability. A recent Board Development Session discussed the escalation criteria for Finance, Planning and Strategy and our work to progress these will be included in the Plan, whilst maintaining routine monitoring status for quality, and performance governance and leadership. A baseline assessment would be undertaken to include assessment of growth with commissioned providers with the first draft Plan to be presented to the Board in January 2025. The NHS framework planning or Ministerial Directions are yet to be received.

NJ welcomed feedback from the Committee on the refreshed PESTLE analysis and the draft Strategic Priorities which have been formed based on the strategic framework and emerging work from the Routemap and Sustainability Programme. NJ highlighted the importance of this work to be signed off at the November Board as a first draft to enable planning to develop. The Planning Maturity Matrix forms part of the de-escalation criteria providing assurance to Welsh Government on the organisation's planning maturity baseline.

Independent Members sought assurance by asking the following questions:

Can you clarify if the proposed format of the Planning Maturity Matrix has been set by Welsh Government?

Yes, and there is a requirement set by the Director of Planning at Welsh Government for all health boards to complete it on a six-monthly basis.

What are the timescales for the Health Board to develop a clinical services plan to guide Estates, Workforce and Digital?

This will be the end product of the Routemap to Sustainability work which is being worked through at pace. It is anticipated that outputs would be recognised over the coming weeks with an update to be shared with members at the February 2025 meeting. HT clarified the use of Clinical Services Plan language, which may not suit Powys tHB, given its unique provider and commissioner configuration.

Action: Director of Improvement & Transformation

How are third sector partners going to be involved in engagement to deliver outcomes or is there element of co-creation?

Powys are in discussion with the Local Authority regarding the Route Map and temporary service change work. Discussions around a sustainable model and engagement had taken place with Partners and Third Sector. The service continues to seek opportunity to maximise collaboration with service provision and communication with communities. LC added that an organisational development, communications and engagement workstream as part of the transformation programme to look at a formal engagement approach to build into the Route Map work. An evaluation framework on the Temporary Service Changes includes stakeholder feedback from various partners to ensure learning is evaluated.

HT highlighted that a formal process of service change and development is required to look at long term options for the future of Powys. A formal consultation process with the public would be undertaken and consideration of what resource and capacity is needed to determine a scale of co production and process allocated. HT raised the importance of the Regional Partnership Board (RPB) requirements and how Powys works alongside the Local Authority. Interface mapping had been undertaken, recognising further work

is needed to complete a realistic timetable to demonstrate key points and shared narrative with Third sector.

The following observations were made against the PESTLE analysis:

- What are other organisations positions in terms of Artificial Intelligence (AI), given it is known that medical knowledge is rapidly increasing.
- We should ensure planning for systematic progress.
- Social elements of Covid-19, potential for the virus to return.
- The need to be more explicit regarding economic impact with the Powys and for Powys County Council given the financial challenges faced. Should this be kept live within Powys' assessment.

The committee recognised the need for further discussion on the planning maturity matrix at Board. .

The self-assessment made is in context of the criteria set within the Planning Maturity Matrix by Welsh Government. The following clarification was provided of the rating levels:

- Level 2 – Early Progress, Approvability outcome of IMTP meets statutory requirements.
- Level 3- Results, demonstratable improvement
- Level 4- Maturity outcome has coherent aligned plans.

The Board had approved the plan as seen to be realistic and deliverable, however, to meet the necessary statutory requirements Powys are not able to score higher against the criteria. HT explained the organisation is in the early stages of increased escalation of targeted intervention, a meeting to discuss next steps and to ensure appropriate response to the status is due imminently. Further discussion and consideration will be required from the Board of the delivery assessment and expectations.

Does the Board provide sufficient time to look at implementation of the plan and monitor its deliverability, and how will this be evaluated?

The Plan is monitored through quarterly reporting with the Delivery Confidence Assessment and Performance Report regularly reported to the Board for assurance. HT recognised further work is required to undertake a deep dive against evaluation and impact assessments to track outcomes against the plan. Positive feedback was received from a recent Structured Assessment on current arrangements, recognising further work is needed against evaluating outcomes.

Will Powys be submitting a single rating levels against the Dynamic and Engaged Planning, or a range?

NJ explained the aim is to submit single rating level to provide clear assurance on the current position, as this is a baseline assessment in the first instance and improvements are continued to be worked through over the coming weeks.

The Committee:

- **NOTED** the current position and national requirements,

- **REVIEWED and DISCUSSED** the refreshed PESTLE analysis and the Draft Planning Maturity Matrix providing feedback,
- **CONSIDERED** the Financial Planning Timeline and Initial Draft Strategic Priorities and provided feedback and;
- **RECOMMENDED** the planning development approach and Planning Maturity Matrix to the Board in November.

TRANSFORMATION AND CHANGE (PPPH/24/040)

LC provided a presentation on the Route map to Sustainability work and wider Transformation Programme. A detailed update was provided on the achievements delivered which align with PTHB Integrated Medium Term Plan (IMTP). Key messages from the Accelerated Sustainable Model (ASM) and Better Together Programme were noted.

The next phase of the programme would include the following:

- Existing Transformation programmes to provide detail to support ongoing development of model. Structure and planned outputs will be reprioritised to deliver Route Map to Sustainability.
- Strengthened involvement from key partners including links to A Sustainable Powys.
- Timeline for Route Map will be finalised as part of organisational planning approach & formal Board consideration.
- Development of engagement approach:
 - Building on previous Health & Care Strategy, ASM and Better Together engagement.
 - Learning from Temporary Service Change process
 - November/December - Joint PCC & PTHB Town & Community Council engagement sessions

Independent Members sought assurance by asking the following questions:

Is it anticipated that the next phase of work will be completed on time provided the timescales set?

The plan is developed to align the clinical model with the Estates Strategy and Financial Plan, with opportunities to deliver against this to timescales. There is a need to focus on commissioned provision which is key and how areas of greatest value are prioritised. This work has already begun considering the resource required. Capacity to successfully deliver has been recognised as a fundamental and key part of the programme restructure.

Given the cost of delays into social care has been assessed, should this be part of the explicit discovery phase narrative to achieve against financial delivery?

The financial pressures and opportunities are already part of the Discovery Phase narrative. Recent JET meetings have discussed shining a light on impact and costs for transparency with all NHS providers across the UK being in a similar position. Collective discussions with Board and Cabinet have also taken place, being clear on the extent of challenges Powys is faced with.

The Committee observed that a key focus remains with staff resource and to ensure assurance is provided within the narrative that Powys has a strong workforce to deliver the plans.

The Committee **RECEIVED** the update on the Transformation – Better Together Programme and **NOTED** the key changes. The Chair Congratulated Lucie Cornish, newly appointed Director of Improvement & Transformation for the work undertaken to date.

WINTER PLAN 2024/2025 (PPPH/24/041)

NJ provided an update against the RPB System Resilience Plan which had been developed through the Regional Partnership Board arrangements, involving partners across health and care. The Final Draft of the Plan will be provided to the Board to ask that support is given to the final approval which will take place at RPB Board in December 2024.

The nationally required priorities and targets set for action in 2024/25 were noted and attention was drawn to the reduced pathways of care delays due to assessment where Powys had been rated the best in Wales in reducing waiting times. It was clarified that 24/7 access to District Nursing targets were not able to be fully met due to the rurality of the population and services distribution.

WINTER RESPIRATORY VACCINATION CAMPAIGN (PPPH/24/042)

MB presented a summary of the work undertaken to date against the Plan to deliver the Winter Respiratory Vaccination Campaign. MB highlighted the following key elements:

Covid-19 Vaccination:

- Autumn 2024 campaign commenced on 1 October 2024. Delivery predominantly through Vaccination Service with six GP Practices offering Covid-19 vaccination to 721 residents vaccinated with further 'mop up' visits planned;
- Care home uptake 77.5% (1st in Wales)

Flu Vaccination:

- 890 2 & 3-year-olds vaccinated - 42.5% uptake (1st in Wales),
- 17,601 adults over 65years vaccinated – 45.5% uptake (1st in Wales),
- 575 PTHB staff vaccinated -25.85% uptake and;
- Clinical Risk Flu vaccination – 3,850 citizens vaccinated (1st in Wales)

RSV Vaccination:

- 6 GP Practices offering older adult routine programme, Powys supporting the other 10 practices patients,
- Maternal programme delivered by midwifery service - 108 doses of RSV administered,
- Work currently ongoing with maternity service to ensure that women over 28 weeks are vaccinated before their delivery date,
- 41 doses (2.25%) of RSV vaccine administered in the older adult catch-up programme (1st in Wales)

Independent Members sought assurance by asking the following questions:

Are the rates good enough to protect patients and staff throughout Winter and what is the plan increase uptake of vaccination?

A Covid-19 wave is anticipated towards the end of November 2024, noting that Communications with staff, patients and communities will be fundamental to encourage uptake of vaccination to protect individuals. Work has been undertaken to encourage uptake of Flu and Covid Vaccination and this will continue over the coming weeks and months to increase protection levels for the population.

What is the position on Staff vaccination uptake in comparison to last year?

When comparing year on year uptake, to date the percentage of staff uptake this year has increased in comparison to last year's data, however uptake in general is low across NHS Wales. Ward walk arounds have continued across hospital sites which had seen greater impact of vaccination uptake. The service continues to raise awareness through divisions and senior managers to encourage staff to uptake vaccinations. HT added it had been recognised on a national basis that further reinforcement of communications with the public is required, given the importance of vaccination uptake for protecting individuals and others.

Given the recent announcement of Independent Pharmacies possible strike action across the UK due to a shortage of funds provided, is Powys sighted on any contingency planning should this happen?

MB noted that this would be discussed with Primary Care colleagues who lead on primary care contracting to provide detail on contingency plans if required.

Action: Executive Director of Primary, Community Care and Mental Health

Are we seeing any hospital admissions related to unprotected individuals of Flu and/or Covid-19?

Hospital admissions which are Covid related are currently very low in numbers, however some ward patients are Covid positive, although it is unclear if the virus was present during admission or transmitted during the time on the ward. The key action remains to reinforce messaging around vaccination uptake to increase protection rates prior to additional pressures during winter months.

Is there a threshold that triggers escalation in RSV that would impact the delivery strategy on vaccination uptake?

RSV is a newly introduced vaccine this Winter and delivery of the programme including uptake and impact on levels of RSV infections will be monitored nationally

The Committee:

- took **ASSURANCE** that arrangements are in place for system resilience planning across the Powys Regional Partnership Board (RPB) and that Powys has actively contributed to those arrangements.
- **CONSIDERED** the RPB System Resilience Plan ('Winter Plan') which is the end product of those arrangements across partners and;
- **RECOMMEND** to PTHB Board that support is given to the final approval of the plan, which will take place at RPB Board in December 2024.

ORAL HEALTH – DESIGN TO SMILE PROGRAMME (PPPH/24/043)

MB provided an update on children's dental health focusing on early years up to and including age five years and focusing on dental decay which has seen a continued improvement across Powys. MB outlined the recent trends together with data on children's dental health in Powys and how this compares to other Health Boards in Wales. Considerable work has been undertaken to reestablish the Design to Smile Programme post pandemic which relies on Partnerships and collaboration with pre school settings. There has been an improvement of uptake of eligible settings taking part within the programme, however it has been recognised that further work is required to understand

why some settings have not taken part within the programme and to offer support going forward.

Is there specific action to be taken to reverse the trend of inequality?

There are Programmes such as the Healthy Child Wales and Design to Smile Programme which are designed to provide greater support in areas of deprivation. Assurance is required that individuals are participating, and this is supported through the Health Visiting programme where toothbrushes are being supplied as part of the encouragement to prevent tooth decay.

Do maternity services offer information to families regarding the benefits of breastfeeding for good dental health in early years?

MB explained that this is already part of the maternity services across Powys with the Weaning programme recently refreshed, staff have undertaken training and delivered the programme. This was noted to form part of the Healthy Weights programme which continues to be improved.

Members recognised the association with poor dental health in deprived areas and the importance of language utilised to not blame bad parenting culture to improve dental health.

The Committee:

- **NOTED** the report and took **ASSURANCE** of the statistically significant improvements made in dental health of children at age five years in Powys, of the progress in recovery of the delivery of the Designed to Smile Programme following the pandemic, and of continued work to build on progress to date to maximise the opportunities for wider system links to further improve dental health in children.

CHILD IMMUNISATION ANNUAL REPORT (PPPH/24/044)

MB provided an update on the uptake of childhood vaccinations across Powys from April 2023 to March 2024 and the continued emphasis to maintain high uptake rates. Mererid Bowley thanked GP practices for the delivery of childhood vaccinations which is part of the General Medical Services (GMS) contract.

The Welsh Government performance measures for childhood immunisation for April 2023 to March 2024 were noted as:

- The percentage of children receiving complete course of 6 in 1 vaccine by 1 years of age
- The percentage of children receiving complete two dose course of MMR vaccine by 5 years of age.
- Percentage of children who are up to date with the scheduled vaccinations by age 5.

The Committee:

- **CONSIDERED** the uptake in childhood immunisations and took **ASSURANCE** of the actions being undertaken to maintain and further increase the uptake of childhood immunisations, including targeted catch-up campaigns and;
- **NOTED** the successful implementation of the targeted MMR vaccination catch-up to increase rates in primary and secondary schools in Powys.

LOCAL AND NATIONAL CIVIL CONTINGENCY ARRANGEMENTS (PPPH/24/045)

MB provided an overview of the Local and National Civil Contingency arrangements and explained that the PTHB Board at its meeting on the 24 July following its consideration of the Civil Contingencies Annual report asked for a more detailed discussion to take place at the PPPH Committee. The report provided detail of the current Civil Contingencies planning and preparedness arrangements that are in place at national level through the NHS Wales Executive. Discussions were held around the cross border working arrangements and links with the UK's CONTEST strategy.

Members asked the following questions:

Are the 9 trained Gold Command staff still employed by the health board?

DB confirmed that out of the 9 trained staff over the past three years, some members had since left the organisation. It was noted that 15 out of 27 staff on 'Gold on call' had received either Wales Gold or Wales Lite training through the multi-agency resilience group. All members of Gold had received the internal induction prior to being placed on the rota.

The LRF Annual Training has limited spaces, and training is limited to 3 places on the annual Gold training. This has been raised by the Health Boards in the region that increased number of spaces are required.

Can assurance be provided that the impact of Civil Contingencies Act arrangements for English authorities have been strengthened, alongside the approval process from the Home office and Welsh Government to ensure they are in tandem?

From a health protection perspective arrangements had improved, regular meetings setup cross border post Covid-19 pandemic to monitor progress and local working arrangements had been strengthened. Positive feedback regarding communications had been received regarding the Public Protection aspect and had seen an improvement over recent months.

HT explained that cross border and relationship management discussions across England and Wales are in place led from Welsh Government and are disseminated down to a local level to respond appropriately. HT agreed that further detail would be provided in terms of the arrangements following discussions at the Leadership team meeting.

Action: Chief Executive Officer

Members welcomed the report and recognised the alignment to the Corporate Risk Register. Thanks were given for the work undertaken to date.

The Committee RECEIVED the update of the current Civil Contingencies planning and preparedness arrangements at a national, regional and local levels for awareness and took ASSURANCE from the plans in place.

COMMITTEE RISK REGISTER (PPPH/24/046)

HB presented the report explaining that the Committee Risk Register had been in development and now provides an actioned based Risk Register inclusive of two risks that fell within the Committee's remit. All corporate risks continue to be reviewed by the relevant lead Directors prior to the next iteration of updates. HB explained that depending on the Committee cycle and timing of meeting would impact if the risk register had already been considered by the Board or not. The version shared in meeting had been presented to the September Board.

The Committee has a key role to consider the relevant risks in more detail seeking assurance about the effective management of corporate risks.

Members asked the following questions:

With the demand across Primary Care, how are communications working to continue to improve Cluster leads performance and quality?

HB acknowledged that the Executive Director of Primary, Community Care and Mental Health was not present to provide an update and therefore would be asked to join the next meeting to provide further detail.

Action: Executive Director of Primary, Community Care and Mental Health Services

The Committee:

- **RECEIVED** and **DISCUSSED** the corporate risks within the Committee's remit and;
- **TOOK ASSURANCE** that risks are being managed in line with the Risk Management Framework.

ITEMS FOR DISCUSSION

There are no items for inclusion within this section.

CONSENT AGENDA

NWSSP MID-YEAR PERFORMANCE REPORT (FOR ASSURANCE)(PPPH/24/047)

The Committee **RECEIVED** the NWSSP Mid-Year Performance Report.

INTERNAL AUDIT REPORTS: INTEGRATED PLAN DEVELOPMENT REPORT (FOR INFORMATION) (PPPH/24/048)

The Committee **RECEIVED** the Integrated Plan development report.

COMMITTEE WORK PROGRAMME (PPPH/24/049)

The Committee **RECEIVED** the Work programme.

OTHER MATTERS

ANY OTHER URGENT BUSINESS (PPPH/24/050)

There was no urgent business raised.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/24/051)

There was none.

COMMITTEE REFLECTIONS (PPPH/24/052)

The following summary and reflections were provided by Committee members:

- Welcomed detail of the Strategic Change report
- Quality reporting and comprehensive discussions
- HB to reflect timing allocations for reports going forwards to allow sufficient time for discussions
- Good meeting flow and well chaired

DATE OF THE NEXT MEETING (PPPH/24/053)

04 February 2025 at 10:00, via Microsoft Teams.

Meeting ended: 12:33