



PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD AT 10.00 ON TUESDAY 19 MAY 2025 VIA MICROSOFT TEAMS

Present:		
Simon Wright	SW	Independent Member (University) Acting Chair
Ronnie Alexander	RA	Independent Member (General)
Kirsty Williams	KW	Independent Member (PTHB Vice Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
In Attendance:		
Zoe Ashman	ZA	Assistant Director of Quality and Safety
Mererid Bowley	MB	Executive Director of Public Health
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Carl Cooper	CC	PTHB Chair (Observing)
Lucie Cornish	LC	Director of Improvement and Transformation
Tracey Deacon	TD	Head of Service: Public Health Programmes and Projects
Susan Dinsdale	SD	Head of Children Public Health Nursing and Paediatric Services
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Jayne Lawrence	JL	Assistant Director of Primary Care Services
Clare Lines	CL	Assistant Director Commissioning Development
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Anna Prothero	AP	Principal Public Health Practitioner
Hayley Thomas	HT	Chief Executive
Amanda Walters	AW	Head of Primary Care - Development and Support
Apologies for absence:		
Katie Blackburn	KB	Llais (Observing)
Rhobert Lewis	RL	Independent Member (Committee Chair)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Debra Wood-Lawson	DW-L	Executive Director of People and Culture

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/25/001)

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/25/002)

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 04 FEBRUARY 2025 (PPPH/25/003)

RA declared a point for clarification against page 2 of 13 against the background of antibiotic resistance, querying a response and information about the specific responsibilities of the lead regional pharmacist. Confirmation was requested that this had been done, due to not having received the information.

MB confirmed it had been circulated back in February 2025 approximately two weeks after the previous meeting but that this would be recirculated to the Committee.

The Committee **APPROVED** the minutes of the meeting held on 04 February 2025, as an accurate record.

3.2 COMMITTEE ACTION LOG (PPPH/25/004)

The Committee Action Log was received, and ongoing actions were discussed. The following four actions were recommended for closure (PTHB/197/, PPPH/24/012, PPPH/24/058a and PPPH/24/058b)

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

3.3 2025/2026 COMMITTEE WORK PROGRAMME (PPPH/25/005)

HB outlined the Annual Work Programme, developed with Lead Executives and the Chair which aligns with the Terms of Reference, Risk Register, and committee requirements, incorporating lessons learned. The programme will be reviewed at each meeting and adjusted as needed throughout the year.

The Committee **APPROVED** the Committee Work Programme.

4. ESCALATED ITEMS

There were no items for inclusion within this section.

5. ITEMS FOR ASSURANCE

5.1 STRATEGIC CHANGE REPORT/ ENGAGEMENT REPORT (PPPH/25/006)

The report provided an updated stocktake of strategic change programmes across Wales and England that may impact healthcare for Powys residents. NJ presented the quarterly update, highlighting key developments relevant to the 2025/26 planning cycle. The report summarised NHS Wales plans affecting Powys, with changes from the previous version marked in red. All plans remain subject to Welsh Government feedback.

Key themes included:

- The Better Together programme is shaped by learning from other Health Boards and is fully integrated into our annual plan.
- Active engagement continues with Hywel Dda on proposed changes to Bronlais and stroke services, including consultation in northwest Powys.
- Monitoring is ongoing of Cwm Taf Morgannwg University Health Board's (CTMUHB) planning approach, especially changes at Prince Charles Hospital.
- Stroke service changes in Telford and the wider cross-border area in England are under review.
- The Health Board are contributing to the new Southeast Wales Regional Stroke Board due to its relevance for Powys residents.
- Swansea Bay's maternity and neonatal review offers useful insights for national learning.
- Ongoing discussions with Aneurin Bevan focus on Neville Hall Hospital's future role and implications for Powys.
- The outcome of the EMRTS (Emergency Medical Retrieval and Transfer Service) judicial review is awaited.

AO provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services. This outlined ongoing preparatory engagement activities in advance of Hywel Dda University Health Board's (H DUHB) forthcoming public consultation, scheduled to commence on 29 May 2025 following formal approval by H DUHB.

Key highlights included:

- A meeting with Hywel Dda provided an update on the upcoming consultation; draft materials are expected shortly.
- Once received, this will be widely disseminated across Powys to support engagement and inform a formal response.
- Stroke service changes, especially relating to Bronllys Hospital, are expected to be a key public focus.
- Preparations are underway to ensure stakeholder engagement once the consultation launches, after H DUHB's Board meeting next week.

Members asked the following questions for assurance:

Given the reference to the Mid Wales Joint Committee's focus on Community Dental Services, and recent developments in Northern Ireland where most practices have returned NHS contracts, alongside the rollout of Wales's new dental contract, do you have any further comments or concerns?

HT noted UK-wide pressures on NHS dental services, with Powys relying heavily on its strong Community Dental Service (CDS) to provide urgent care across rural areas. This model offers strength but also exposes vulnerabilities, especially amid wider issues like NHS contract returns in Northern Ireland and Wales's new contract rollout. While many

Powys practices have retained NHS contracts, access remains a key public concern. AO shared the consultation document with Committee Members.

Are Dental Services sufficiently reflected in the risk register as a risk, or is it a shifting position?

HT advised that Dental Services were currently included on the Directorate Risk Register. Steps were being taken to address the issues locally; however, the team would be asked to revisit the status of Dental Services on the Risk Register.

Is the impact of the recent urgent changes to stroke services being monitored, and how have those changes affected Powys patients in terms of both clinical outcomes and patient experience?

NJ advised that regular engagement is ongoing between the Health Board and CTMUHB, including correspondence and meetings to monitor service delivery and data. Whilst an evaluation framework exists, a formal six-month report consolidating provider data, patient experience, and patient flow has not yet been published. A request will now be made for that report to support further analysis and action, particularly regarding non-ambulance conveyances and patient feedback.

If the patient experience has been broadly positive, can this learning be used to inform ongoing discussions and collaborative planning with neighbouring health boards, particularly as similar stroke service reconfigurations are being considered elsewhere?

HT advised that the Health Board has been invited to join both the Southwest and Southeast Regional Committees as an Associate Member. The Southwest Committee is active, with the Health Board reviewing governance and the Chair attending as an observer. The Southeast Committee, launching in October 2025, is still being scoped. Due to the Health Boards broad geography and cross-border links, dual participation is complex, and work continues to ensure alignment with internal governance.

Will Powys be disadvantaged by joining these Regional Committees as an Associate Member, given limited capacity locally and complex cross-border arrangements? How can assurance be given that the voice of Powys residents and commissioning responsibilities are effectively represented and prioritised within these structures?

HT note the risk of Powys being disadvantaged is recognised, but there are safeguards in place. Clear Terms of Reference (TOR) and ongoing review of Associate Membership status can help ensure the catchment population is appropriately represented. While governance models differ across committees, the Health Board retains statutory responsibility as a commissioner and decision-maker. The Health Board will continue to monitor and adapt the approach as necessary, but at this stage, there is no clear indication that we are being disadvantaged.

NJ stated that KW question has prompted a 6-month report on the Evaluation Framework that can be looked at and take learning from and respond to as is needed.

Where does the issue of securing a provider for specialised auditory implant services for children currently sit, given its importance and the lack of clarity in the documentation?

AO and NJ advised the specialised auditory implant service for children remains under current arrangements, mainly delivered in Cardiff and Vale University Health Board. While consultation on a single-provider model has occurred, the Joint Commissioning

Committee (JCC) has yet to identify a provider meeting the full specification. Existing services and standards remain in place during this ongoing process. An update is expected following the JCC meeting scheduled for 20 May 2025.

The Committee:

- **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.

5.2 WHOLE SYSTEMS APPROACH TO PREVENTION OF OBESITY (PPPH/25/007)

MB introduced the report which provided an update on the Whole System Approach to Healthy Weight programme in Powys and assurance about the progress made on delivery during 2024/25.

TD Provided the following update:

Overweight and obesity remain key challenges in Wales and Powys. Rates among 4–5-year-olds have improved (28.1% in 2019 to 22% in 2023), but over half of adults remain overweight or obese. Powys Teaching Health Board is adopting a whole system, early prevention approach, aligned with Welsh Government guidance and delivered through strong governance via the Public Services Board.

Four key intervention themes for families with children aged 0–5 was identified:

- Breastfeeding Support – e.g., 260+ venues joined the Breastfeeding Welcome Scheme.
- Introduction to Solids – promoting healthy food access early in life.
- Cooking & Nutrition Education – supporting parents and carers with practical skills.
- Healthy Food Affordability – improving equitable access to nutritious options.

Achievements include reduced childhood obesity, stronger governance, joint delivery with Powys County Council, and targeted support for deprived areas. The approach focuses on continuous learning and collaboration for lasting impact.

Members asked the following questions for assurance:

How confident are we that the progress made in reducing childhood obesity will be sustained and not reversed? and Will ongoing collaboration with local groups foster a critical mass that normalises healthy behaviours and encourages community-led sustainability?

MB advised the Health Boards' Welsh Government-funded programme is one of Wales's most successful, driven by committed staff and strong partnerships. Childhood obesity rates are falling, but sustained progress needs continued funding and workforce support for lasting impact.

Is the definition and benchmark for overweight and obesity constant, ensuring data is measured against a consistent standard?

MB confirmed the data is robust, based on measured height and weight of children at school entry, with the levels of overweight and obesity assessed separately.

Given the ongoing cost-of-living crisis and its link to deprivation and obesity, what is the level of confidence in the effectiveness and support for the access to healthy food workstream, and how does its progress compare to initiatives like breastfeeding support and the nursery gold snack award?

MB and AP advised the Healthy Start voucher scheme faces data and access challenges. The Health Board, led by FV and partners, is raising awareness and improving acceptance. Public Health Wales is evaluating the scheme to guide national improvements, inspired by Scotland's automatic enrolment. Successful local programmes like the Breastfeeding Welcome Scheme are considered for wider rollout. Efforts also target preschool nutrition and policy changes to support affordable, healthy food access.

Given the high retention in cooking courses, how can we better address the issue that food bank recipients often lack resources (e.g., fuel, equipment) to cook the food they receive, and what systemic approaches could tackle this barrier effectively?

AP noted workshops revealed food bank users often lack skills and resources to cook provided foods. While courses help, affordability and convenience remain barriers, especially for families with young children. Further research is planned to identify effective interventions.

The Chair and the Committee echoed in congratulating the team.

The Committee:

- **NOTED** the contents of this briefing
- Took **ASSURANCE** about progress made on implementing a whole system approach to the prevention of overweight and obesity in Powys targeting 'Children, Families and Access to Healthy Food' which is funded through a short-term grant of £104k until March 2026.
- **NOTED** that in Powys, the percentage of 4–5-year-olds living with overweight or obesity has seen a decrease from 28.1% in 2019 to 22% in 2023.
- **NOTED** that over 50% adults report as being overweight or obese, with rates highest in the most deprived areas. Efforts need to be directed at preventing people becoming an unhealthy weight in the first place which requires a commitment to large-scale population-level primary prevention.

5.3 PRIMARY CARE CLUSTER REPORTING AGAINST DELIVERY 2024/2025 (PPPH/25/008)

JL provided a brief overview of the 2024-25 cluster report and 2025-26 plans. Powys currently has three clusters, but mid-Powys faces delays due to a vacant cluster lead. Dental and Nursing Collaboratives are not fully established yet, though professional input continues. The Dental Collaborative relates to the new National Contract starting April 2026.

Key priorities across all clusters in 2024-25 have been:

1. Frailty
2. Urgent care
3. Mental health

Several pilot projects have supported the Start Well, Live Well, and Age Well frameworks, focusing on early prevention, integrated care, frailty services, diabetes care, and workforce development. Collaboration across clusters has boosted innovation, though some ring-fenced budgets remained unspent due to recruitment and procurement issues. In 2025-26, the cluster model will merge Mid and South Powys into two clusters, consolidating delivery plans to align priorities and projects.

Members asked the following questions for assurance:

Will the clusters take specific actions to prevent ongoing underspends, or is the current pattern of underspending expected to continue?

JL advised the 2024/25 underspend will not be rolled over into 2025/26. The merger of the Mid and South clusters aims to improve project delivery. With the All Wales accelerated cluster development model in place, there is a clear intention to drive progress more effectively this year and ensure committed funding translates into actual delivery.

Is the All Wales accelerated cluster development model effectively meeting needs in Powys, or does it not fit the local context? Are there internal factors limiting performance, and what changes are needed to improve outcomes?

EL noted that following recent talks with primary care leaders, a review of cluster roles is being undertaken to better align with Wales's primary care model. Powys' unique setup offers a chance to work differently, and cluster roles will be clarified and an integrated plan developed in the coming weeks.

Have clusters developed sufficiently to deliver effectively on a place-based model, and what organisational changes or flexibility might be needed to enhance their performance?

HT advised national discussions are ongoing regarding revision of the cluster model to better fit primary care needs and pressures. There may be a need for a refreshed "version two" of the cluster approach for sustainability.

How realistic are the expectations placed on clusters given the underspend, and should there be a focus on fewer projects executed more effectively?

EL advised historical cluster underspend was of concern and will be monitored. Efforts are ongoing to align cluster priorities with the Health Board's annual plan to prevent future underspend.

The Committee:

- **RECEIVED** the Primary Care Cluster Reporting against Delivery 2024/25 report
- Took **ASSURANCE** a monitoring approach is in place to ensure appropriate performance reporting against cluster plans.

5.4 PARTNERSHIP GOVERNANCE AND ASSURANCE FRAMEWORK (PPPH/25/009)

HB welcomed NJ and CL to present the Partnership Governance and Assurance Framework, developed following a 2022 Internal Audit. Led by the Assistant Director of Partnership Development, it clarifies the Health Board's statutory partnerships to improve governance and coordination.

The framework maps 14 statutory partnerships and acts as a staff and stakeholder directory. A high-level outcomes report will be shared with the Committee and Board. A piloted Partnership Maturity Matrix will assess effectiveness, with plans to include non-statutory partnerships.

An Advisory Audit praised the approach, with recommendations incorporated into audit tracking. The Committee welcomed the progress and commitment to stronger partnership governance.

Members asked the following questions for assurance:

How can the time, effort, and resources invest in partnership activity be effectively evaluated to ascertain if they are delivering meaningful value and outcomes?

NJ and HT advised the maturity matrix is designed to evaluate the effectiveness and value of partnership arrangements over time. Alongside this, the high-level partnership report will clearly outline implications for Powys to support reflection, inform strategy, and align with local priorities whilst avoiding duplication of existing reports.

How are statutory partnership commitments prioritised and managed at the executive level amid high demand? Additionally, how is responsibility for attendance distributed, and how are strategic engagement decisions made?

HT advised that the Health Board's complex partnership landscape posed governance and prioritisation challenges. While some partnerships are delegated, overall engagement is shared. Prioritisation depends on statutory needs, strategic importance, and resources, guided by executive judgment. Limited dedicated roles constrain capacity, prompting plans to better align resources and separate statutory from non-statutory partnerships for sustainable governance.

CL made the following observations:

- The high-level report will be an annual update highlighting key issues, including emerging challenges like the inactive Regional Housing Support Group impacting placements and costs, which may require adjusted partnership engagement. This is due to not having had a coordinator
- Improved strategic coordination, such as using the Live Well Forum to support other partnerships, could boost capacity and reduce duplication.
- A holistic view of partnership activity will enable better alignment and resource optimisation.

The Committee:

- **RECEIVED the** Framework, in preparation for operationalisation in Q1 of 2025/26.
- Took **ASSURANCE** the Framework is in place and will report as set out on a biannual basis.

5.5 ADULT WEIGHT MANAGEMENT PATHWAY UPDATE (PPPH/25/010)

EL gave a presentation to the Committee outlining the adult weight management pathway in Powys, addressing growing demand as over 50% of adults are overweight or obese. The paper noted that the pathway consists of four levels:

- Level 1 is a nationally accessible online resource (Healthy Weight Healthy You)
- Level 2 is delivered by the local dietetics team.
- Level 3 by the Powys Living Well service.
- Level 4 involves externally commissioned bariatric surgery.

Key developments include a single GP referral point for Levels 2–4, expanded 2024-25 capacity, a six-pillar programme implementation, improved data tracking, and a Q1 2025-26 medication pilot to address rising demand.

Members asked the following questions for assurance:

How soon will the medical weight loss pilot transition to full implementation, addressing equity and patient preference? Will this shift resources from traditional programmes, and what is the timeline for evaluating the pilot and deciding next steps?

EL advised the teams have prioritised developing a more sustainable, future-oriented model, emphasising the expansion of accessible online resources.

What steps are being taken to improve coordination between Level 2 and Level 3 services, particularly regarding data monitoring and impact assessment, to better evaluate the effectiveness of these programmes and inform future investment?

EL advised the programme offers extensive digital resources and a thorough Level 3 assessment to guide individuals to suitable services. Efforts continue to improve accessibility and address the gap between Level 2 and Level 3 for better impact tracking. While the six-pillar approach promotes holistic health, sustaining long-term outcomes remains a challenge.

How is inequity in accessing costly medical weight loss services being addressed? What steps are underway to boost voucher uptake and reduce unclaimed commercial weight management vouchers?

HT advised the medical weight loss pilot will run for at least three months to assess effectiveness and equity, working closely with national partners on eligibility and costs. Further updates on the commercial weight management offer will follow.

The Committee:

- **RECEIVED** the contents of this report and the data provided by the level 2 and level 3 services on progress towards the provision of a weight management pathway for adults,
- **NOTED** the national developments highlighted in this report, including the introduction of a pilot programme for delivering weight management medication as part of the level 3 service,
- **NOTED** the increased demand for weight management services seen at levels 2 and 3,
- **NOTED** the proposal for further work to be done by the services to continue to develop and implement processes to monitor key service delivery data including activity and outcome data,
- **NOTED** increased local promotion of the national online level 1 offer including as part of the level 2 and 3 service offerings,
- **NOTED** a shared approach to reporting on the development of weight management services,

- Took **ASSURANCE** appropriate reporting mechanisms are in place.

5.6 HEALTHY CHILD WALES PROGRAMME (CR) HEALTH VISITING PROGRAMME (PPPH/25/011)

ZA introduced SD to present the Healthy Child Wales Programme (HCWP) in Powys, delivered by health visiting, school nursing, and Flying Start teams. Current caseloads are at full capacity, with staff shortages and a lack of recommended staffing uplifts impacting service delivery. This has led to a decline in six-month contact rates and risks in school nursing due to high child protection caseloads. The extended HCWP rollout for school-aged children is underway, with a two-year timeline to 2026. Workforce planning focuses on resource realignment, integrated models, improving immunisation, and meeting staffing targets to ensure full delivery.

Members asked the following questions for assurance:

Do the current capacity challenges in delivering the Healthy Child Wales Programme warrant a formal service review similar to previous reviews in midwifery and mental health, or is the ongoing workforce remodelling sufficient to address service gaps and achieve the desired improvements?

NJ advised the service is undergoing major transformation by integrating health visiting models, reviewing administrative support, and adopting digital tools. Despite capacity constraints from rising child protection cases and interim staffing, measures such as centralised clinics, enhanced supervision, and aligned postnatal care ensure safe, prioritised delivery. The workforce plan aims to build a stable, sustainable structure with key roles to support long-term resilience.

What is the expected timeline for completing the current workforce remodelling and transitioning to the new, stable delivery model?

ZA advised the workforce remodelling began in March and is expected to be completed by the end of this month, establishing a robust and substantive structure moving forward.

Given the current risks and assurance mechanisms in place, is further escalation or a separate in-depth review of health visiting services necessary, or can ongoing oversight through the existing Integrated Quality and Performance Group process remain sufficient?

HT noted progress so far is reassuring, but deliverability of future options will require ongoing evaluation. While the situation has not yet reached escalation, failure to resolve workforce planning could trigger it.

Should we challenge or revise the national health visitor caseload benchmarks to better reflect the geographical and socioeconomic complexities of delivering services in rural and deprived areas like Powys?

HT advised that the workforce review tackles challenges in geography, team size, and access, with digital tools like e-consent boosting efficiency. Service safety and rurality remain priorities, with strong advocacy to include rurality in outcome measures.

How is the school nursing service adapting to meet the needs of home-educated and alternatively educated children, and how can we ensure these groups are effectively reached?

HT advised a more strategic conversation with Welsh Government is needed regarding deliverability in rural contexts.

Action: Further update to be given on the next Committee

The Committee:

- **RECEIVED** the paper, and
- Took **ASSURANCE** on:
 - Children's Public Health Nursing provision
 - Healthy Child Wales Programme implementation for school-age children
 - Local and national governance of reporting
 - Immunisation programme progress
 - Statutory safeguarding responsibilities.

5.7 COMMITTEE RISK REGISTER (PPPH/25/012)

HB advised that the Board had approved the Board Assurance Framework in March 2025 and work was underway to create a Strategic Risk Register and Organisational Risk Register which would be brought to Board in May 2025.

The Committee NOTED the update.

5.8 Annual assessment of Committee Effectiveness (PPPH/25/013)

HB reported that the Committee Effectiveness Survey, with consistent questions had received six responses (four Independent Members, two Executive Directors). Feedback was incredibly positive, with no negative results and few neutral positions. Slide 23 showed strong assurance across remit and culture.

A light-touch governance action plan will focus on:

1. Learning and Improvement
2. Routine Items balance
3. Clarifying Primary Care Planning role
4. Strengthening Partnerships assurance

The plan will be presented to the Committee in August 2025, with themes reviewed at the Chairs Forum. Further reflections are welcomed.

Members asked the following questions for assurance:

Is there scope to realign items across committees, provided clear oversight is maintained?

HB told the Committee that agile movement of items between committees, for example neurodevelopmental services had worked well. With current tracking systems, via the action log, this flexible approach will continue and be monitored via the Chairs Forum.

How can assurance be given that each committee takes focused action while maintaining oversight of individual outliers that may otherwise be overlooked?

HB advised that outliers are checked both within and across Committees as the action plan is finalised.

The Committee **DISCUSSED** the summary of the Committee Effectiveness survey and any areas for action/improvement.

5.9 COMMITTEE TERMS OF REFERENCE REVIEW (PPPH/25/014)

HB presented the report outlining the purpose of this paper was to consider the Committee Terms of Reference to ensure they remains fit for purpose. Key changes clarified its distinct role from the Patient, Experience, Quality, and Safety Committee, defined partnership responsibilities under the new governance framework, and confirmed it as the Board's sole assurance for the Well-being of Future Generations Act. Feedback from the meeting will be included before Board submission.

The Committee:

- **ENDORSED** the proposed amendments to the Terms of Reference
- **IDENTIFIED** any further potential amendments, and
- **AGREED** 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 2025 for approval.

6. ITEMS FOR DISCUSSION

There are no items for inclusion within this section.

7. CONSENT AGENDA

7.1 INTERNAL AUDIT REPORT (PPPH/25/015)

The Committee **RECEIVED** the Internal Audit Report on Additional Learning Needs Legislation which had been received by the Audit, Risk and Assurance Committee on 11 March 2025. This internal audit had reported Reasonable Assurance.

7.2 NWSSP PERFORMANCE REPORT (PPPH/25/016)

(FOR ASSURANCE)

The Committee **RECEIVED** the NWSSP Report

7.3 JOINT COMMISSIONING COMMITTEE PLANNING, PERFORMANCE & FINANCE SUB-COMMITTEE HIGHLIGHT REPORT (PPPH/25/017)

The Committee **RECEIVED** the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Highlight Report from the meeting held on 18 March 2025.

7.4 POWYS TEACHING HEALTH BOARD (PTHB) GLOSSARY (PPPH/25/018)

The Committee **RECEIVED** the PTHB Glossary.

7.5 COMMITTEE WORK PROGRAMME (PPPH/25/019)

The Committee **RECEIVED** the Work programme.

8. OTHER MATTERS

8.1 ANY OTHER URGENT BUSINESS (PPPH/25/020)

There was no urgent business raised.

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/25/021)

No items were raised.

8.3 COMMITTEE REFLECTIONS (PPPH/25/022)

The following summary and reflections were provided by Committee members:

- Public Health's work on child obesity is impressive and worth including.
- NJ's point about reviewing the approach to the strategic change papers stood out.
- Review of agenda planning timings was suggested.

8.4 DATE OF THE NEXT MEETING (PPPH/25/023)

14 August 2025 at 10:00, via Microsoft Teams.

Meeting closed: 12:41