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Powys Teaching
Health Board

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

CONFIRMED MINUTES OF THE MEETING HELD ON 18 MAY 2026 HELD VIA MICROSOFT TEAMS

MEMBERS		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Stephen Elliot	SE	Independent Member (Committee Vice-Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
IN ATTENDANCE		
Mererid Bowley	MB	Director of Public Health
Helen Bushell	HB	Director of Corporate Governance
Carl Cooper	CC	PTHB Board Chair
Tracey Deacon	TD	Head of Service: Public Health Programmes and Projects
Owen Hughes	OH	Head of Pain and Fatigue Management
Nicola Johnson	NJ	Director of Planning
Mathew King	MK	Deputy Director Therapies and Health Sciences
Clare Lines	CL	Assistant Director Partnership Development
Adrian Osborne	AO	Deputy Director of Communication, Engagement and Corporate Governance, Engagement and Communication
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Sciences and Digital
Adrian Osborne	AO	Deputy Director of Communication, Engagement & Corporate Governance
Amie Symes	AS	Director of Midwifery, Women and Family Health
Hayley Thomas	HT	Chief Executive Officer
Raychelle Lewis	RL	Corporate Governance Officer
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Stella Gwynne	SG	Deputy Board Secretary
Paul Hooton	PH	Executive Director of Nursing, Quality, Women & Family Health
Pete Hopgood	PH	Deputy CEO & Director of Finance
Elaine Lorton	EL	Executive Director of Primary Care, Community & Mental Health

Debra Wood-Lawson	DW-L	Executive Director People, Culture and Transformation
1. PRELIMINARY MATTERS		
1.1 WELCOME AND APOLOGIES FOR ABSENCE (PPPH/26/001)		
The Chair welcomed everyone to the meeting. Apologies for absences were received as recorded above.		
1.2 DECLARATIONS OF INTEREST (PPPH/26/002)		
No declarations of interest were received in addition to those already recorded on the register.		
2. CONSENT AGENDA BUSINESS		
The Chair asked Members if they wished to bring forward any items from the Consent agenda to the main agenda.		
No items were requested for inclusion in the main agenda.		
3. ITEMS FOR APPROVAL / RATIFICATION		
3.1 MINUTES OF PREVIOUS MEETING (PPPH/26/003)		
The minutes of the meeting held on 03 February 2026 were CONFIRMED as an accurate record.		
3.2 ACTION LOG (PPPH/26/004)		
The Committee RECEIVED the Action Log, and the following updates were provided:		
HB updated the Committee that the previously red-rated action on sharing documentation about key service changes with other Health Boards had been resolved. Members were informed that summary information had been circulated late in the previous week, and it was proposed that the action now be closed. The Committee were also advised that, going forward, information on major service changes affecting Powys' borders would be shared with members as relevant.		
3.3 ANNUAL WORK PROGRAMME 2026/27 (PPPH/26/005)		
HB updated the Committee on the Annual Committee Work Programme, which was constructed through a review of the prior year's activities, the Committee's Terms of Reference (ToR), and the Strategic Risk Register (SRR). Members were informed that the programme had undergone further review with contributions from Committee members and is designed to remain adaptable throughout the year as reports, priorities, and circumstances evolve. It was noted to the Committee that the programme has been published alongside the board papers; however, any comments or proposed amendments would still be incorporated into the upcoming Board meeting.		
Independent Members asked the following questions for assurance: <i>Would the Third Sector Review be included in the Annual Work Programme and, if not, should it be scheduled for regular future updates?</i>		

NJ mentioned that the Third Sector Review was not included in the Annual Work Programme for return but suggested that providing the Committee with a one-page update every six months would be useful.

Action: Director of Planning

4. ESCALATED ITEMS

4.1 ORGANISATIONAL ESCALATION (PLANNING COMPONENT) (PPPH/26/006)

NJ updated the Committee on key areas in relation to the progress on Planning and Strategy related to the de-escalation criteria.

The Health Board had submitted its Annual Plan at the end of March 2026 but was unable to fulfil the statutory obligation to submit an Integrated Medium-Term Plan (IMTP).

The Welsh Government (WG) sent a rapid response letter in April 2026, addressing finance and performance issues, with a comprehensive reply regarding the broader plan expected later in the year. It was explained that a consolidated response letter and accompanying pack would be sent to the escalation board in May 2026, prior to the June meeting, aiming to meet annual plan requirements while keeping the Board aligned with key planning parameters. The ongoing delivery of the plan will be tracked quarterly by both the Finance and Performance Committee and the Board.

The Joint Health and Care strategy was extended with partner organisations to ensure a stable framework for delivery, especially supporting transformation, clinical services, and recovery initiatives. The Better Together programme entered its pre-engagement phase for consultation, focusing on community models, patient flow, unscheduled care, mental health, and urgent and emergency care. A deliberative event is set for June, with formal consultation anticipated in early autumn and a Board decision planned for May 2027. The Committee was also notified that the annual planning maturity matrix had been submitted to WG after prior Committee review; only verbal feedback has been received so far, and a further update or presentation on that feedback will be provided at the next Committee meeting.

The Committee:

- **RECEIVED** the report, and
- took **ASSURANCE** that appropriate mechanisms were in place to monitor and report to the Board (and its Committees) against the Level 4 de-escalation criteria.

5. ITEMS FOR ASSURANCE

5.1. STRATEGIC CHANGE REPORT AND ENGAGEMENT REPORT (PPPH/26/007)

NJ updated the Committee on the latest strategic changes affecting commissioned services across Powys' borders, with particular emphasis on stroke services. A consolidated summary of current and proposed changes had been provided to give a clearer overall picture of cross-border developments and their implications for Powys.

It was noted that Hywel Dda had brought forward a revised option following consultation, and that the Health Board had continued to advocate for the interests of the Powys population in response to those proposals. It was highlighted that these external changes would need to be reflected in future local planning, particularly in relation to stroke rehabilitation and early supported discharge.

It was also advised that work was underway to clarify Powys' own delivery model so that patients could, where appropriate, be brought back to Powys earlier in their pathway, helping to reduce travel pressures on families and strengthen local expertise and service capacity. Further discussions were planned with the Welsh Ambulance Services Trust to understand whether the changing service landscape might alter patient flow and catchment arrangements, including whether patients from Powys might in future be directed more towards Shrewsbury in the north or the Grange in the south.

Independent Members asked the following questions for assurance:

Does the revised or further stroke option being considered by Hywel Dda partially or fully address the concerns that had previously been raised?

NJ clarified that the revised stroke option did not fully resolve Powys population concerns. While acute stroke rehabilitation would remain at Bronglais and specialist care at Glangwilli, travel to Carmarthen would still be difficult for many. The practical implications of the revised rehabilitation model are unclear, though it may enable some patients to return to Aberystwyth sooner, but this is not certain.

It was emphasised that the Health Board continued to advocate for a Powys-first approach to rehabilitation, with the aim of enabling patients to return to Powys as early as possible, including through earlier supported discharge at home where appropriate.

Assurance was requested to confirm that the Better Together programme is aligned with service changes in Wales and England, ensuring future options in Powys consider services potentially delivered outside the county?

NJ confirmed that the Better Together programme was taking account of the wider service changes as part of the strategic context. It was noted that bringing the cross-border changes together in one place had been valuable, as it helped those involved in the pathways to understand the full picture and reflect it in future planning.

Clarification was requested on the impact of NHS England's changes, including Integrated Care Board (ICB) restructuring and new oversight measures, and their effects on Powys' planning and collaboration with English partners.

NJ explained that NHS England is undergoing significant changes, with larger ICBs and more integrated leadership models. For Powys, immediate commissioning impacts are minimal, as existing provider relationships remain. The Health Board is closely monitoring developments for potential learning and influence.

AO noted that the cross-border issues raised in discussion were also being considered nationally through the UK Parliament Welsh Affairs Committee inquiry into cross-border healthcare, and that Welsh health boards had been invited to attend an evidence session in June. It was advised that full confirmation had not yet been received from Hywel Dda on the next steps for its stroke model, although an update was expected at its forthcoming board meeting and this information would be shared once available. No further service change updates had been received since the report had been prepared, partly because engagement and consultation activity across the NHS had been paused during the election period, meaning that some neighbouring organisations had not yet confirmed how they would proceed with changes on the current watch list.

Clarification was sought on who had represented Powys at the Mid Wales Joint Committee workshop on 20 April, and whether an update could be provided on the outcome of those discussions, either at the meeting or subsequently by email.

NJ confirmed the workshop featured open discussion between the three Health Boards on whether the Mid Wales Joint Committee's current form and remit were still needed. While original concerns had changed, there was consensus that rural health issues, workforce challenges and health inequalities in Mid Wales still required joint focus. Progress had been made with service stabilisation and community-based delivery, but no final decision was reached on the future model, with consideration given to alternative collaborative arrangements.

HT noted that recommendations and options arising from the workshop were still being drafted and would be shared once received. It was also highlighted that participants had strongly emphasised the importance of maintaining engagement and focus on Mid Wales issues, although the detailed proposals remained a work in progress.

Clarification was sought on whether there was a common understanding of what a Clinical Plan should look like, and whether there was a good example the Committee could review, given that different Boards might be using the term in different ways?

NJ advised the Committee members that there was no national template or guidance defining what a clinical plan should look like, beyond the planning framework expectation that health boards should have a five-year clinical services plan. Health boards were taking different approaches and were at different stages of development, although examples from elsewhere were being reviewed continuously to support local learning. One of the more developed examples had been Aneurin Bevan's Clinical Futures programme, which was now in its delivery and benefits-tracking phase.

It was noted that shared learning was taking place through directors of planning, clinical services plan leads, and engagement peer groups, while Welsh Government had begun developing a national clinical services plan to provide greater coherence going forward.

Clarification was requested about when Cwm Taf Morgannwg University Health Board (CTMUHB) will provide further details on its next steps, the status of commitments to the South Wales programme, and when a decision is expected?

NJ noted that CTM's next steps remained unclear, that the temporary stroke change had been extended for a further 12 months pending evaluation, and that the wider position continued to be kept under review.

AO left: 10:39

OH joined: 10:58

AS joined: 10:58

The Committee:

- **NOTED** the report, and
- **DISCUSSED** the content.

5.2. ADULT WEIGHT MANAGEMENT PATHWAY UPDATE (PPPH/26/008)

OH updated the Committee that the adult weight management services in Powys were in a relatively strong position compared with other parts of Wales. Members were informed that waiting times were shorter, WG guidance had been fully implemented, and eligible patients could access weight management medication through a robust service model.

It was highlighted that a single point of access for General Practitioners (GPs) had been established, enabling patients to move more easily between Level 2 and Level 3 services. It was also noted that, while Level 2 waiting times remained longer than desired, plans had been developed to improve efficiency and provide support at the point people were ready to engage. It was advised that the service was becoming more joined up, that people were being identified earlier, and that proactive work in primary care was helping to address medical causes sooner and support earlier intervention.

Independent Members asked the following questions for assurance:

Assurance was sought on whether data was available on how well people accessing Level 2 and Level 3 services sustained their weight loss over time, including the rate of referral back into the service?

OH advised that long-term re-referral data was not yet available, as the weight management medication pathway ran over two years and the service had not yet reached that point. Evidence suggested some weight regain was likely after medication stopped, and that a maintenance phase had therefore been built into the service to support people after active intervention.

It was also noted that people could return for support without restarting the whole process, either through group or individual support, and that outcome measures and dashboards were in place to monitor the service. While follow-up data after

discharge was harder to collect, the service viewed people coming back for support as a positive and intended feature of the model, rather than a failure.

Could assurance be provided that return on investment was being tracked as far as possible using available data?

OH advised that the direct cost of weight-loss medication within the service had remained relatively limited, as only a small number of patients were receiving prescriptions under the Welsh Government criteria. Most Glucagon Like Peptide (GLP-1) expenditure related to diabetes treatment rather than weight management, and that only around 20 people were receiving weight-loss medication through the service at that time.

It was also noted that some people in the community were self-funding medication and were being supported through other parts of the programme. The service was delivering a strong return on investment by operating flexibly and efficiently with comparatively modest resources.

Does the use of online E-Learning within the Level 3 offer create a barrier to engagement, and are alternative arrangements made available where needed?

OH advised the members that digital delivery had been adopted as the default model to improve accessibility and inclusion, while face-to-face appointments had remained available for anyone who preferred them. This approach had reduced travel barriers and had proved particularly helpful for people in employment, as it allowed them to access support more flexibly.

Is there any work had been undertaken to use countryside access, walking and nature-based activity as part of the weight management offer?

OH stated that nature-based activities were being used as part of the weight management offer, including Nordic walking courses designed to build confidence and help people become more active. This support was intended as a stepping stone into wider community opportunities, with participants being encouraged to move on to activities such as parkrun and local free walks once their confidence had grown. It was noted that this approach was helping people make practical use of Powys' natural environment and that similar work was planned in the north of the county.

Confirmation was sought on whether the Business Plan was an internal or external application?

OH explained the business plan was for internal use, aiming to monitor rising costs as weight management medication became more common. Overall, weight-loss medication costs were still lower than diabetes prescriptions. Access to injections was strictly managed, requiring patient engagement and lifestyle changes. Some chose to self-fund, while others opted out due to side effects.

Is there was any unevenness in connectivity between the service and primary care across Powys, which might result in different experiences for people living in different parts of the county?

OH noted that referral patterns were broadly even across Powys, with data showing similar levels of referral from all areas of the county. Some areas of deprivation had been identified as needing greater focus, particularly to support earlier intervention and prevent problems becoming more chronic. It was highlighted that this would form part of future service development, including closer work in North Powys and collaboration with primary care to strengthen local weight management support.

OH left: 11:16

The Committee:

- **NOTED** the contents of the report and the data provided by the level 2 and level 3 services relating to the weight management pathway
- **NOTED** the developments highlighted in the report, including the delivery of weight management medication as part of the level 3 service,
- **NOTED** the opportunities described in the report for closer integration of the level 2 and level 3 services, particularly in the context of national work related to the Obesity Pathway Innovation Programme being led by Public Health Wales

5.3. HEALTHY CHILD WALES PROGRAMME (CR) HEALTH VISITING PROGRAMME/26/009)

AS highlighted key areas from the Healthy Child Wales Programme:

It was noted that Children's Public Health Services in Powys offer preventative support from birth through school years, including Health Visiting, School Nursing, Healthy Child Wales, and immunisations. Services are established with Governance in place, but teams are small, rural travel is significant, and workforce flexibility is limited, creating pressures.

Covering staff leave and training is challenging, which can impact timely contacts. The Newtown pilot blending Health Visiting and Flying Start caseloads has improved flexibility and efficiency and will be expanded across Powys. School Nursing and Health Child Wales programmes have progressed steadily. E-Consent for teenage immunisations has been introduced, with paper consent still available. The flu immunisation campaign faced challenges due to late system introduction and limited staff training time. Improvements are ongoing, and early results for the HPV campaign are positive. Safeguarding is a key focus, with school nurses supporting many cases including around 130 children on the child protection register. Leadership and safeguarding teams provide oversight, and ongoing improvement is needed given workforce and rural challenges.

MB welcomed the Flying Start expansion, which is ensuring children get support based on need. Early intervention is important for improving outcomes, and school readiness will be a future focus. The impact of E-Consent on vaccination uptake will continue to be monitored.

Independent Members asked the following questions for assurance:

Clarification was sought as to whether Flying Start is funded by Powys County Council (PCC) and would therefore continue, with no separate review being undertaken by the Health Board as it is not directly within its control?

AS confirmed, that was the case.

What is the purpose of the Workforce Review?

AS confirmed the workforce review is intended to assess whether current caseloads are appropriate, taking account of the number of safeguarding cases, the wider demands of the role, and whether teams are positioned where children and families most need them. It is also being considered from a broader population health perspective. Alongside this, the review will consider national recommendations on staffing uplifts. Unlike many other nursing and midwifery services, these teams have not typically had additional staffing allowances built in for annual leave, sickness, and training, and the Chief Nursing Officer has asked all Health Boards in Wales to review this.

What are the implications of conforming to the nurse staffing levels?

AS confirmed that the first step is to make sure the current workforce is being used as efficiently and effectively as possible. The blended model is expected to improve how staff work and how services are delivered. Once that review is complete, the team would decide whether additional staffing is needed. If an uplift is recommended, this would likely require a business case, but the exact implications cannot be confirmed until the review has been completed.

How are we managing the safeguarding risk, given the fragility of the school nursing service and the number of children on the child protection register?

AS confirmed that safeguarding support is robust, with strong leadership, close collaboration with social services, and regular audits to ensure appropriate care plans. There are no concerns about safeguarding quality, but high caseloads require careful prioritisation by staff.

HB clarified that, if this issue is considered a risk, it currently sits at Directorate level rather than on the Corporate or Strategic risk register. It would only be escalated if the directorate could no longer manage it within its own resources. This does not appear to be an omission but rather reflects how the organisation's risk framework operates. Appropriate systems are in place to identify, assess and escalate the risk if needed.

HT reassured the Committee about the focus on safeguarding and support arrangements. Recent joint reviews confirmed strong partnership working. The issue is not currently a corporate risk, but this may change if needed. The challenge of sustaining rural services was noted, highlighting the value of the blended workforce model and national efforts to address rural caseloads. There are

currently no safeguarding concerns requiring escalation, but the situation will be monitored.

AS left: 11:37

The Committee:

RECEIVED the report and took **ASSURANCE** in relation to:

- Provision of Children's Public Health Nursing in PTHB
- Progress of implementation of the Health Care Wales Programme (HCWP) for school age children
- Governance and reporting arrangements in place locally and nationally for the programme
- Progress of the immunisation programme
- Statutory responsibilities regarding safeguarding

5.4. WHOLE SYSTEMS APPROACH TO PREVENTION OF OBESITY (PPPH/26/010)

MB introduced the paper to the Committee and noted that this was the annual report on the whole-systems approach to preventing obesity. Members were informed that the report was written with this context in mind, and the presentation aimed to highlight key progress areas and included a short film to illustrate the work. It was also noted that leadership throughout the past year had been valued.

TD gave an update on the work which had continued as part of a wider whole-systems approach to healthy weight, aligned with the Public Service Board (PSB), Regional Partnership Board (RPB), the Health Board, and the new healthy weights delivery plan published in September. It was noted that the focus had been on early years, embedding the work into existing systems and creating environments that supported healthy weight.

It was highlighted that the breastfeeding welcome scheme had helped to shift social norms by increasing the number of registered settings. The Committee were shown a promotional video on the Gold Standard Healthy Snack developments and informed that it had been produced to support awareness and engagement. It was advised that significant work had been undertaken to develop the Gold Standard Snack Award and to support early years settings to achieve it. This had included helping settings strengthen policies and practices, supported by short-term funding for a practitioner working three days a week with small numbers of settings to help embed the approach.

Independent Members asked the following questions for assurance:

How far the programme's reach extended across childcare settings in Powys and how many settings had achieved the Gold Standard Snack Award?

TD reported that fifteen out of around ninety settings in Powys had achieved the Gold Standard Snack Award, with the programme also reaching others through training and communication. Some award requirements were influencing family habits, such as choosing fruit or non-food options instead of birthday cake, and feedback was positive. A Family First pilot provided families with subsidised fruit

and vegetable boxes, shared meals and cooking sessions to support healthy eating at home.

How are the interventions' impacts on broader outcomes like healthy weight and dental health measured to help the Committee assess their effectiveness?

MB explained that the impact of the programme is not easily tracked individually, as it aims to shift culture and promote healthier behaviours across the wider system. The programme aimed to shape children's food preferences early, encouraging them to try more fruit and vegetables. It is part of a broader approach, including schools, retail, and policy, with tackling obesity requiring ongoing, multi-level action.

Is the work funded through the RPB or directly by the Health Board, how sustainable are the funding arrangements in the longer term?

MB confirmed that the work was funded through a preschool grant received from Public Health Wales from WG, with current funding confirmed until March 2027. It was noted that a national review of that funding had commenced, and that early clarity on future arrangements had been requested. It was also noted that the work was linked to the Healthy Schools programme and that this area had been grant funded for around ten years.

The Committee:

- **NOTED** the contents of the 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'

5.5. PTHB COMMISSIONED THIRD SECTOR SERVICES REVIEW (PPPH/26/011)

CL gave a review of the Third Sector Services was carried out between September and December 2025, covering 24 organisations and around £1.5 million of direct Health Board commissioning. It assessed strategic fit, evidence, impact, value, equality, prevention, governance and risk. The review found strongest evidence in mental health and end-of-life services, but also highlighted gaps in county-wide coverage, sector fragility, limited collaboration, and weak information on outcomes and value. It also identified that current arrangements are not compliant with procurement requirements.

Next steps are to become compliant over 18 months, continue working with providers and NHS Wales Shared Services, explore opportunities for streamlining and joint commissioning, and phase implementation in line with wider national and local work.

Independent Members asked the following questions for assurance:

Assurance was sought for continued communication with Llais in relation to any potential services changes including communication, engagement and consultation?

KB left: 12:00

NJ confirmed that this is not currently being treated as a service change, but as a review of the commissioning arrangements that support the existing service model. On that basis, it is not considered to meet the threshold for formal engagement. However, Llais will continue to be kept updated through regular meetings, particularly so any community concerns can be identified early through the citizens' voice route.

In terms of next steps, what opportunities are there to for co-production to co-construct the future solutions?

CL stated that current work is focused on technical requirements, procurement compliance, and developing service specifications. Full co-production is limited due to legal requirements, but there will still be engagement on specifications, with formal market engagement handled by shared services procurement. This work forms part of the Better Together strategy, with previous broader discussion. The immediate priority is legal compliance for the Health Board.

Clarification was requested on when the 18-month compliance period for the Procurement Act begins, and what Third Sector Organisations should expect regarding contract and commissioning review timing and direction.

CL confirmed the 18-month compliance period began at the start of the financial year and will be phased, with some areas progressing quicker. Initial focus is on hospice and end-of-life services and consolidating voluntary bureau arrangements under PAVO. Mental health specifications will follow later, with timing dependent on procurement needs and engagement. With few staff leading, prioritisation is necessary to address the Health Board's unlawful position. The specification process also aims to better align services with the Preventing the Preventable strategy.

Could an update on the current position and provide reassurance to Third Sector Organisations that area continuing to deliver good services?

HT emphasised the vital role of the Third Sector in supporting the Health Board, filling gaps in statutory services and boosting community resilience. Although the sector often provides better value, procurement compliance remains essential. The Health Board is committed to working with partners to ensure a sustainable Third Sector in Powys, balancing immediate technical requirements with long-term strategic goals. The process will require strong relationships with providers and regular reviews, including six-monthly progress updates.

CL left: 12:09

CM left: 12:30

The Committee:

- **RECEIVED** the report as an UPDATE on progress in relation to the third sector services commissioned by Powys Teaching Health Board (PTHB) which were reviewed between September and December 2025.

5.6. COMMITTEE RISK REGISTER (PPPH/26/012)

HB gave an update on the Committee Risk Register confirming it remains valid and current, but it is also under active review. There are the four formal strategic risks within the Committee's remit, and while they do not change frequently, they will be reconsidered in light of the Health Board's annual plan and wider risk management framework. The update presented was the same as that previously reported to Board, noting that strategic risks are reviewed and reported on a cyclical basis. A fuller review is underway, including consideration of how these strategic risks relate to operational risks, with any proposed amendments due to come back to the July Board.

The Chair confirmed strategic risks remain valid but are being reviewed as part of annual planning and the risk management framework. Members discussed transformation risk, the effect of savings targets on the Better Together portfolio, and ongoing efforts to protect resources. Primary care risk remains high, and financial pressures may hinder progress on prevention.

The Committee:

- **RECEIVED** the strategic risks within the Committee's remit.
- **DISCUSSED** any relevant issues; and
- took **ASSURANCE** that risks are being managed in line with the Risk Management Framework.

6. ITEMS FOR DISCUSSION (PPPH/26/013)

MB updated the Committee that, following recent developments, Powys is actively involved in the national incident management response to the hantavirus outbreak linked to a cruise ship. It was confirmed that there are currently no confirmed cases in Wales, but appropriate pathways and support arrangements are in place for people identified as at risk or as contacts of positive cases.

The Chair noted that a regular spot in each Committee for any key updates would be beneficial

Action: Director of Public Health/Director of Corporate Governance

7. CONSENT AGENDA (PPPH/26/014)

The reports below were taken under the Consent Agenda and recommendations supported:

- **FOR ASSURANCE:**
 - 7.1 NWSSP Performance Report
 - 7.2 JCC Planning, Performance and Finance Sub Committee Highlight Report (17 March & 23 March 2026)
- **FOR INFORMATION:** 7.3 Glossary
- **FOR APPROVAL:** 7.4 Committee Annual Report

8. OTHER MATTERS

8.1 ANY OTHER BUSINESS (PPPH/26/015)

None

8.2 ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/26/016)

None

8.3 COMMITTEE REFLECTIONS (PPPH/26/017)

The following feedback was noted:

- Members noted that the agenda felt well balanced and enabled proper scrutiny of substantial items while still finishing early.
- Members welcomed the strong preventative focus across the agenda, particularly the three items highlighting this work.
- The discussion was seen as positive and optimistic, with appreciation for the quality of the presentations and chairing.

8.4 DATE OF NEXT MEETING (PPPH/26/018)

15 September 2026, 10:00 via Microsoft Teams.

Meeting closed at: 12:29