

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Confirmed Minutes of the Planning, Population Health and Partnerships**  
**Committee held in Public on 20 August 2024**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Clare Budden	Independent Member (Chair of PPHP Committee)
Caroline Turner	Independent Member
Billy Nichols	Independent Member
<b>In Attendance</b>	
Chris Stockport	Executive Director of Transformation and Strategic Planning (Executive Lead)
Jane Moore	Acting Executive Director of Public Health
Helen Stevens-Jones	Director of Partnerships, Engagement and Communications
Dylan Roberts	Chief Digital and Information Officer
Dyfed Edwards	BCU Chair ( <i>Observer</i> )
Pam Wenger	Director of Corporate Governance
Nesta Collingridge	Head of Risk Management ( <i>Part meeting</i> )
Tom Barham	Chief Officer, Denbighshire Voluntary Services Council ( <i>Part meeting</i> )
Kathryn Lang	Assistant Director of Data, Intelligence & Insight ( <i>Part meeting</i> )
Russell Caldicott	Interim Executive Director of Finance ( <i>Part meeting</i> )
Denise Roberts	Head of Capital, Compliance and Business Improvement ( <i>Part meeting</i> )
Sam Lauder	Assistant Director for Health Protection ( <i>Part meeting</i> )
Andrew Doughton	External Audit ( <i>Observer</i> )
Olivia Jones	Graduate Trainee ( <i>Observer</i> )
<b>Committee Support</b>	
Laura Jones	Project Support Manager (Corporate Governance)

<b>Agenda Item</b>	<b>Action</b>
<b>OPENING BUSINESS</b>	
<b>PP24/45 Welcome and Apologies</b>	
<b>PP24/45.1</b> Apologies were provided for Gareth Williams and Philippa Peake-Jones. The Chair welcomed Tom Barham, Chief Officer, Denbighshire Voluntary Services Council to the meeting.	
<b>PP24/46 Declarations of Interest</b>	
<b>PP24/46.1</b> No declarations of interest were raised.	
<b>PP24/47 Unconfirmed Minutes of Meeting held on 18.06.24</b>	

<p><b>PP24/47.1</b> The minutes were approved as a true and accurate record.</p>	
<p><b>PP24/48 Matters Arising &amp; Table of Actions</b></p> <p><b>PP24/48.1</b> The Director of Corporate Governance made reference to the new format for the action log. The Acting Executive Director of Public Health referred to the action relating to the delivery plan confirming that a delivery plan will be presented to the October meeting and a broader delivery plan is being developed to provide an overview of the population health agenda.</p>	
<p><b>PP24/49 Developing our Partnerships (Perspective from our Voluntary Services)</b></p> <p><b>PP24/49.1</b> The Chair welcomed Tom Barham, Chief Officer for Denbighshire Voluntary Services Council to the meeting. The Chair stated the need for the Committee to start “looking outwards” and building networks and partnerships and inviting Tom Barham to attend the Committee provides an opportunity to hear from a partner perspective, understand how they can support the Health Board in delivering its priorities and also how the Health Board can be a better partner in return. The Chief Officer confirmed that Denbighshire Voluntary Services Council in one of six charities across North Wales who aim to support and develop the third sector. The charities work at a local level but also have a broader partnership with Welsh Government. The Bevan Commission have recently developed a report on the values and value of the third sector focusing on collaboration with the statutory sector to delivery health and social care in Wales, it was agreed to circulate the document outside of the meeting.</p> <p><b>PP24/49.2</b> The Chief Officer highlighted some of the aims of the Voluntary Services Council which include being agile, resilient, trusted, connected into the local communities and value driven. There are approximately 12,000 third sector organisations across Wales who deliver health and wellbeing in some form and are therefore a major partner for the Health Board. The Bevan report identified seven ways to address health and wellbeing which included hospital to home, social prescribing, addressing inequality and early intervention. There is a need to be responsive to the prevention agenda and connect with the local communities to provide wider benefits. Third sector organisations rely on secondary funding such as lottery, grants, and fundraising. There needs to be direct partnership working with the Health Board to address service pressures, financial issues, prevention, and early intervention.</p> <p><b>PP24/49.3</b> The Chief Officer referred to the recommendations in the Bevan report which included making use of existing third sector infrastructure, collaborative working, recognising current successes, early dialogue, prioritising investment and funding the sector appropriately. The Denbigh and Flint Show was highlighted as a recent event where BCU and the third sector joined together and provided a piece of engagement work that was very successful. The opportunities for joint working were also referenced in relation to the development of the Royal Alexandra Hospital. The third sector can help to reach</p>	<p><b>LJ</b></p>

people who require consolidated support and put communities at the heart of service design. The Health Board Chair stated that this is the time for the organisation to maximise the resource available within the local communities highlighting the need to be clear on what channels exist at strategic level to ensure the Health Board include third sector community groups as part of the planning process. There is a need to engage from an early stage to ensure the third sector are a central part of our strategic planning and be clear on the funding and delivery of outcomes.

**PP24/49.4** The Executive Director of Transformation and Strategic Planning referred to the positive feedback received in relation to the Denbigh and Flint Show and the need to make this joint working business as usual. Reference was also made to the development of the Royal Alexandra Hospital and the Executive Director of Transformation and Strategic Planning agreed to discuss the work relating to this with the Chief Officer outside of the meeting. The Executive Director of Transformation and Strategic Planning also suggested the need to identify ways to engage more successfully with the third sector, in the past it has been difficult to determine the touch points and stated an interest in understanding how to make changes in that space going forward. The Chief Officer shared the ambition for the third sector to have an independent voice highlighting that leaders within Denbighshire are currently coming together to discuss issues with the council. There is scope for work around innovation and there is a need to develop a structure with third sector groups to ensure longer term planning and strategic engagement.

**PP24/49.5** Independent Member Caroline Turner stated that there can be confusion when trying to understand the role of different organisations. It can be challenging working at strategic and Board level to feed into long term planning and it can also be challenging delivering services on the ground. There is a need to identify ways to connect and engage directly with people in the local communities which is an area where the Voluntary Services Councils can play an important role. The Acting Executive Director of Public Health referred to the focus on prevention and early intervention as this area requires a wide group of partners working together. There is a need to address top-down processes such as the models of care and the support required as well as bottom-up processes which are driven by change within the local communities and link in to wellbeing and the broader health agenda. The voluntary sector bring a range of skills and expertise and there is a need to consider the formal arrangements and build this in to the funding framework and the long-term strategic pathways to ensure better outcomes. There was also reference to Well North Wales and keeping people healthy, this work commenced through the Regional Partnership Board, there is a need for this to become multisector and this work will also form part of the Board workshop in September.

**PP24/49.6** The Director of Partnerships, Engagement and Communications suggested initially there is a need to commence the journey as equal partners and build trust between organisations. The work relating to the Royal Alexandra Hospital provides this opportunity however there is a need to provide a space to take this forward via local level and at Board level. Independent Member

CS

Caroline Turner stated that there are structures in place such as the Regional Partnership Board set up by Welsh Government however the Health Board also need to have direct links with the voluntary sector. Independent Member Billy Nichols queried how to improve engagement with hard-to-reach groups, the Chief Officer stated that the third sector is built around connections within communities therefore collectively we can find a way to reach people more easily. The Director of Corporate Governance stated the need to be specific on how we work better with our partners, develop a structure of partners to work with and create a plan that is realistic and deliverable. The Health Board Chair noted that this is about the whole health and wellbeing agenda and has the potential for greater traction at local level where help and support can be provided to create healthier communities.

**PP24/49.7** The Chair summarised the conversation around early dialogue, funding and engaging with hard-to-reach communities. It was agreed that this area of work needs to feed up to the Board and requires further discussion to confirm the next steps and plans on how to involve partners in our longer-term planning. It was agreed that the Director of Corporate Governance and the Director of Partnerships, Engagement and Communications would work together to capture the key themes, next steps and strategic approach to working with the Third Sector with oversight from the Chair. The Director of Partnerships, Engagement and Communications referred to a previous action from the April meeting stating that a paper on the third sector is due to be included on the agenda for the October meeting.

The Chair thanked the Chief Officer for joining the meeting and providing a strong offer for partnership working. The Chief Officer thanked the Committee for the opportunity to have the discussion and agree with the practical actions to take this forward.

*Tom Barham left the meeting*

**CB/PW/  
HSJ**

**PP24/50 Becoming an Intelligence Led Organisation**

**PP24/50.1** The Chief Digital & Information Officer introduced the presentation stating that this links in to workstream 6, becoming an intelligence led organisation which focuses on better use of data to inform decisions. The Assistant Director of Data, Intelligence & Insight took the Committee through the presentation making reference to the aim and starting point highlighting the gap between information provision and intelligence. Work has initially been focussed around planned care with emphasis on culture, confidence, and capability to ensure there is one place where all staff can access the same version of correct data. The team have reviewed the data lifecycle which includes eight stages with the aim of producing data that meets the needs of the organisation to allow this to be used in the right way to gain the biggest impact. There is a need to ensure the data is easy to understand and that there is a standard approach across the organisation. The Chief Digital & Information Officer highlighted the scale of the change required stating the need to address any people and process issues

which is currently being completed by initially focusing on planned care to allow the team to develop and adopt a successful approach that can be rolled out.

**PP24/50.2** The Assistant Director of Data, Intelligence & Insight referred to data maturity and the improvements made to date within planned care. There is a need to ensure that the data being reviewed internally is also the data that is being shared externally therefore the data needs to feed through the organisation in the right way to maintain one source of the truth. The work being completed links in to the Annual Plan and is currently focused on data to intelligence and data governance which includes ensuring staff know what, how and why we are reporting. The team are also looking to introduce a data quality kitemark to give people confidence in the data being used which will help to progress patient pathways in a more timely manner. Independent Member Caroline Turner agreed with the need to ensure staff understand what the data is being used for and where it will be reported such as the Board and the Senedd and queried whether training is being provided. The Assistant Director of Data, Intelligence & Insight confirmed that this requirement has recently been recognised. The Health Board Chair suggested the Board need to lead on this querying how we can combine the information being shared with the Board with the data being produced. The Assistant Director of Data, Intelligence & Insight suggested the need for employees to become intelligence led and putting in the challenge of requesting data to support the information being presented. It was agreed that the report template being developed needs to include reference to the supporting data as a standard requirement and that this is challenged where required.

PPJ/LJ

**PP24/50.3** There was discussion around capturing population health data and it was confirmed that the recent work relating to diabetes links in with this. The Chair suggesting this needs to link in with the cultural change programme and the Assistant Director of Data, Intelligence & Insight agreed to link in with Jason Brannan and Nia Thomas. The Director of Corporate Governance made reference to the Board Development session planned for October which will include discussion on the cultural change programme and queried how this can link in to that session. The Acting Executive Director of Public Health stated that this needs to be at the heart of public health as the data being provided in terms of ethnicity and deprived areas will highlight issues that will start to help the organisation transform services to maximise benefits for patients. The Chief Digital & Information Officer acknowledged the amount of work that has been completed by the team stating that the spider diagram can provide assurance to the Committee in terms of progress. It was agreed that the team would provide an update to the Committee on a bi-annual basis making reference to progress in relation to the spider diagram and the progress on the link to the cultural change programme. The Project Support Manager agreed to circulate the presentation outside of the meeting.

KL/DR

LJ

The Committee agreed that the item had been for assurance rather than to note and were assured by the approach being taken to become an intelligence led organisation and the progress made to date.

## PP24/51 Digital, Data and Technology Strategic Workstreams Update

**PP24/51.1** The Chief Digital & Information Officer presented the item stating that the paper provides an update on progress against the six workstreams included in the Annual Plan. The paper also references the request to provide an understanding of the relationship between Digital Health & Care Wales (DHCW) and the Health Board. It was confirmed that DHCW is a fairly new organisation and was previously NHS Wales Informatics Service (NWIS). The DHCW Executives have recently visited the Health Board and spent time on the wards to understand the impact and issues relating to the introduction of new systems. Reference was made to National programmes that were instigated before the introduction of DHCW, assurance was provided to the Committee that the DDaT Team have taken ownership of those programmes of work to ensure they are successfully completed. The Chief Digital & Information Officer highlighted that DHCW tend to initiate silo projects rather than take a holistic view in terms of healthcare therefore the team are working to manage the introduction of new systems and proposals.

**PP24/51.2** The Chair queried whether there is anything we need to do differently to understand how DHCW function as an organisation. The Director of Corporate Governance stated that a session has recently taken place with DHCW to discuss issues from our perspective and as a result some local actions have been completed. The Chief Digital & Information Officer stated that the Team are working with DHCW to influence how projects can be delivered effectively. The Chair understood the issues that had been raised suggesting that going forward this could be managed on an individual project basis ensuring that the Board are kept informed of any issues that arise. The priority of the Health Board is the health and wellbeing of the population, confirming that we would continue to work positively with DHCW bearing in mind there may be occasions where the Board will need to review business critical issues. The External Audit representative confirmed that Judith Paget has commissioned a review of governance arrangements within the digital space and DHCW would be part of that review.

**PP24/51.3** The Chief Digital & Information Officer provided an update on the workstreams stating that there has been good progress in relation to workstream one. Funding has been secured to further develop the business case for an electronic healthcare record system, the process has been challenged with DHCW and the Health Board will now go forward with an individual case to be presented to Welsh Government. The Team are also due to meet the NHS Wales Executive in October 24 to present the case. In terms of workstream two, work is progressing around rebuilding systems and upskilling staff to address the skills and capability gap. In relation to workstream three, it was highlighted that the Team have struggled to bring in the skills required around service design due to lack of funding but work is taking place to try and address this issue. In terms of workstream four, issues were highlighting around infrastructure backlog and the Team are working to address this by making representation to Welsh Government. A big risk was highlighted in relation to cyber-attack, work is taking place in relation to business continuity arrangements and this is also due to be

<p>included as part of the Board Development session in October. In relation to workstream five, reference was made to the prioritisation list included in the paper. The Director of Corporate Governance suggested the Chief Digital &amp; Information Officer links in with the Head of Risk Management to include reference to DHCW in a future risk update. The Chair made reference to the challenges around resource and the risks of not tackling this issue stating that investment in this area will help to deliver efficiencies in the longer term as well as improving services and performance.</p> <p>The Committee accepted the paper for assurance on the progress made to date relating to the DDaT priorities.</p> <p><i>The Assistant Director of Data, Intelligence &amp; Insight left the meeting</i></p>	<p><b>DR/NC</b></p>
<p><b>PP24/52 Review of Well Being Objectives</b></p> <p><b>PP24/52.1</b> The Executive Director of Transformation &amp; Strategic Planning presented the paper stating it as a progress report relating to the fair working element of the well-being objectives in relation to the Well-being of Future Generations Act. The paper referred to work being completed by the end of Quarter three and this align with the Annual Delivery Plan. The Executive Director of Transformation &amp; Strategic Planning agreed to circulate the definition of “fair work” which is based on the definition from Welsh Government outside of the meeting. The paper refers to a meeting with the Future Generations commissioner and the outcome of that meeting was that our proposed approach is proportionate and right. The organisation were also commended as the only Health Board to request input from the Future Generations commissioner and the work being completed is broadly aligned with other Health Boards. The wider well-being objectives are also being considered and will be addressed as part of the ten-year strategy discussions.</p> <p><b>PP24/52.2</b> The Health Board working group includes broad representation and there are no financial implications relating to the work as set out in the paper. The Executive Director of Transformation &amp; Strategic Planning agreed to bring a fuller paper to the October meeting once work has progressed further. The Director of Partnerships, Engagement and Communications reflected on the discussion with Welsh Government stating that support will be provided to link in with the relevant partners at community level as we move forward. There was discussion around the potential future financial implications, the non-pay element of the pay deal and the equality and diversity impact. The Chair stated that in the next version of the paper it would be good to see reference to procurement to ensure we are providing fair work to those we contract with acknowledging the that may be significant financial implication in the future. The Director of Corporate Governance recognised that this may impact the structured assessment that the Auditor General will be completing later in the year.</p>	<p><b>CS</b></p> <p><b>CS</b></p>

The Committee agreed that the report had not been an update report as expected and received the report stating that the detail of the work underway would be received in the next iteration of the report.

**PP24/53 Emerging Approach to Refreshing the Strategy**

**PP24/53.1** The Executive Director of Transformation & Strategic Planning presented the paper highlighting the discussions that had taken place as part of a Board Development session which had then informed an Executive Workshop to address the next steps. Work has commenced in terms of identifying the gap, the current touch points have been established and further work is required to determine the additional touch points required. The Executive Director of Transformation & Strategic Planning stressed the importance of this work highlighting that primary care and prevention are significant aspects of this approach. Independent Member Caroline Turner was pleased to see that the clinical services strategy is being developed in parallel with this work and this was echoed by comments from the Vice Chair. The Health Board Chair made reference to the need to focus on the journey to creating the strategy both internally and externally, the Chair agreed stating that the work needs to be completed in a collaborative way.

The Committee received the report on the work underway to refresh the Health Board 10-year strategy, aligned to an interim Clinical Services Plan.

*The Assistant Director for Health Protection joined the meeting*

**PP24/54 Immunisation: Performance Update**

**PP24/54.1** The Acting Executive Director of Public Health presented the paper stating that the focus for population health is around health improvement, weight management and health protection. In terms of health protection this is a clinical discipline and as we move into a post covid period the learning from covid highlights the importance of the immunisation service. A new National immunisation framework has been introduced and work is taking place to bring vaccination services across the organisation into a single service under a single structure. This will enable the Team to manage immunisations more effectively and improve uptake to provide better outcomes for the population. There is currently more resistance to the uptake of immunisations. New vaccines are being introduced including respiratory syncytial virus (RSV) for the prevention of respiratory viruses which accounted for the biggest cause of emergency admissions during December 23 and January 24. There is also ongoing discussion around childhood vaccines including the recent outbreak of monkeypox therefore it is important to create a reliable vaccination service.

**PP24/54.2** Independent Member Billy Nichols highlighted that the covid vaccination team are currently going through the organisational change process and queried whether the team is sufficient. The Acting Executive Director of Public Health confirmed that all staff will be fully supported during this process and clear mechanisms had also been put in place across the vaccination

<p>service. The Committee also discussed the current issues in relation to monkeypox and it was confirmed that all relevant staff had been made aware of the guidance from Welsh Government and sufficient PPE and training is being put in place. There was also discussion around the low level of uptake from staff and the public for the flu vaccination, it was confirmed that work is taking place in this area and the report presented to the October meeting would include an update the uptake of flu vaccines and the use of GPs to encourage uptake.</p> <p>The Committee noted content of the report and endorsed the planned approach to deliver an Integrated Health Board Immunisation service.</p>	<p><b>JM</b></p>
<p><b>PP24/55 Health Protection Service: Service Overview</b></p> <p><b>PP24/55.1</b> The Assistant Director for Health Protection gave a presentation. Reference was made to the local structures that had been developed during covid and the need to retain the skills and knowledge that had been built up around the structures. When we started to move away from covid, Welsh Government provided twelve months of transitional funding to manage the health protection service and develop a whole system approach to protect the local population. Case studies were shared with the Committee to highlight how the teams and systems have been working in partnership to provide services within the local communities. The Health Board Chair queried whether the infection control team link in with the partnership working that has been taking place, the Assistant Director for Health Protection confirmed that there is regular involvement between the teams. The was discussion around working with the Local Authorities and it was confirmed that building strong relationships in this area is essential to effective service delivery. It was agreed that the Acting Executive Director of Public Health and the Assistant Director for Health Protection would provide an update to the Committee in 12 months' time on the progress made within the Health Protection Service. It was also agreed that the presentation would be circulated outside of the meeting.</p> <p>The Committee noted the content of the report and endorsed the approach that has been taken to delivering health protection measures in North Wales.</p> <p><i>The Assistant Director for Health Protection and the Chief Digital &amp; Information Officer left the meeting and the Interim Executive Director of Finance and the Head of Capital, Compliance and Business Improvement joined the meeting.</i></p>	<p><b>JM/SL LJ</b></p>
<p><b>PP24/56 Decarbonisation Action Plan (DAP) and Programme Progress Paper</b></p> <p><b>PP24/56.1</b> The Interim Executive Director of Finance presented the paper confirming that the Health Board has developed a decarbonisation action plan with the aim of becoming net zero by 2030. The team report on a quarterly basis on performance against the actions to move to this position and it was confirmed that there are some areas of concern. Once the Director of Environment and Estates has been appointed, they will take the lead for moving forward with the plan and the decarbonisation group will report into the transformation and</p>	

<p>strategic planning executive delivery group. The plans for 2024 include Health Board vehicles meeting ultra-low emissions standards and the current fleet is in the process of moving across to electric vehicles. Waste segregation is now taking place across the organisation and by 2025 the aim is to convert all lighting to LED. In terms of renewable energy, some buildings will be moving to low carbon heating however this proves challenging as some of the larger buildings also require significant improvement work. There has been engagement with the National agenda in relation to refit and business cases on initiatives are being developed. In relation to electricity consumption, options are being explored including discussions with Bangor University on the use of a potential solar farm.</p> <p><b>PP24/56.2</b> The Acting Executive Director of Public Health referred to active transport to improve health outcomes for staff and the public and also provide an opportunity for decarbonisation. The Interim Executive Director of Finance confirmed that the team are looking to create a transformation sub group to feed into this area of work. There was discussion around plans to introduce electric charging points for vehicles, it was confirmed that there are no current plans to introduce this across the organisation however there are charging points available for the Health Board car fleet. The Chair suggested this is an area that needs to be addressed in the plan going forward. The Director of Corporate Governance queried the governance structure as this was not included in the paper and stated the need to be clear on where the programme of work reports in to. The Interim Executive Director of Finance agreed to share the structure for the Decarbonisation work programme outside of the meeting.</p> <p><b>PP24/56.3</b> The Chair queried how the work links in to the asset strategy and whether this is aligned with future plans. The Interim Executive Director of Finance confirmed that there is a need to align this with the estates strategy however the estates strategy is currently being refreshed and the asset strategy sits with a different Committee. The Director of Corporate Governance agreed to review how both the estates strategy and asset strategy feed into the relevant Committees ensuring there is a link across as appropriate.</p> <p>The Committee noted the update and endorsed the revised approach and governance structure going forward.</p> <p><i>The Interim Executive Director of Finance and the Head of Capital, Compliance and Business Improvement left the meeting and the Head of Risk Management joined the meeting.</i></p>	<p><b>JM/RC</b></p> <p><b>RC</b></p> <p><b>PW</b></p>
<p><b>PP24/57 Corporate Risk Register Report</b></p> <p><b>PP24/57.1</b> The Head of Risk Management presented the paper highlighting that there were two corporate risks with an additional risk to be discussed in the private session. The risk relating to the availability and integrity of patient information had a current score above the tolerance set within the risk appetite, further work is required around this risk to determine whether the actions are progressing sufficiently to decrease the score. In relation to the population health</p>	

<p>risk, it was noted that this had been discussed at the risk action group and a short-term action plan is being developed. The Director of Corporate Governance stated that the risk scrutiny group will start to report in to the Executive Team which will provide some scrutiny at Executive level.</p> <p>The Committee received assurance for the corporate risks to which the Committee has overall accountability and noted that further work was required in relation to the population health risk.</p>	
<p><b>PP24/58 Corporate Planning Update</b></p> <p><b>PP24/58.1</b> The Executive Director of Transformation &amp; Strategic Planning presented the item confirming that planning cycle for 2024/25 is on track to deliver. An Independent Member suggested the need to involve the voluntary sector and other partners in the ten-year plan, it was confirmed that the team are attempting to build partners into the three year plan and that this has been addressed to bring partners into the ten year plan.</p> <p>The Committee noted the report in relation to the work and progress made in developing the planning cycle being used during 2024/25.</p>	
<p><b>PP24/59 Summary of Business to be Reported from Private</b></p> <p><b>PP24/59.1</b> The Director of Corporate Governance noted that a short paper will be provided for future meetings and noted that the cyber security risk will be reported in private.</p>	
<p><b>PP24/60 Draft Cycle of Business</b></p> <p><b>PP24/60.1</b> The Director of Corporate Governance confirmed that further refinement is needed in relation to the cycle of business and once this has been finalised it will come to the Committee on an annual basis.</p>	
<p><b>PP24/61 Committee Forward Workplan</b></p> <p><b>PP24/61.1</b> The Director of Corporate Governance confirmed that items to inform the forward workplan will arise after all meetings therefore the attached document will be included on the agenda on a regular basis to allow members to be aware of items for future meetings.</p>	
<p><b>PP24/62 Agree Items for Referral to Board / Other Committees</b></p> <p><b>PP24/62.1</b> It was agreed that the Developing our Partnerships, Becoming an Intelligence Led Organisation and Decarbonisation Action Plan items would be included in the Chairs Assurance Report to report up to the Board.</p>	
<p><b>PP24/63 Agree Items for Chairs Assurance Report</b></p>	

<p><b>PP24/63.1</b> It was agreed that this item would potentially be removed from agendas going forward.</p>	
<p><b>PP24/64 Review of Meeting Effectiveness</b></p> <p><b>PP24/64.1</b> It was suggested that the planning for meetings could be improved moving forward. It is important to be aware if presentations are to be made and additional colleagues attending to manage the agenda effectively, therefore it was suggested it may be useful for the lead officer to have a pre-meet with Executive Leads before the agenda setting meetings. The Director of Corporate Governance agreed with the need for Executive colleagues to inform the Team of any presentations and colleagues joining as this needs to be considered in terms of the time slot. It was agreed that it had been a very productive Committee in relation to discussions and also the valuable conversation with a partner organisation. It was agreed that the organisation have some other equally important partners that need to be contacted and it was suggested that a Local Authority partner could join the next meeting. It was also agreed that the Director of Corporate Governance would establish a mechanism for agenda planning to ensure there is clarity in terms of items, presentations and attendance to allow meetings to flow more effectively.</p>	<p><b>PW</b></p>
<p><b>PP24/65 Date of next meeting</b></p> <p>Tuesday 22<sup>nd</sup> October 2024, 9.30-12.30pm</p>	
<p><b>PP24/66 Resolution to Exclude the Press and Public</b></p> <p><i>‘Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960’</i></p>	