

Notice of Meeting

Health and Wellbeing Board

Thursday, 25th April, 2013 at 9.00 am
in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Date Not Specified

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Collett on e-mail:

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk



Agenda - Health and Wellbeing Board to be held on Thursday, 25 April 2013 (continued)

To: Dr Alex Anderson (Newbury and District CCG), Councillor Graham Pask , Lady Emma Stevens (Healthwatch), Councillor Graham Jones, Dr Catherine Kelly (North and West Reading CCG), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC – Communities), Leila Ferguson (Empowering West Berkshire)

Also to: Councillor Glen Mason, John Ashworth (WBC - Environment), Stephen Barber (West Berkshire Local Safeguarding Board), Andy Day (WBC - Strategic Support), Philip McNamara (Newbury and District CCG), Matthew Tait (NHS Commissioning Board) and Lesley Wyman (WBC – Public Health)

Agenda

Part I

Page No.

- | | | |
|---|---|---------------|
| 1 | Apologies for Absence
To receive apologies for inability to attend the meeting (if any). | |
| 2 | Minutes
To approve as a correct record the Minutes of the Shadow Health and Wellbeing Board held on 28 th March 2013. | 1 - 8 |
| 3 | Declarations of Interest
To receive any Declarations of Interest from Members. | |
| 4 | Public Questions
Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Executive Procedure Rules contained in the Council's Constitution. <i>(Note: There were no questions submitted relating to items not included on this Agenda.)</i> | |
| 5 | Petitions
Councillors or Members of the public may present any petition which they have received. These will normally be referred to the appropriate Committee without discussion. | |
| 6 | The Role of the Health and Wellbeing Board and the Health and Wellbeing Strategy (Graham Jones) | Verbal Report |

Agenda - Health and Wellbeing Board to be held on Thursday, 25 April 2013 (continued)

Each Board Member to give a 10 minute overview of their area.

- The Local Authority (Councillor Gordon Lundie)
- Clinical Commissioning Groups (Dr Alex Anderson)
- Health Watch (TBC)
- Public Health (Dr Lise Llewellyn)
- Empowering West Berkshire (Leila Ferguson)
- Health and Wellbeing Task Groups (Andy Day and Lesley Wyman)

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| 7 | The 111 Service (April Peberdy)
The role of the new 111 service in West Berkshire | Verbal Report |
| 8 | Revised Terms of Reference of the Integrated Care Steering Group (Jan Evans) | 9 - 14 |
| 9 | Work Programme
To be formulated and agreed. | 15 - 16 |
| 10 | Members' Question(s)
Members of the Health and Wellbeing Board to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution. | |
| 11 | Future meeting dates
<i>Please note that from May onwards, the Health and Wellbeing Board will meet on a two month cycle.</i>

23 rd May 2013 – Council Chamber
25 th July 2013 – Committee Room 2
26 th September 2013 – Committee Room 2
28 th November 2013 – Committee Room 1
23 rd January 2014 – Committee Room 1
27 th March 2014 – Committee Room 1
22 nd May 2014 – Committee Room 1 | |

Andy Day
Head of Strategic Support



West Berkshire
C O U N C I L

Agenda - Health and Wellbeing Board to be held on Thursday, 25 April 2013 *(continued)*

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SHADOW HEALTH & WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 28 MARCH 2013

Present: Dr Alex Anderson (Berkshire West PCT), Councillor Hilary Cole, Councillor Graham Jones, Dr Catherine Kelly, Dr Lise Llewellyn (Director Public Health), Tony Lloyd and Councillor Irene Neill

Also Present: John Ashworth (Corporate Director - Environment), Andy Day (Head of Strategic Support), Rachael Wardell (Corporate Director - Communities), Lesley Wyman (Acting Head of Health and Wellbeing), Gabrielle Alford (Director of Joint Commissioning (Berkshire West CCG Federation)), Jessica Collett (Policy Officer) and Moira Fraser (Democratic and Electoral Services Manager).

PART I

88. Apologies

Apologies for inability to attend the meeting were received from Councillor Joe Mooney, Heather Hunter and Phil McNamara.

89. Minutes

The minutes of the meeting held on the 28th February 2013 were approved as a true record and signed by the Chairman.

90. Declarations of Interest

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a pharmacist in Lambourn as well as a member of the Public Health and Pharmacy Forum but reported that, as his interest was personal and not prejudicial, he determined to remain to take part in the debate and vote on the matters where appropriate.

91. Themed Discussion: Addressing Childhood Obesity In the Primary School Phase (Lesley Wyman)

Lesley Wyman gave a presentation to the Health and Wellbeing Board on childhood obesity. One in five 11 – 15 year olds in England were classed as obese in 2011. The NHS Operating Framework aimed for England to be the first major country to reverse the rising tide of obesity by 2020.

Two indicators had been dedicated to obesity under previous Local Area Agreements, so it was an area where a lot of work had already been completed. Decreasing childhood obesity was a major priority for West Berkshire.

A whole host of health risks were connected to childhood obesity including both psychological and emotional effects such as low self esteem, teasing and bullying, anxiety and depression and disturbed sleep and fatigue. Obese children were more likely to become obese adults and suffer from the risks associated with this. They were more likely to suffer from type two diabetes, eating disorders and muscular skeletal disorders.

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The Health Survey for England (HSE) was a cross sectional survey, which was representative of a proportion of the population. It had been an annual survey from 1993. Although this survey usefully highlighted any trends, the key point to remember was that the data only represented a small sample. The National Childhood Measurement Programme (NCMP) took data from a much larger cohort. The next HSE, taken from a sample in 2012, would be published in December 2013.

National HSE data indicated that the upward trend in childhood obesity was flattening, however it was too early to be sure that this was a long term change. Lesley Wyman stressed that despite this, it still remained a high priority.

The NCMP had been a national database since 2006 and was an annual programme which recorded the height and weight of all reception and year six children.

The NCMP received excellent uptake by schools and captured 98 – 99% of year six children at school in West Berkshire, therefore providing very robust data. Data showed a clear link between deprivation and obesity. The data enabled the planning and targeting of local services and raised awareness amongst parents and children.

Once the results of the NCMP were collated, calls were made to the parents of children who were considered overweight. Advice would be given and a positive result was usually reached.

National NCMP data showed the following:

- Prevalence of overweight and obesity had remained stable from 2009 until 2011 in reception children however, was increasing for year six children.
- 9% of reception year children were classified as obese and 19% of year six children.
- Obesity in reception boys was decreasing slightly, however was staying the same for reception girls.
- Obesity in year six boys and girls was increasing (19% to 20.7%, 15.8% to 17.7% respectively).

The data showed clearly that year six required focus as obesity was increasing for both boys and girls. Another year of data would be helpful to confirm the rise in trends.

Looking at the NCMP data over time, Lesley Wyman highlighted that since 2006 there had been a rise in the number of children at reception who were considered obese. It was important to remember that the NCMP measured a different cohort of children each year. There had not been a large increase in childhood obesity, however levels still needed to be brought down. Trends for West Berkshire's strategic neighbours were very similar to its own.

Andy Day questioned whether the data could be broken down into wards. Lesley Wyman confirmed that it could be aggregated at school level and there were particular schools that had higher levels of overweight and obese children. Numbers were too small to break down by ward.

Trends for the whole of Berkshire showed that Reading and Slough had the highest number of obese year six children. National data for 2009/10 showed a very strong correlation between obesity prevalence in reception age and at year six to areas of

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deprivation. There was a slight link to particular ethnic groups, which highlighted the need for further work.

Dr Lise Llewellyn noted that this indicated that obesity was a lifestyle issue rather than a cultural one. Councillor Hilary Cole felt that there were cultural issues that drove obesity. Lesley Wyman stated that Public Health work should not shy away from working with ethnic groups on issues such as obesity. Special effort was often required to empower people to learn about particular food groups.

The National Institute for Health and Care Excellence (NICE) evaluated and placed collated information onto a database and from this produced numerous guidelines. A set of guidelines would soon be released about lifestyle and weight management. Lesley Wyman stated that there was no lack of evidence regarding obesity and it was now about building upon and using it.

There was much work taking place to tackle childhood obesity, which needed to continue. 'Lets Get Going' was a children's healthy lifestyle programme that had been very successful in Reading. The plan was to roll this out in West Berkshire. Phunky Foods was an excellent company, which trained staff who worked with pupils about food. School Nutritional Action Groups were school based projects where dieticians worked within schools with pupils looking at food. Activate was a program which focused on gym based exercise. West Berkshire Council ran 'Invite your parents to dinner' which involved pupils inviting their parents in to eat food they had prepared.

Dr Catherine Kelly felt that there was not enough sport in schools, due to other curriculum pressures. More sport needed to be introduced into each school day. Lesley Wyman stated that Public Health now sat within the Council and therefore would have more influence internally within Education. Dr Kelly felt that schools often focused on sporty children rather than the overweight. Lesley Wyman stated that this did need addressing however, the introduction of new sports such as dance, captured a wider audience.

Councillor Irene Neill felt that schools did not have as many PE lessons as they used to. Schools needed to make links to local clubs and ask them to come along and inspire children to get involved. It was suggested that this could be taken to the Heads Forum for discussion. Dr Llewellyn reported that there was a new grant around coaching, which would be an excellent direction for schools.

Dr Kelly noted that preparatory school children often carried out sporting activities once per day and it seemed unfair that children at public schools were not offered the same. Councillor Neill stated that there was also less after school activities offered. Councillor Cole felt that extra curricular facilities needed to be made available, so that parents could organise extra activities. Lesley Wyman noted that they needed to increase opportunities for those on low incomes and enable families to be active together.

Dr Kelly suggested that schools with particular obesity/overweight issues could be chosen for a pilot where physical activity was increased within the school day. It was questioned whether anything similar had been carried out. Lesley Wyman was not aware of any such scheme however, would look into it. It was suggested that a questionnaire be carried out within schools to identify what was currently being undertaken in the way of physical activity.

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Dr Alex Anderson referred to a school in Cirencester, where the Local Authority had hired a person very successfully to set up out of school sporting activities. Dr Llewellyn suggested that children of school leaving age were another group requiring focus, as this was often when they stopped getting involved in activities. Moira Fraser stated that it was unfortunate that children were often only able to become involved in particular activities when they were in stages three or four. They were often enthusiastic to get involved much younger than this.

Lesley Wyman confirmed that there was a lot of good work taking place and 'Lets Get Going' was a prime example of this. The aim of this scheme was to decrease screen time and increase activity time, whilst improving eating habits. It was very cost effective and only involved parents coming into school for the last 20 minutes of a session. 'Lets Get Going' was run by young people who were very physically active themselves. Change for life was the key message it was trying to portray.

Tony Lloyd felt that there was a case for starting even earlier than school age, such as pushing breast feeding rather than formula feeding. Lesley Wyman confirmed that pre-school was a focus. Councillor Neil stated that there were excellent Children's Centres in the area working very closely with parents, communicating key advice.

Lesley Wyman was keen to adopt the idea of sending a questionnaire to schools with the aim of finding out what was currently taking place. This would help determine which schools needed targeting. Dr Kelly also felt that initially it would be worth finding out if there was a particular person within each school who had a keen interest in physical activity.

Dr Anderson referred back to the school in Cirencester, as they ran a very successful leadership training scheme. Councillor Cole suggested that this was something young people carrying out their Gold Duke of Edinburgh (DofE) Award might be interested in. They were based at the Dolphin Centre in Pangbourne and were always keen to get involved with younger groups. Kevin Dennis was the contact at West Berkshire Council for DofE.

Councillor Cole supported the idea of a mapping exercise across the district to see what was currently taking place regarding physical activity for children. It was reported that Trading Standards were already focusing a lot of their work on healthy eating.

RESOLVED that:

1. The issue of there not being enough PE in the school day, be taken to the Heads Forum for discussion.
2. Lesley Wyman look into whether a scheme to increase physical activities within the school day had been carried out elsewhere.
3. A questionnaire be carried out within schools to map physical activity currently taking place. As part of this, find out if there was a particular person within each school who had a keen interest in physical activity.

92. Final Commissioning Plans (Dr Alex Anderson, Dr Catherine Kelly, Philip McNamara, Maureen McCartney)

Dr Alex Anderson reported that there was little difference in the Commissioning Plan 2013/14 circulated with the papers, to the version viewed at the previous Board meeting.

It had been raised that childhood obesity was lacking presence within the Commissioning Plan. This could be moved forward as the Board developed its Health and Wellbeing Strategy (HWBS).

Dr Lise Llewellyn questioned whether the Commissioning Plan reflected the JSNA and HWBS and Lesley Wyman confirmed that she had made links to JSNA and to the HWBS. Dr Anderson stated that there was room to help the Clinical Commissioning Groups (CCGs) see their role in prevention. This would evolve with time and should be encouraged by the Board.

The Health and Wellbeing Board endorsed the Commissioning Plan 2013/14.

93. Health and Wellbeing - Governance and Integration (Andy Day)

Andy Day referred to his report circulated with the agenda, which proposed governance structures to support the Health and Wellbeing Board. The Board would no longer be in shadow form at the next meeting. In terms of formalities, this would mean that there would no longer be an item for AOB or matters arising on the agenda. Notice of meetings would have to be given to the public and all items discussed would be published.

Firstly it was proposed that a small group be set up to help the Chairman and Vice-Chairman formulate agendas and monitor the performance of the Board.

Notice would have to be given for agenda items being considered by the Board and the aim of this was not to preclude members from raising important issues, but to ensure issues were managed properly. The Board would be a sub-committee of the Executive, therefore the same rules would apply. Five working days notice would have to be given for both agenda items and questions to the Board.

Secondly, Andy Day proposed that a Programme Board be set up to map public health activity already taking place across the Local Authority. This would help ensure that commissioning decisions were better informed and that the Council effectively integrated with Public Health, avoiding duplication.

Tony Lloyd queried whether members of the public in attendance would also be able to raise questions for the Board. Andy Day confirmed that they would need to submit their question five working days prior to a meeting of the Board. Tony Lloyd stressed that they must make sure that the public understood the scope and purpose of the Board. Andy Day explained that the website would play a key role in ensuring that the role of the Board and access to the meeting was understood.

Dr Catherine Kelly asked for clarity on the role of the Programme Board and how its role would differ to that of the Board. It was confirmed that it was a Local Authority focused Board, which would capture what the Council was already doing which would feed into the priorities. It would be a corporately managed group, looking at Local Authority Public Health Activity, which would then feed into the Board, which looked at the whole picture.

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Dr Kelly referred to the Boards Terms of Reference and highlighted that the Local Authority also needed to be looking at its own Corporate Strategy to ensure it was linked to the JSNA.

Councillor Graham Jones referred to a letter he had received from the Police force asking for clarity on how it linked to the Board. Similar questions had been posed by the Fire and Rescue Service. Councillor Jones noted that dental care also sat outside many structures, however, had an impact on life chances and raised the question of how the Board would link to services in the wider health care remit, which sat outside the CCG.

Dr Lise Llewellyn confirmed that dental care would be moving to NHS England and she would be attending the Berkshire meeting, therefore would be able to feed relevant issues into the Board.

Andy Day referred back to Councillor Jones's point about how Police issues fed into the Board. The Local Strategic Partnership (LSP) provided a structure for this. Robin Rickard was a member of this Partnership along with one of its sub groups The Safe Communities Partnership. It was suggested that he could be asked to attend the Board if required. The Board needed to ensure that they linked to other sub partnerships of the LSP as well, including the Children and Young People's Partnership, Skills and Enterprise Partnership and the Greener Partnership.

Councillor Hilary Cole highlighted that the Board also needed to link with the Local Economic Partnership and the Local Nature Berkshire Partnership. Andy Day confirmed that the Local Economic Partnership would be picked up by the Social Enterprise Partnership and Hilary Cole reported that she sat on the Local Nature Partnership so would act as the link to the Board.

Andy Day reported that the structures were in place and communication would evolve. The Board were entitled to extend their membership in the future, however, Andy Day felt that the most efficient way to enhance the work of the Board would be to invite relevant people along for particular agenda items.

The Health and Wellbeing Board approved Andy Day's report on Governance and Integration.

RESOLVED that:

1. The establishment of a Health and Wellbeing Officer Support Group be noted.
2. The establishment of a new Programme Board be noted.

94. Discussion on Taking Forward Priorities 3 and 4 of the Health and Wellbeing Strategy (Lesley Wyman, School Nursing Manager)

Lesley Wyman reported that there had been a slight delay in setting up a second event to look at the priorities of the HWBS. An initial event had taken place in January and the next would take place on 16th May from 9 – 12pm. This event would focus on the priority of addressing Healthy Lifestyles and long term conditions. The invites for the event would go out shortly. If anyone wanted to attend or knew of someone that would be interested, they should contact Lesley Wyman.

95. Update from Local Authority (Graham Jones/ John Ashworth)

Councillor Graham Jones reported that the budget had been set for the year 2013/14. There had been a two percent rise in Council Tax which gave increased flexibility for the future and would help protect services.

Dr Catherine Kelly drew Councillor Jones's attention to a particular issue, she understood that there was increasing pressure on the social services budget and as a result the house work budget had been withdrawn unless a particular criterion was met. On a few occasions Dr Kelly as a health professional had received letters from Social Workers, putting her under pressure to write a note confirming special circumstances. This had the potential to cause frictions in the relationship between GPs and their patients. Rachael Wardell acknowledged the issue and would look into it. It was requested that Dr Kelly send her examples of particular cases.

RESOLVED that Rachael Wardell would investigate specific examples forwarded by Dr Kelly, regarding instances of pressure being placed on GPs to produce letters confirming special circumstances.

96. Update from the Consortia (Dr Alex Anderson, Dr Catherine Kelly)

Dr Alex Anderson reported that the CCG would go live on 1st April 2013.

Dr Catherine Kelly reported that a 111 service was going to be launched on 26th April, as a new out of hour's service. Currently when surgeries were closed, a member of the public would ring through to West Call out of hours service, where they would talk to a doctor, who would decide the best way/place for them to be treated based on their symptoms. From 26th April when the 111 service would be launched, the call will go through to an operator who would direct the call as to the right level of information or assessment. The aim was that someone would have to simply make one phone call to receive all the advice that they needed.

If the Board required further information about this service a presentation could be given at a future meeting.

97. Work Programme

All referred to the work programme.

RESOLVED that

1. An item regarding the role of the Health and Wellbeing Board and the HWBS be placed on the next agenda.
2. That an item informing the board on the details of the 111 service be included on the next agenda.

98. Any Other Business

Councillor Hilary Cole reported that this would be her final time in attendance as a member of the Health and Wellbeing Board, she would however continue to attend meetings that related to her portfolio. Finally Councillor Cole made a plea to the Board for a focus to remain on wellbeing, as she was a firm believer that prevention was better than cure.

99. Date of next meeting

25th April 2013 – Council Chamber

SHADOW HEALTH & WELLBEING BOARD - 28 MARCH 2013 - MINUTES

23rd May 2013 – Council Chamber
25th July 2013 – TBC
26th September 2013 – TBC
28th November 2013 – TBC
23rd January 2014 – TBC
27th March 2014 – TBC
22nd May 2014 – TBC

(The meeting commenced at 9.00 am and closed at 10.30 am)

CHAIRMAN

Date of Signature

WEST BERKSHIRE HEALTH AND WELL BEING BOARD

Briefing; West Berkshire Locality Integrated Care Steering Group

Background

In September 2012, the shadow Health and Well Being Board established a task and finish group to look at the high levels of Delayed Transfers of Care (DTC) attributable to the West Berkshire health and social care economy in both NHS Acute Trusts and West Berkshire Community Hospital. The task group's aim was to identify potential solutions to the challenges faced by the DTCs and the increasing demand in the face of decreasing resources through more effective partnership working.

Following a period of review and analysis the following key issues were identified:

- A shared system of leadership and partnership working
- Streamlining Intermediate Care services including hospital discharge and admission avoidance processes
- NHS Continuing Health Care
- Use of West Berkshire Community Hospital
- End of Life Care pathway
- Information; Capacity and Demand modelling

The task group reported back to the March Interim Health and Well Being Board with evidence of a significant reduction in DTC across all hospitals but the need for a programme of work to progress integrated working both in commissioning and service provision.

Integrated Care Steering Group

Draft Terms of Reference have been drawn up for Board approval to progress any opportunities to integrate health and social care activity whilst also monitoring the DTCs as one indicator of the health and social care economy in West Berkshire. The proposal is for this group to be accountable to the H&WB Board and to progress a range of initiatives that will deliver cost effective, improved outcomes for the individual and a more efficient and seamless service.

The areas identified include the key issues listed above except for NHS Continuing Healthcare, the subject of a separate Berkshire wide implementation group and the Information, Capacity and Demand modelling, where work has been commissioned across West of Berkshire through Capita, with a final report out May 2013 which will inform the work locally.

Jan Evans
Head of Adult Social Care
17 April 2013.

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WEST BERKSHIRE LOCALITY INTEGRATED CARE STEERING GROUP TERMS OF REFERENCE

Governance

This group functions as a sub group of the Berkshire West Partnership Board and the West Berkshire Health and Well Being Board and within the governance structures of;

West Berkshire Council
Berkshire Healthcare Foundation Trust
Newbury and District CCG
North and West Reading CCG

Purpose

To develop a strong and effective partnership between all those responsible for commissioning and the provision of health and social care service in the district of West Berkshire.

To define and then support the development of integration of services and commissioning where improved patient/service user experience and use of resources can be identified.

To maintain oversight of the strategic initiatives identified to improve services within the Council's and CCG's Commissioning Strategies and Health and Well Being Strategy for West Berkshire locality

To support the development and implementation of agreed strategic approaches to the commissioning of mental health, learning disability, physical disability and older people's services across health and social care.

Core business and responsibilities

To actively contribute, and respond to developments in joint commissioning in partnership resulting from the Health and Social Care Act and the Joint Strategic Needs Assessment.

To inform business planning processes of partner organisations through a system wide understanding of risks and opportunities identified.

To understand each organisations' range of financial, performance and equalities targets, how these may be achieved within allocated resources and where more collaborative working may improve outcomes.

To support the effective use of resources through a specific focus on use of health transfer funds, investments to reduce avoidable admission and prompt discharge and the development of local personalised services.

To provide oversight of the development and implementation of integrated models of service provision.

To provide regular progress reports against agreed objectives to the Health and Well Being Board and the Berkshire West Joint Commissioning Board.

Membership

Berkshire West CCG Federation – Director of Joint Commissioning (Chair)
BHFT – Locality Director, Head of Adult Services, Head of Integrated Services
West Berkshire Council – Head of Service and Service Manager
Newbury and District CCG GP
North and West Reading CCG GP
GP – Provider representative
Newbury and District CCG Director of Operations
West Berkshire Council – Consultant in Public Health
Members may delegate attendance as appropriate.

Responsibilities of the Chair and members

The Chair will take responsibility for confirming the agenda of each meeting and ensuring the required administrative support is provided, as well as chairing each meeting.

The Chair will take responsibility for briefings to West Berkshire Health and Well Being Board and Berkshire West Partnership Board.

CCG and BHFT representatives to brief their Executive Team and Board and seek approval for decisions.

Council representatives to brief Lead Council Members and Director and seek approval for decisions.

Frequency of Meetings

Meetings will be held every two months, with any changes to frequency to be agreed by the members.

Accountability

The Group will be formally accountable to:

- West Berkshire Health and Well Being Board
- Berkshire West Partnership Board.
- Berkshire West CCG Federation Commissioning Committee
- West Berkshire Council's Executive.

Jan Evans
Head of Adult Social Care
March 2013.

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Health and Wellbeing Board Work Programme

Standing Items:

Workshops arising from the Health and Wellbeing Strategy to be held

Meeting	Discussion Item	Lead	Comments
25 April 2013	Revised Terms of Reference of the Former Delayed Charges Task Group	Jan Evans	
	The 111 Service	To be confirmed	
23 May 2013	Trading Standards in the Context of Public Health	Sean Murphy	
	Troubled Families agenda	Julia Waldman	
25 July 2013			
26 September 2013			
28 November 2013	Presentation from the Countryside Team focusing on: <ul style="list-style-type: none"> • Forest Schools • Walking the Way to Health • work with Volunteers. • Parkrun 	Paul Hendry	
	Performance Framework		

Meeting	Discussion Item	Lead	Comments
23 Jan 2014			
27 March 2014			
22 May 2014	Q4 Performance Reporting		