

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 24 JULY 2014

Present: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Councillor Marcus Franks (Health and Well Being), Rachael Wardell (WBC - Community Services) and Lesley Wyman (WBC - Public Health & Wellbeing) and David Seward (Empowering West Berkshire)

Also Present: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Councillor Roger Hunneman (Deputy Liberal Democrat Group Leader), Heather Hunter (Healthwatch), Jeanette Longhurst (Berkshire West Intergration), Councillor Gwen Mason, Philip McNamara (Newbury and District CCG), Fatima Ndanusa (Public Health), April Peberdy (Public Health) and Cathy Winfield (Berkshire West CCGs)

Apologies for inability to attend the meeting: Leila Ferguson, Dr Lise Llewellyn, Councillor Gordon Lundie and Louise Watson

PART I

14. Election of Chairman and Vice-Chairman for the 2014/15 Municipal Year

Councillor Marcus Franks was voted as Chairman of the Health and Wellbeing Board and Dr Bal Bahia was voted as Vice-Chairman.

15. Minutes

The Minutes of the meeting held on 15 May 2014 were approved as a true and correct record and signed by the Chairman, subject to the following amendment:

Councillor Gordon Lundie had given his apologies for the last meeting of the Board.

16. Health and Wellbeing Board Forward Plan

Marcus Franks confirmed that the forward plan was being revised to reflect the revised Health and Wellbeing Board agendas going forward. This would be circulated to Members of the Board as soon as possible. The forward plan would be discussed at each meeting of the Health and Wellbeing Management Group.

Adrian Barker requested that each Board agenda contained an item on a theme featured in the Health and Wellbeing Strategy/Joint Strategic Needs Assessment, with the aim of giving the Board a better understanding of both areas.

RESOLVED that the idea of each agenda containing a theme featured in the Health and Wellbeing Strategy/Joint Strategic Needs Assessment be discussed at the next Management Board.

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17. **Actions arising from previous meeting(s)**

The actions arising for the previous meeting of the Health and Wellbeing Board were noted by the Board. All actions had been followed up.

18. **Declarations of Interest**

There were no declarations of interest received.

19. **Public Questions**

There were no public questions received.

20. **Petitions**

There were no petitions presented to the Board.

21. **Health and Wellbeing Dashboard (Tandra Forster/Phil McNamara)**

Tandra Forster presented a slide to the Board, which featured a first attempt at a performance dashboard for the Health and Wellbeing Board.

The dashboard was split into three areas including Adult Social Care, Children's Social Care, Primary Care and the Acute sector. Each area would then contain up to three indicators. Those for Adult Social Care included two indicators around the delayed transfer of care. This included delays due to reasons such as housing or access into the West Berkshire community hospital. Tandra Forster explained that data represented a very vulnerable set of people. The third indicator was around the proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. In essence this was about working with people to help keep them independent. Tandra Forster asked the Board to note that the threshold was currently at critical and therefore reablement was often a challenge.

Tandra Forster sought comments from the Board to gauge if they were satisfied with the information that was proposed for the dashboard or if there was other information they wanted included.

Phil McNamara further explained that Officers had begun looking at the dashboard a few weeks ago, with a view to identifying the key indicators. Many of the metrics identified were currently placed in the wrong areas, for example Clinical Commissioning Groups did not commission Primary Care. However it was reiterated that what the slide showed was an initial attempt and was very much work in progress. Once comments had been sought from the Board the next step would be to draft a further mock up of the dashboard. At one stage a more sophisticated version of the dashboard had been submitted however, the view had been formed that the simpler model was required. Tandra Forster reported that Health and Wellbeing Board's across the country were looking at doing something similar. The aim of the dashboard was to flag up immediate issues across the system that could help to indicate system resilience.

Rachael Wardell stated that it was important to look at what was already regularly reported on, along with that reported on by partner organisations. Rachael Wardell welcomed the idea of presenting the dashboard on one page however, felt that the Board also needed access to the context behind the data.

Cathy Winfield stated that the Better Care Fund (BSF) criteria were very important for the Board to keep an eye on. Tandra Forster further highlighted that there were other providers apart from the Royal Berkshire Hospital who needed to be included.

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Cathy Winfield reported that the NHS had an Alamac system for monitoring purposes. This was a live information system that was currently under a lot of pressure. Cathy Winfield stressed that the BCF needed to be included as part of the dashboard.

Rachael Wardell gave further explanation on the Alamac system for those who were not familiar with it. The system had been introduced due to the pressure on hospitals to move people through the system. It included Officers meeting to talk about how issues could be moved forwards. Alamac collected information for example on how many beds were taken up. It flagged issues at the Royal Berkshire Hospital and helped in the identification of these issues so that work could begin to resolve them.

Councillor Graham Pask felt that it was critical that the Health and Wellbeing Board could access the information behind the dashboard. It was confirmed that the dashboard would only go to the Health and Wellbeing Board. Rachael Wardell highlighted that although the dashboard would only be presented to the Board, the indicators were shared more widely.

Phil McNamara stated that a completed version of the dashboard that took account of the comments made by the Board, would be brought the next meeting of the Board in September.

Adrian Barker felt that finance data and feedback from service users would indicate if there were problems within the system however, was sceptical as to whether there were currently any indicators on this. Cathy Winfield reported that some data was collected, which captured patient experience. Tandra Forster added that Adult Social Care carried out an annual survey however, this would be difficult to feed into the dashboard given it was annual and the dashboard would be reported on regularly. Tandra Forster suggested that she could bring the result from the annual survey to the end of year meeting.

Councillor Marcus Franks felt that what had been presented was a good start in developing the dashboard. He acknowledged that the BCF criteria were important however, felt that this could be reported on in the integration section of the agenda.

It was noted that the Children's Social Care section was currently blank. Rachael Wardell agreed that this was a very important area for the Board to view. The Children and Young People's Partnership had recently been disbanded and in doing so Rachael Wardell stated that issues would now come to the Health and Wellbeing Board and therefore there would certainly be a set of indicators for inclusion in the Dashboard.

Dr Bal Bahia stated that the Board only needed to see top level data, which was the aspiration for the dashboard. He stated that it was also about understanding the landscape and being clear on where it should go moving forward.

Lesley Wyman felt that the dashboard as it currently stood would be particularly difficult for the public to understand as it was very complex. Tandra Forster agreed with this and reiterated that the Board was only being presented with a first attempt. Councillor Franks felt that the Primary Care section should include something on quality and also access. The idea of the dashboard was to measure performance and if something was flagged as amber or red, the reasons behind the data could be investigated.

It was agreed that the dashboard needed to be in a completed state before being circulated to the Board. Tandra Forster reported that Jess Bailiss would be responsible for coordinating the dashboard and keeping it up to date.

Phil McNamara suggested that the dashboard go to the Integration Steering Group for discussion before going back to the Board. Tandra Forster stated that the next step was to obtain information from Children's Services, Primary Care and the acute sector.

David Seward noted the title 'System Resilience' and felt that the dashboard was only capturing reactive data rather than taking preventative measure approach. Tandra

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Forster reported that the idea was the data would generate discussion, the Board could then put actions in place to help resolve the issue.

Councillor Quentin Webb queried how low numbers would be dealt with as these could generate high percentages. Phil McNamara confirmed that if there were low numbers this would be explained within the narrative.

Cathy Winfield confirmed that the CCG did look at the number of elective admissions. It was also suggested that Primary Care capacity could be looked at. Serious thought was currently being given to how Primary Care needed to change to meet current health needs.

Lesley Wyman reassured all that the preventative agenda and the wider determinants of health would form part of the Health and Wellbeing Strategy and underpinning performance framework.

RESOLVED that a completed version of the dashboard would be brought back to the next Health and Wellbeing Board in September, which took account of the comments made by members of the Board.

22. Integration Programme (Tandra Forster/Steve Duffin/ Phil McNamara)

Tandra Forster introduced her report, which aimed to assure the Board as to the progress on West Berkshire's Better Care Fund (BCF) Programme of work.

The BCF was a Government initiative established to promote integrated working with the NHS and £3.8 billion of investment nationally had been created to fund projects that delivered a more joined up approach to patient/service user pathways. The programme of work was comprised of projects that were being delivered both on a 'Berkshire' West and West Berkshire basis.

The BCF framework was shaped by three overarching priorities, Elderly Frail, Children and Mental Health. Although work was being completed within each element Elderly Frail was the main focus on the first phase on the programme. There were five projects within the West Berkshire plan, which could be viewed in detail under Appendix A of the report and included:

1. Hospital at Home;
2. Joint Care Provider;
3. Nursing and Care Homes;
4. Health and Social Care Hub;
5. Personal Recovery Guide/Key Worker;

Projects were also underpinned by key enablers, which included:

1. System interoperability;
2. Seven day working
3. Workforce

Philip McNamara reported that the aim was to tick as many of the programme principles as possible, which were shown in the report as a matrix summary.

Philip McNamara moved onto the next section of the report on governance arrangements and highlighted that the Health and Wellbeing Board sat at the top of the governance structure for West Berkshire. Tandra Forster stated that it was important to note that they

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were working as a whole system and therefore there was a whole other governance structure for the west of Berkshire.

Two projects were already at an advanced stage of preparation including Hospital at Home and Nursing and Care Homes. It was explained that Hospital at Home was about working with patients and through agreement identifying which patients were happy to be treated at home. Tandra Forster explained that it was a very complex system and there would need to be the involvement of a huge range of services. A pilot run with a single patient would be carried out to test the system. Hospital at Home had worked well in other countries and aimed to reduce demand on acute services.

Councillor Graham Pask queried how General Practitioners (GPs) would be informed about patients choosing to be treated at home. Dr Bal Bahia stated that there should be little impact on GP as responsibility of the patient would lie with the lead from the hospital where they were initially treated.

Philip McNamara reported that there were a certain cohort of patients that Hospital at Home would focus on, particularly younger able patients.

Cathy Winfield confirmed that there was a business case, which provided analysis on efficiency. The programme was currently behind schedule and the Clinical Commissioning Group (CCG) as a result was falling behind with possible savings. It was felt that this was inevitable given the complexity of the project. The business case could be tracked through the Quality, Improvement Productivity and Prevention Plan (QIPP).

Councillor Marcus Franks drew the Board's attention to section three of the report, which looked at the Programme Principles – Summary Matrix and queried why there was no tick for seven day working under Nursing and Care Homes. Philip McNamara confirmed that the tick had been omitted and he would ensure the matrix was revised accordingly.

Councillor Franks questioned the remit of the West Berkshire Integration Steering Group and if it was wider than the BCF agenda. Cathy Winfield confirmed that the remit of the group was wider integration as well as the BCF. Philip McNamara reported that the group largely worked to unblock issues in the system and therefore was very much an operational group, unlike the Health and Wellbeing Board which gave strategic oversight.

Tandra Forster highlighted that workforce did not form part of the BCF but was part of wider integration work taking place.

The Chairman invited Jeanette Longhust (Berkshire West Integration) to speak on the matter, who voiced how important it was to look beyond into the wider integration remit as some projects enabled the BCF to go ahead.

Adrian Barker had noted that the Government had asked for BCF proposals to be re-submitted. Philip McNamara confirmed that there was a revised process concerning the feedback. West Berkshire's approach to the BCF had been perceived in a very positive way and therefore it could be used and tailored to inform other systems.

Rachael Wardell stated that this had been picked up as part of the Fast Track process. Being part of the Fast Track initiative had not necessarily benefitted West Berkshire however, it had helped the Government to gain understanding. Rachael Wardell stressed that the rules of the game had changed that there was now a focus on outcomes in order to receive payment by results. There had been enormous good will by partners to adhere to the changing goal posts however, it was not helping West Berkshire in meeting its objectives.

Cathy Winfield reported that the only benefit to being in the Fast Track cohort was that plans were signed off early, which gave an ability to influence. Cathy Winfield was concerned about the guideline reduction from the Department of Health, to reduce

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emergency admissions by 3.5 percent. She was concerned because the level in West Berkshire was already low making this target particularly difficult.

Adrian Barker questioned if money was only received if targets were met. Cathy Winfield reported that the Government were retaining £1 billion which would be performance related. This would only be received if admissions were reduced by 3.5 percent, which was an unrealistic target for West Berkshire where admission rates were already low. If the money was not earned through the payment by results reward scheme the CCG would have to find it from elsewhere, so it was a significant risk.

Resolved that an update report would be brought to each Health and Wellbeing Board meeting.

23. **Health and Wellbeing Strategy/Joint Strategic Needs Assessment (Lesley Wyman/Phil McNamara/Tandra Forster)**

Lesley Wyman introduced her report, which aimed to inform the Board on the timetable for updating the West Berkshire Health and Wellbeing Strategy (H&WBS). The H&WBS had been developed to provide local partners including West Berkshire Council, Clinical Commissioning Groups (CCGs), Healthwatch and the Voluntary Sector with a jointly-agreed locally determined set of priorities on which to base their commissioning plans within the reformed health and care system going forward.

There were five overarching priorities within the H&WBS including:

- Supporting a vibrant district;
- Giving every child and young person the best start in life;
- Supporting those over 40 years old to address lifestyle choices detrimental to health;
- Reduce childhood obesity in primary school children;
- Promoting independence and supporting older people to manage their long term conditions.

Underneath these priorities sat a whole host of objectives, which made monitoring particularly difficult. Lesley Wyman reported that they were looking to update and refine the objectives and this approach needed buy in from everyone. The H&WBS would then drive individual organisation plans. The aim was to focus largely on areas where joint working was taking place.

There was a changing landscape as part of the Better Care Fund/Integration agenda and this needed to be set out within the H&WBS.

The current Joint Strategic Needs Assessment (JSNA) was very different to how it was in previous years. It was a live online document, which was updated as new data became available.

Lesley Wyman drew attention to Appendix 1, which was an up to date health profile for West Berkshire. It showed that there were no major changes in West Berkshire's health statistics and that it was achieving similar to that nationally. The only indicator that had worsened since 2013 was 'killed and seriously injured on the roads'. The Board needed to consider if this was an area they would wish to focus on.

Lesley Wyman had studied the JSNA closely over the previous week to cross check it with the H&WBS. Comparisons had also been made to other authorities within the same deprivation deciles including Wokingham, Windsor and Bracknell.

Lesley Wyman stated that the H&WBS also needed to focus on vulnerable groups the wider determinants of health and tackling inequalities.

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An item on the performance framework that would underpin the H&WBS would be brought to the next Board meeting in September.

RESOLVED that Lesley Wyman would report on the performance framework for the Board at its next meeting in September.

Lesley Wyman moved on to talk about the timetable for updating the H&WBS. A draft version would be brought to the September Board meeting and this would be followed by a consultation period from October through to November. The final version of the H&WBS would be brought the Board for sign off at its meeting in January.

Councillor Graham Pask was keen that focus remained on wellbeing and that preventative work was focused on. He hoped that the wellbeing aspect could be explored further at the next meeting of the Board in September.

Councillor Roger Hunneman noted that under Appendix A a number of the headings were blacked out.

RESOLVED that Lesley Wyman would look into this and report back.

RESOLVED that the Board were happy with the timetable for refreshing the H&WBS.

24. Public Engagement (Adrian Barker)

Adrian Barker introduced his draft report on community engagement to the Board. The aim of the report was to take an initial view of how the Health and Wellbeing Board should address community engagement.

Section four of the report looked at the Board's engagement role. Adrian Barker reported that the Board would mainly rely on work carried out by its members and therefore partners needed to cooperate and bring together what they carried out around engagement. Adrian Barker explained the Protocol set out on page 19 of the agenda, did not drive collective working however, would help form the foundations for this work.

Section five of the report suggested that a long term strategy for engagement be drafted. A lot of work was already being done however, it would be of benefit to bring this together in an environment of limited resources. The strategy would set out what needed to be done to improve engagement moving forward. In the short term Adrian Barker suggested that partners needed to build engagement into each strand of their work.

Adrian Barker drew attention to section seven of the report which set out five proposals for the Board to agree:

1. That a protocol for co-operation on community engagement between the HWB partners be agreed.
2. That those in the HWB partner bodies directly involved in community engagement relevant to health and wellbeing be asked to meet regularly to co-ordinate engagement activities.
3. That those responsible for bringing proposals to the Board or implementing its decisions, be asked to incorporate relevant community engagement from the outset.
4. That a strategy for the development of community engagement be drawn up.
5. That a regular slot for consideration of community engagement be included on the Board's agendas.

Councillor Marcus Franks referred to proposal number two and questioned if engagement could be a regular item on the Management Group agenda rather than

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having a separate support group to look at the item. Adrian Barker explained the thinking behind proposal number two in that he felt this group needed to have a more practical nature and involve people who were responsible for engagement in their daily work. Cathy Winfield expressed her support for this approach and hoped that it would bring coherence to engagement work and support consultation on the H&WBS.

Tandra Forster explained that West Berkshire Council had a corporate Communications Team however, there was not somebody who led on communications for Adult Social Care exclusively. Engagement was largely carried out by members of staff as part of their roles.

Dr Bal Bahia commended the Protocol and acknowledged that overall aim of the proposals was to prevent organisations knocking at the same doors, asking the same questions. The engagement group would need to work with people on the front line to coordinate engagement.

It was confirmed that Healthwatch would lead on the community engagement strategy.

RESOLVED that the Board agreed the five proposals set out in the report.

25. **Membership of the Health and Wellbeing Board (Andy Day)**

Andy Day introduced his report, which proposed changes to the membership of the Health and Wellbeing Board.

In order to ensure that the Board remained equipped to meet the challenges it faced moving forwards it was proposed that the membership of the board be increased for eight to twelve to include:

- **The Portfolio Holder for Children and Young People;**
- **The Portfolio Holder for Adult Social Care;**
- **A Representative from the NHS England Local Area Team;**
- **An additional representative from the CCGs.**

Councillor Marcus Franks proposed that the Shadow Portfolio Holder for Health and Wellbeing also be invited to join the Board.

David Seward felt that the Board might be missing an opportunity in terms of seeking new membership. Andy Day confirmed that the Board were able to invite people to attend Board meetings when required. He reminded the Board that it was also a sub-committee of the Executive. If the membership was to increase beyond that suggested, it would risk becoming a forum. Councillor Franks supported this view and reported that at the recent development session, a clear move towards an executive/decision making model had been chosen.

David Seward felt that children and young people were under represented on the Board. He felt that there was an opportunity to have a new organisations join the Board that could offer new ideas and challenge in an informed way. The Local Strategic Partnership (LSP) had suffered similar challenges to those being experienced by the Health and Wellbeing Board. Councillor Franks explained that the work being carried out by the LSP was allied to this. He acknowledged David Seward's point however, felt that after one year in operation necessary changes were being made to the membership and this could be revisited again in 2015.

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Andy Day stated that if a new organisation were to come forward, there was no reason why the Board could not invite them onto the membership if they would be sure to add value.

David Seward reiterated that he would like to see a children and young people representative on the Board as they were obviously a large user group of services. Rachael Wardell stated that the disbandment of the Children and Young People's Partnership due to its lack of momentum, should be seen as an opportunity as issues would now be brought to the attention of the Health and Wellbeing Board.

Councillor Bal Bahia highlighted that the portfolio holder for Children and Young People was being invited to join the Board as part of the report on governance. He felt that as the Board evolved further it would likely change in the future including the people who sat around the table.

RESOLVED that the proposals within the report and the additional proposal by Council Franks to include the Shadow Portfolio Holder for Health and Wellbeing, was agreed by the Board.

26. **Protocol on the working arrangements between the West Berkshire LSCB, Health and Wellbeing Board and Munro Implementation Board (Rachael Wardell)**

Rachael Wardell drew the Boards attention to the Protocol on the Working Arrangements between West Berkshire Local Safeguarding Children Board, the Health and Wellbeing Board and the Munro Implementation Board, which was for the Board's attention and agreement.

RESOLVED that the Board agreed to the above protocol.

27. **Newbury & District CCG Quality Premium 2014/15 (Phil McNamara)**

Philip McNamara drew attention to his report regarding Newbury and District Clinical Commissioning Group (CCG) Quality Premium 2014/15. The Quality Premium was a payment from NHS England to CCGs, in order to reward improvement in the quality of services commissioned and for associated improvements in health outcomes and reductions of health inequalities. The Health and Wellbeing Board were being asked to note and approve the CCGs Quality Premium measures for assurance.

The forecast actual potential value of the reward was a maximum of £575k for Newbury and District CCG, which could be invested in improvements in the quality of services that patients received.

Criteria had to be met to receive the funding. There were six measures in total that covered a combination of five national indicators and one local priority.

Cathy Winfield reported that the Royal Berkshire Hospital were high reporters of medication errors and there was concern regarding the national target on medication errors. A target was yet to be agreed with the Royal Berkshire Hospital.

Philip McNamara highlighted that the local measure was 'Carers'. In 2013 the CCG had done very well on identifying carers and a large number of new carers had been identified.

Councillor Franks referred to paragraph 1.7 regarding the acute system and noted the possible risk to the CCG. Cathy Winfield reported that a report could be brought to the next meeting that explained this risk further.

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RESOLVED that a report be brought back to the next meeting which elaborated on the risk to the CCG if its providers did not meet the NHS Constitution rights or pledges for patients as set out in the report under paragraph 1.7.

Councillor Franks referred to section two of the report, regarding the measure: Potential years of life lost from causes considered amenable to healthcare (adults, children and young people). Councillor Franks queried the figure of 3.2 percent and questioned whether this was achievable. Philip McNamara agreed that further work needed to be carried out around some of the figures.

Regarding measure two: Improving access to psychological therapies; Councillor Franks queried if this related to capacity or waiting times. Philip McNamara confirmed that the proposal related to activity.

Regarding measure five: Medication errors; Councillor Franks queried what proportion of the problem belonged to primary care. Dr Bal Bahia reported that as part of the annual appraisal process general practitioners were suppose to comment on occurrences of medication errors.

Councillor Graham Pask questioned if targets were agreed by NHS England or if they were negotiable. Philip McNamara reported that some of the measures were nationally driven and there was a package of measures that had to be achieved. There was however, much more control over the local measure on carers.

Rachael Wardell queried what proportion of the CCGs budget £572k represented. Cathy Winfield confirmed that this was small at about half a percent. Rachael Wardell queried if there would be merit in breaking away from the Quality Premium system and the related bureaucracy, particularly when where was not total confidence the funding would be awarded. This could possibly free up resources to accrue funding in other areas. Cathy Winfield stated that a lot of the information required was already collected, apart from for the local measure and therefore it did not make sense for the CCG to withdraw. Many of the areas also fit in with the CCGs overarching programme of work.

RESOLVED that the Board were happy to agree the paper subject to further work on the figures being undertaken.

28. Funding Transfer from NHS England 2014-15 (Tandra Forster)

Tandra Forster drew the Boards attention to her report on page 43 of the agenda, which detailed the funding transfer from NHS England. It was important that the Board were informed on this.

For 2014/15 the funding transfer to West Berkshire Council by the NHS consisted of two allocations. The main component was £1,878 million and an additional granted for preparing the Better Care Fund of £417k. In order to secure the funding, agreement needed to be reached with NHS England on how they were being used. The Health and Wellbeing Board would play an active role in hosting the discussions between the two parties.

Tandra Forster highlighted that there was unlikely to be any under spend on the transfer of money. It was assumed that the template was a standard one used.

Cathy Winfield explained that the transfer funds from NHS England was an annual process however, this year there was an additional sum of money for BCF projects, which had to deliver against the seven criteria. Tandra Forster reported that the Board had already signed off the BCF, which included further detail on how the additional £417 would be spent.

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RESOLVED that the Health and Wellbeing Board noted the report outlining the use of 2014/15 transferred monies.

29. Members' Question(s)

There were no Members' questions received.

30. Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 25 September 2014.

(The meeting commenced at 9.00 am and closed at 11.20 am)

CHAIRMAN

Date of Signature