

# 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, 28 JANUARY 2016

**Present:** Dr Bal Bahia (Newbury and District CCG), Dr Barbara Barrie (North and West Reading CCG), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care), Andrew Sharp (Healthwatch) and Councillor Roger Croft (Executive Portfolio: Leader of Council, Strategy & Performance, Finance) and Shelly Hambrecht (Empowering West Berkshire) (Substitute in place of Leila Ferguson)

**Also Present:** Lesley Wyman (WBC - Public Health & Wellbeing), Tandra Forster (WBC - Adult Social Care), Shairoz Claridge (Newbury and District CCG) and Dr Angus Tallini (GP Clinical Lead NDCCG)

**Apologies for inability to attend the meeting:** Leila Ferguson

#### PART I

##### 67 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, but reported that as his interest was not personal, prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a Pharmaceutical Director in Lambourn but reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks Rapid Response Cars (WBRRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

##### 68 Minutes

The Minutes of the meeting held on 26<sup>th</sup> November 2015 were approved as a true and correct record and signed by the Chairman subject to the following amendments:

- Jo Karasinski be included in the list of attendees.
- References to 'Jo Karsinski' on page 11 of the agenda that were misspelt be corrected to read 'Jo Karasinski'.

##### 69 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board noted the forward plan.

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

Lise Llewellyn asked that the Director of Public Health's Annual Report be added to the forward plan for the next meeting on 24<sup>th</sup> March 2016.

### 70 **Actions arising from previous meeting(s)**

The Health and Wellbeing Board noted actions arising from the previous meeting.

### 71 **Public Questions**

There were no public questions received.

### 72 **Petitions**

There were no petitions presented to the Board.

### 73 **Health and Social Care Dashboard (Shairoz Claridge/Tandra Forster/Rachael Wardell)**

The Board considered Agenda Item 8, concerning the Health and Social Care dashboard, designed to demonstrate system resilience, with the purpose of highlighting any emerging issues. Tandra Forster drew the Board's attention to the Adult Social Care section and reported that some of the latest data reported had since been updated due to the timing of submission deadlines.

ASC1: Proportion of older people who were still at home 91 days after discharge from hospital to reablement/rehabilitation service: The target was 92% and although performance was reported as 88%, there had been a slight improvement since the data was provided for the dashboard and performance was now at 89%. Tandra Forster explained that the indicator referred to a small cohort of people, this meant that even a small change could impact the ability to meet the target.

*(Hilary Cole joined the meeting at 9.09am)*

*(Councillor Roger Croft joined the meeting at 9.10am)*

AS3: Average number of Delayed Transfers of Care which are attributable to social care per 100,000 population (18+): Tandra Forster reported the Delayed Transfers of Care (DToC) information referred to the previous quarter, more recent data showed that performance had improved and this should show in Q3.

*(Cathy Winfield joined the meeting at 9.11am)*

Tandra Forster advised that nationally, the number of patients attending hospitals was increasing, placing all hospitals under pressure. The Council's performance with Royal Berkshire Hospital (RBH) was strong, benefitting from implementation of the Joint Care Provider and seven day working. DToC information showed that there were particular issues with delay at North Hants Hospital. Analysis of the data highlighted the primary reasons for delays were lack of capacity in both homecare and nursing/residential.

Shairoz Claridge introduced the acute section of the dashboard.

AS1: 4-hour A&E target – total time spent in the A&E department: Shairoz Claridge reported that the figures from October 2015 had been presented to the Board. Performance over the Christmas and New Year period had been better than expected with good patient flow. The year-to-date figure was 95.6%. The Royal Berkshire Hospital (RBH) had achieved the target in the last quarter and efforts were being made to ensure the RBH maintained it.

A remedial action plan was in place to address under performance at North Hants and Great Western Hospital, with Great Western Hospitals NHS Foundation Trust achieving 93.3% against the 95% target. In line with the contractual process, Clinical

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

Commissioning Groups (CCG) were to withhold 2% of the contract value (from December 2015 onwards). Cathy Winfield added that she hoped the impact of the action plan would soon be realised.

AS2: Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+): Shairoz Claridge reiterated that the system was working well. Cathy Winfield commended the system for its performance against this measure and agreed that the issue was being caused by the outsourced parts.

Councillor Hilary Cole enquired how the other hospitals might be brought up to the same level as the Royal Berkshire Hospital and questioned the effectiveness of a fine rather than increased support. Tandra Forster replied that only one hospital had used fines and discussions were being held to resolve this. She added that if those discussions were not successful, a letter from the Health and Wellbeing Board might be required.

Tandra Forster advised that the delays in general related to a very small cohort of people living in border areas of the district who the local authority struggled to get the appropriate care for. She identified that improvements were needed with North Hants, whose system resilience group was not as strong as West Berkshire's. Shairoz Claridge added that 40% of Newbury patients were admitted to North Hants hospital but Delayed Transfers of Care was in single figures.

Dr Barbara Barrie enquired whether the matter could be escalated to the Thames Valley level; Tandra Forster replied that the Health and Wellbeing Board could address the issue with the hospital, however the other networks might be helpful.

AS5: Ambulance Clinical Quality – Category A 8 Minute Response Time – Red 2: Shairoz Claridge reported that that performance was green against target for the first time. However during September neither the Thames Valley wide nor CCG level standards were achieved. Performance in September at Thames Valley level deteriorated in Red 1 calls, and improved for Red 2 and Red 19 calls. The remedial action plan had been agreed with South Central Ambulance Service (SCAS) as a result of the contract performance notice and this forecasted recovery in performance from March onwards. The Trust had started the National Ambulance Response Programme (NARP) pilot in October which allowed SCAS more time to assess Red 2 calls before dispatching an ambulance which should result in emergency ambulances only being dispatched to the most appropriate calls. Following a month of the pilot, SCAS would review the impact on performance and re-profile the trajectory as necessary.

AS6: A&E Attendances: Shairoz Claridge explained that these figures were not RAG rated and since providing the data for the dashboard, the Royal Berkshire Hospital had received 300 further admissions. She reported that the RBH had coped well with these extra admissions.

Shairoz Claridge, in introducing the Primary Care indicators, explained that full delegation would be in place from 1<sup>st</sup> April 2016. On-demand General Practitioner (GP) appointments were still a work in progress.

Councillor Roger Croft asked that the fines from North Hampshire be considered at a future meeting of the Board in order to consider a way forward. Councillor Cole agreed that a letter from the Board should be sent to express its concerns.

It was agreed that the Children's Social Care section would be discussed once Rachael Wardell had joined the meeting.

### **RESOLVED that**

- the Health and Wellbeing Board noted the dashboard.

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

- Tandra Forster to write a letter to be sent to Hampshire Hospital Foundation Trust and to be signed by the Chairman on behalf of the Health Wellbeing Board regarding the fines imposed by north Hants CCG in respect of the DToC target.

### 74 **Primary Care Strategies (Cathy Winfield/Angus Tallini/Rupert Woolley)**

*(Councillor Mollie Lock joined the meeting at 9.25am)*

Cathy Winfield introduced the report (Agenda Item 9) which presented the Berkshire West Primary Care Strategy for 2015-2019.

An engagement report would also be published which would describe how the strategy had been informed by extensive discussion with patients through public meetings, dissemination of information about its vision and an 18 week online consultation.

The Clinical Commissioning Groups (CCGs) also wanted to highlight that they had applied to move to a fully delegated co-commissioning arrangement with effect from 1st April 2016. It was believed that this would have a positive impact on the development of local primary care services, and put CCGs in a stronger position to implement the vision described in the strategy.

The Berkshire West CCGs' 5 Year Strategic Plan described how, by 2019, enhanced primary, community and social care services in Berkshire West would work together to prevent ill-health within the local populations and support patients with complex needs to receive the care they needed in the community, only being admitted to hospital where this was absolutely necessary.

There was an emerging consensus locally that a clinically and financially sustainable health economy could best be delivered through the creation of an Accountable Care System (ACS), ultimately functioning on the basis of a place-based capitated budget incorporating all aspects of healthcare including primary medical services with providers and commissioners jointly incentivised to deliver specified outcomes in a cost-effective way.

The strategic context mirrored the national picture, essentially being an ageing population and an increase in consultation rates.

Other key pressures related to General Practitioner (GP) recruitment and retention. Although training places were full, Primary Care was struggling to retain GPs as they increasingly applied to work abroad or move to a part of the country where living costs were lower. There were also trends for increased part-time working among female members of staff and trainees, in addition to an ageing workforce who would be reaching retirement age in five to ten years.

Patients had been consulted on their views and they had contributed that they would welcome online services and would like Saturday morning appointments.

The strategic objectives were to address pressures in the system, work with specialists usually in the secondary sector (such as with diabetes), taking a more preventative role, using technology to allow information sharing and mobile working and finally, consistently referring to other services where required.

Angus Tallini echoed the positive approach to resolving some of the issues that had been identified and outlined four strands of action being taken locally.

*(Rachael Wardell joined the meeting at 9.32am)*

Firstly, motivated patients with long-term health conditions would be enabled to manage their own care. Patients with such conditions often had a better understanding of their needs than their GP so lessons would be learnt from the approach to diabetes and

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

ownership of care would be shifted onto patients. The result would be that GPs had more time for undiagnosed and acute issues.

Secondly, a wider workforce would be developed to support primary care staff. It had been identified that other healthcare professionals were not utilised as much as they could be. For example, a pilot had been undertaken where a pharmacist had been utilised in a GP surgery to handle enquiries about medication, explain side effects and monitor those on high risk medications. It was also thought that physiotherapists could be integrated into the practice.

Thirdly, collaboration among smaller clusters of practices would link into the Accountable Care System.

Finally, a Training Hub was proposed to Health Education England to address local recruitment and retention problems across many areas of health care. A new Healthcare Coordinator Level 3 NVQ would be developed to ensure clerical staff had organisational and healthcare knowledge. Steps would also need to be taken to raise the profile of the area.

Councillor Jones thanked Cathy Winfield and Angus Tallini for clear data presentation in the report. He agreed that for too long there had been an emphasis on giving care but not explaining care. Councillor Jones added that he would be pleased to see the involvement of the pharmacist in a GP practice be developed and welcomed the proposals regarding the training hub.

Councillor Cole advised that she would like to see West Berkshire's social work academies be involved in the training hub as social workers had a role in healthcare and she would not want to see duplication. She added that the CCGs should engage with the Director of Communities to see whether there was any synergy between the two and whether economies of scale could be achieved.

Councillor Cole expressed the view that the proposed Level 3 NVQ should include an element of customer care because patients expected a level of service and in order to get patients out of the habit of seeing their GP, that service had to be consistently high across the practice.

Additionally, Councillor Cole asked if there was any scope to contractually oblige GPs to remain in service for a period of time following the completion of their training. Cathy Winfield advised that Health Education England funded the training so such a requirement would not be legally enforceable. Dr Barbara Barrie commented that there was a national problem of second and third year doctors leaving the NHS, with 600 applications per week to work abroad, although she noted that this was in part due to the national debate regarding junior doctors' contracts. Dr Bal Bahia observed that in order to achieve a happy and motivated workforce, there needed to be incentive rather than deterrent. Lise Llewellyn concurred that doctors were trained under a national process and budget and they could not be 'tied in' under Human Resources law.

Andrew Sharp noted that the workforce retention issue was reminiscent of the teacher recruitment and retention problem, and asked whether giving doctors key worker status might assist with their costs of living. He also outlined that the communication to the public of the different way of work would need to be clear as they might not understand the role, for example, or the pharmacist other than dispensing medication. Councillor Lynne Doherty agreed that a communications exercise on the integration of health and social care would be required to support the strategy.

Cathy Winfield informed the Board that while face-to-face communication would be the richest way to communicate the message, a short film was in production which would

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

include interviews with different healthcare professionals explaining their roles. Councillor Doherty proposed that these films be played in GP surgeries.

Dr Bahia expressed his excitement in the idea of a training hub which extended to back office roles because it would enrich understanding of the roles of other healthcare professionals.

Dr Barrie offered a perspective from the North and West Reading CCG. She reported that there were similar problems with training and recruitment, drawing particular attention to Physician's Assistants which was not well funded and required a large time commitment. There had been successful programmes such as the Living Well project and Beat the Street which has achieved positive outcomes including sustained levels of exercise. There was a concern that many GPs would be retiring over the next five to ten years so alongside measures to persuade them to keep working, GP surgeries would be asked to alert the Lead Commissioner in order for remedial action to be taken.

Dr Barrie continued that a GP in Reading had spent some time in Newcastle to gain an understanding of their new transformed care model which included patients receiving longer appointments. A generic model for care plans had been developed and the project had seen increased job satisfaction among GPs.

Rachael Wardell identified that a connection between this work and the frail and elderly pathway was essential in order to combat increasing consultation rates from the older population.

**RESOLVED that the report be noted.**

### 75 **Urgent and Emergency Care Review 'Safer, Better, Faster' (Maureen McCartney)**

The Board considered a report (Agenda Item 10) concerning "The Urgent and Emergency Care Review" (referred to as the Review) which proposed a fundamental shift in the way urgent and emergency care services were provided, and would be the first major practical demonstration of these new models of care. Cathy Winfield explained that the public were confused about what services they should be accessing; an issue which the Review sought to clarify.

The vision was:

- Firstly, for those people with urgent care needs we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families;
- Secondly, for those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

The Strategy set the expectation that the NHS 111 Service would be the 'front-door' to accessing urgent and emergency care however it would have an increased input from a range of clinicians.

Connected records would also be essential to connected care as patients progressed to different professionals. A better link between A&E and the Out-of-hours service would make a difference.

It was also proposed that the NHS 111 service could directly book an appointment with a patient's GP in order to improve confidence in the system.

There was due to be re-procurement of the Thames Valley NHS 111 service. Following publication of the new commissioning standards for integrated urgent care in October 2015 it was agreed that this work should move to the commissioning of an integrated NHS 111/Urgent Care Service for Thames Valley. This would offer patients who required

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

it immediate access to a wide range of clinicians, both experienced generalists and specialists. The procurement would be undertaken using the most capable provider model, with phase two of the procurement engaging in a dialogue about how the system would be shaped.

**RESOLVED** that the Board noted the report.

### 76 **Health and Social Care Dashboard (Shairoz Claridge/Tandra Forster/Rachael Wardell)**

Rachael Wardell introduced the Children's Social Care section of the Dashboard. She outlined that although the data reported on the dashboard was from quarter two (and therefore the same as had been reported at the previous meeting) there had been change in the measures.

CSC1: The number of looked after children per 10,000 population: Rachael Wardell reported that latest figures had indicated that there were now 46 looked after children per 10,000 populations which was a move in the right direction.

CSC2: The number of child protection plans per 10,000 population: Child Protection enquiries had increased; concurrently the number of child protection plans per 10,000 population had increased from 37 to 41.

CSC3: The number of Section 47 enquiries per 10,000 population: Rachael Wardell reported that there remained a high volume of Section 47 enquiries per 10,000 but a review of Section 47 thresholds had given assurance that the appropriate threshold was applied.

CSC4: To maintain a high percentage of (single) assessments being completed within 45 working days: Performance against this indicator was now recorded as being 83%.

CSC7: Percentage of LAC with Health Assessments completed on time: Rachael Wardell announced that latest data had revealed that performance was now at 93% against the indicator which represented a great improvement. Work would continue to pursue getting this figure to 100% and the service was now turning its attention to the percentage of dental assessments completed on time.

Councillor Jones commented that the improvements were a good step forward.

**RESOLVED** that the Children's Social Care section of the dashboard be noted.

### 77 **An update report on the Better Care Fund and wider integration programme (Tandra Forster/Shairoz Claridge)**

The Board considered a report (Agenda Item 11) which provided an update on the Better Care Fund (BCF) and wider integration programme.

Tandra Forster reported that work was underway on all of the schemes in the West Berkshire BCF programme. Although the two locality projects were currently rated as amber, only one required remedial actions and these had been agreed.

Tandra Forster drew attention to Personal Recovery Guides which were being piloted in the voluntary sector with British Red Cross, AgeUK and the Volunteer Centre West Berkshire (VCWB) to provide this joint service in a pilot phase which commenced on 1<sup>st</sup> July 2015; all three providers had staff and volunteers in place to deliver this service and had engaged in a publicity campaign to attract users of the service. The pilot was expected to lead to an ongoing contract through competitive tender from April 2016. Take up of the service during this short pilot phase had been gradual as it was taking time for it to become known about. It was felt that the delay in project implementation would mean there would be insufficient data on which to confidently

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

design a service going forward. For this reason the West Berkshire Locality Board had taken a decision in principle to extend the pilot for a further three months, subject to successful negotiations with the providers regarding the terms of the extension.

Tandra Forster went on to report that the Department of Health had confirmed that there would be a BCF for 2016/17. The timetable was proving to be very challenging with the outline financial planning needing to be submitted by the 8<sup>th</sup> February 2016; however the technical guidance had not yet been received. Shairoz Claridge added that two new national conditions had been applied regarding Delayed Transfers of Care and integrated working. Tandra Forster reported that the Integrated Health and Social Care Hub was being successfully utilised by professionals.

Shairoz Claridge reported that the Rapid Response and Treatment team had received 15 referrals and conducted between six and eight reviews per session.

In response to a question from Councillor Cole, Tandra Forster advised that analysis had been undertaken to identify care homes responsible for the highest numbers of non-elective admissions. Five had been selected in West Berkshire and the impact of project was being monitored closely. Councillor Cole requested that monitoring reports come to the Board, Shairoz Claridge advised that the data was captured in the Highlight Reports.

Dr Barrie offered an example of the value of the Rapid Response team when called to a care home between Christmas and New Year. She advised that they had excelled in compiling comprehensive notes, working with the patient's family in order to enable swift decision making. Dr Barrie commented that the care home manager's main concern in that situation was the staffing pressures that might be caused in order to care for the patient in the care home.

Lise Llewellyn commended the progress that had been reported and commented that the papers provided were confusing as they included projects under Wokingham Borough Council. Tandra Forster advised that historically the Board had requested these to be reported but in the future the high level report and the two locality reports could be presented to the Board.

**RESOLVED that the progress report be approved.**

### 78 **Governance for the Health and Wellbeing Board (Nick Carter)**

The Board considered a report (Agenda Item 12) which set out proposals for new governance arrangements with regard to the leadership of health and wellbeing and health and social care integration across West Berkshire.

Nick Carter noted that the first proposal was to merge the West Berkshire Locality Board and the Health and Wellbeing Management Group, offering the view that there was shared membership so in addition to some time savings, there could be benefit to the integration agenda. The chairing arrangements of the Locality Group would be maintained.

The second proposal was to alternate between public and private meetings of the Board from April 2016 in order to encourage a less inhibited discourse. The forward plan would need to be shaped in order to accommodate the alternation of meetings.

Councillor Doherty commented that the report accurately reflected the development session.

Dr Bahia enquired whether the steering group chairing arrangements could alternate or be shared with the Clinical Commissioning Groups (CCGs) operational director. Tandra Forster responded that it was felt there needed to be representation of the Council and the delivery groups. Shairoz Claridge contributed that she suggested a Co-Chairing arrangement; the amendment of the terms of reference had been deferred. Cathy Winfield reported that Reading and Wokingham's Locality Boards were Co-Chaired, which she thought would be an acceptable arrangement for West Berkshire.

**RESOLVED that**

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

- As from April 2016 the current West Berkshire Locality Board and Health and Wellbeing Management Group be disbanded and replaced by a single West Berkshire Health and Wellbeing Steering Group.
- That the Terms of Reference for the new group reflect those of the two extant groups and that membership of the new group was drawn from the two current groups. The new group would meet monthly and be chaired by the current chair of the West Berkshire Locality Board.
- A more detailed governance paper be prepared by the Policy Officer supporting the Board and that this be considered at the first meeting of the new Steering Group.
- As from April 2016 meetings of the Board be alternated from being in public and in private and that the agendas of the respective meetings are altered to reflect this and reflected accordingly in the Forward Plan.

### 79 New Health and Wellbeing Priorities (Tandra Forster/Lesley Wyman/Mac Heath/Shairoz Claridge)

The Board considered a report (Agenda item 13) which recommended that the Board agree a smaller number of priorities be developed in order to enable them to achieve against the agreed priorities more effectively over the remaining two years of the strategy.

Lesley Wyman advised that these proposals had come out of the development session held in November 2015, where it was identified that there were a large number of priorities that could be grouped in order to focus the work around them.

The priorities for 2016/17 would be:

1. Mental health and wellbeing in children and young people and adults (including social isolation)
2. Older people living independently (including Long term conditions, falls prevention and dementia)

The priorities for 2017/18 would be:

1. Cardiovascular disease and cancer pathways (including all preventative work in the current priorities: healthy eating, weight management, physical activity, smoking and alcohol).
2. Health and wellbeing of carers including young carers.

Lesley Wyman reported that she had seen the position statement of Milton Keynes' Health and Wellbeing Board which put forward its priorities as:

1. Starting Well
2. Living Well
3. Ageing Well

Councillor Jones commented that these principles would be common to all Health and Wellbeing Boards and by focussing on certain aspects, there was likely to be greater impact.

Cathy Winfield sought to reiterate the appropriateness of the priorities for 2016/17 as they connected to the work of the frail elderly pathway for older people and the 'Future in Mind' programme for Children and Young People's mental health.

Rachael Wardell concurred that a few sharp priorities would be more effective than an umbrella statement.

**RESOLVED** that the new set of priorities for the remaining two years of the current H&WB Strategy, 2016-2018, be approved.

### 80 Local Safeguarding Children's Board Annual Report (Rachael Wardell)

## HEALTH AND WELLBEING BOARD - 28 JANUARY 2016 - MINUTES

The Board considered the Local Children's Safeguarding Board (LSCB) Annual Report 2014-15 (Agenda Item 14). Rachael Wardell advised that she was introducing the report on the behalf of the LSCB Chair.

Rachael Wardell advised the report had previously considered each agency in isolation, whereas now a multi-agency approach had been taken. Success against the strategic priorities were reported and the report contained many examples of children's voices. Pupils at Mary Hare were converting the report to a children's version.

Partners in the Board financially contributed specifically to the LSCB to enable it to operate and undertake work against the priorities. The Local Authority was the largest financial partner in the LSCB and the proportion of funding was out of line with national averages so some work was being undertaken to balance this. Councillor Lynne Doherty noted that it was a detailed and accurate report.

**RESOLVED that the report be noted.**

### 81 **Syrian Refugee Resettlement Programme**

This report had been provided for information only and was not discussed.

### 82 **Safeguarding Adult's Board Annual Report**

This report had been provided for information only and was not discussed.

### 83 **Members' Question(s)**

There were no questions received from Members.

### 84 **Future meeting dates**

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 24<sup>th</sup> March 2016 at the slightly later time of 9.30am.

Lesley Wyman reminded the Board that there would be a Hot Focus Session on child and adolescent emotional health and wellbeing services on 11<sup>th</sup> February 2016 at 9.30am in Shaw House.

*(The meeting commenced at 9.05am and closed at 10:40am)*

**CHAIRMAN** .....

**Date of Signature** .....