

## **CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES**

**Date:** 6 July 2017

**Time:** 10.00am – 12.15pm

**Venue:** Kreis Viersen Room, Shire Hall, Cambridge

**Present:** Cambridgeshire County Council (CCC)  
Councillors A Bailey, S Bywater, P Hudson, C Richards and S van de Ven  
Dr L Robin, Director of Public Health (PH)  
C Bruin, Assistant Director: Adults (substituting for the Executive Director, Children Families and Adults)  
T Kelly, Strategic Finance Business Partner (substituting for the Chief Finance Officer)

City and District Councils

Councillors M Abbott (Cambridge City), A Dickinson (Huntingdonshire) and M Cornwell (Fenland)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

T Dowling, Chief Officer, J Bawden, Director of Corporate Affairs and Dr S Pai, GP Member

Healthwatch

V Moore, Chair

NHS Providers

D Cohen (substituting for A Thomas) – Cambridgeshire and Peterborough NHS Foundation Trust; M Winn – Cambridgeshire Community Services NHS Trust; and K Reynolds (substituting for S Graves), North West Anglia NHS Foundation Trust

Voluntary and Community Sector (co-opted)

J Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations

District Council non-voting officer advisor

M Hill, South Cambridgeshire District Council

Also in attendance:

B Law, Cambridgeshire Safeguarding Board and Community Safeguarding Network

Apologies:

Councillor L Harford, Chairman – Cambridgeshire County Council (substituted by Councillor P Hudson)

Councillor J Schumann – East Cambridgeshire District Council

Councillor S Ellington, South Cambridgeshire District Council

S Graves, North West Anglia NHS Foundation Trust (substituted by Keith Reynolds)

C Malyon, Chief Finance Officer, Cambridgeshire County Council (substituted by T Kelly)

A Thomas, Cambridgeshire and Peterborough NHS Foundation Trust (substituted by D Cohen)

S Posey, Papworth Hospital NHS Foundation Trust

W Ogle-Welbourn, Executive Director for Children, Families and Adults, CCC (substituted by C Bruin – Assistant Director for Adults)

## **1. NOTIFICATION OF THE APPOINTMENT OF THE CHAIRMAN**

The Clerk reported that Councillor Lynda Harford had been appointed as the Chairman of the Cambridgeshire Health and Wellbeing Board at the meeting of Cambridgeshire County Council on 23 May 2017. The Chairman was unable to attend this meeting and had sent her apologies.

## **2. ELECTION OF THE VICE CHAIRMAN/ VICE CHAIRWOMAN**

The Clerk stated that the Vice Chairman or Vice Chairwoman of the Board was elected at the beginning of each municipal year from the three representatives of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) appointed to the Board and invited nominations for the appointment. Tracy Dowling, Chief Officer of the CCG, was nominated for the position of Vice Chairwoman by Jessica Bawden, Director of Corporate Affairs at the CCG and seconded by Dr Liz Robin, Director of Public Health.

There being no further nominations it was resolved to:

appoint Tracy Dowling as Vice Chairwoman of the Cambridgeshire Health and Wellbeing Board for the municipal year 2017/18.

The Vice Chairwoman took the Chair for the remainder of the meeting.

## **3. APPOINTMENTS**

The Vice Chairwoman noted the following appointments to the Board and welcomed all new members:

- Councillor Anna Bailey – Cambridgeshire County Council
- Councillor Simon Bywater - Cambridgeshire County Council
- Councillor Claire Richards - Cambridgeshire County Council
- Councillor Susan van de Ven - Cambridgeshire County Council
- Councillor Angie Dickinson – Huntingdonshire District Council
- Stephen Graves – North West Anglia Foundation Trust

## **4. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies for absence were noted as recorded above. There were no declarations of interest.

The Vice Chairwoman noted that the Clerk was currently updating declarations of interest for non-elected members of the Board and would contact members directly with further information.

## **5. MINUTES OF THE MEETING ON 30 MARCH 2017 AND THE EXTRAORDINARY MEETING ON 27 APRIL 2017**

The minutes of the meeting on 30 March 2017 were agreed as an accurate record and signed by the Vice Chairwoman, subject to the correction of a miss-spelt word on the third bullet point of Minute 268: Review of the Better Care Fund. The corrected minute read '~~Delated~~ Delayed transfers of care...'

The minutes of the extraordinary meeting on 27 April 2017 were agreed as an accurate record and signed by the Vice Chairwoman.

## 6. ACTION LOG

The Action Log was noted. The only item which remained outstanding related to Minute 268: Review of the Better Care Fund (BCF). At the Board's request the previous Chairman had written to the Secretary of State for Health, copied to the Secretary of State for Communities and Local Government, on 3 May 2017 to express strong concern at the delay in issuing guidance for the 2017-19 BCF and the importance of aligning the BCF timeframe with other relevant financial planning considerations. A reply had been received from the Secretary of State's Private Secretary advising that a substantive response could not be provided until after the outcome of the General Election.

The Vice Chairwoman noted that guidance for the 2017-19 BCF had only been issued the previous day, a quarter of the way into its first year of operation. Members of the Board reiterated their serious concern at this delay and their wish to raise this again with central government.

**(Action: Transformation Manager:** To prepare a further draft letter to central government for the Chairman's signature which sets out the Board's concerns)

## 7. A PERSON'S STORY

The Vice Chairwoman welcomed Barbara Law to the meeting and invited her to share her story with the Board to provide context to consideration of the following item, the Safeguarding Adults Board Annual Report 2016/17.

Ms Law stated that she was one of three community representatives on the Cambridgeshire Safeguarding Board and a member of the Community Safeguarding Network. She had spent 22 years working in social care in Cambridgeshire before her retirement, had spent 15 years as a trustee of Jimmy's Nightshelter and had acted as an informal carer to family and friends. As members of many other organisations and networks the three Community Network representatives were well placed both to gauge awareness of the public's views and expertise on safeguarding and to share this information with others. They were pleased to be members of Cambridgeshire Adults Safeguarding Board and to be able to assist organisations as they implemented the 'Making Safeguarding Personal' agenda. This included working to ensure that information given to the public was accessible and free from jargon and that those receiving safeguarding support felt that they had control over their own lives.

In response to Ms Law's story the Chairwoman of Cambridgeshire County Council Adults Committee asked that her thanks be recorded on behalf of the County Council for the great work being done by members of the Community Safeguarding Network. She highlighted the difficulty in identifying and gaining access to more isolated members of the community and welcomed all that was done by partner and voluntary organisations to make individuals aware of the full range of safeguarding and other support available to them.

The voluntary sector representative noted with interest the Community Safeguarding Network's involvement in safeguarding training and felt this was something which could usefully be explored further outside of the meeting.

The Vice Chairwoman offered Ms Law her thanks on behalf of the Board for the valuable work being done by members of the Community Safety Network and for their selfless contribution in supporting vulnerable members of the community. Members had been interested to hear about the newsletter which the Community Safeguarding network

produced and she asked the Clerk to obtain a link to this for circulation to all members of the Board.

**(Action: Democratic Services Officer)**

## **8. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17**

The Board noted that the Independent Chair of the Safeguarding Adults Board had sent apologies that he was unable to attend in person to present the annual report for 2016/17. In his absence, the Assistant Director for Adults at Cambridgeshire County Council presented the report. She stated that the draft annual report published with the meeting papers had since been approved unchanged by the Safeguarding Adults Board (SAB). The headline figures included:

- a reduction in the number of adult safeguarding incidents referred to the Council from 1499 in 2015/16 to 1272 in 2016/17;
- the most common type of referral remained physical abuse (33%), although this had reduced from 42% of total referrals in 2015/16;
- an increase in reported cases of neglect from 24% in 2015/16 to 30% in 2016/17.

The Board had been working on a number of identified priorities during the past year. These included making safeguarding more person-centred, reflecting the guidance in the Care Act 2014. One way in which this was done was to establish a conversation with the person receiving support to find out what outcomes they wanted to achieve and tailoring their support to meet this need in a flexible and personal way. A lot of work had been carried out during the period to embed the principles of making safeguarding personal within the organisation and its staff, but it was acknowledged that this represented a significant change in culture and there was still more work to be done. The development of the new Multi-Agency Safeguarding Hub (MASH) provided a single point of access for all safeguarding referrals which were triaged and referred on to the appropriate teams and agencies for action. This approach was ensuring that cases were prioritised quickly and accurately and was relieving pressure on locality teams. The MASH had good links with both adult health services and voluntary sector organisations and could signpost referrals through these routes where this offered a more appropriate response.

Russell Wate had been confirmed as the new Independent Chair of the Cambridgeshire SAB in September 2016 and his appointment had brought together the chairmanship of the SABs for Cambridgeshire and Peterborough together with the Local Safeguarding Children's Board for both local authority areas. The extension of joint working arrangements across Cambridgeshire and Peterborough had brought together most of the Boards' sub-groups to deliver increasingly collaborative and integrated working practices. Following the introduction of the Care Act 2014 the focus for outcomes of safeguarding enquiries had changed from whether a report was substantiated to recording whether any actions taken in response to the report had led to the risk being reduced or removed. This was considered a more helpful measure by practitioners. The priorities which had been agreed across Cambridgeshire and Peterborough for 2017/18 were domestic abuse, neglect (including self-neglect and hoarding) and adults living with mental illness.

The following points arose in discussion of the report and in response to questions from members of the Board:

- New and more detailed data analysis work was being undertaken by the recently established Business Unit and more detailed information would be available from the

second quarter of 2017 onward. This could include a more detailed breakdown of the figures relating to NHS referrals;

- The Safeguarding Adults Board (SAB) worked closely with the Cambridgeshire Fire and Rescue Service and there was strong collaboration in cases of mutual interest;
- In future it would be good to see more space given in the report to the voluntary sector response to safeguarding given the significance of the role of volunteers in supporting vulnerable adults. The Assistant Director for Adults offered to discuss this feedback with the Independent Chair and explore the possibility of future voluntary sector representation on the Board;  
(**Action:** Assistant Director for Adults)
- The CCG GP representative commended the fantastic training offered to GPs by the SAB and noted that locums also attended this training so the actual number of individuals trained would be higher than the figure indicated in the report;
- Information about the Modern Slavery and Discrimination course offered by the SAB would be circulated to all members for information.  
(**Action:** Assistant Director for Adults)

It was resolved to:

- a) comment on the content of the covering report and the Cambridgeshire Safeguarding Adults Board Annual Report 2016/17;
- b) ask the Independent Chair to present the next Annual Report (for 2017/18) at a Health and Wellbeing Board meeting in 2018.

## **9. CAMBRIDGESHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2017**

The Board received the Cambridgeshire Pharmaceutical Needs Assessment (PNA) 2017 for approval together with a proposed monitoring protocol for keeping the PNA up to date until July 2020 when it was next due to be updated. The Director of Public Health recorded her thanks to Kirsteen Watson and Katie Johnson in the Public Health team for leading the detailed and thorough work, which had formed the basis for the report, to the multi-agency steering group for their expert input, and to all stakeholders and members of the public who had responded to the public consultation exercise.

Every Health and Wellbeing Board in England had a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services for the population in its area. This would be used by NHS England to inform future decisions about opening new pharmacies in the area. These decisions were sometimes appealed and challenged in court so it was important that the PNA was kept up to date. The final PNA report and monitoring protocol had been reviewed by LGSS Law Ltd and was compliant with the regulations. The PNA 2017 concluded that there was currently sufficient pharmaceutical service provision across Cambridgeshire. No need for additional pharmaceutical service providers was identified. However, it was highlighted that it was not yet possible to predict whether the overall reduction in pharmacy funding by NHS England might lead to mergers or closures of existing pharmacies within Cambridgeshire and that new housing developments might alter the future pattern of need within the county. The monitoring protocol would, if approved, allow issues such as these to be addressed quickly in advance of the next formal PNA being conducted in 2020.

The following points arose in discussion of the report and in response to members' questions:

- The number of pharmacies which were accessible to wheelchair users had improved since the last PNA;
- Changes to the contractual framework meant that pharmacy mergers were no longer considered to create an automatic gap in provision;
- It was confirmed that the Cambridgeshire PNA took account of the pharmacies which were located just outside of county borders;
- It would be helpful to clarify whether the position in relation to the out of hours service provided by Hertfordshire Urgent Care described on page 49 of the PNA was the same as the service provided by IC24 in Norfolk;  
**(Action:** Director of Corporate Affairs, CCG)
- It would be helpful to look at ways in which the Sustainability and Transformation Plan could link into the services offered by community pharmacies and to facilitate a joined up approach between the acute care sector and pharmacies;  
**(Action:** Head of the STP Delivery Unit)
- The learning which had been obtained through the public consultation process was being applied to the PNA being carried out in Peterborough and would inform the next PNA in Cambridgeshire in 2020;
- Members noted that the PNA related to locality pharmacies rather than clinical pharmacists employed by GP practices, but a member questioned whether any spare capacity amongst clinical pharmacists could be used in support of general practice;
- Members welcomed the acknowledgement within the PNA of the important role played by community pharmacists in delivering preventative services such as smoking cessation and sexual health services;
- Members were pleased to see that access to pharmaceutical services across the county was holding up well and was improving in rural areas;
- With the consent of the meeting it was agreed that the wording to recommendation (b) be slightly amended so that decisions made under delegated authority should be discussed with the Chair and Vice Chair of the Board rather than the Chair or Vice Chair to ensure that both the County Council and the Clinical Commissioning Group were consulted.

Summing up, the Vice Chairwoman thanked officers for a comprehensive report that members could usefully take back to their respective organisations. The self-care agenda provided an important adjunct to primary care and local pharmacies had an important role to play in supporting this.

It was resolved to:

- a) note the findings of the Cambridgeshire Pharmaceutical Needs Assessment (PNA\_2017 and approve the final PNA report submitted by the multi-agency PNA steering group;

- b) approve the monitoring protocol for keeping the PNA up to date between now and July 2020, including the delegated authority for approval of supplementary statements to the Director of Public Health, in discussion with the Chair and Vice-Chair of the Board.

## 10. SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE REPORT

The Board received an update on the Sustainability and Transformation Plan (STP) from the Analytics and Evaluation Director and Head of Communications at the STP Delivery Unit. The STP programme had now transitioned from the development to delivery phase and was looking at both short-term operational and longer term strategic ambitions in its drive to achieve a more accountable care approach. It was proposed to establish both an STP Board and an STP Stakeholder Group within the next few months. Membership of both groups was still under discussion, but it was anticipated that Board members would be drawn from individual stakeholder organisations including both elected members and health representatives with a lay Chair. Significant partnership working and collaboration continued to take place, including joint working with the Cambridgeshire Public Services Board and the Health and Care Executive to maximise benefits across Cambridgeshire and Peterborough.

In the course of discussion, Board members:

- Asked for an update on workforce strategy and recruitment and retention issues. The District Support Officer also reported a question from a district councillor about whether there was a clear workforce plan and monitoring system in place and, if so, where this was reviewed. The Lead on the STP Workforce work stream stated that it was recognised that there were a number of short-term projects which would be looking to draw on the same pool of personnel. Officers were working to bring such schemes together holistically from a joint health and social care perspective so that they would be working together to meet their staffing needs rather than competing to attract the same work force. The Assistant Director for Adults at Cambridgeshire County Council welcomed this commitment from the health sector representatives to working in collaboration rather than competition with social care services.

The Analytics and Finance Director stated that the first issue addressed in consideration of every proposed project or investment was workforce. Significant work was being undertaken to look creatively at the best use of the workforce available and this represented a key consideration in all decision making.

The Vice Chairwoman stated that workforce issues was recognised as one of the biggest risk factors to delivering the STP; to ensure that people with the right skills were in the geographical areas where those skills were needed. It was agreed that the STP update reports submitted to the Board's next and subsequent meetings would include specific detail about workforce strategy in relation both to the STP and, where relevant, the Combined Authority. This should include information about workforce planning arrangements including the monitoring systems in place and feedback on why health care professionals were leaving the service, including how this was monitored and feedback from exit interviews. The precise detail would be worked up outside of the meeting through the Health and Wellbeing Support Group, but each STP update report going forward would pick up the workforce issue in addition to any stand-alone reports on workforce issues which might be submitted;

**(Action:** Interim Executive Programme Director, STP Deliver Unit)

- Noted the variation in the availability of health and social care staff across Cambridgeshire and Peterborough, with areas of both under and over supply;

- Noted that the implications of Brexit on the numbers of health and social care staff both locally and nationally was not yet known;
- Noted that nurse training would become self-funded from September 2017 and that it was not yet known if this would impact on student numbers;
- Noted that leaders within health and social care organisations were exploring the impact of the new apprenticeship levy and how apprenticeships could be used to upskill existing staff within the work environment. Members commented that this might be an issue which they would want to explore in more detail at a future meeting;
- Noted the commitment within the Cambridgeshire and Peterborough devolution deal to enhancing skills within the local area;
- Asked that information on the role of care workers and voluntary sector input should be reflected in future update reports;  
(**Action:** Interim Executive Programme Director, STP Deliver Unit)
- Noted the comment by the GP member of the CCG that GPs represented a scarce asset and the importance of supporting them within their practices and using their skills to best effect. This might include the safe delegation of work to others within the primary care sector where appropriate and an increasingly joined up approach across practices;
- The Healthwatch representative stated that there had been variable public involvement in the STP to date. She urged the STP partners to see the opportunity over the life of the STP to achieve exemplar public involvement at all levels of working. She welcomed the proposal to establish more accountability of the STP and asked for more information about the proposals being formulated as Healthwatch was not aware of them;
- The Vice Chairwoman invited views on membership of the Stakeholder Group and whether it would be preferable to hold frequent meetings for a small representative group or a smaller number of regular events for a wide range of stakeholders (perhaps twice a year). Both the Healthwatch representative and the voluntary sector representative favoured the latter approach which would enable the widest range of stakeholders to participate directly;
- Welcomed confirmation that consideration was being given to including both voluntary sector and GP representation on the STP Board, although the lack of a single representative organisation for GPs was acknowledged as an issue;
- Paragraph 3.4: Noted that use of the word 'patient' in the phrase 'patient and public engagement' was used within the NHS to refer to stakeholders in the widest sense;
- Noted that a number of STP workstreams were still actively seeking greater public and stakeholder engagement. It was agreed to bring details to the next meeting of those areas where public and stakeholder engagement was already in place and those areas where gaps remained;  
(**Action:** Interim Executive Programme Director, STP Deliver Unit)
- An elected member expressed concern that they had been told that the participation of elected members on NHS steering groups and bodies should be politically proportionate as this did not recognise the mandate which an elected member had been given by local residents to represent their views. Any party political or other relevant interests would be



declared in the usual way and would be entirely transparent within the decision-making process.

It was resolved to:

comment upon and note the update report.

## **11. LOCAL AUTHORITIES AND HEALTH JOINT WORKING UPDATE**

The Board received a report seeking support for the development of a 'Living Well' Partnership Concordat to demonstrate a commitment to whole system partnership working by all organisations involved in the delivery of health and wellbeing for Cambridgeshire's residents. It was proposed that a draft Concordat be developed by partners over the summer and presented to the Board for comment in September 2017. The 'Living Well' Partnership Concordat would provide an alternative to the proposal to sign the Sustainability and Transformation Plan Memorandum of Understanding (STP MOU) and would be a broader document which would embrace a wider range of stakeholders. The STP MOU would remain in place for those key partners who had already chosen to sign up to it with the 'Living Well' Partnership Concordat being designed to complement rather than replace it.

The Board was also invited to note progress on forming joint area delivery partnerships by merging Local Health Partnership and Area Executive Partnership meetings as discussed previously at the Board's development session in March 2017. Further detail including proposed terms of reference would be brought back to the Board at a later date.

The following points were raised in discussion of the report and in response to questions from members:

- A member questioned whether work on the 'Living Well' Partnership Concordat might be included in the work which would be undertaken to refresh the Joint Cambridgeshire Health and Wellbeing Strategy which was to be discussed under Item 11 on the agenda;
- The voluntary sector representative endorsed in principle the inclusive nature of the 'Living Well' Partnership Concordat;
- Members acknowledged that there would be difficulties to be overcome in producing a Concordat which met the governance and other requirements of all of the organisations concerned, but were confident that these could be overcome;
- A member welcomed the proposals to form joint Area Delivery Partnerships as a positive attempt to simplify partnership structures, but emphasised the need to ensure that no groups were disenfranchised by the change.

It was resolved to:

- a) support the development of a 'Living Well' Partnership Concordat to demonstrate commitment to 'whole system' partnership working by all partner organisations involved in the delivery of Health and Wellbeing for Cambridgeshire residents and so provide an alternative to signing the Sustainability and Transformation Plan Memorandum of Understanding;
- b) Note progress to form joint 'Area Delivery Partnerships' by merging Local Health Partnership and Area Executive Partnerships, as discussed at the Health and Wellbeing Board development session in March 2017.

## 12. RENEWING THE JOINT CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

The Board received a report from the Director of Public Health seeking approval for the proposed process to renew the Joint Cambridgeshire Health and Wellbeing Strategy and a steer on the approach to be taken and any key priorities. The Board had a statutory duty to prepare a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of Cambridgeshire residents and to prepare a Joint Health and Wellbeing Strategy to meet these needs. In reviewing this strategy the Board would wish to consider its position within the wider context of the Sustainability and Transformation Plan and devolution to ensure that its work aligned with, but did not duplicate, other strategic work being undertaken across Cambridgeshire and Peterborough. It was proposed to invite the Local Government Association (LGA) to facilitate a development session for the Board on 8 September 2017 to discuss the wider strategic landscape and initial thoughts on priorities. Positive reports had been received from officers at Durham County Council who had recently used the LGA in this role.

The following points arose in discussion of the report and in response to questions from members of the Board:

- Several members expressed concern at the considerable amount of time, effort and resources which were devoted across local government and partner organisations to producing numerous strategies of this kind. Whilst recognising the statutory duty on the Board to produce a Joint Health and Wellbeing Strategy and the positive outcomes which had been achieved under the current strategy they questioned the amount and cost of the work in the proposed renewal process to produce a strategy which would probably be quite similar to the one currently in place.
- A member questioned whether it would be preferable for the Board to concentrate on one or two clearly identified outcomes over an agreed period. The Director of Public Health undertook to explore whether this would meet the duty placed on the Board under statute in advance of the discussion at the development session on 8 September;  
**(Action:** The Director of Public Health)
- A member emphasised the need to ensure that the refreshed Joint Health and Wellbeing Strategy should reflect a focused and pragmatic approach which added value and avoided duplication of work being undertaken elsewhere;
- Members asked that invitations to the wider stakeholder event planned for the afternoon of 21 September 2017 to identify and test priorities for the renewed Joint Health and Wellbeing Strategy should be issued as soon as possible to maximise attendance;  
**(Action:** Head of Public Health Business Programmes)
- Members requested that the development session on 8 September 2017 should include the following:
  - A refresher on the purpose of Health and Wellbeing Boards, including what they were required to do by statute and what they could choose to do;
  - How the Board monitored progress on the strategies it approved and ensured that these were delivering the outcomes required;

- Reviewing how the Board operated in Cambridgeshire now that it had been in operation for a number of years.  
(**Action:** Director of Public Health)
- With the consent of the meeting it was agreed to vary recommendation (b) of the report to approve the extension of the current Health and Wellbeing Strategy (2012-17) ~~to May 31 2018~~ *until a replacement was in place.*

It was resolved to:

- a) approve the process and provisional timetable for renewing the Cambridgeshire Joint Health and Wellbeing Strategy as outlined in paragraph 4.1;
- b) approve the extension of the current Health and Wellbeing Strategy (2012-17) until a replacement was in place;
- c) provide initial comments on the strategic approach and priorities which the Health and Wellbeing Board would wish to see in the new Joint Health and Wellbeing Strategy.

### **13. FORWARD AGENDA PLAN**

The Board noted the Forward Agenda Plan and offered the following comments:

- A request by one member to consider homelessness and related issues in the context of work being undertaken by Cambridge City Council. It was agreed that the Health and Wellbeing Support Group would liaise with officers at the City Council to understand what was required;  
(**Action:** Head of Public Health Business Programmes)
- A suggestion that Winter Comfort be invited to provide the Person's Story at the meeting on 23 November 2017;  
(**Action:** Voluntary Sector co-opted member)
- Delayed transfers of care remained a high priority within the NHS and were considered regularly by the Board in the context of the Better Care Fund.

### **14. DATE OF NEXT MEETING**

The Board would meet next on 8 September 2017 for a private member development session. The next public meeting of the Board would take place on Thursday 21 September 2017 at 10.00am, venue to be confirmed.

Chairman