

## **Minutes of the Dudley Health and Wellbeing Board**

Thursday 21<sup>st</sup> March, 2019 at 4.00 pm,  
The Abbey Room, The Archives, Dudley

### **Present:**

Councillors C Bayton, G Partridge and S Ridney;  
D Boucher (West Midlands Fire and Rescue Service); M Bowsher (Chief Officer Adult Social Care), P Bradbury (Chair of Healthwatch Dudley), N Bucktin (Director of Commissioning – CCG), M Foster (Dudley and Walsall Mental Health Partnership NHS Trust), A Gray (Dudley CVS CEO); S Hayward (Head of Community Safety), Dr D Hegarty (Dudley GP CCG); K Jackson (Head of Health Communities and Place DMBC); L Murphy (Independent Safeguarding Board Chairperson), M Samuels (Strategic Director People); J Simmonds (Manager - Strategic Partnerships DMBC), D Wake (CE Dudley Group NHS Foundation Trust) and L Jury (Democratic Services).

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### 29. **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillor Buttery, M Axcell, Ch. Supt Bourner, D Harkins, A Lunt, P Maubach, and M Rogers.

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### 30. **Appointment of a Substitute Member**

It was noted that M Foster had been appointed as a substitute member for M Axcell for this meeting of the Committee only.

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### 31. **Declarations of Interest**

No Member made a declaration of interest in accordance with the Member's Code of Conduct.

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### 32. **Minutes**

#### **Resolved**

That the minutes of the meeting of the Board held on 5<sup>th</sup> December, 2018, be approved as a correct record and signed.

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### 33. **Matters Arising from the previous minutes**

Item no. 24 – Time to Change Hub Application

It was noted that the Time to Change Hub application had unfortunately been unsuccessful however, the work proposed would be undertaken and a campaign and champions would be developed around the Time to Change. Dudley and Walsall Mental Health Partnership NHS Trust offered support with the development of the work from her team.

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34. **Proposal for Amendment to Dudley Health and Wellbeing Board Membership – Cabinet Membership**

A report of the Lead for Law and Governance was submitted relating to the amendments proposed to the membership and terms of reference of the Board following the recent Cabinet portfolio changes.

The proposed Member appointments were:

Cabinet Member for Health and Adult Social Care  
Cabinet Member for Children and Young People  
Cabinet Member for Communities  
Opposition nomination

**Resolved**

1. That the changes to the membership of the Board be approved and that the Lead for Law and Governance be authorised to amend the Terms of Reference of the Board as set out in the report.
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35. **Dudley Clinical Commissioning Group Operational Plan 2019 and NHS Long Term Plan 2019**

A report of the Director of Commissioning – Dudley Clinical Commissioning Group (CCG) was submitted in respect of the NHS Long Term Plan and Dudley CCG's Draft Operational Plan for 2019/20

The Director of Commissioning CCG presented the report stating that once the planning guidance had been received, work had been undertaken on the operation plan building the planning guidance into the contracts that were entered in to with our providers each year. It was noted that the contractual process was now near completion and the main contracts would be signed later today however, there were still some issues on-going and some financial assumptions may ultimately change. The report submitted contained the latest draft of the operational plan which had been drawn up in the context of both the NHS Long Term Plan, which covers a 5 year timescale and the planning guidance, which is concerned with 2019/2020.

Paragraph 4 of the report outlined the main elements in the NHS Long Term Plan, focusing on the new service model for the 21<sup>st</sup> Century and the further development of the local model of care to be delivered by the Multi-Speciality Community Provider (MCP). It was noted that the MCP would meet most of the Long Term Plan's requirements on primary care and community services, as set out in the table at Appendix 2, and noting that to a greater extent, a lot of the issues identified in the appendix were already being implanted.

The operational plan was also required to be drawn-up in line with this Board's joint health and wellbeing strategy, together with issues that the strategic needs assessment had identified about the health needs of the local population. It will also take on board what was likely to be in the Director of Public Health's Annual draft Report, particularly focusing upon life course and children and young people. The planning guide sets out some key deliverables in relation to particular service areas, such as mental health, children and learning disabilities, and acknowledging that these are areas that the Alliance Boards that sit beneath this Board have already been working on. It was noted that the plan was being developed to meet both its own objectives and meet the requirements set out in the joint health and wellbeing strategy and a number of examples of these were set out in the report. In addition, areas have been identified where partnership working will be required across the system, particularly related to the wider determinates of health that this Board has a particular responsibility for.

It was noted that next year would be a critical year for the CCG in terms of focusing on the development and the implementation of the MCP which is a key element of the plan. A further issue to be addressed, is a way in which the local system needs to change. Once the MCP is established, its governance arrangement will need to change as a different type of contract will be entered into as a significant amount of the clinical expertise that currently resides with the CCG, will need to reside with the MCP in the future.

Another key feature of the Long Term Plan is a way in which the NHS expects the Sustainability and Transformation Partnerships (STP's) to translate into what is described as integrated care systems. A greater amount of collaborative work between both Commissioners and providers will be a requirement placed upon us, however, it was acknowledged that we are already working in conjunction with our CCG colleagues in the Black Country to this effect.

The statutory requirement to bring the Long Term Plan to this Board was noted along with a statutory duty to ensure that we take on board what is set out in the joint health and wellbeing strategy in terms of how we articulate that in the plan.

Arising from consideration of the presentation, the Strategic Director People commented that the NHS Long Term Plan was very explicit and could only be delivered on the current budget allocation given to Adult Social Care. It was noted that it had been made clear that no decision would be made about funding until the spending review which was scheduled to take place later this year. It was also noted that the current budget allocation runs out at the end of the current financial year and Adult Social Care are unsure of what funding will be available come the 1<sup>st</sup> April next year. It was reported that a coalition of health bodies had come together under the banner 'Health for Care' and were very actively lobbying the Government to ensure social care does have sufficient funding. A Green Paper on Adult Social Care had been promised several times and it was assumed that it would not be recommending any particular solutions to the crises in Adult Social Care funding, only noting the many solutions that had already been noted over the last 20 years, and suggesting that a national debate take place on which ones should be accepted.

The Strategic Director People stated that he believed that we were now in a position where the NHS were doing what it could within its funding capacity and the Board needed to be aware of the significant risks as it depends on the funding allocated.

In response, the Chair informed the Board that a cross-party letter had been sent to the Government regarding the lack of clarity in relation to funding and the inability that gives us in terms of planning for the future.

Continuing, the Strategic Director People reported that a third of the Adult Social Care funding comes from a variety of non-recurrent sources, all of which were to expire at the end of this next financial year

In response, the Chief Officer Adult Social Care commented that the service had recently been awarded a Silver award for its work that had been undertaken to reduce delayed transfers of care which was entirely funded by non-recurrent funding. Finishing 2<sup>nd</sup> out of 152 Local Authorities had been a great achievement for Dudley and has put us on a national stage which we will wish to continue.

Arising from consideration of the report the Cabinet Member for Communities, questioned how the Long Term Plan was monitored and in response, the Director of Commissioning CCG replied that the plan was monitored by NHS England across a range of key target areas, and returns were produced on a constant basis on performance relating to key targets. An end of year assurance meeting with NHS England was then held, noting that this is scheduled for next week. It was reported that responsibility for the plan sits with the Commissioning Development Committee who will receive quarterly reports on our performance in relation to our key objectives throughout next year. It was suggested that an update on the Long Term Plan be submitted to a future meeting of this Board.

The Cabinet Member for Children and Young People stated that she welcomed the sections in the plan which referred to the Early Help programme which she believed would have a big impact on the health of the borough's young children and their families.

Referring to the uncertainty around Adult Social Care funding, Dr Hegarty wished to express his grave concern that if insufficient funding was allocated, the authority could be put in a position where it could only cover its statutory duties and the consequences of this could be potentially catastrophic. In reply, the Chair reiterated that two cross-party letters had been sent with regards to the MCP and the lack of clarity on funding and she expressed her disappointment that no response had been received bearing in mind the urgency of this situation.

### **Resolved**

1. That, the report presented in relation to the NHS Long Term Plan and Dudley CCG's Draft Operational Plan for 2019/2020, and comments made, be noted, and the Board gave its assurance that the Plan had taken proper account of the Joint Health and Wellbeing Strategy and the areas identified requiring partnership working.

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### 36. **Better Care Fund Update**

The Board considered a joint report of the Chief Officer Adult Social Care and the Director of Commissioning – CCG, updating them on the status and performance of the Dudley Integration and Better Care Fund Plan 2017/19.

The Director Commissioning CCG presented the report highlighting that this year had been consistently good in relation to key performance indicators all having being met. It was reported that the impact of resources being put into the BCF were clearly having a wider impact on the health and care system in Dudley across all the areas as a reduction had been seen in non-elective admissions to hospital, admissions to residential and nursing care, and particularly impacting on delayed transfers of care. However, it was reported that what will happen in the next 12 months, when we no longer have the resources we have had up to now, is unsure. However it is the intention to ensure that all schemes that have contributed to the performance improvement are maintained for the future.

In reply, the Chief Officer Adult Social Care stated that this had been a good example of an integrated approach to design, involving the Dudley Group, the CCG, the Council, the Voluntary sector and the care providers. A lot of work had been undertaken by front-line teams working in partnership across the system identifying the right solutions and then scaling them up. It was reported that the outcomes that were set, have been delivered and exceeded over a substantial period of time and both the Council and the CCG have stated that in future commissioning intentions we will work to try to generate enough efficiency to carry this work forward despite the problems with long-term funding uncertainty. The approach will be to ensure that schemes that are working are continued for as long as possible.

A number of new schemes in place to prevent avoidable admissions to hospital, and work being done to identify care homes where there is a greater tendency for patients to be admitted, was reported and it was noted that a lot of work had been undertaken around end of life care in trying to prevent people at the end of their life being admitted to hospital and with assistance from the community service, this was having a positive impact and will be developed for the future.

In response, the Chief Executive, Dudley Group NHS Foundation Trust, reported that from examining their discharge pathways, it had been identified that there were things that could be implemented internally to improve the system. Success with complex discharges was acknowledged but some of the slightly easier discharges have delays in the process that could be improved and analysis had been carried out around this and will be followed up.

### **Resolved**

1. That, the contents of the report submitted in relation to the Better Care Fund and Transforming Care Partnership and comments made at the meeting, be noted.

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## **37. Board Alliance Updates:**

### **(a) Children and Young People Alliance**

In presenting the report, the Chief Executive Officer, Dudley CVS, made specific reference to the excellent work that had taken place within the CAHMS service as referred to in the report. Referring to the support required from this Board, it was requested that priority be given to the involvement in children and young people in everything that we do as it was acknowledged that we have struggled to embed this across all services and ask that all system leaders re-energise the whole area of involving children and young people in the service.

Referring to the major concerns/risks stated in the report, it was noted that too many children were not school ready and too many children and young people were being excluded from school. Reference was then made to the 3 year plan which, it was noted, would be submitted to the Alliance Board next week for consideration. The top actions to take forward, as set out in the report, were then reported, which included school readiness and exclusions.

In response, the Cabinet Member for Children and Young People raised concern with regards to the deteriorating situation across the borough with regards to children not being school ready and acknowledging that the early years programme would make an impact but not for a few years. The link between children not being school ready and the high rate of exclusions was also discussed, specifically children with special educational needs, and the pressure being put on staff and finances. The excellent special schools within the borough was acknowledged, but the pressure on school places was noted.

The Strategic Director People, referring to children not being ready for school reported that this was a good indicator that something had gone wrong within the first 1000 days of their life and that this could have negative implications on such things as their future education and health and wellbeing. It was also noted that Dudley were doing significantly worse than expected against its neighbouring authorities.

Arising from consideration of the presentation, and the Chair's request for further clarification on the support required from this Board, the Chief Executive Officer, Dudley CVS, stated that he would report back any outcomes arising from the Alliance Board meeting to a future meeting of this Board.

### **Resolved**

1. That, the content of the report submitted and comments made at the meeting, be noted.
2. That, the outcomes arising from the Alliance Board meeting, be reported to this Board at a future meeting.

### **(b) Adults Alliance**

In presenting the report, Chief Officer Adult Social Care made reference to the support requested from this Board in relation to a commitment to continue the approach and methodology currently being undertaken with the Adults Alliance. Referring to page 23 of the report, it was reported that time had been spent with the Ideas Alliance, focusing on people across the borough who were experiencing social isolation and loneliness. The work had been undertaken for 6-8 months and had culminated in a report which had been submitted to this Board back in 2018. The key outcomes that were set by the various stakeholder groups were set out on page 27 of the report, making specific reference to the staggering number of people that had no human contact with anybody on a week to week basis and the clear evidence that this resulted in poorer mental health and increased access to primary care.

All the outcomes identified by the community have been collated and with the £1.3m investment from the Voluntary Sector Innovation Fund to meet the outcomes defined, the first phase has now been concluded and is changing the way we commission as a system. It was noted that the phase 2 launch had taken place recently and that work was being monitored to assess the impact that some of these are starting to make on the issues identified through the work that had been undertaken. It was acknowledged that this would involve a different way of working but in a positive way and the 2<sup>nd</sup> phase of the Innovation Fund was deliberately targeting small groups of organisations to help facilitate this. This methodology was being used to shape the way in which a review of the domiciliary care market was taking place as it was acknowledged that a different kind of commissioning approach needed to be adopted and the data would help to shape and challenge.

It was reported that progress updates would be submitted to this Board for consideration when necessary.

### **Resolved**

1. That, the content of the report submitted in respect of Adults Alliance, be noted.
2. That, progress reports from the Adults Alliance be submitted to future meetings of this Board for consideration.

### **(c) Safe and Sound Partnership**

In presenting the report, the Head of Community Safety highlighted the success around securing funding that would provide mentoring provision for those who had been drawn into gang activity or those on the edge. In terms of the support needed from this Board, reference was made to the completion of injury surveillance data by Dudley Group of Hospitals. It was reported that since writing the report, it had been confirmed that a new system would be in place in April that should support the data collection which would be vital to developing the violence strategy. It was noted that a review was also being undertaken on serious and organised crime at a community level. It was reported that West Midlands Police colleagues were delivering a World Café event in May 2019 which was likely to be held in Kates Hill and support from partners to facilitate the event was requested together with any hints and tips around crèche provision.

Reference was made to the Safe and Sound Strategic Board as a sponsor of the Health and Wellbeing goal of reducing the impact of poverty and support was requested from this Board and partners in implementing the living wage and also ending period poverty. Referring to the major concerns/risks highlighted in the report, it was noted that a lot of work was being undertaken around the increase in violent crime and also crimes that have specifically targeted the elderly and acknowledging that whilst these have been small in number, the impact particularly around the potential for loneliness and isolation was not to be underestimated.

With regards to time limited funding for projects, it was noted that the funding for mentoring provision was funded until 31<sup>st</sup> March 2019 and other opportunities for funding were being pursued. Top actions to take forward, as set out in the report were then presented, specifically referring to the Violence Reduction Strategy, noting that the Chief Officer Health and Wellbeing would be chairing the Violence Reduction Group for the next 6 months. It was reported that an event would be taking place on 3<sup>rd</sup> April around County Lines and Exploitation, noting that places were still available should any Board members wish to attend.

In response, the Chief Executive Dudley Group NHS Foundation Trust, offered help and support from her service with some of the initiatives discussed and would encourage her staff to attend the County Lines event. The Head of Community Safety agreed to circulate further information regarding the Country Lines event to Board members.

Arising from consideration of the presentation, the Chair requested further clarification on the 'asks of the Health and Wellbeing Board' and how partner agencies from this Board could actively contribute and it was suggested that more detailed information eg. examples be circulated to Board Members.

Referring to violent crimes, the Chief Executive Dudley Group NHS Foundation Trust, reported on the city centre organisations who observe more gang crime activity than Dudley and it was questioned whether they had been approached to replicate what they are doing in Dudley. The Head of Community Safety replied that best practice locally and nationally was being reviewed and it was noted that some initiatives were now being delivered in Dudley around the mentoring violence approach within schools where some training had taken place with staff who will mentor young people and initiatives such as Street Doctors are also now in place in Dudley.

### **Resolved**

1. That, the content of the report submitted and comments made at the meeting, be noted.
- 2 That, the Head of Community Safety liaise with Deputy Director of Public Health and circulate to board members examples of how they/their organisations can actively contribute and support as Board members.

### **(d) Safeguarding**

In presenting the report, the Independent Safeguarding Chair, informed Members of the changes to the statutory guidance in respect of Children's Safeguarding Boards which will be abolished by the end of September. The new guidance will place an equal duty on the local authority, the CCG and the Police to develop multi-agency safeguarding arrangements.

It is believed that the thinking behind this is to share the responsibility and allow local areas the freedom to design what works best for them. However, it was essential to emphasize that this does not change the statutory or moral duty of any partners in the borough with regards to their responsibility to safeguard children. A group working to the Strategic Director People, the Chief Nurse and Chief Supt. Bourner are developing and designing our arrangements which have to be publicised by 29<sup>th</sup> June and implemented by 29<sup>th</sup> September 2019.

The major concerns/risks set out in the report, were then highlighted noting that Dudley will take the opportunity that these changes bring to look holistically at the safeguarding system, including adults and children and some of the work that sits under community safety that has a safeguarding element. There are also some changes planned including, serious case reviews which will continue but under a new name, and we will now be given the opportunity to review these at a local level. However, if the case has significance at a national level, the review can be carried out nationally.

It was reported that the Board has arrangements to review every child death, identifying any factors to inform prevention. The new guidance moves the governance of this out of the Dept. for Education into the Dept. for Health and the local governance of a child death review is moved to the CCG and the local authority. To address the issues around child death reviews, it was noted that Dudley have become an 'Early adopter' and have received some funding from the Dept. for Education to work on the STP footprint to develop a Black Country wide approach to reviews.

In respect of social inclusion and the vulnerability of some people towards crime as discussed earlier in the meeting, it was noted that financial abuse was a key issue which spans all areas but data has shown that older people and socially isolated people are most vulnerable. The excellent work being undertaken by Trading Standards was then acknowledged making specific reference to a national initiative called 'Friends Against Scams' and noting that the Cabinet Member for Health and Wellbeing has become a Scam-bassador. Through the initiative, it was reported that there were a variety of things that organisations and leaders can undertake with front-line staff, and the ask of this Board is to identify how Dudley as a system could become a 'Friends Against Scam' borough.

Concluding, the Independent Safeguarding Chair, reported that this Board had received regular updates in terms of the arrangements within Dudley Group NHS Foundation Trust to respond to the safeguarding issues that had been identified and on-going assurance was required from the Dudley Group in respect of child and adult safeguarding activity.

It was reported that a meeting of the Working Group was scheduled for 3<sup>rd</sup> April 2019 where a draft proposal would be considered and although the three statutory partners would be taking a lead role with regards to safeguarding, it was essential to ensure that everybody was aware of their responsibilities towards safeguarding. In light of the new arrangements discussed earlier, a workshop would be taking place in April with partners to encourage ownership of the new approach and to work on specific issues still to be completed to ensure that the June deadline was achieved.

It was reported that the Cabinet Member for Health and Wellbeing and the Cabinet Member for Communities, had meet with the Independent Safeguarding Chair, and the Strategic Director People to discuss the need to understand the risks associated not only with the change in structure but also a change in Chair, as L Murphy's contract as the Independent Safeguarding Board Chair comes to an end April 2019. It was reported that, these could leave us vulnerable during the transition period and therefore, it was essential for everybody to focus on safeguarding children, young people and adults during this transition period.

In response, Dr Hegarty commented that a report had been presented to a recent Governing Body meeting regarding the transition arrangements. In respect of adult isolation and loneliness, the work that the CVS team had undertaken had made a huge difference to help change people's lives. Reference was made to the initiatives being carried out by the Council's unit based at the Waterfront with regards to vulnerable people and scamming and members of this Board were encouraged to visit the unit.

In response to further questions raised in relation to the 'Friends Against Scams' campaign, the Chief Officer Adult Social Care agreed to circulate information with regards to the scheme to members and the Chair proposed that a detailed report be submitted to the next meeting of the Board and a Trading Standards officer be invited to present the item.

### **Resolved**

1. That, the content of the report and comments made at the meeting, be noted.
2. That, the Chief Officer Adult Social Care circulate to Members, information with regards to the 'Friends Against Scams' campaign.
3. That, a detailed report be submitted to the next meeting of the Board in respect of the 'Friends Against Scams' campaign and the work being carried out by Trading Standards with regards to this issue and a Trading Standards officer be invited to attend.

In presenting the report, the Head of Community Safety, highlighted the background relating to the Safe and Sound statutory functions and responsible authorities which included, the local authority, West Midlands Police, National Probation Service, CCG and Elected Members and the duty to co-operate with the Police and Crime Commissioner. It was noted that the Board has two Youth Police and Crime Commissioners who, although not always able to attend the Board, do contribute to the service and have worked with us this year around knife crime.

It was reported that Safe and Sound priorities were identified through Dudley's Community Safety Partnership Strategic Assessment and included priorities identified in consultation with communities. Priorities for 2018/19, and 2019/20 were set out in paragraphs 4.2 and 4.3 of the report and noting that these will not be confirmed until the Board meeting on 29<sup>th</sup> April 2019. The priorities fall around the violent crime agenda, organised car crime, burglaries, etc and as a result of a public on-line survey and some input from the public as a result of a recent open board meeting, it can be seen that the priorities they identified were not dis-similar to information in the strategic assessment. Work was now being undertaken to combine these in to the community safety plan for the year ahead and link in with the priorities of Safeguarding Adults and Children Boards and the Health and Wellbeing Board. There are also formal links to work that takes place at a regional level and these were set out in paragraphs 4.5.

It was reported that Safe and Sound were reviewing best practice elsewhere and it was noted that representatives from Wolverhampton City Council were visiting Glasgow to look at the Violent Reduction Unit which had seen a great reduction in violence since the multi-agency unit had been in place. The lessons learnt from the visit will be shared with the Regional Heads of Community Safety. It was also reported that work was on-going with colleagues across the West Midlands on a West Midlands approach to violence reduction and the Chief Executive and Chief Constable approve the West Midlands approach.

Arising from consideration of the presentation, the Chair made reference to a specific unit based at the Queen Elizabeth Hospital in Birmingham called Red-Thread who immediately put interventions in place when any knife injury comes into the hospital. In reply, the Head of Community Safety commented that this provision had not yet been secured in Dudley but Red-Thread was operating within Birmingham and with some funding from the Police and Crime Commissioning Office, there will be a similar organisation operating in Coventry and Wolverhampton.

In response to a question raised in respect of the likelihood of securing funding for Dudley, the Head of Community Safety stated that she would raise this issue at the forthcoming Regional Heads Community Safety meeting and it was noted that from a recent event she had attended in Birmingham, it had been implied that some further funding opportunities may be available from the Home Office Early Intervention Fund.

In reply to a question raised in respect of the current position relating to merging data between the local authority, Health and the Police, it was noted that conversations were happening at a Combined Authority level and also with the Police and Crime Commissioners Office. Comprehensive data had been received recently from the Police for the strategic assessment and other information from organisations such as the Probation and Youth Offending service was shared. However, it was noted that the injury surveillance data had not yet been received and problems with health and school data sharing due to confidentiality was acknowledged and the Head of Community Safety proposed to raise this issue at the forthcoming Regional Heads Community Safety meeting. The Head of Community Safety confirmed that she would circulate the data that had be received from the Police with Board members.

In response to a comment raised in respect of public perception of a culture of gangs, knives and drugs problems within the borough from those who attended the open board event, the Head of Community Safety replied that she had now received the Word Cloud from those who attended the event and this would be reviewed and put together into a report.

In reply, the Chair proposed that further information with regards to Red-Thread interventions could also be included and the report be submitted for consideration at the next meeting of this Board.

### **Resolved**

1. That, Safe and Sound (Dudley's Community Safety Partnership) priorities be noted, and Members considered how the Health and Wellbeing Board could support these priorities and how as a 'system' could work together to prevent and reduce violent crime and the drivers of violent crime.
2. That, the Head of Community Safety produce a report in respect of the outcomes of the open board meeting and further information with regards to Red-Thread initiatives, to be submitted for consideration at the next meeting of the Board scheduled for 26<sup>th</sup> June 2019.

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### **39. Delegated Responsibilities Pharmaceutical Needs Assessment**

The Service Manager – Strategic Partnership informed the Board that the Executive Board had received a report on the changes to the Pharmaceutical Service Access and service provision since the publication of the Dudley Pharmaceutical Needs Assessment (PNA) in April 2018.

It was noted that one pharmacy had reduced its hours of trading and three pharmacies had changed ownership. With respect to service provision, the Minor Aliment's Service previously commissioned by NHS England was now commissioned by Dudley CCG and the CCG have also commissioned a Minor Eye Conditions Service for the 1<sup>st</sup> October, 2018.

It was noted that at its last meeting, the Health and Wellbeing Executive Group approved the supplementary statement to the PNA 2018-2021.

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40. **Questions from the Public**

No issues were raised.

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41. **Questions from Members**

No issues were raised.

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42. **Chair's Remarks**

The Chair commented that as this was the last meeting of the municipal year, it was proposed that future meetings of this Board be held in venues across the borough at partner organisations. It was requested that Members who could offer suitable venues for the meetings to be held, please contact Lisa Jury, Democratic Service who would co-ordinate the meetings and inform all Members.

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43. **Date of Future Meeting**

It was noted that the next meeting had been scheduled for Wednesday 26<sup>th</sup> June 2019, commencing at 4.00pm at a venue to be confirmed.

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The meeting ended at 5.30pm.

CHAIR