



Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA [website](#)

May 2013

Winterbourne View Local Stocktake June 2013

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s)?	<p>The Barnet Health and Wellbeing Board has overall strategic oversight for the delivery of the programme. This board is chaired by the Cabinet member for public health and includes the Cabinet member for adult social care, Chair and Chief Officer of the Barnet Clinical Commissioning Group (CCG) and the Director of Adult Social Services (DASS). The Barnet Safeguarding Adults Board (BSAB) and the Barnet Learning Disability Partnership Board also monitor this programme, with their respective remits for adult safeguarding and learning disability services.</p> <p>The programme is being delivered by the joint LBB and CCG commissioning team reporting to the DASS and CCG Chief Officer as joint sponsors.</p> <p>Progress reports are also reported to existing management groups and boards of the council and Clinical Commissioning Group.</p> <p>Progress reports on Winterbourne View including the Barnet Action Plan have been presented to the Health and Wellbeing Board (HWB) in November 2012 and in June 2013. The HWB signed off the Barnet Winterbourne Action Plan in November 2012. A further update is due later this year. The BSAB has already reviewed progress on several occasions.</p>		No

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1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).

Children’s services, special education, mental health services and specialist commissioning are working with us to support the programme through the Complex Needs Programme Board.

Local authority commissioners already have good relationships with Barnet Homes, the Arm Length Management Organisation, and other local Housing Associations. The council and CCG have a track record of developing accommodation and support services with providers for people with complex needs, for example, recently opening Sarnes Court, a local supported living scheme for disabled people where all support is individually planned and purchased. The Integrated Learning Disability Service (consisting of Barnet Council social care, Central London Community Health NHS Trust and Barnet Enfield and Haringey Mental Health Trust) are working to conduct joint reviews and develop support plans for individuals, working with the CCG commissioner and continuing health care team.

No

1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs?

A special project is being developed that will incorporate developing the commissioning approach spanning current patients, people in transition and those out of area. We plan to use the information from the reviews along with general LD population and transition data to create a joint needs assessment and set of commissioning intentions, building on existing analysis. e.g. people with complex needs already form part of the JSNA and Barnet Market Position Statement. The project is being designed to have short, medium and longer term priorities, the reporting lines will be as outlined in 1.1. The Learning Disability Partnership Board and stakeholders will be able to influence this process.

No

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<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>The Barnet Learning Disability Partnership Board is fully sighted on the project. Reports on local action in respect of Winterbourne View have been presented to the February, March and June meetings of the Board.</p>	<p>No</p>
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress?</p>	<p>Yes. Refer to 1.1 and 1.4. A further report will be delivered to the HWB in November.</p>	<p>No</p>
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>The CCG and council have established an integrated commissioning programme and joint commissioning team, with a memorandum of understanding, which reflects commissioning developments in respect of complex care, focussed on repatriating out of area placements and preventing and/or reducing the need for 'Winterbourne View' type services. Both partners have a range of section 75 agreements (see 2.3) and have good track record of collaboration and joint commissioning. The Director of Adult Social Services (DASS) and CCG Chief Officer (CO) have regular 1-1 meetings.</p>	<p>No</p>
<p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG foray, clinical partnerships & Safeguarding Boards?</p>	<p>The various bodies referred to in this report have terms of reference that outline the governance arrangements, roles responsibilities and accountabilities.</p>	<p>No</p>
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this?</p>	<p>The integrated learning disability service monitors 'ordinary residence' cases in respect of people with learning disabilities. Barnet faces significant challenges with respect of 'ordinary residence' due to the high number of supported living schemes and residential and nursing care homes situated in the borough.</p>	<p>No</p>

<p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan?</p>	<p>There have been 24 requests for Ordinary Residence in the past year and it is anticipated that this is likely to increase due to trends in recent years for local residential care homes to deregister to become supported living and look for placements from outside the borough as well as from Barnet. We consider that there is a risk that the Winterbourne view programme may lead to an increase in referrals to Barnet schemes from other local authorities close to Barnet, seeking less restrictive placement options for people with learning disabilities.</p> <p>Establishment of collaborative commissioning and service development with other agencies (i.e. for the national programme to facilitate the development of collaborating approaches, to develop the critical mass required for commissioning new models of care)</p>		Yes
<p>2. Understanding the money</p>			
<p>2.1 Are the costs of current services understood across the partnership?</p>	<p>There is clarity about financial commitments for the client group across the CCG and Council, including a clear understanding of jointly funded services/initiatives. Over the past 3 years, we have produced an annual report with details of our spend across adult social care and health. Further work is required to profile expenditure on children and young people's services.</p>		No
<p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p>	<p>Yes. For each person listed on the learning disability register, details of funding sources and the amounts from the council, NHS CHC and other CCG budgets are included.</p>		No
<p>2.3 Do you currently use S75 arrangements that are sufficient & robust?</p>	<p>Yes. We have in place the following section 75 agreements:</p>		No

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	<p>S75 Agreement for NHS Campus Reprovision- £1.7m (Contribution: CCG- £0.822m; LBB- £0.887m.)</p> <p>S75 Agreement for Integrated Learning Disability Services- £3.1m (Contribution: CCG- £1.9m; LBB- £1.2m) S75 Agreement for prevention services- £1.8m (Contribution: CCG- £0.747m; LBB- £1.1m)</p> <p>We will be considering further opportunities for pooling budgets as part of the project.</p>		
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p> <p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children’s services.</p> <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>Yes. (see above) The Section 75 agreements set out the obligations of partners, governance arrangements including how risks and benefits are shared.</p> <p>Yes. See 2.3</p> <p>A S.75 agreement is being developed for children’s services for implementation in autumn 2013.</p> <p>A review is currently underway to carry out some financial modelling and develop a financial plan for the commissioning and development of new services within current resources.</p>		<p>No</p> <p>No</p> <p>No</p>
<p>3. Case management for individuals</p> <p>3.1 Do you have a joint, integrated community team.</p> <p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p>	<p>Yes, there is an established integrated learning disability team of health and social care professionals with a clear service specification and eligibility criteria.</p> <p>A “Move on” team has been established within the integrated service to ensure a continuous focus on reviewing out of area placements. The service successfully completed the multi-disciplinary reviews as required by the Department of Health by 31 May. There is a project structure to take forward actions following the reviews to ensure that those, inappropriately placed in ‘Winterbourne View’ type services are</p>	<p>Yes move on team</p>	<p>No</p> <p>No</p> <p>No</p>

3.4 Is there clarity about overall professional leadership of the review programme.	moved/resettled by 31 May 2014. The Assistant Director Adult Social Care has professional leadership for the review programme. The Joint Commissioner (Mental Health & Learning Disability) for the LA/CCG supports the programme through developing local commissioning plans and reporting on progress on these through the relevant governance arrangements in the council and CCG		No
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates?	Yes, there are named case managers and advocates. A record is kept of a register of all people being reviewed.		No
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes, there are 17 people ¹ currently in hospital settings. Families and advocates are involved and all have named case managers based in the local learning disability integrated team and mental health services where appropriate.		No
4.2 Are arrangements for review of people funded through specialist commissioning clear.	There are 2 people funded through Specialist Commissioning, who are part of those identified in 4.1 above. Both have been recently reviewed.		No
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Yes. Information is communicated through the various boards and forums.		No
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	We have a local learning disability register in place which is maintained and updated by the integrated learning disability service. The register includes details of local case managers This is used to monitor out of borough and in borough support plans, track review progress and monitor delivery of individual move on plans. It is broader than people with behaviour that		No

¹ Includes 4 people funded by the London Borough of Barnet. The remaining are funded by NHS Barnet CCG.

<p>4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual</p>	<p>challenge services but this will be added as a specific category in the register. It covers those funded by the CCG and the council. Some mapping of this population is planned as part of a strategic needs assessment for people with complex needs and challenging behaviour.</p> <p>Yes. We have a local learning disability register in place which is maintained and updated by the integrated learning disability service. The register includes details of local case managers.</p>	<p>No</p>
<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p>	<p>Yes, we have a full range of advocacy services. Barnet commissions generic advocacy and statutory advocacy services including an Independent Mental Health Advocacy Service (IMHA) and Independent Mental Capacity Advocacy Service (IMCA) service.</p> <p>The IMCA service is jointly commissioned with the London boroughs of Enfield and Haringey. Work is underway to build on this arrangement to include commissioning of IMHA.</p>	<p>No</p>
<p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p>	<p>Case managers receive monthly 1:1 line management as well as clinical/professional supervision as appropriate. Advocates and family members are involved in the review process to ensure that the reviews are holistic.</p> <p>Line managers undertake regular case audits of people’s files and reviews as part of 1:1 supervision within the learning disability service. An annual independent case file audit monitors review quality of a sample of cases. We have recently introduced recording of the service user’s ‘3 Wishes’ at assessment and review/re-assessment stages and will be tracking achievement of these.</p>	<p>No</p>

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<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>Reviews give a holistic view of the individuals. All of the reviews have been undertaken jointly between health and social care, by the dedicated Move On Team. A specialist Community Nurse has reviewed behavioural and other health care plans.</p>		<p>No</p>
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>All but one review has been completed. As at 31 May, we had reviewed 16 of the 17 people in a hospital setting.</p> <p>The outstanding review was as a result of the service user having been recently placed, being seriously unwell and the review will take place when the situation has stabilised. This situation is being monitored.</p>		<p>No</p>
<p>5. Safeguarding 5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p>	<p>The ADASS protocol is applied where the host local authority investigates any abuse allegations/alerts.</p> <p>Case managers liaise appropriately with those involved in leading investigations and instigating protection plans.</p>		<p>No</p>
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p> <p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p>	<p>Case managers share all appropriate information that will assist any provider to deliver good quality safe care and support.</p> <p>The 'Quality in Care Homes' team funded through S256, has been set up to provide greater support to providers in order to improve service quality. There is a 'Providers Forum' in place to share learning and good practice</p> <p>There is an effective liaison arrangement between the council, CCG and CQC to share intelligence and concerns. Formal liaison meetings with CQC take place every 3 months, plus 6 monthly with the DASS. Weekly</p>		<p>No</p>

	<p>reports on inspections by CQC are reviewed by Barnet Adult Social Care and action taken as appropriate.</p> <p>The CCG plans formal liaison meetings with CQC and with the provider. Any regional quality issues are discussed at our local quality surveillance group (QSG). The DASS is the borough representative on the local QSG.</p>		
<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p>	<p>There have been reports to the Safeguarding Adults Board with updates in January 2012 and January 2013 and are plans to take further updates to the SAB to report on progress. The Barnet Children’s Safeguarding Board will be considering this at a future meeting.</p>		<p>NO</p>
<p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p>	<p>Yes. Appropriate use of the MCA and DoLS have been key issues in the BSAB’s consideration of local issues in respect of Winterbourne View. MCA and DoLS are also reported in the BSAB annual report. They are also addressed through reviews and case management by the integrated learning disability service. There is a system in place to collect intelligence on safeguarding concerns associated with providers in order to pro-actively take action as required.</p>		<p>No</p>
<p>5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p>	<p>The BSAB has hosted a couple of multi-agency workshop events, bringing together providers, health and social care professionals and commissioners on Winterbourne in order to share good practice. This included a learning event led by Dr Margaret Flynn, author of the Winterbourne View serious case review.</p> <p>The council has commissioned and run two courses for health and social care staff who support people with learning disabilities in the community. The course, PROACT SCIP rUK® is a whole approach to working with</p>	<p>Yes</p>	

<p>5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>adults with a learning disability. It follows the positive behaviour support model and focuses on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met. A total of 24 staff attended in 2012/13 from the private and voluntary sector with two more training sessions commissioned for 2013/14.</p> <p>The Community Safety Partnership works to prevent hate crimes including development of 5 'safe places' across the borough. There are plans afoot to expand this arrangement into 10 other 'safe places'. The Community Safety Partnership and the LDPB are working with TFL to improve safety on public transport.</p> <p>The BSAB includes representatives from all local NHS providers, the voluntary sector, the Police, Fire Service, CCG, the Council, CQC, LAS, Probation Services, care management, commissioning and others.</p>		<p>No</p> <p>No</p>
<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p>	<p>Yes, this exercise is underway and will build on the findings from the recent London-wide market position statement following the submission of the LD registers. This information is being uploaded to the council's online Market Position Statement microsite.</p> <p>An outline project brief setting out the scope of the project is to be presented to the next meeting of the Complex Care Board.</p> <p>Yes, see 6.1.</p> <p>There is a complete register that details total numbers of people fully funded by NHS CHC and those jointly supported by health and care services including where they are currently receiving services.</p>		<p>No</p> <p>No</p> <p>No</p>

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<p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>The register includes 76 people; 61 people are funded by NHS Continuing Health Care with 31 receiving additional funding through the council for their care; 4 are subject of a s75 agreement.</p> <p>The council also maintains a register of all people with LD and autism including out-of-area placements. There is a high level policy commitment to re-provide for people and to avoid hospital admission. This is reflected in the joint commissioning work plan agreed by the Council and CCG.</p> <p>Reviews of the 2 people funded through specialist commissioning has taken place.</p> <p>Further discussions are needed with Specialist Commissioning on (de)commissioning plans. Financial modelling and analysis is currently underway, that will be linked to a specific strategic needs analysis around the needs of people with complex needs and challenging behaviour.</p>		<p>No</p> <p>Yes</p> <p>No</p>
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p>	<p>Yes. There is a generic advocacy service in place.</p> <p>We also have a joint arrangement with the London Boroughs of Enfield and Haringey for the commissioning of statutory Independent Mental Capacity Advocacy. We are planning to extend this arrangement to include the re-commissioning of the Independent mental Health Advocacy service.</p> <p>Yes, a project brief has been developed and a project manager is in post.</p>		<p>No</p> <p>No</p>

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<p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, and legal).</p>	<p>While we remain confident of meeting the 1 June target overall, it should be noted that there are 6 people with complex needs currently resident in Harperbury hospital who are the subject of Court of Protection Consent Orders regarding their residence. They have been resident there for over 15 years. The Court of Protection (CoP) Consent Orders will be a factor in determining speed of progress as regards to moves for this group. The Consent Orders were agreed with the Official Solicitor acting on behalf of the 6 people and their families who made a case against their being moved in 2011.</p> <p>See 6.9. The Consent Orders require the council to have involved and secured agreement with the Official Solicitors acting on behalf of the 6 people in respect of any plans to resettle them.</p> <p>The implementation of any move on plan for the 6 individuals will need to be progressed sensitively and plans presented to the CoP for final sign off.</p>		<p>Yes</p>
<p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>	<p>Yes, this is being scoped not just in relation to current people in hospital settings, but to take account of young people in transition and social care out of area placements.</p>		<p>No</p>

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<p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p>	<p>There are contract monitoring meetings with the advocacy service providers to review contract and performance.</p> <p>In partnership with the London Borough of Enfield and Haringey, we are currently in the process of retendering the IMCA and IMHA services, which gives the opportunity to update service specifications in line with new guidance and practice.</p> <p>The IMCA service provider is also represented on the BSAB and provides regular updates on its work.</p> <p>We have a contract with the Barnet Centre for Independent Living (BCIL) and its partner organisations for a generic advocacy service. The contract is monitored regularly and against performance criteria and quality measures. Service users' feedback is included in the monitoring information required.</p>	<p>No</p>
<p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>Yes. The Council has a number of Best Interests assessors (BIA) and has a programme of training for BIA and there is scope to procure BIAs on a freelance basis where the need arises.</p> <p>The Council and CCG have agreed a recurrent transfer from the CCG to support the new MCA supervisory responsibilities taken on by the Council since 1 April 2013.</p>	<p>No</p>
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p>	<p>Our commissioning intentions include a review of our crisis services. Further work is being scoped to ensure effective access to people with learning disabilities and scope additional community response to prevent need of hospital admission in line with the Department of</p>	<p>Yes</p>

<p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Health 'models of care'.</p> <p>See 8.1</p> <p>A specialist Safeguarding trainer offers tailored training to providers in the workplace.</p>		<p>No</p> <p>No</p>
9. Understanding the population who need/receive services			
<p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>A JSNA is in place and it includes a specific section on people with learning disabilities and autism. The JSNA is being updated. The council has a market position statement and is developing an online Market Position Statement microsite which will include information on needs and commissioning priorities targeted at providers. An exercise is underway to explore the capacity of providers on the supported living Framework Contract to meet the needs of people with complex needs.</p> <p>Yes.</p>	<p>Yes</p>	<p>No</p> <p>No</p>
10. Children and adults – transition planning			
<p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Yes, there is a Transition Team to support young people moving into adult service between the ages of 16-18 years. There is a forum of managers from the disabled children's, SEN and Adults Teams, to track and discuss potential numbers of young people from the age of 14 who may need adult services.</p> <p>The Complex Care Board chaired by the Education Director(referred to above) has been constituted to oversee the development of pathways and service response for people with complex needs and young</p>		<p>No</p>

	people in transition. A 'Transitions' database has been developed to track people including identifying current funding arrangements.		
11. Current and future market requirements and capacity			
11.1 Is an assessment of local market capacity in progress.	Yes, this is underway. The Council already has a Market Position Statement and a joint commissioning work programme. This will be further developed to support the Winterbourne View programme.		No
11.2 Does this include an updated gap analysis.	This is underway as in 9.1.		No
11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local for to share/learn and develop best practice.	<ul style="list-style-type: none"> - Workshop learning events on Winterbourne View hosted by the SAB; - the Providers Forum supported by the council bring together health and social care providers t discuss and plan things of common interest; - the Move on Team in the integrated learning disability service focussed on undertaking reviewing and resettling people placed out-of-area. 		No

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

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Appendix 2

Signed by: Cllr Helena Hart

Chair HWB Chair of Health & Well Being Board

LA Chief Executive Andrew Travers

CCG rep John Morton, Chief Officer, CCG