
HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 7th December, 2016, 10.30 am

Dr Ian Orpen (Chair)	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Mike Bowden	Bath & North East Somerset Council
Tracey Cox	Clinical Commissioning Group
Councillor Michael Evans	Bath & North East Somerset Council
Diana Hall Hall	Healthwatch Representative
John Holden	Clinical Commissioning Group lay member
Bruce Laurence	Bath & North East Somerset Council
Councillor Tim Warren	Bath & North East Somerset Council
Observer	
Councillor Eleanor Jackson	Bath and North East Somerset Council

35 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

36 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Morgan Daly - Healthwatch
Councillor Vic Pritchard – B&NES Council

38 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

39 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

The Chair informed the Board that this would be the last meeting under the current format. The strategic direction of the Board was being refreshed recognising the opportunities for further growth and to include wider representation. There would be a development session in February with the next formal meeting taking place in March.

40 **PUBLIC QUESTIONS/COMMENTS**

There were no public questions or statements.

41 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

42 **YOUR CARE YOUR WAY UPDATE**

The Board received a presentation from Sue Blackman, Project Lead at B&NES Council and Jayne Carroll, Regional Director of Operations at Virgin Care. A copy of the presentation is attached as *Appendix 1* of these minutes.

In November the intention to award the contract for community health and social care services in B&NES to Virgin Care was announced. The presentation covered the following issues:

- Details of the Virgin Care Executive Team
- Local Virgin Care delivery team structure
- Virgin Care values and vision – Strive for better, Heartfelt service, Team spirit
- Over the forthcoming year the project would move into the transition stage. It was important to effectively join up health and social care. The focus would be on the individual and their needs to enable people to remain as independent as they can for as long as possible. Information flows were very important.
- Mobilisation would take place on 1 April 2017. It was very important to ensure a safe transfer to Virgin Care. Strong governance programmes were in place, a steering group had been set up and representatives from Virgin Care would join the group in December.
- Managing the transfer of staff was also very important. Safe and robust plans would be in place for Day 1 of the transfer.
- There would be opportunities for both members and officers to scrutinise the contract.
- Commissioning outcomes would be measured rather than purely input and output.

Questions

There was then an opportunity to ask questions regarding the your care your way project. It was confirmed that the video regarding Virgin Care was available on the Virgin website.

There would be opportunities for staff training and development and work was being carried out in conjunction with universities to provide this. When populating the posts to be filled it was important to protect the rights of staff and to follow the TUPE process. It was acknowledged that posts needed to be filled as soon as possible and Virgin Care would be working with Sirona to ensure that this happens.

Councillor Tim Warren thanked the B&NES staff for all the work they had undertaken on the your care your way project and for the open and transparent way this had been carried out.

Councillor Michael Evans welcomed the joining up of health and social care services but expressed disappointment that bed blocking was still taking place. Officers stressed how important it was to work with GPs and acute providers to prevent any avoidable hospital admissions. Benchmarking was regularly carried out with the aim of continually improving services and Virgin Care will become part of this process.

The Health and Wellbeing Board **NOTED** the update.

43 **ANNUAL COMMISSIONING INTENTIONS - KEY MESSAGES**

The Board received a presentation from Jane Shayler, Deputy Director Adult Care, Health and Housing Strategy, B&NES Council and Tracey Cox, Chief Officer, CCG, regarding commissioning intentions. A copy of the presentation is attached as *Appendix 2* to these minutes.

The following issues were outlined in the presentation:

- How best to translate national priorities to local priorities
- It was important to consider how to use the resources available to best provide positive outcomes for the B&NES population. The financial context was very challenging. The Council had an estimated budget gap of £37m for the next 3 years covering 2017/18 to 2019/20. Of this £37m, the Strategic Review reported last year found £14m, leaving a further £23m to identify. The CCG had savings plan requirements of £7.8m (3-4% in 2017/18 and £4.3m in 2018/19 (1.8%). There were also a greater number of people living with complex needs.
- The your care your way project aimed to provide a sustainable, preventative, integrated health and care system in the local community with services co-ordinated around locality hubs aligned with groups of GP practices.
- The Primary Care – Statement of Intent aimed to address concerns regarding the sustainability of the primary care service. Future plans including the estates and technology fund were outlined. A bid for 2 years funding for all 26 practices for a new practice website, online consultation software and extension to patient partner funding had been successful.

- Plans for the mental health service were also outlined and it was noted that access to psychological therapies in B&NES was the highest in the country.
- Urgent Care procurements included a GP out of hours service, NHS 111, Clinical Hub, Urgent Care Centre and Homeless Health Service.

John Holden stated that the saving targets outlined could not simply be achieved by efficiencies within the service. He queried whether thought had been given to stopping the provision of some services. Tracey Cox confirmed that these issues had been considered at Board level and it was hoped that shared arrangements such as co-working with the Wiltshire area would be beneficial. The need to find budget savings was a challenge and it would be important to find ways to provide services differently. Consideration was being given to whether to continue to provide certain services such as gluten free products on the NHS and discussions were ongoing.

Ashley Ayre explained that the budget plan for the next three years would be published on 3 January 2017. He acknowledged that there were currently huge financial pressures on health and social care.

The Health and Wellbeing Board **NOTED** the presentation.

44 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

The Board received a presentation from Tracey Cox, Chief Officer, B&NES CCG, on behalf of James Scott, Senior Responsible Officer and Chief Executive of the Royal United Hospitals, Bath regarding the Sustainability and Transformation Plan for B&NES, Swindon and Wiltshire. A copy of the presentation is attached as *Appendix 3* to these minutes.

The presentation covered the following issues:

- Policy Context within Healthcare.
- There was a £300m funding deficit for the NHS across the footprint and an equally challenging saving target for the relevant Local Authorities. It was, therefore, very important to focus on collaboration at this time.
- Putting the person at the centre of service planning was key.
- The case for change – population and demographic pressures.
- Performance and financial pressures.
- Update on progress made.
- Details of over 40 projects across 7 workstreams.
- Future focus “Transformation” – opportunities in the next phase. 10 opportunities to strengthen services were identified including improved communication through on-line presence and growing the working relationship across organisations.
- Challenges.
- Key dates over the next 6 months:
 - 14 December 2016 – publication of the full emerging plan
 - 2 January 2017 – development of the plan through workforce and public engagement
 - 10 February 2017 – 30 day checkpoint
 - 24 March 2017 – 60 day checkpoint workshop

- April 2017 – update plan – approval process
- May 2017 – publish updated plan

The Health and Wellbeing Board **NOTED** the update.

45 **CHILDREN AND YOUNG PEOPLE SUB GROUP REPORT**

The Board considered a report and recommendations from the Children and Young People Sub-Group. The Group takes the strategic lead in ensuring that the priorities identified in the Children and Young People's Plan 2014-17 are met. The Group is chaired by a member of the Health and Wellbeing Board and includes representatives from other groups.

It was noted that all priorities were currently either amber or green using the traffic light system. The current transformation plan was available on-line and on the Council website. The effective delivery of the CAMHS Transformation Plan 2016/17 would be monitored through the group and any comments should be fed through to Mary Kearney Knowles, Senior Commissioning Manager.

Members of the Health and Wellbeing Board felt that it would be helpful for the Group to focus on some key priority areas and evidence based outcomes. They welcomed the opportunity for reciprocal challenge.

RESOLVED:

- (1) To note the Year 2 review of the Children and Young People's Plan 2014-17.
- (2) To note the plan to complete the Year 3 review of the Children and Young People's Plan 2014-17 and the proposal that the completed Year 3 review is presented to the Health and Wellbeing Board in September 2017.
- (3) To note the details of the CAMHS Transformation Plan 2016/17.
- (4) To retain the existing priorities of the current CYPP and develop an outcomes framework as follows:
 - Children and Young People are healthy
 - Children and Young People are safe
 - Children and Young People have equal life chances
- (5) To receive 6 monthly reports in June and December on the work undertaken by the CYP Sub Group and its delivery groups.
- (6) To note that the B&NES LSCB issue challenges each year to the CYP Sub Group from the work of the LSCB and its Annual Report 2015-16 and Business Plan 2015-18. To agree that these will provide the reciprocal challenge to the Health and Wellbeing Board on its delivery to children and young people as outlined in the Terms of Reference 3.2 and that these challenges will be reported on every 6 months within the LSCB Business Plan and annually to the Health and Wellbeing Board.

46 **LOCAL SAFEGUARDING ADULTS BOARD (LSAB) ANNUAL REPORT 2015-16 AND BUSINESS PLAN 2015-18**

The Board considered the Annual Report and Business Plan of the Local Safeguarding Adults Board (LSAB). The report outlined the work of the Board during 2015-16 and analysed safeguarding case activity.

It was noted that there was now a joint training and development group and that a good deal of collaborative work was being undertaken between the adult and children safeguarding groups.

Self-neglect was now included within the safeguarding arena as a new category of abuse type.

This year there had been the highest ever number of safeguarding concerns received. The 1,137 concerns represented an increase of 53% when compared with 2014/15. A total of 422 concerns had moved into a Safeguarding Enquiry during 2015/16, this represented 37% of the concerns raised. It was noted that service users could choose not to go through safeguarding procedures and 4% of referrals ceased investigation at the person's request. In 7% of cases no action was taken.

Bruce Laurence queried whether there should be disaggregation to identify service users over the age of 85 rather than simply over 65s. Officers confirmed that the categories used were national reporting figures but agreed to consider this suggestion.

The numbers of safeguarding referrals had increased between 2005 and 2014 and it was noted that this impact on service delivery was likely to be linked to work carried out to raise awareness of safeguarding issues and reporting methods. Ashley Ayre pointed out that adult social care has been an emerging area of work and that improved awareness and an increase in the number of people being categorised as vulnerable were factors.

The Health and Wellbeing Board thanked the team for all the work they had carried out on adult safeguarding.

RESOLVED: To note the Local Safeguarding Adults Board Annual Report, Executive Summary and Business Plan.

47 **DATES OF FUTURE MEETINGS**

It was noted that future meetings would take place on the following dates in 2017:

15 February – development session – invitees only
29 March
17 May
12 July
6 September
25 October
6 December

All meetings will take place in the Guildhall, Bath commencing at 10.30am.

The meeting ended at 12.40 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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your care
your way

Health and Wellbeing Board December 2016

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Bath & North East
Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Introduction





your care
your way

Virgin Care The Team

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Bath & North East
Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Virgin Care Executive Team



Bart Johnson
Chief Executive



Dr Vivienne McVey
Strategy & Transformation Director



Karen Millen
General Counsel & Corporate
Compliance Director



David Phillipps
Chief Financial Officer



Anita Andrews
Operations Director



Dr Peter Taylor
Clinical Director



Parker Moss
Information & Technology Director



Jim Kane
Commercial Director



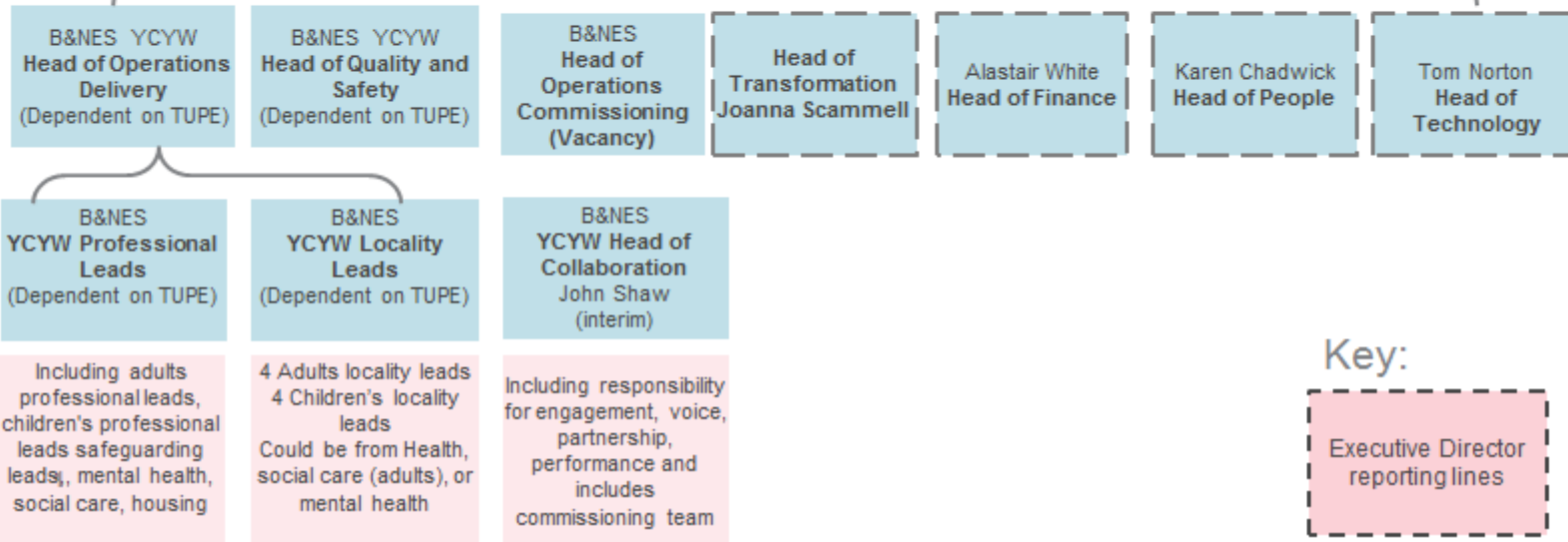
Stuart Rennison-Price
People & Service Director






Jayne Carroll
Regional Director of Operations -
South West of England

Local Virgin Care Delivery Team

Jayne Carroll
 Managing Director, Your
 Care Your Way
 Virgin Care Executive



Virgin Care Our Values and Vision

Think	Care	Do
Strive for better	Heartfelt Service	Team Spirit
		
Challenge I explore ways to do things better and to solve problems	Communicate I communicate in a clear and open way	Involve I promote team work and collaboration
Improve I make change happen	Understand I empathise and take time to understand the needs of others	Resilience I recover quickly from set backs, staying positive and focused on delivering
Learn I constantly look for opportunities to learn and to share my knowledge	Inspire I inspire and motivate those around me	Hold to account I hold myself and others to account



your care
your way

Transformation

Delivering the priorities

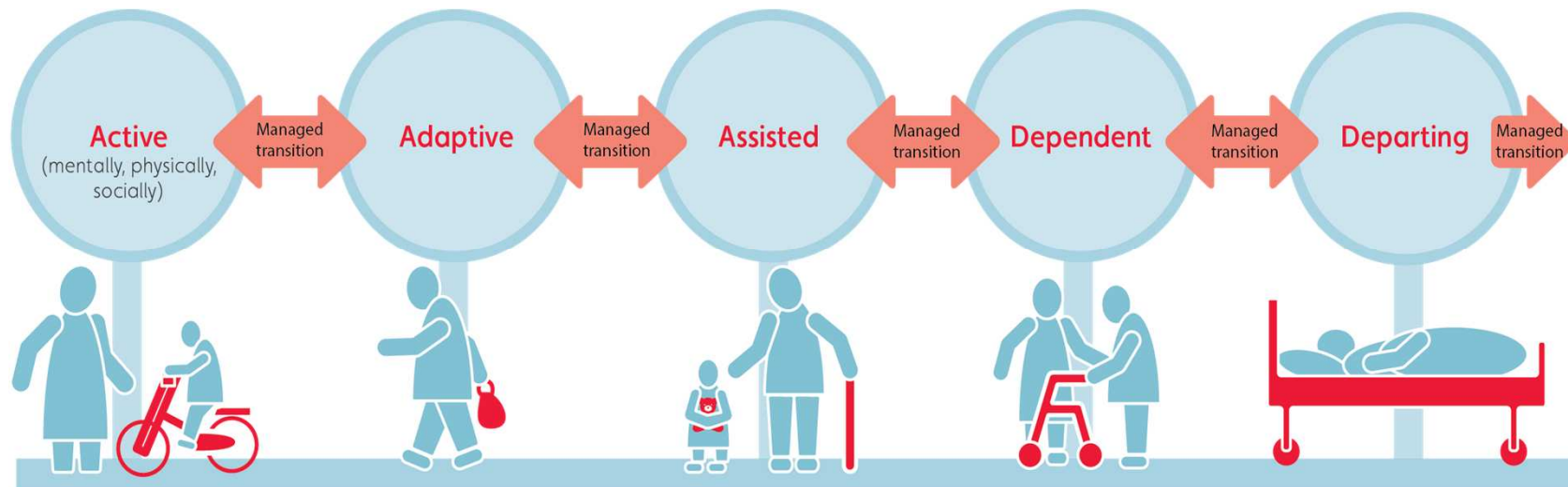
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Bath & North East
Somerset Council

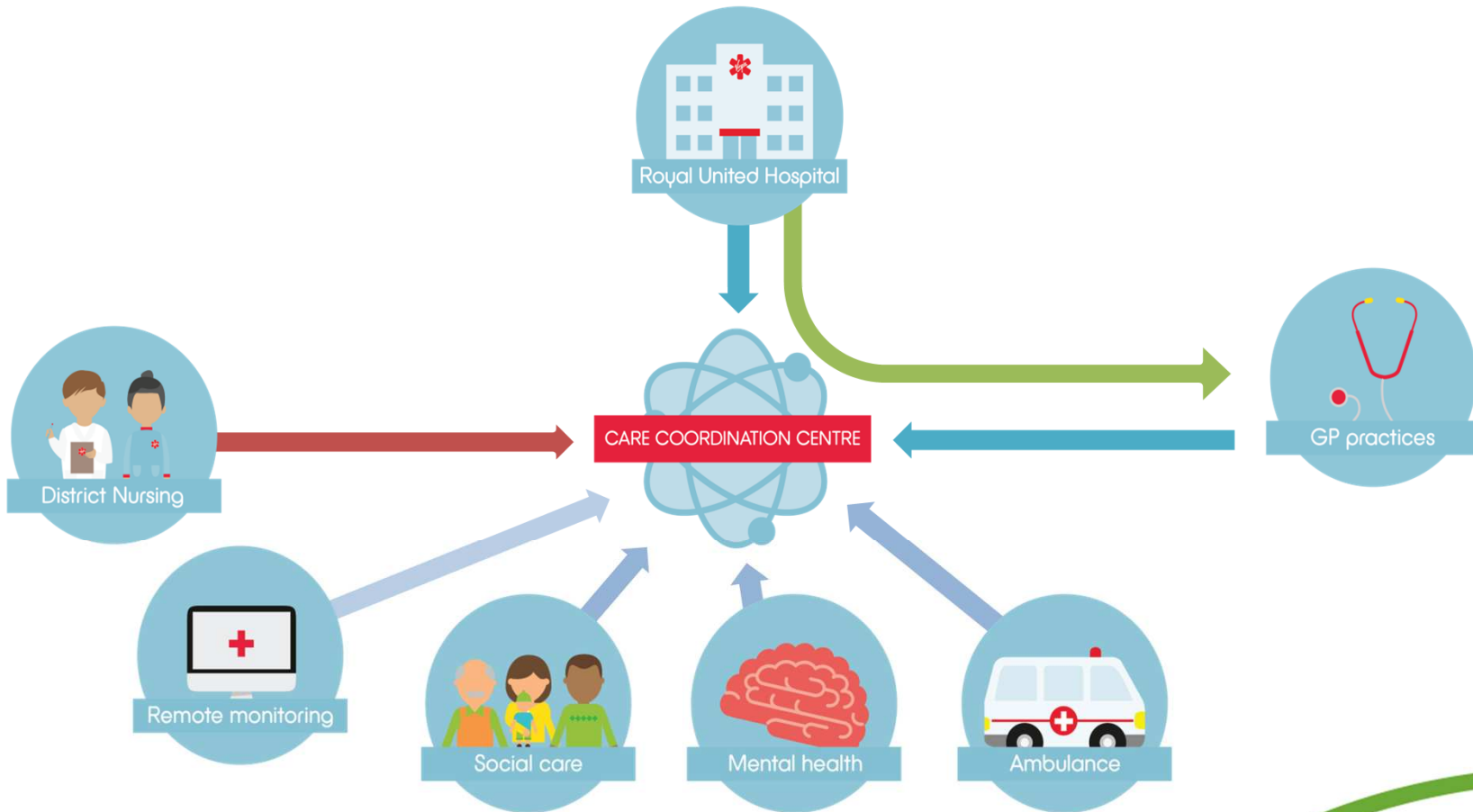
NHS
Bath and North East Somerset
Clinical Commissioning Group

Supporting needs at all life stages

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Coordinating care





BATH AND NORTH EAST SOMERSET

Social care	A person not a condition	A single plan and joining up the information	Invest in the workforce
Focus on prevention	Delivering transformational change	Value for money and affordability	



your care
your way

Mobilisation Managing Safe Transfer

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Bath & North East
Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Safe Transfer



Managing Staff Transfer

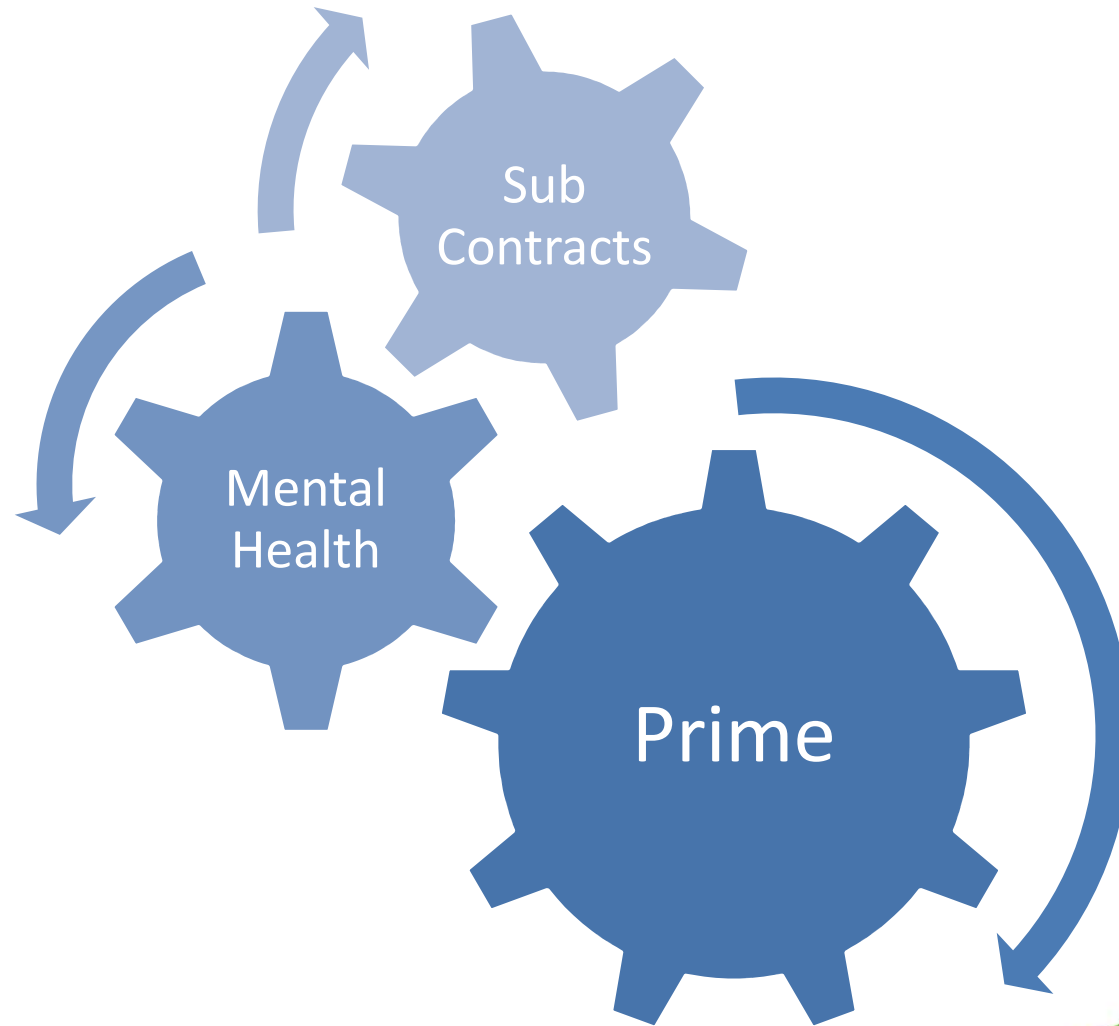




Contracting with Virgin Care Measuring Success

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Scope of the Contract



Outcomes Based Commissioning





your care
your way

Any Questions?

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Bath and North East Somerset CCG and Council Commissioning Intentions 2017/18

Health and Wellbeing Board 7th December 2016



Content

- **Context**
- **Key Commissioning Intentions 2017/18:**
 - **9 “Must Dos”**
 - *your care, your way*
 - **Primary Care**
 - **Mental Health**
 - **Urgent Care**



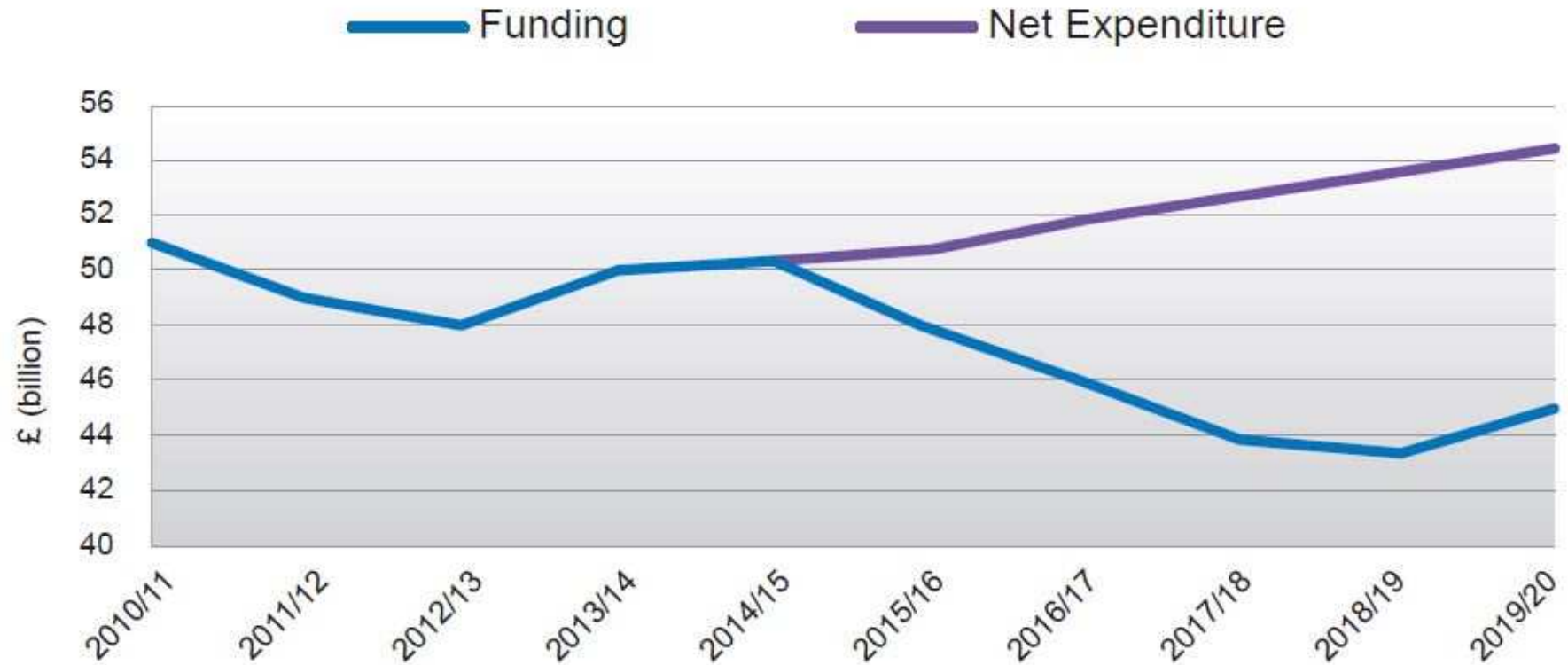
Context

- **New Models of Care: Fully engaged place-based system of care focused on the whole of the population, transforming people's relationship with their care. Enablers:**
 - **Providers working collaboratively to make best use of combined resource**
 - **New contracting & pricing models eg Accountable Care Organisation**
 - **Integrated commissioning and new relationship between commissioners and providers**
 - **A new kind of system leadership (with a key role for the HWB)**
 - **A shared vision and objectives**
- **Future role of primary care – *GP Forward View***
- **Development of B&NES/Swindon/Wiltshire system wide Sustainability and Transformation Plan (STP) encompassing health and care**



Financial outlook – national context

National Local Authority funding and expenditure



Source: LGA – Future Funding Outlook for Councils 2019/20 – 2015 Update

Financial outlook – local context: Council

- **Original 4 year challenge covering 2016/17 – 2019/20 estimated at £43m**
- **Updated financial planning outlook has increased the challenge to £49m, mainly due to further demographic and cost pressures**
- **After taking into account of the £12m of savings and additional income agreed in 2016/17, the estimated budget gap is £37m for the next 3 years covering 2017/18 to 2019/20**
- **Of this £37m, the Strategic Review reported last year found £14m, leaving a further £23m to identify**



Financial outlook – local context: CCG

- **CCG Budget for 2017/18 = £232m**
- **Draft Financial plan submitted to NHS England**
- **Compliant with business rules:**
 - **1% surplus (£2.2m)**
 - **1% non-recurrent ‘headroom’**
 - **0.5% contingency**
 - **Investment in adult and child mental health, primary care**
- **Savings Plan requirements of £7.8m (3.4%) in 2017/18 & £4.3m 2018/19 (1.8%)**

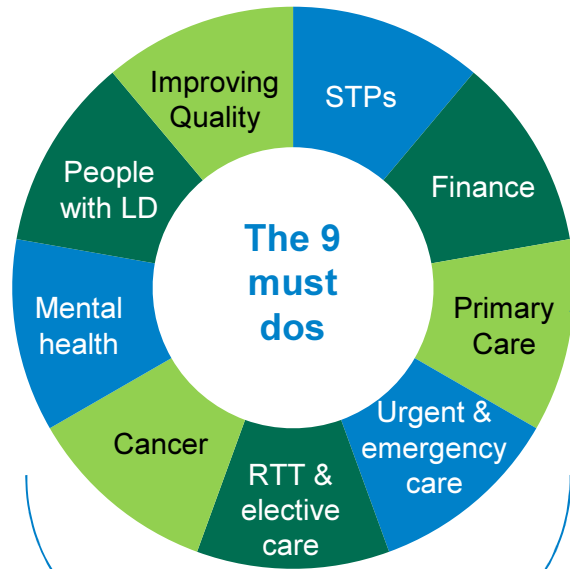


Commissioning Intentions 2017/18



NHSE Planning guidance

Our Commissioning Intentions



CCG 2017-19
Operational
Plan

Page 34

- 1) Deliver the 9 'must dos'
- 2) STP
 - Urgent and emergency care
 - Planned care
 - Preventative care
- 3) Your care your way
 - Transition with Virgin Care
 - Connect and integrate services
- 4) Primary care
 - Emerging models of care
 - Vision set out in our Statement of Intent
- 5) Urgent and Emergency Care
 - Develop ambulatory care and medical assessment units
 - Support from community Geriatricians
- 6) Demand management – STP and local Priorities
 - Cardiology and Dermatology
 - Community pathways for general surgery
 - Gastro and MSK programme
 - Others
- 7) Cancer services
 - Recovery package
 - Delivering performance targets
- 8) Planned procurements
 - Integrated urgent care services
 - CAMHS & PCAMHS
- 9) Mental health
 - Implement the MH 5 year Forward view for all ages
- 10) People with learning difficulties
 - Deliver Transforming Care partnership plans
 - Improve access to healthcare for people with LD
 - Reduce premature mortality
- 11) Improving Quality in organisations
 - Supporting the delivery of high quality services
 - Using the National Quality Board resources, continually measure and improve services

your care, your way

- **Newly commissioned community services with Virgin Care as 'Prime Provider' from 1st April 2017 working with a range of partner providers.**
- **A sustainable, preventative, integrated health and care system in the local community with services co-ordinated around locality hubs aligned with groups of GP practices.**
- **Delivery of priorities during transition year, including: joining up the information; locality hubs supporting multi-disciplinary team working; care co-ordination centre.**
- **Continued engagement – service users and carers, public, workforce, primary care, mental health collaborative**



Primary Care – sustainability & transformation

- **Primary Care – *Statement of Intent***
- **CCG Application to take on Delegated Commissioning of Primary Care from April 2017**
- **CCG to develop a one year plan to respond to *GP Forward View***
 - ***Uplift of 2.14% to primary care budgets***
 - ***Increase GP access across 7 days by 2020/21***
 - ***Supporting GP resilience***



Primary Care

Estates & Technology Fund

- 2 years funding for all 26 practices for
 - new practice website
 - online consultation software
 - extension to Patient Partner funding
- Website and online consultation software supported with CCG procurement and project management
- St Augustines, Newbridge and Coombe Down aiming to go live in early 2017



Mental Health

- **Implementation plan for the Mental Health Five Year Forward View for all ages BY 2020/21**
- **Increased access to psychological therapies**
- **CAMHS Transformation Plan 2017/18 and re-procurement.**
- **Embed employment advisors and increase training opportunities for therapy staff within psychological therapies, thereby improving both access for, and potentially employability of people with anxiety and depression.**
- **Continue with the design, planning and implementation of local mental health in-patient facilities.**
- **Implement actions to enable delivery of the local Mental Health Crisis Care Concordat, including further work on the Section 136 pathway.**
- **Continue work to improve transition support for vulnerable young people into adulthood.**



Urgent Care Procurements

- **GP Out of Hours, NHS111, Clinical Hub**
- **Urgent Care Centre**
- **Homeless Health Service**



NHS111, GP Out of Hours and Clinical Hub

- **Seeking one contract (but could be multiple providers working together)**
- **Aim to join the system up better and provide greater clinical input to the patient pathway earlier**
- **Procuring GP OOH with Wiltshire CCG**
- **Procuring NHS111 and Clinical Hub with Wiltshire and Swindon CCGs**
- **Negotiated process started 1st November 2016 and will conclude September 2017 for service to commence May 2018.**



Urgent Care Centre

- **Aiming to build on the model at the front door and further integrate into the ED.**
- **Creation of a single front door service which directs patients away (home, GP, pharmacy, etc) or to the correct service on site (UCC/ED/ambulatory care, etc).**
- **Commissioned separately to GP OOH/NHS111 to facilitate clear local governance structures with RUH.**
- **Will require partnership working between a primary care provider and RUH.**
- **Tender process will commence January 2017 and conclude by September 2017 to facilitate May 2018 service start.**



Homeless Health Service

- **Based at Julian House: registered list (~65) and number of unregistered patients each month.**
- **Strong links with drug and alcohol services.**
- **Team is integrated with Julian House team and has recently started some outreach.**
- **Service aim: meet the primary care and public health needs of homeless patients and help them to register with a practice as they become housed.**
- **Inviting expressions of interest from primary care to deliver from May 2018.**

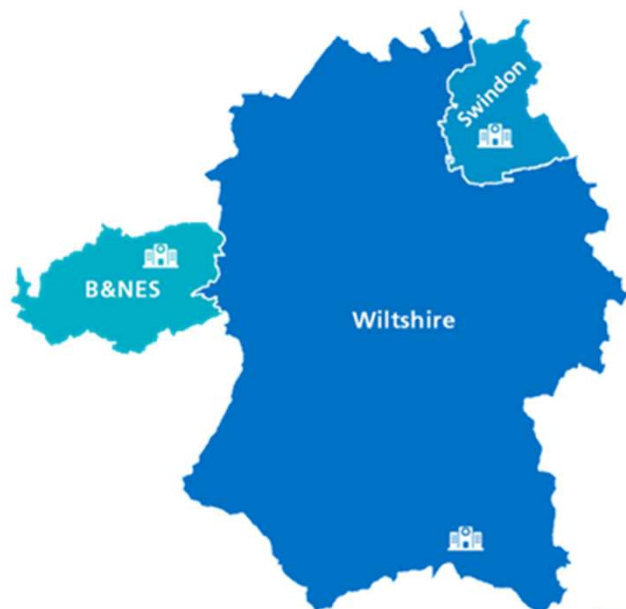


Thank you

Any questions?



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Time to change Sustainability and Transformation Plan

James Scott
Senior Responsible Officer

B&NES, Swindon and Wiltshire working together

Policy Context within Healthcare



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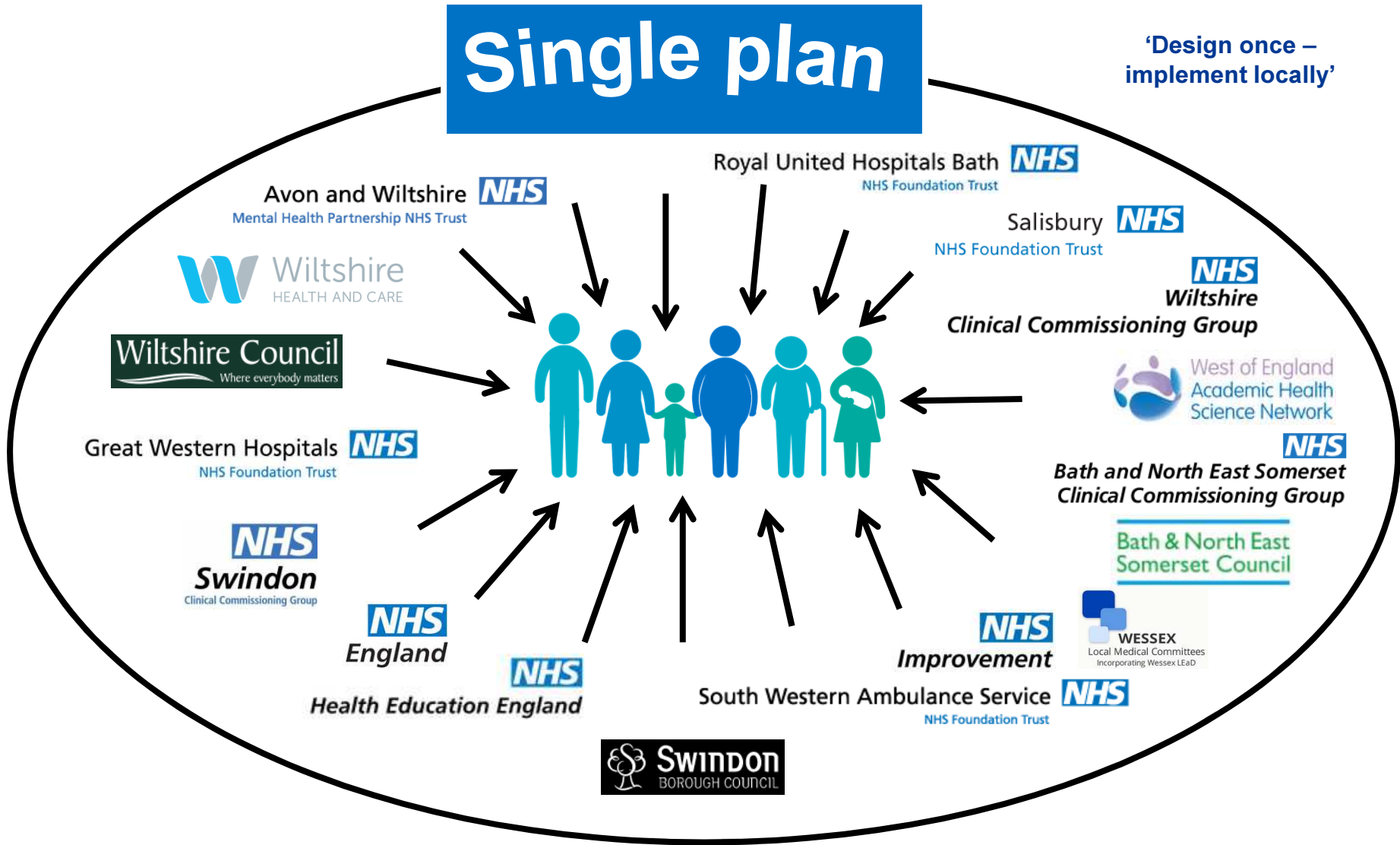


Putting the person at the centre of our planning



Single plan

'Design once –
implement locally'



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B&NES, Swindon and Wiltshire working together

BSW Case for Change

Population and demographic pressures



- Older than the England average and the number of over 65s is growing at a faster rate than England
- Significant housing growth in B&NES and Swindon, and army repatriation in Wiltshire
- Recruitment and retention of GPs – young doctors don't want to be GPs, older GPs retiring earlier than expected due to workload

Older people are at greater risk of diseases and over 65s consume the highest proportion of our care resource. This places pressure on all healthcare services:

- Greater demand for GP appointments
- Growth in long-term and chronic conditions
- Increased social care needs
- Rising complexity and case mix changes
- Balancing emergency and elective capacity
- Increased ED attendances and outpatient referrals



Percentage of total population over 65 years old

England: 17.10%
BSW footprint: 18.06%



Percentage of diabetes prevalence

England: 6.40%
BSW footprint: 5.73%



Percentage of adults classed as overweight or obese

England: 64.60%
BSW footprint: 64.13%



Percentage with a long term illness, disability or medical condition diagnosed by a doctor

England: 14.10%
BSW footprint: 13.66%

BSW Case for Change

Performance and financial pressures



87.00%
A&E 4 hours
2015/16
(RUH, GWH and SFT
combined)

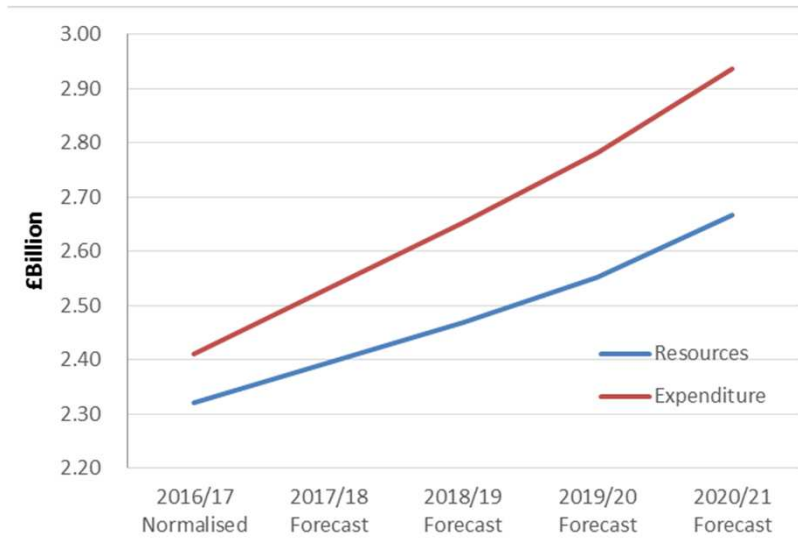


90.80%
RTT 18 weeks
incompletes
2015/16
(RUH, GWH and SFT
combined)



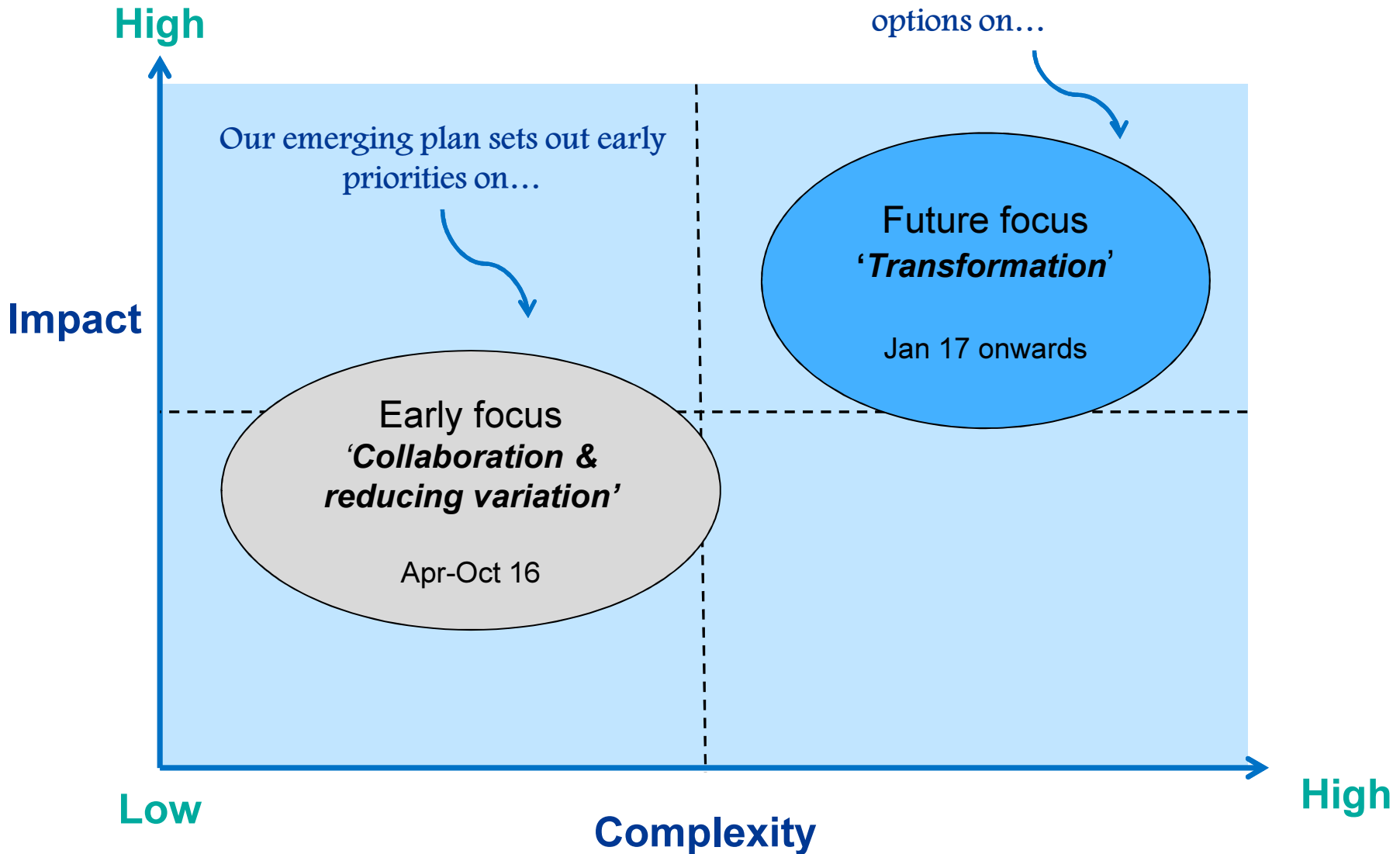
8.30%
<7.5% mental
health bed days
lost due to
delayed transfer
(AWP)

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- Our current models of care are unaffordable due to the demographic challenges and rising costs of care delivery.
- The 2015/16 financial outturn position for all health organisations within B&NES, Swindon & Wiltshire was a deficit of c£6m.
- The graph shows the financial position across the STP, if no actions are taken to deliver cost savings over the next five years.
- If we do nothing to change how we deliver our services, the gap between available income and cost of services will rise to c£300m per year by 2020/21

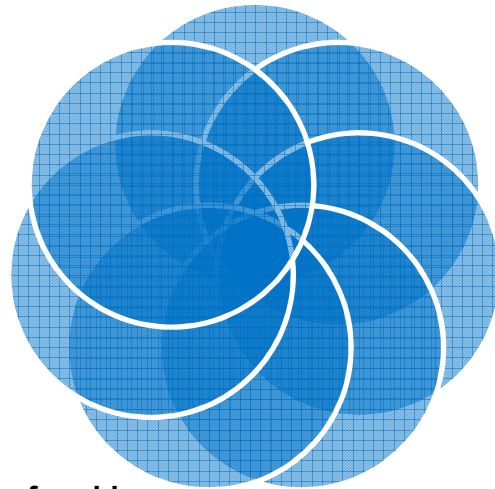
And the need to develop ideas and options on...



Early focus
'Collaboration & reducing variation'
Apr-Oct 16

List of 40+ projects across 7 workstreams

12 examples of what is currently in the plan...



6. Taking a combined approach to improving our workforce health and wellbeing

1. Enrolment in the national diabetes prevention programme to reduce / delay the onset of type 2 diabetes

5. A workforce programme to reduce agency use – potentially through shared bank

2. Strengthening the operational models for mental health liaison support to emergency depts

4. Joint focus on care for older people and collaboration between providers on workforce planning for community models

3. A combined approach to increasing uptake of the winter flu vaccine

Cont.

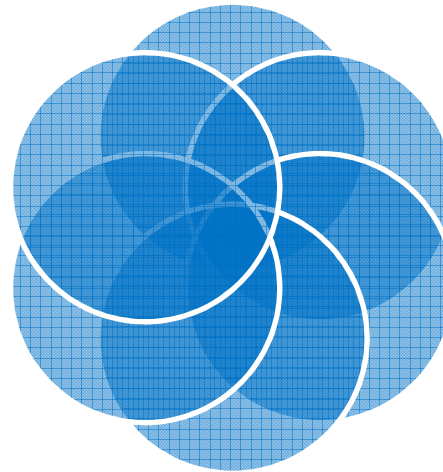
Early focus
'Collaboration & reducing variation'
Apr-Oct 16

List of 40+ projects across 7 workstreams

12 examples of what is currently in the plan...

7. Using the STP process to share models for the future of primary care – acknowledging each model will look different in each CCG area

8. Identifying the root causes of challenges within urgent care – practical steps include the re-procurement of NHS 111, identifying how we can support domiciliary care providers with workforce shortages



9. Mapping our Estate across the footprint and planning the future estate need based on future clinical models

12. Improved sign-posting to support services through partner agencies such as the fire service

11. Developing a digital strategy that delivers paperless working and enables health and care professionals to work together

10. Three acute Trusts working collaboratively on those services identified as potentially 'unsustainable'

Future focus
'Transformation'

Jan 17 onwards

Opportunities in the next phase...

- 1) Improve our communication to our workforce and the public through on-line presence
- 2) Greater time and freedom for workforce and public engagement to co-design services
- 3) Stretch our ambition with regards to clinical models of care – particularly the development of the prevention agenda
- 4) Opportunity to collaborate further with councils over our future estate plans
- 5) Grow the working relationships across organisations
- 6) Consider more widely the interface with neighbouring STPs in areas such as cancer and other specialised services
- 7) Develop our thinking on formal care models and organisational forms
- 8) Use analytical tools to steer our transformation plans
- 9) Embed our Clinical Board and Mental Health Oversight Group within the programme structure
- 10) Evidence improvement as a result of the early priority projects



Challenges

Our current response

- | | | |
|--|--|---|
| <ol style="list-style-type: none"> 1. Reconciling the STP with organisational statutory responsibilities | | <p>Ongoing review of programme governance</p> |
| <ol style="list-style-type: none"> 2. The overall financial position of most organisations – relatively good in 15/16 but under increasing pressure | | <p>Finance Directors Group established as part of the programme</p> |
| <ol style="list-style-type: none"> 3. The speed at which we can innovate to meet these challenges | | <p>Use of 30 day and 60 day action planning to speed progress and review of roles within orgs</p> |
| <ol style="list-style-type: none"> 4. The challenge of balancing ‘systems working’ and organisational interests | | <p>Masterclasses currently being funded through Health Education England</p> |
| <ol style="list-style-type: none"> 5. Engaging the public in considering the potential implications of new care models | | <p>Full engagement plan being developed for implementation in January.</p> |
| <ol style="list-style-type: none"> 6. How we encourage new ideas and engage people in the debate who don’t usually engage | | <p>Charities and Independent sector event already held and contact list established.</p> |



Key Dates – next 6 months



May – Publish updated Plan

April – Update Plan – approval process

24th March – 60 day checkpoint workshop

10th February – 30 day checkpoint

2nd January '17 – development of the plan through workforce and public engagement

14th December 16 – Publication of the Full Emerging Plan

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