1. Purpose of Report

1.1 Following the implementation of the Health and Social Care Act 2012, Northamptonshire’s Health and Wellbeing Board now operates as a statutory body. This report seeks to:

- gain the Council’s continued support for the Health and Wellbeing Board,
- inform the Council of the Board’s activity and achievements in the last year.

2. How this decision contributes to the Council Plan

The Council’s vision is to make Northamptonshire a great place to live and work. This is achieved through increasing the wellbeing of your county’s communities and/or safeguarding the county’s communities.

The Health and Wellbeing Board supports the Council’s core purpose and the delivery of the Council Plan via following corporate outcomes.

<table>
<thead>
<tr>
<th>This initiative specifically delivers increased wellbeing by:</th>
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<tbody>
<tr>
<td>• Contributing to creating safer communities,</td>
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<tr>
<td>• Contributing to creating healthy communities,</td>
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<tr>
<td>• Contributing to creating prosperous communities,</td>
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<tr>
<td>• Access to information,</td>
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<tr>
<td>• Providing choice and self-service,</td>
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<tr>
<td>• Getting people involved.</td>
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<tr>
<th>And Through:</th>
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<tr>
<td>• Intelligence Led Services,</td>
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<tr>
<td>• Next Generation Working,</td>
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<tr>
<td>• Ambitious Partnerships,</td>
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<tr>
<td>• Commissioning and Market Developments.</td>
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</tbody>
</table>
3. Background

3.1 The Health and Social Care Act 2012 sets out the duties and responsibilities of the statutory Health and Wellbeing Boards. This approach has been designed to provide a forum and focal point for decision making about all local health and wellbeing matters. The Health and Wellbeing Board involves democratically elected representatives and patient representatives and brings them together with local commissioners across health, public health, social care and beyond. The Board is intended to strengthen the democratic legitimacy of commissioning decisions, as well as providing a forum for challenge, discussion, and the involvement of local people in order to improve the health and wellbeing outcomes of the people in Northamptonshire. The Health and Wellbeing Board enables key leaders from across the Northamptonshire Health and Care system to jointly work to:

- improve the health and wellbeing of the people in their area,
- reduce health inequalities; and
- promote the integration of services.

The statutory duties of the Health and Wellbeing Board are:

- to produce the Joint Strategic Needs Assessment,
- to produce the Health and Wellbeing Strategy,
- to foster integration of services; and
- to oversee the successful implementation of Better Care Fund arrangements locally.

Northamptonshire Health & Wellbeing Board members collaborate to understand the local community's needs, agree priorities and encourage commissioners to work in a more cohesive way. The aim of the Board is to secure better health and wellbeing outcomes in the region, better quality of care for all their patients and care users, and better value for the taxpayer. In doing so, it brings together the NHS, local councils, the Police and other services. The Board also aims to increase democratic legitimacy in health and provide a key forum for public accountability of the NHS, public health, social care for adults and children and other commissioned services that the Board agrees are directly related to health and wellbeing.

3.2 Detailed information about the role, duties and composition of the Board can be found in the report considered by the Cabinet at their meeting on 12 April 2011.

3.3 Northamptonshire’s seven District and Borough Councils are involved in the Health and Wellbeing Board via elected member representation and Chief Executive representation. The Elected member lead is Cllr Chris Miller, leader of Daventry District Council. The Chief Executive lead is Norman Stronach, Chief Executive of Corby Borough Council

3.4 Seven locality based ‘Health and Wellbeing Forums’ also feed into the Board via the specific report of the Health & Wellbeing Business Manager. These are supported by a mix of District and Borough Councils and the two main Clinical Commissioning Groups in Northamptonshire, who have locality arrangements which are coterminous with the Districts and Boroughs. Northamptonshire Healthwatch, Cambridgeshire and Peterborough Clinical Commissioning Group and Voluntary Impact Northamptonshire (representing the voluntary and community sector) also sit on the Board
4. Membership of the Health and Wellbeing Board

4.1 The membership arrangements for the Health and Wellbeing Board were reviewed in 2014/15 and amendments to those arrangements considered by the Council at its November 2014 meeting. The appointment of the Chair and Vice Chairs of the Health and Wellbeing Board was approved by the Council until June 2018. The Chair until 13 May 2016 was Councillor Robin Brown.

4.2 Following Councillor Heather Smith’s election as the Leader of Northamptonshire County Council on 12 May 2016, a number of changes in Council Portfolio Holders were enacted. Councillor Robin Brown has moved from Cabinet Member for Public Health and Wellbeing to Cabinet Member for Finance. Councillor Sylvia Hughes became Cabinet Member for Public Health and Wellbeing. These changes became effective 13 May 2016. The Board were formally notified of this change at its meeting on 2nd June 2016.

4.3 As a result of the Changes, Council was asked to approve Councillor Sylvia Hughes’ appointment to the role of Chair of the Health & Wellbeing Board. This change became effective immediately once approved by Council at its June 2016 meeting and will remain in place until June 2018 to align with approvals already in place for the Vice Chairs.

4.4 Following Adam Simmonds’ resignation from the Board effective 17 September 2015, the Board at its meeting on 2nd June 2016 agreed that Councillor Chris Millar, Leader, Daventry District Council should become a Vice Chair of the Board.

4.5 As a result of the above, Council is asked to approve Councillor Chris Millar’s appointment to the position of Vice Chair of the Health & Wellbeing Board. This change became effective immediately and was approved to June 2018 to align with previous approvals already in place for the Vice Chairs.
5. The activities of the Health and Wellbeing Board in 2015/16

The Board takes the lead in promoting the county’s JSNA, which identifies health, wellbeing and care needs across the county. The complete JSNA can be found at the “Northamptonshire Analysis” website.

Northamptonshire’s 2013 to 2016 Health and Wellbeing Strategy, “In Everyone’s Interest”, was agreed by the Health and Wellbeing Board in June 2013. It reflected the priorities for the Board at the time, including how health improvement and prevention, managing long-term conditions and provision of recovery, rehabilitation and re-ablement services can best reduce demand and deliver improvement in health and wellbeing. The strategy set out five strategic outcomes, and five strategic priorities. The Board undertook a lengthy process which included public consultation to refresh and update its strategy making it fit for purpose for the next five years. The refreshed 2016 to 2020 Health and Wellbeing Strategy, “Supporting Northamptonshire to Flourish” was formally approved and signed off by partners at a 21st April 2016 EGM of the Health and Wellbeing Board. The Chair at the time, Cllr Robin Brown, met with David Mackintosh MP, Michael Ellis MP and Philip Hollobone MP who were supportive of the Strategy. The present Chair, Cllr Hughes, and Professor Akeem Ali have subsequently met with MPs Tom Pursglove and Peter Bone. There is recognition of the need to ensure the link between the Strategy and System Transformation Plan (STP) is made clear and reviewed regularly and work is ongoing in this area.

The Health and wellbeing Board holds a number of Development Days [Sessions] during the course of the year, each consisting of a half day focusing on a single theme, and enabling key stakeholders from across the county to participate. In 2015/16 these included the following themes:

- CCGs Operating Plan and Strategic plans,
- Food Development Day (Food in Northamptonshire),
- Citizen and Media Engagement for the Health and Wellbeing Board,
- Behavioural Insights and Workplace Health,
- Social Prescribing,
- Health & Wellbeing Strategy Refresh Session,
- Health Inequalities,
- System Transformation Plan,
- JSNA Process,
- System Transformation Plan Follow-Up (Revolutionising Engagement and Involvement),
- Social isolation
- MCP (Multi Speciality Community Provider) Discussion [STP Component]
- Physical Activity.

These sessions provide opportunities for stakeholders to support all aspects of social value in promoting health and wellbeing.

Sub-Groups:

Healthy Workplaces

The Board commissioned two sub groups to operate under it’s auspices during the year 2015/16, a Task & Finish Group incepts a countywide Healthier Workplace programme,
and a Steering Group to draw up and implement the Mental Health Crisis Care Concordat action plan.

The Northamptonshire Health and Wellbeing Board has commissioned a Healthier Workplaces Task & Finish Group, comprised of key strategic partners, to work collaboratively on shaping and driving forward a workplace health programme for the county. The group are making use of learning from the workplace health scheme piloted at Kettering General Hospital, as well as other best practise, and gaining commitment and support from constituent organisations to engage in workplace health schemes as a means of building momentum for a programme of workplace health initiatives across the county. NEP are a key part of the development of the wider programme, and a series of very successful events were held in conjunction with Northamptonshire and aligned to the national Workplace Health 2015 and Workplace Health 2016 initiatives.

The Healthy Workplace Programme piloted across the county is working well and being well supported across the county, and by the Health and Wellbeing Secretariat, with participation from VCS and SME employers. Northamptonshire Police are now actively involved and this has helped to expand this programme. Now that a strategic position has been established, it is important that this momentum is not lost. The (initially constituted) Strategic Group has incepted an Operations Group under the Chairmanship of Elliot Foskett, Head of Crime at Northamptonshire Police. Future direction will have a more organisational and less strategic focus, with strategic input being scaled back, but not lost. A communications plan will be developed as a key part of the next phase of the project.

The Operations Group will be tasked with incepting where necessary, and operationalising where established, the delivery of programmes to support the above noted workstreams (strands). The aim should be for these to become self perpetuating within 12 months.

**Mental Health Crisis Care Concordat**

In 2014 a letter was received by local partners from Norman Lamb, then Minister of State for Care and Support, congratulating them on agreeing the declaration to support the Mental Health Crisis Concordat. In December 2014, Northamptonshire’s local submission of the Crisis Concordat Declaration of Support (for the process) was agreed and uploaded to the national website with a supporting action plan continuing to be developed. Organisations supporting the Declaration of Intent were:

- Cambridgeshire & Peterborough Clinical Commissioning Group
- Corby Clinical Commissioning Group
- CRI Independent / NHS provider of Substance Misuse Services
- East Midlands Ambulance Service
- East Northamptonshire Council
- Kettering General Hospital
- Nene Clinical Commissioning Group
- NHS England Local Area Team
- Northampton General Hospital
- Northamptonshire Carers
- Northamptonshire County Council Local Authority
- Northamptonshire Healthcare Foundation Trust
- Northamptonshire Mental Health Collective
- Northamptonshire Police
- Northamptonshire Police and Crime Commissioner
- Richmond Fellowship Voluntary Sector
In March 2015, the Northamptonshire Health and Wellbeing Board agreed the supporting action plan, subject to amendments to reflect Deprivation of Liberty and Best Interest Assessors. With amendments made, the plan was submitted and Northamptonshire are green on the national website. The action plan has been drafted and is constantly updated, one key improvement has been the complete reduction in the use of police cells as a place of safety for those in crisis, strengthening the learning from the recovery side of the intervention and how to reduce the likelihood of a crisis being needed again and making the experience of an intervention the best it can be for those going through a crisis.

Work continues on the action plan with partners including the national lead on the Concordat, Jim Symington. Oversight of the plan has moved to a Steering Group chaired by Gordon King, Deputy Director for Mental Health, Northamptonshire Healthcare Foundation Trust. There is good engagement from partners across the county, but the Health and Wellbeing Board retains overall Monitoring, and receives regular updates.

The Board supports an approach to wellbeing that focuses on mental as well as physical wellbeing, and the importance of parity of esteem for both. The Board has also provided assurance for the Better Care Fund submissions, resulting in a successful submission confirmed in January 2015 and a submission made for 2016/17 on 3rd May 2016.

In December of 2014 the Northamptonshire Health & Wellbeing Board endorsed the principles of the local sign-off for the Better Care Fund (BCF) [formerly the Integration Transformation Fund]. The final sign-off subsequently undertaken by the Chair and Vice Chairs of the HWBB along with Chief Officers of the providers and CCGs was completed on 9th January 2015, and subsequently submitted to Department of Health. The plan was fully approved without conditions. Governance and performance management of the BCF historically sat with the Northamptonshire Health and Social Care Commissioning Executive Board which met weekly to ensure robust risk management. The Chair & Vice Chairs of the Health & Wellbeing Board attended every fourth meeting. It was also overseen by the Cabinet of elected members and the CCGs Board of Governors to ensure safeguards and that the principles of the Better Care Fund were adhered to. The Health & Wellbeing Board will continue to oversee implementation of BCF arrangements locally and monitor Governance and performance management.

The BCF is in the delivery phase. The main areas are Community placed management, crisis intervention and admission avoidance, integrated care closer to home, discharge into immediate care, all of which are BCF enablers to improve the patient flows through hospitals, improve delayed discharges, and avoid unnecessary admissions. There is also a joint approach for assessments and funding for integrated packages of care, this is a multi disciplinary environment, working together to enable hospital discharges. There is also recognition of the need for the Health and Wellbeing Board to be a key player in ensuring good plans are in place across the organisations. There are four schemes currently within the BCF, and 42 sub schemes. These schemes will deliver different outcomes, in particular around reducing non-elective admissions and to move towards an integrated service with the Care Closer to Home scheme. There has been an independent auditor review of the BCF programme and its respective schemes. The results of this review are being used to embed planning to ensure the right services, resolutions and transformation happen to improve outcomes for patients, with some schemes for 2016/2017 being de-commissioned or revamped. There will be a more rigorous assessment of schemes to shape services with three key areas:

- Improving health outcomes
• Reducing health inequalities
• Achieving parity of esteem

An appendix was agreed for inclusion within the plan, whereby providers can escalate to NHS England if the BCF is not working. This would be necessary due to the historically performance issues of the BCF and a significant step to reducing tension and improving trust with partners.

In late 2015, the Board received an update on Winter Plans in place for 2016. There are action plans and resilience plans in place to mitigate and manage winter pressures, with a surge and escalation plan in place to ensure there is a coordinated response when periods of pressure are experienced. A review of the pressures faced in the previous winter has taken place, some demand and capacity modelling has been introduced, as well as schemes to reduce non-elective admissions, improve patient flow through hospitals and reduce the number of delayed transfer of care. Throughout the year the whole system is responding well to collaborative working with partners and the voluntary sector is being used more proactively. The flu vaccination uptake for the at risk cohort and front line staff is being monitored through the urgent care working groups and a range of initiatives to improve uptake are in place such as weekend flu vaccination clinics. A communication focus plan for the key twelve weeks had been developed collaboratively, to ensure there is partner alignment and the communication to the public is consistent and aligned with the key pressures within the system.

The Board receives Annual Reports from the Northamptonshire Safeguarding Adults Boards and the Northamptonshire Safeguarding Children’s Board. Recently both Boards submitted their Annual Reports for consideration.

In 2015 Healthwatch prepared and submitted a report on Effective Patient, Service User & Carer Public Engagement to the Health & Wellbeing Board. This paper builds on the principles of good practice for engagement with patients and service users which are already in place. The paper draws on principles in particular from the mental health movement, to demonstrate commitment and understanding of what good engagement should look like and what activity can be bench marked against and Healthwatch will be looking at partner’s current engagement practices and how these can be improved.

At the March 2015 meeting, the Board received a briefing on the Northamptonshire Troubled Families programme, a 3 year government initiative launched in 2012 that works with local authorities and their partners to help turn around the lives of 120,000 troubled families in England by 2015. The government has made available £448 million over 3 years drawn from the budgets of 6 government departments. This represents 40% of the average cost of turning 120,000 families around using proven intervention techniques, with the remaining 60% coming from local budgets. To date Troubled Families Northamptonshire has turned around 1087 families, representing 91% of target. In August 2014 DCLG announced plans to extend the Troubled Families Programme (Phase 2) intended to reach 400,000 families over 5 years with £200m per annum (only committed in 2015-16). Northamptonshire has become a DCLG ‘early adopter’. The new target for Northamptonshire is to turn around 4190 families by 2020. To ensure a seamless approach to early help improvement in Northamptonshire, Troubled Families and the early help component of the Children’s Services Improvement Programme have been merged. A Governance Board comprising a range of partners has been formed.

In December 2015, the Board received the Health Protection Committee Annual Report, 2015. The key risks highlighted were antimicrobial resistance and uptake of influenza vaccination. There is a challenge when people arrive in our communities as to how quickly
a HIV diagnosis can be completed. Some extra activities and engagement have been funded by Public Health to support the integrated sexual health service run by NHFT, and work is ongoing with the voluntary and community sector to improve engagement opportunities around minority and ethnic groups.

In March 2016, the Board received a briefing on the Contraceptive Needs Assessment paper. This needs assessment has been completed as an addition to the Sexual Health Needs Assessment on what is driving the high levels of teenage pregnancy currently seen in certain areas of county and how teenage pregnancies can be prevented. One key message that came from the assessment was that access to contraceptive services in Northamptonshire compares favourably nationally and 95% contraceptive care/support is given in primary care. There is a trend in the decline of teenage pregnancy, however there are some areas in the county that are above the national average and this paper has shown that there are significant areas in the county where efforts need to be focused to reduce teenage pregnancies and prevent the spread of STDs.

Also in March 2016, The Board received a briefing on the Clinical Commissioning Groups Commissioning Intentions. The operational plans will articulate how stabilisation of the acute, community and mental health system are being supported, with obligations to meet statutory requirements, and ensure services are in place when backlogs in the system occur. The strategic priorities are around:

- Primary Care Transformation
- Long Term Conditions/Managing Patients with Complex Needs
- Integrated Care/Health and Social Care
- Urgent Care

There is a big focus on prevention and improved health and wellbeing which the voluntary sector will have a role in delivering this. The challenge is the contractual levels and bridging the financial gap currently faced by the CCGs. From April 2016, the CCGs are fully delegated for primary care commissioning, and the importance of decommissioning services which don’t provide any improved outcome for patients, in order to commission services that focus on and improve patient outcomes is recognised. The pace of change is very important as there is an urgency to reform quickly and to decommission services which do not improve outcomes. The need to address the issues behind ill health, such as poor housing is recognised, as is the need to be able to address this.

Additionally, in March 2016, the Board was briefed on the Chief Medical Officers (CMO) Alcohol Guideline Consultation. A medical committee has been formed to exam evidence relating to the health harms of alcohol consumption from which proposed revised guidelines on the amount of alcohol has been announced. These revised guidelines reduces the safe level of drinking for men to the same level as women and for individuals to assess their own risks before consuming alcohol, which will have important implications on alcohol consumption and screening in primary care.

In June 2016, the Board was given an overview of the proposed governance structure for the Northamptonshire Integrated Care Board (NICB). The joint arrangements for monitoring the BCF and S75 arrangements have been agreed with providers and commissioners, although a bigger piece of work is still to be completed around the Sustainable Delivery Plan. The first meeting was held on the 16th May 2016 and attended by all Chief Executives across the county, where the terms of reference and schedule of these meetings were agreed. Professor Akeem Ali is the Chair of the NICB, Alison Kemp is the Vice Chair and Chief Executives or nominated deputy are always in attendance. The NICB has an oversight role in relation to the changes that need to take place within the
BCF, along with the development of the programme for next year. Reporting arrangements will first be to the respective organisations, then to the Health and Wellbeing Board which has an oversight on delivery of the BCF.

The board was also given an overview of the work being completed around the Sustainable Transformation Plan (STP). By the end of July sustainable governance arrangements need to be in place to focus on the delivery of the STP, with the aim to provide services for health and social care in a more integrated way. There are three gaps within the plan that need to be addressed going forward:

- How will we address the health and wellbeing gap,
- How will we drive the transformation to close the care and quality gap,
- How will we close the finance the efficiency gap

This plan must be population health focused, with the footprint as Northamptonshire.

The main elements of transformational work taking place are:

- Hospital transformation, to have a acute function within the county which can be delivered in a sustainable and systematic way
- MCP transforming primary care, linking in with mental health services, community health health service and adult social care service
- Urgent care, working with primary care around improving same day access and working through the challenges of delivering domically care and increased integrated care.
- Complex care and long term conditions, to have a sustainable plan that will have risk stratification approach to look at the 20% of the population which account for 80% of cost in the system.
- Prevention and wellbeing need to emphasis primary and secondary prevention, by using public engagement to articulate the prevention agenda and encourage patient participation.

Professor Akeem Ali is leading on how to articulate the health and quality challenges currently being faced and the issues to be addressed, which include mental health, children, maternity, and premature deaths.

A checkpoint session was held with NHS England and external bodies, the feedback from the session was positive in relation to governance and engagement. But more work is needed around the bridging analysis and hospital modernisation programme and a workshop is being held with providers to explore opportunities to address these areas. A submission was made at the end of June. On 18/07/16 Chief Executives from the county met with Simon Stevens to discuss and receive feedback on the submission.

The Board emphasised the need to focus on implementation of the plan, to ensure it is not organisationally bound, and use the collective resources across the health and social care system.

Voluntary Impact Northampton and Healthwatch are completing a piece of work assessing the work that communities and Patient VOICE are already completing, to encourage more engagement and for more processes and people to become integrated. There is also concern about the lack of services being offered to sufferers of low level mental health and there is a need to ensure mental health features strongly in the prevention agenda. Due to Voluntary Impact liaising with the Specialist Public Health Team regarding the public
health indictors, discussions can be made about identifying the root causes behind health problems and what needs to be completed with regards to prevention to stop issues escalating into health problems. Without investment in the prevention budget, the pressure on acutes and social care services will not change.

The frequency of the Health and Wellbeing Board meetings will change to bi-monthly from September 2016.

In September 2016, the Board will receive further Governance and STP Programme (including BCF) Updates, a report on Adverse Childhood Experience from Dr. Peter Barker, a report on the recent Health & Wellbeing Board Social Isolation Development Session, a JSNA Process Feedback update report following on from a Development Session, NSAB and NSCB Annual Reports, Update Reports from Board Member Organisations and on Health and Wellbeing Board Activity, plus the Health and Wellbeing Board’s Annual Report and the Director of Public Health’s Annual Report.
6. Consultation and Scrutiny

Internally, the Director of People Commissioning (Director of Public Health) has been consulted and approved the content of the report. The Chair of the Board and Cabinet Member for Public Health and Wellbeing (Cllr Sylvia Hughes) has been consulted and approved the content of the report.

Externally, Members of the Health & Wellbeing Board have been consulted on this report.

The report has not been subject to scrutiny.

7. Equality Screening

7.1 The proposal has not had an Equality Impact Assessment undertaken.

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<thead>
<tr>
<th>Reason that no EqIA is required</th>
<th>✓ as appropriate</th>
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<td>The proposal/activity/decision has no impact on customers or the service they receive</td>
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<tr>
<td>The proposal impacts upon staff but the proposed staffing changes will not affect the service that customers receive*</td>
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<td>Other (please explain further)</td>
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Public Health & Wellbeing:  

8. Alternative Options Considered

8.1 No option other than presenting this report to Council has been considered.

9. Financial Implications

9.1 There are no financial implications arising from this report.

10. Risk and Business Continuity Management

a) Risk(s) associated with the proposal

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<th>Mitigation</th>
<th>Residual Risk</th>
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<tbody>
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b) Risk(s) associated with not undertaking the proposal

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<th>Risk Rating</th>
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<tbody>
<tr>
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<td>Amber</td>
</tr>
<tr>
<td>Health and Wellbeing Board Annual Report not agreed by the Council</td>
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</table>

11. List of Appendices

Author: Name: Peter Lynch  
Team: Specialist Public Health Team
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>Contact details:</td>
<td>Tel: 01604 62091 Email: <a href="mailto:plynch@northamptonshire.gov.uk">plynch@northamptonshire.gov.uk</a>.</td>
</tr>
<tr>
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<td>Cabinet report 12 April 2011</td>
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<tr>
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<td>NO</td>
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<tr>
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<td>NO</td>
</tr>
<tr>
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<td>NO</td>
</tr>
<tr>
<td>Is this report proposing an amendment to the budget and/or policy framework?</td>
<td>NO</td>
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<tr>
<td>Have the financial implications been cleared by the Strategic Finance Manager (SFM)?</td>
<td>NO</td>
</tr>
<tr>
<td>Have any capital spend implications been cleared by the Capital Investment Board (CIB)</td>
<td>NO</td>
</tr>
<tr>
<td>Has the report been cleared by the relevant Director?</td>
<td>YES</td>
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<tr>
<td>Name of Directors: Prof. Akeem Ali</td>
<td></td>
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<tr>
<td>Has the relevant Cabinet Member been consulted?</td>
<td>YES</td>
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<tr>
<td>Cabinet Member: Councillor Sylvia Hughes</td>
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<tr>
<td>Has the relevant scrutiny committee been consulted?</td>
<td>NO</td>
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<td>Yes [Laurie Gould]</td>
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<tr>
<td>Solicitor’s comments:</td>
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<td>Have any communications issues been cleared by Communications and Marketing?</td>
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