

ROYAL BOROUGH OF KINGSTON UPON THAMES

HEALTH AND WELLBEING BOARD

15 NOVEMBER 2018

(7:30 pm – 9:50 pm)

Members of the Board

Councillors:

Councillor Liz Green (Co-Chair), Councillor Rowena Bass*, Councillor Ed Fram, Councillor Dave Ryder-Mills, Councillor Margaret Thompson*, Councillor Diane White

Representatives from Kingston CCG, Healthwatch and the Voluntary Sector:

Dr Nazim Jivani (Co-Chair), Dr Phil Moore, Dr Peter Smith*, Dr Liz Meerabeau, Patricia Turner

Council Officers (non voting):

Robert Henderson*, Iona Lidington, Stephen Taylor

Advisory Members (non voting):

Siobhan Clarke – Your Healthcare*, Tonia Michaelides – Kingston CCG, Dr Mark Potter – South West London and St George’s Mental Health Trust*, Jane Wilson – Kingston Hospital NHS Trust*, Gwen Kennedy – NHS England*, Dr Anthony Hughes - GP Chambers*

*Absent

29. QUESTIONS AND PUBLIC PARTICIPATION

There were no questions from the Gallery.

30. DECLARATIONS OF INTEREST

There were no declarations of interest.

31. APOLOGIES FOR ABSENCE AND ATTENDANCE OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Margaret Thompson and Rowena Bass. Councillors Alison Holt and David Cunningham attended as alternates respectively.

Apologies were also received from Jane Wilson and Siobhan Clarke and Sally Brittain and Grant Henderson attended as alternates respectively. Apologies were received from Dr Anthony Hughes, Dr Pete Smith and Stephen Taylor.

32. MINUTES

Dr Liz Meerabeau sought clarification of the MESCH approach referred to in Minute 25 of the last meeting. The Director of Public Health provided the following information:

The Maternal Early Childhood Sustained Home-visiting (MECSH) approach is to reduce inequalities by improving the health and social wellbeing of vulnerable families with new babies, while also strengthening child and community health service provision through the integration and coordination of services, particularly via health visitors.

RESOLVED that:

1. the above paragraph be added to Minute 25; and
2. the minutes as amended were confirmed as a correct record and signed by the Co-Chair, Councillor Liz Green (in the Chair).

33. PARTNERS' UPDATES AND THE WORK PROGRAMME**Appendix A**

The following information was presented in the Partners' Update report:

Public Health:

- Mental Health Time to Change Hub – this is a forum for local people and local public, private and voluntary organisations to come together to end the stigma and discrimination experienced by people with mental health problems.
- Mental Health Champion (MHC) lead Councillors - following approval at Council on 18 October, MHCs are being appointed for each strategic committee. The Health and Wellbeing Board will receive updates regarding the work of MHCs as part of the implementation of the Thrive Kingston Mental Health Strategy.
- Preventing and reducing the impact of drug and alcohol misuse – an update on the work of the Kingston Wellbeing Service which works in partnership with Moving on Together to support recovery. An event took place at Surbiton Health Centre on 27 September to celebrate recovery month. A clip from a video was shown.
- Health protection – winter preparedness – Local health partners have developed winter plans to deal with increases in respiratory and cardiovascular illness and promotion of stay warm in winter and flu vaccinations campaigns are underway with vaccination being delivered in a staged way. There were initially some vaccine supply problems. The “Haven” winter night shelter will be open from 8pm to 7.30am nightly until March 2019 operated by the Kingston Churches Action on Homelessness. There are some concerns about the number of people accessing this service.
- Health Protection Committee – the setting up has been deferred due to senior staff losses.

- Public Health Workforce – recent organisational change has led to the public health function being brought under the new Communities directorate along with a number of other functions. The introduction of a new organisational structure has led to the loss of three senior colleagues and thanks were noted for their professionalism and commitment.
- Connected Kingston – this will become publicly available in January 2019 and an application to the Local Digital Fund will be made to enable further developments.

Kingston Hospital NHS Foundation Trust:

- Performance Targets - the Hospital is continuing to perform well on cancer targets, the 18 week referral to treatment time and A&E performance is around 90% seen in 4 hours.
- Delayed transfers of care – the numbers of patients who have been delayed in hospital for more than 6 days and more than 231 days have been falling.
- Winter plans have been approved by the A&E Board and submitted to NHSE
- Transformational projects on theatre productivity and outpatients are progressing
- Workforce Developments – the Trust received a national award from the Skills for Health, Health Heroes for Health and Wellbeing and staff retention
- A new Mental Health Assessment Unit adjacent to the emergency department is being progressed with phase 1 opening on Christmas Eve and phase 2 during 2019.

Kingston Clinical Commissioning Group:

- Health and Care Plan engagement – an engagement event is taking place on 21 November
- Over the counter medicines publicity has been developed and will be made widely available for patients along with winter messages promoting the use of Pharmacies for advice
- Outpatient transformation project – NHS organisations in Kingston are collaborating to transform outpatient services so patients and GPs can access the advice and services of specialist clinicians in the most efficient and effective way.
- South West London Health and Care Partnership update – work has been progressing on the following areas Children and Young People, End of Life Care, connecting Care, Local Health and Care Plan and Joint workforce priorities
- Finance update – the CCG expects to meet its planned 0.4% surplus of £1.06m and the QIPP savings of £9.8M.

Adult Social Care:

- Maximising independence – the new model has been in place for 4 months. All clients who need some support to become independent receive a 5 day service including a full assessment. Where needed, extra reablement support is provided for 3 weeks. After this time an ongoing package of care may be required by some.

- Home to Decide – is a programme for people being discharged but have been assessed as needing residential placement. It provides 24hour support and assessment for 3 days and a further 11 days enablement support to maximise independence.
- Safe and Connected Royal Mail pilot in Kingston to tackle loneliness in older people
- ASC Organisational Change – Assistant Director posts have been recruited (Jane Bearman – Operations, Martin Sanford Hayles – Commissioning and Transformation). Corporate Heads of Service are being recruited.
- ASC now includes community housing

Healthwatch Kingston:

- Has planned the Health Care partnership engagement event on 21 November
- Work around the Youth Out Loud! Initiative to engage with young people on health and social care services.
- HWK chairs and administers the Thrive Kingston Mental Health Strategy Planning and Implementation Group.
- Bidding for the Time to Change Kingston Hub
- Co-chairing with a person with LD the Kingston All-Age Learning disability Partnership Board
- Enter and View report of Kingston Adult Community Services at Safe and Connected Royal Mail pilot in Kingston to tackle loneliness in older people
- The Enter and View report of Kingston Adult Community Services at Tolworth Hospital will be published imminently
- A discharge form Kingston Hospital survey will be run for a month from 5 November, with a second month in March 2019.
- Service User Survey for ICope (IAPT service) is due to go live in November and end in March.

Kingston Voluntary Action:

- Food Poverty – the action plan is awaiting sign off before it is shared with the Board. A number of insights have been reflected in the final draft.
- Connected Kingston – Social Prescribing Programme which has been co-produced with KVA to train Connected Champions who will provide help and support to access information about opportunities which will have a positive impact on people's health and wellbeing.
- Mental Health – KVA has participated in the mental health strategy Planning and Implementation group and will now participate in the Time to Change Steering Group. It is also working with the LSCB on mental health and risky behaviours to help prevent problems and hospital admissions.

During discussion a question was raised by Mary Clark, in the gallery about the absence of a winter hub in the Maldens and Coombe area. Dr Jivani replied that there are three hubs in Kingston, Surbiton and Chessington which serve the whole of Kingston and people can attend any of these. They are open from 7am to 8.30pm and provide extended access, not just services over the winter period. Dr Jivani stated that feedback suggested that people in the New Malden area are happy to

attend these hubs. He added that the hubs are not used to capacity and especially on Sundays and usage is reviewed on an on-going basis. Tonia Michaelides added that there is now an urgent treatment centre at front of A&E at KHT which is staffed by GPs. Mrs Clark pursued her question and suggested that only 5% of elderly people access the other hubs as two bus journeys are needed. The Co-Chair asked the CCG to provide a fuller response to Mrs Clark.

The Board considered the work programme for the forthcoming meetings.

RESOLVED that:

1. The Partners' Updates are noted; and
2. The work programme is agreed as follows:

31 January 2019

Update on Communicating with people to encourage seeking of dementia diagnosis to enable provision of support for living well

Food Poverty Action Plan

"Prevention is better than Cure" DHSC White paper (published 5 November)

28 March 2019

Health Protection Committee Terms of Reference

3. Discussions are held by respective Communications Teams to ensure efficiency with health communications aimed at the public.

Voting: unanimously in favour

34. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TRANSFORMATION PLAN 2018 REFRESH **Appendix B**

The report, introduced by Doreen Redwood, Lead Children's Health Commissioner, K&R CCGs, provided information to the Board about the Child and Adolescent Mental Health (CAMHS) Transformation Plan 2018 Refresh.

The NHS Five Year Forward View 2015 included the aim to ensure sustainable improvements are made in children and young people's (CYP) mental health outcomes by 2020 and the Transformation Plan provides the local vision, the priorities, service improvements and actions to address the mental health needs of children and young people and parents/carers of the local populations.

The Plan is refreshed annually and is submitted to NHSE and the CCG receives an allocation of £377K to support the programme. This year's assurance process is lighter touch and focusses on addressing new areas introduced in the key lines of enquiry: Transparency and governance, understanding local need, workforce, collaborative and place based commissioning, health and justice, improving access to psychological therapies for children and young people, eating disorders, data, crisis care. The Plan is developed using participation methods including engagement with children, young people, parents and carers.

During the three years that the Transformation Planning process has been in place there have been achievements in the following areas:

- Training in school
- Introduction of on-line counselling, support and advice
- Increase in support for eating disorders
- Increase in support in A&E
- Recruitment of more people
- Increasing the uptake of support

Challenges to delivering the plan are:

- Waiting times which have not reduced as planned
- Difficulties recruiting
- Increasing demand for services
- Increasing admissions to hospital
- Developing the right help for CYP with learning disabilities and challenging behaviour

2018/19 ambitions, priorities and delivery have been developed using the five outcomes identified in “Future in Mind” guidance issued in 2015 i.e.

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without Tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce.

The report identified priorities under each of these and Board’s views were sought.

During her introduction Doreen Redwood stated the strategic approach in South West London is to reduce in-patient admissions for CYP and locally we have a community based service. Tonia Michaelides added that there is a greater emphasis on preventing the development of mental health problems.

The Board heard that there were challenges. Pre- and post diagnostic support for Children with Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity disorder (ADHD) is a challenge and an improved pathway is being developed to make access easier. Waiting list pressures are not unique to Kingston and an increasing demand for services can often follow successful service provision. The national target of increasing access to treatments to 32% may not be achieved but progress has been good so far.

A question was asked by James Moore in the Gallery. He suggested there is a shortage of in-borough places for children with SEND and asked for details of the numbers who do not have in borough service. Ian Dodds responded that there was a reliance on out of borough provision and currently about 6 are provided for in this way but the intention is to build more local capacity. Charis Penfold added that Kingston is a small borough and does not have the ability to provide a wide variety of care and it can therefore be appropriate to have an out of borough placement. Mr Moore asked a further question about whether children are appropriately placed out

of borough. Ian Dodds agreed to look at the details and provide an answer outside of the meeting.

The following points were made by members:

In response to a question about the capacity to meet the Plan's aspirations, Doreen Redwood replied that there is a need to increase the capacity for the Single Point of Access to meet the growing demand in schools and need to provide fast access to someone to talk to.

Attention was drawn to the pressures on mental health arising from unmet housing needs; the consequences of eviction on children can be enormous especially where families are relocated at some distance.

Doreen Redwood pointed to a new service in schools offered by child wellbeing practitioners who deliver low level interventions for parents and young people. Whilst this cannot meet all needs progress is being made and any national investment for mental health teams in schools will enable further progress.

Dr Phil Moore drew attention to ensuring the needs of home educated children are met.

Further information was requested about the detail about how progress is made and monitored and it was agreed that the draft Transformation Plan would be circulated to members.

RESOLVED that:

1. The information in the report and provided verbally is noted;
2. A six-months' progress monitoring report is presented for consideration at a future meeting of the Board;
3. Comments made about the ambitions, and the need for further details about how they will be achieved are noted by the CCG; and
4. The full draft plan would be circulated to members of the Board.

Voting: unanimously in favour

35. ALL AGE LEARNING DISABILITY STRATEGY

Appendix C

The report, introduced by Elizabeth Brandill-Pepper, Corporate Head of Service, Specialist Commissioning, set out Kingston's five year Joint Health and Social Care Strategy for Children, Young People and Adults with Learning Disabilities (LD). Approval of the strategy (attached at Annex 1) is being sought by the Children's, Adults' and Education Committee on 22 November and the Board was requested to endorse it and was asked to ensure that the strategy is reflected within members' own organisation's strategic plans.

The Strategy has been produced in three versions – a full technical version, a summary and communication document and an easy read version.

The All Age Learning Disability Strategy replaces the earlier Learning Disability Strategy which expired in 2017. It has been co-produced on the basis of local needs outlined in the Learning Disability Joint Strategic Needs Assessment (JSNA), the Special Educational Needs and Disability JSNA and extensive engagement work with families and carers. The strategy aims to “increase independence, improve access to mainstream services and community assets thereby leading to increase cost efficiency and value for money”. It is aligned with the three LD outcome measures in the joint NHS, Adult Social Care and Public Health outcome Framework, other national drivers and the Marmot Review (which considers inequalities in health outcomes which for people with learning disabilities can mean that their lives are up to 20 years shorter than average). The Strategy identifies key interventions for early years, transition and adulthood and these are framed around themes of maximising independence, strengthening the pathway from education to employment, being part of Kingston and having good health. The Strategy also focusses on improving choice about where people live i.e. away from institutional care and within the community.

Healthwatch Kingston has been commissioned to provide chairmanship to the All Age Learning Disability Partnership Board which oversees the actions associated with the plan and the Partnership Board includes representation of people with learning disabilities and their families.

The following points were raised in discussion:

Members complimented officers on the three version approach and some expressed a preference for the easy read document and the version for people with learning disability was particularly welcomed. The Board was informed that the Council has a resource to enable easy read versions to be produced and this approach will be taken forward for other strategies, including the joint Autism Strategy.

Grant Henderson, Your Healthcare, drew attention to some specific comments on an earlier version of the document which had not been reflected and he would welcome opportunities for further discussion.

Comment was made about the specialist support and assistance which people with LD may require when in touch with the Contact Centre and the general on-line approach to finding out about services may present a real barrier for them. In response Elizabeth Brandill-Pepper accepted that the Contact Centre could be an overwhelming place to visit and Peer Advocates (people with LD employed by Council to improve accessibility) are currently undertaking an audit of the Contact Centre and Job Centre Plus to identify any improvements that could be made.

A question was asked about whether the housing department had been involved in the formation of the strategy and in response it was confirmed that community housing now sits within adult social care which will lead to efficient working and breakdown silos. Housing stock will be used differently and be more appropriate for people with LD and will promote their independence with the use of assistive

technology. Further work with developers is taking place in the housing market to enable more in-borough provision rather than sending people out of borough.

In response to a question about Education, Health and Care Plans (EHCPs), Ian Dodds confirmed that 1200 people in Kingston have EHCPs and the demanding for these is increasing annually by 9%, but this is slightly less than 11% annual increase in demand nationally. The focus is on those with most complex needs and also to provide interventions early for children so they can be helped to develop resilience and independence to reduce need ahead of transferring to adult services.

RESOLVED that:

1. This Board endorses the All Age Strategy for People with Learning disabilities;
2. This Board notes that the Strategy will be delivered via the All Age Learning Disability Partnership Board chaired by Healthwatch Kingston;
3. Members of the Board ensure that the Strategy is reflected within their own organisations' strategic plans and the Strategy is shared using a joint communications approach for alerting organisations; and
4. The suggestions and comments made above are taken forward by officers as appropriate.

Voting: unanimously in favour

36. SEND INSPECTION BRIEFING

Appendix D

The report, introduced by Ian Dodds, Interim Chief Executive, Achieving for Children (AfC) and Charis Penfold, Director for Education Services, AfC, briefed the Board on the recent Office for Standards in Education, Children's Services and Skills (Ofsted) and Care Quality Commission (CQC) inspection of services for Special Educational Needs in Kingston for people age 0 to 25. The inspection took place between 17 and 21 September 2018. The full letter dated 23 October 2018 was attached at Annex 1.

The purpose of the review was to judge the effectiveness in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. As well as visiting a range of providers, meetings were held with leaders for health, social care and education. A letter setting out the findings of significant areas of weakness was sent to the Director of Children's Services. The letter identified areas for further improvement and also highlighted areas of strength.

Areas of significant weakness were identified as:

- The overall poor quality and monitoring of Education, Health and Care (EHC) plans, including contributions from health professionals

- The timeliness of leaders ensuring that the annual review process and any subsequent amendments to EHC plans are consistently made in line with the SEN code of practice
- The strategic leadership and monitoring of the CCG's work in implementing the 2014 reforms
- To ensure that there is a productive and positive relationship between parents and parent representatives, including a parent carer forum.

Areas of strength and good practice include:

- The single point of access (SPA) and the added value of the SPA supporting earlier identification of SEND needs and faster access to specialist support services
- Co-location of services
- Early years provision, including Portage for pre-school children and information sharing between professionals eg health visitors and nursery
- Parents value the support and input of professionals

Senior officers will be meeting the Department for Education on 20 November to discuss how the four areas of weakness will be addressed and actions being undertaken by Achieving for Children, Kingston Clinical Commissioning Group and Public Health were set out.

Kingston is required to submit a Written Statement of Action within 70 days of the receipt of the letter ie by 8 January 2019. The Statement of Action will be evaluated by Ofsted and the CQC within 10 days of receipt and Ofsted and the CQC will formally sign off the Statement of Action for the Local area. The intention is that the Written Sign off Statement will be brought to the next meeting of the Health and Wellbeing Board on 31 January 2019. The Board heard that Written Statements of Action can be lifted within 12 to 18 months by the Inspection Team and inspectors will return to see the progress made.

The Co-Chair and other members expressed disappointment at the letter. The Co-Chair drew attention to the fact that families had been raising issues for some time and these views should have been heeded earlier. She welcomed the development of the new Parent Carer Forum and looked forward to the time when the Forum provides feedback that services are improving. The suggestion was made that the Forum to hold meetings in the evenings and at weekends to enable the participation of working parents. Ian Dodds added that it was important to obtain feedback from the wider parent/carers community, not just the Forum.

A comment was made that the report did not discuss schools or families in a strong enough way and these perspectives need to be captured.

In response to a question about assurance that actions would be followed through, Ian Dodds explained that the proposed Governance arrangements would provide the required assurances. He added that the Statement of Action had not yet been completed.

In response to a question about the quality of EHC plans, Charis Penfold confirmed that quality assurance processes are being introduced and all the statutory elements, including educational psychology, are now in place. Doreen Redwood confirmed that the CCG will increase the capacity of the dedicated Medical Officer to examine the plans and ensure there is a health contribution to these plans. Dr Pete Smith, Children's Champion is leading work with the Governing Body, including a strategic review of therapies which are very important to this group and this will provide opportunity to consider how best to joint commission services for the future. Tonia Michaelides confirmed that the CCG has taken this very seriously and recognised that oversight was not sufficiently strong. This has been reviewed. She added that the CCG would look to commission additional services within the finance resources but these may need to be considered against other demands.

A question was asked about how parents will be reassured about the steps being taken to make the required improvements and whether meetings for parents should be held? Tonia Michaelides advised that the CCG is not a provider of services but has oversight in the same way as the Council. The Chair stated that an item on the CCG Board agenda will be picking up on these areas in January. The newly-appointed interim Director of Children Services for Kingston will be focussing on this.

The Co-Chair pointed to the imminent report from the Kingston Education Commission and the need to address over spend including on the dedicated schools grant. Central Government funding is now insufficient and a deficit budget may not be set. If reserves are insufficient, then significant cuts would need to be made. There are opportunities within a partnership collective approach to do things differently and deliver better outcomes and it was important that schools are more involved in this.

RESOLVED that:

1. the report and verbal information provided is noted; and
2. the Ofsted/CQC Written Sign off Statement will be brought to the next meeting of the Health and Wellbeing Board on 31 January 2019

Voting: unanimously in favour

**37. GOVERNANCE ARRANGEMENTS FOR THE SEND
TRANSFORMATION PLAN**

Appendix E

The report, introduced by Ian Dodds, Interim Chief Executive, Achieving for Children (AfC), sought the Board's endorsement for the governance arrangements for the Kingston Special Educational Needs and Disabilities (SEND) Transformation Plan 2018/19 - 2021/22, subject to approval at the Children's and Adults' Care and Education Committee at its meeting on 22 November 2018.

A three year SEND Transformation Plan has been developed to respond to the significant financial pressures facing the service as well as addressing the service quality issues identified in the local area SEND inspection in September 2018 (see

minute 36) and will be considered by the Children and Adults Care and Education committee on 22 November 2018.

The forecast cumulative overspend on the Dedicated Schools Grant for Kingston will reach £13M by the end of 2018/19. The funding of high needs education provision is a national issue and Kingston is not unique in experiencing these pressures. However, in Kingston the rate of increase in costs for SEND is of the order of 9% pa ie £2M pa and at this rate of increase the cost in 2022 will amount to £46M which is an unsustainable position, exceeding the Council's General Fund and earmarked reserves. The objective is to ensure that the schools budget, including high needs, stays within the existing DSG funding allocation.

Whilst the SEND Partnership Board will drive the delivery of the plan, strong governance arrangements will be required which will also secure full engagement from partner organisations to promote constructive debate, scrutiny and challenge. The proposal is for the Health and Wellbeing Board to have accountability for the SEND Transformation plan and for the Children's and Adults' Care and Education Committee (CACE) to have formal constitutional responsibility for the Transformation Plan.

Following a request from Tonia Michaelides, Managing Director Kingston Clinical Commissioning Group for lines of responsibility for partner organisations it was agreed that KCCG would need to be represented within the governance arrangements in addition to the Council enabling decisions appropriate to the two organisations to be taken by those organisations. The overall direction and accountability would be held by Health and Wellbeing Board.

In response to a question about the separation of Kingston and Richmond children's services under the leadership of two Directors of Children's Services, Ian Dodds confirmed that there would be separate transformation plans submitted to the DfE and that the more local focus would enable the plan to be more effectively implemented by the local SEND Partnership, including involvement of the parent and carer community.

A comment was made that it would be helpful for proposed Partnership Board membership to be submitted as late material to CACE committee.

RESOLVED that:

1. The Kingston Clinical Commissioning Group is included within the governance arrangements and captured in late material for CACE committee; and
2. The governance arrangements as amended are endorsed by the Board.

Voting: unanimously in favour

38. HEALTH & WELLBEING BOARD WORKING ARRANGEMENTS PROPOSALS Appendix F

The report on proposals for Working Arrangements for the Health and Wellbeing Board was introduced by Iona Lidington Director of Public Health.

A Health and Wellbeing Board workshop was held on 5 March 2018, a summary of proposals was considered by the Board later that month but progress was paused due to the change in Administration in May.

Themes identified during these discussions were:

- The Board should set the strategic direction of local preventative work and priorities in health and social care
- Relevant outcomes for the Board's work are prevention of ill-health, improvement of wellbeing and reduction in health inequalities.
- The Board should not be limited to its statutory functions eg Joint Strategic Needs Assessment.

Other suggestions put forward were:

- Direct oversight of the commissioning of local public health, NHS and/or social care services
- Responsibility for local implementation of national and regional health and social care policies and initiatives
- Oversight and formal decision making responsibility for a small number of specific joint priority projects eg Kingston Co-ordinated care.

The proposal was that the Director of Public Health reviews the suggestions made in the workshop and develop a full set of proposals for the future of the Board in informal consultation with existing members and other partners. This will include identifying options and associated costs for new models of governance and reviewing evidence from the JSNA to support a priority setting process for the reconfigured Board in 2019.

It was also proposed that the Board be chaired by a lay chair but following discussion this suggestion was not taken forward by the Board.

RESOLVED that:

1. The Board should hold formal meetings in public in the evening and informal daytime workshops on priority topics as closed sessions; and
2. The Director of Public Health be delegated to develop a formal set or proposals for changes to the Board's Terms of Reference to be agreed at a future meeting and in line with the Constitutional Review.

Voting: unanimously in favour

39. URGENT ITEMS AUTHORISED BY THE CHAIR

There were no urgent items.

Signed.....Date.....
Chair