PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 12 NOVEMBER 2013

Present:	Councillors B Rush (Chairman), D Lamb, J Peach, D McKean, K Sharp and A Sylvester	
Also present	Matthew Purcell	Youth Council Representative
	Councillor Davidson	Representing the Leader of the Liberal Democrats
	David Whiles	HealthWatch
	Jill Houghton	Director – Quality, Safety & Patient Experience / Nurse Member, CCG Board
Officers Present:	Tina Hornsby	Assistant Director, Quality Information and Performance
	Sue Mitchell	Director of Public Health
	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Nick Blake	Head of Commissioning, OP/PD/SI/HIV & Carers
	Paulina Ford	Senior Governance Officer
	Gurvinder Kaur	Lawyer

1. Apologies

Apologies for absence were received from Councillor Allen and Councillor Peach attended as substitute.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting Held on 19 September 2013

The minutes of the meeting held on 19 September 2013 were approved as an accurate record with the exception of the following which was noted. David Whiles, Healthwatch representative advised that both he and Matthew Purcell, Youth Council Representative were present at the meeting on 19 September but this had not been recorded.

4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for Call-in to consider.

5. The Clinical Commissioning Group (CCG) Response to the Francis Report

The report provided the Commission with an update on the Clinical Commissioning Groups response to the 2013 France Report. The Director – Quality, Safety & Patient Experience / Nurse and Member of the CCG Board introduced the report. The Francis report was published on 6 February 2013 following a public enquiry into complete failures of care at the

Mid Staffordshire NHS Foundation Trust. The Director informed the Commission of what actions the Clinical Commissioning Group had undertaken in response to the Francis report.

Observations and questions were raised and discussed including:

- Were there lessons that could be learnt more widely regarding the commissioning of services from other providers and if so how are the CCG addressing them? *Members were informed that there were lessons to be learnt and in particular to nurse staffing levels. It was anticipated that the government response expected during the autumn would provide guidance on this.*
- Members sought clarification on how soft intelligence for GP's would be provided and how it would work. *Members were advised that GP's had a lot of knowledge as they saw patients on a daily basis and they could feed back to other providers the patient experience of the care delivered from their Trust. Patients quite often did not want to make a complaint or make a fuss about the care they had been given. Without the hard evidence of a complaint it was difficult for the Trust to take any action. In the absence of a complaint the GP could anonymise the information received from the patient and send it to the CCG. The CCG would then theme the information received and would then be able to see if there were any emerging issues that needed to be reported to a provider.*
- Was the soft intelligence gathered through conversations with patients or through questionnaires and surveys? *Members were advised that soft intelligence was gathered through general conversation with patients and patent surveys regarding patient experience that were available through GP Practices and the Trust. If something was noted during a general conversation with a patient the doctor would email the CCG who would then record it on a general database.*
- Is the type of nursing required being taken into consideration when the profiling of staff takes place? *Members were informed that the type of nursing was taken into consideration within a nursing team and there would be a skill mix. There would be a combination of qualified and unqualified nursing staff dependant on the setting and requirements e.g. the needs in an intensive care setting would be very different to the needs of other settings like mental health and community settings.*
- Was there a simple questionnaire that patients could complete when being released from hospital to indicate what their patient care had been like. *Members were advised that on discharge or just after discharge depending on the provider patients were asked if they would complete the friends and family experience score. This was a simple tool which asked if the patient would recommend the Trust to their family or friends. If the answer was no then it would indicate that the patient experience had not been a good one. The question was also being extended to inpatient areas, A & E services and maternity services.*
- Were non formal complaints being logged? *Members were advised that the Trust collected informal complaints.*
- A Member advised that Leicester had Patient Champions which gave patients an opportunity to talk to someone outside of the Trust.
- What were the key changes that the hospital needed to make in light of the Francis Report and how would the CCG know and be assured that the recommendations from the report would remain a high priority. *The Director referred to the report and the key changes that had been mentioned. The biggest issue at Mid Staffs had been the focus on saving money and not on quality and as a result had vastly reduced their nursing work force. The outcome was that the patient's received very poor quality care. It was important that there was enough staff delivering the right care in the right place to improve the quality of care. This would be the key change locally that could be monitored by the CCG.*
- How would you evidence that the hospital had the right amount of staff. *Members were informed that the CCG had asked the hospital as part of their contractual conditions to present twice a year a report to the hospital board detailing staffing levels. The papers to the board and the ongoing scrutiny regarding staffing levels, staff appraisals and sickness levels would be monitored by the CCG.*

- The Chair requested that when the evidence became available that it should be presented to the Commission in the form of a briefing note.
- A member of the Youth Council asked if the question *"would you recommend this Trust to a family or friend*" as part of the friends and family experience score could be rephrased. He did not feel it was appropriate to ask someone if they would recommend the Trust to a family or friend if they had been in hospital due to ill health. *The Director responded that the question was being looked at to be rephrased for different patient settings for example if a patient was in a mental health setting the current question may not be appropriate.*
- The Youth Council representative suggested the question may be rephrased to say "would you be comfortable with a family member or friend coming to this Trust".

ACTION AGREED

The Commission noted the report and requested that the CCG provide the following:

- A monitoring report in the form of a briefing note with regard to actions being taken regarding staffing levels at the Trust when the evidence became available.

6. Quarterly Performance Report on Adult Social Care Services in Peterborough

The Assistant Director, Quality Information and Performance introduced the report which provided the Commission with a summary of performance delivery against the four priorities within the Adult Social Care Outcomes Framework. Included in the report was an overview of progress against key projects and the current position as at the end of September 2013 (Quarter 2). It was noted that the performance report was in a new format and that the survey related questions had been removed as these were only refreshed once a year. An updated copy of the Performance Report was tabled at the meeting.

Observations and questions were raised and discussed including:

- Members noted with regard to the resettlement of the residents from Greenwood House and Welland House that only just over 50% of resettled residents had en-suite facilities in their new accommodation. Why was this? *Members were advised that this was the choice of the service user as to which home they went to and not all residential homes had en-suite facilities available. All residents were however settled in their accommodation.*
- Members wanted to know if the resettlement of residents had gone well and according to plan. *Members were advised that there was a team manager who was overseeing the resettlement and she had informed the Assistant Director that for some individuals it had been quite a difficult transfer and some had to move quite quickly into nursing care. The team manager had reported that overall people were well settled in their new accommodation and had a better quality of interaction where they were now.*
- Members referred to Priority Four: "Safeguarding adults whose circumstances make them vulnerable and protecting them from harm". Members noted that the table on page 15 of the report, paragraph 5.4.2 showing the percentage of safeguarding investigations completed within 20 working days had a large gap between the target of 85% and the actual number completed within 20 days which was around 50%. Can this be explained? *Members were informed that the investigations were often complex and involved other providers for example the police who were perhaps undertaking criminal investigations. This often caused a delay. More data was now being collected to try and understand why the investigations were taking so long and how PCC could co-ordinate this better*.
- Was there an escalation process in place to try and get the issues resolved sooner? *Members were informed that historically there had not been an escalation process in place but this was being looked at.*
- Councillor McKean thanked the Assistant Director for the new format for the performance report which was much easier to understand.

- Members sought clarification with regard to page 18 of the report, Priority 2: "Delaying and reducing the need for care and support and the number of permanent admissions to residential care homes for older people per 100,000 of the population". The comparator Av. was 617.2 but the figure alongside was 327.0 and was indicated as green. What did this mean? *Members were advised that the figure of 327.0 was good and therefore green as it was better to have less permanent admissions to residential care homes.*
- Members noted with relation to Priority 2 that there were several milestones that had been delayed and were showing as amber in September. Had this situation improved? *Members were advised that the reablement contracts were still delayed and should have been awarded in October but would now be awarded by 1 December.*
- Members felt that the milestones should therefore show as red and the original date should be included to indicate how much slippage there was.
- Members referred to Priority 4: "Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm". Clarification was sought with regard to planned and current objectives as it was not clear in the text and Members felt that this should be made clearer. *Members were advised that there should be headings to say which were current and which were planned but they had been missed off.*
- Members noted that the percentage of re-referrals for safeguarding investigations had not been RAG rated and wanted to know if it should be green. *Members were advised that it was unknown what the RAG rating was as it was a baseline year figure and therefore the target had not been agreed yet.*
- What did 'soft concerns' and 'large scale investigations' mean. Members felt that some of the wording used was difficult to understand. *The Executive Director of Adult Social Care and Health and Wellbeing responded. Members were advised that the position as described in the performance report on Adult Safeguarding was not good enough. Most of the situations that were faced were either an individual family member or a paid carer. How do we get the systems right. In the auditing that was taking place it was found that it was about confidence in staff and quality of care. Monitoring of quality was important and finding a way to work with health colleagues to ensure quality of care was provided to prevent safeguarding issues. This was a top priority and auditing of cases were taking place on a daily basis. Soft concerns were different from a formal complaint. It was more about having a little bit of information that could be looking into.*
- Was there a mechanism in place similar to the tools that the Trust were using where data could be collected to provide further information and identify issues? *Members were advised that a database was already being developed where information was being collected and sent to the CCG who gathered the information from various sources e.g. community nurses, council staff. This means that the service providers were working together rather than in silos.*

The Chair asked Members if they were happy with the new format for the performance report. All Members confirmed that they were happy with the new format. The Chair thanked Councillor McKean and the Assistant Director, Quality Information and Performance for the work that had gone into redesigning the report format.

ACTION AGREED

The Committee noted the report and requested that the Assistant Director, Quality Information and Performance provide the Commission with the following information:

- The escalation process that was being developed and put in place for safeguarding investigations that were being delayed and not completed within 20 days.

7. Peterborough Safeguarding Adults Board Annual Report 2012/2013

The Assistant Director, Quality Information and Performance introduced the report which provided the Commission with the Peterborough Safeguarding Adults Board Annual Report

for 2012-2013. The report evidenced the achievements of the Safeguarding Adults Board and developments in the field of safeguarding adults. The report was a multi-agency report.

Observations and questions were raised and discussed including:

- Members referred to a chart detailing board members attendance at meetings over the year 2012-2013. It was noted that there had been limited attendance from Peterborough City Council Children's Services. Were they expected to attend and had the attendance improved this year. *Members were informed that their attendance was expected but could not advise if the attendance had improved during the current year.*
- The print out of the report showed some yellow notes on some pages but they had not come out properly. *Members wanted to know if the information was important. Members were directed to the web version where the information was clearer. The yellow notes were important sound bites from the main document.*
- Members referred to page 36 of the report, Figure 4 Source of referral. Why had referrals by social care staff reduced year on year but referrals from Health had risen year on year? *Members were advised that the decrease in referrals from social care staff was due to them having a better understanding of the thresholds of what a safeguarding issue was and how it should be dealt with if it was not a safeguarding issue. The increase in health referrals was positive as this indicated a wider awareness amongst health professionals around neglect.*
- Members referred to page 37 of the report, Figure 6: Location of alleged abuse and the largest amount of alleged abuse was either in care homes or in own home. Why were these two locations the highest? *Members were advised adult abuse investigations were adults that were vulnerable generally by means of ill health or social care needs so were more likely to be in a residential home or own home. More commentary could be provided around this.*
- Members referred to the following statement in the report: "It was identified that in comparison to the national average and our comparator authorities the number of Deprivation of Liberty Safeguard (DOL) referrals in Peterborough was low. Of particular concern was the low number of referral requests received from the Peterborough care home providers." What did this mean? *Members were advised that Deprivation of Liberty Safeguard was a piece of legislation that had come out in recent years. It was about restricting someone's liberty/movements without seeking approval to do so first. An assessment would take place to see if it would be in their best interests to do so. This tended to relate to people with mental health problems in voluntary in patient units and people suffering with dementia in residential and nursing care homes. There had been concern that compared to national figures there had been quite a low number of referrals being made. This may be due to lack of awareness that permission was needed to be obtained. A conference had been held in March aimed at Care Home Managers to raise awareness regarding referrals and there had been an increase in referrals since then however more work was still needed. DOL's were reported to the Safeguarding Board.*
- Members requested that DOL referrals be included in the performance report.
- Are Partner agencies working well with the local authority? *Members were informed that there had been good attendance at the Board but it had taken some time for partners to engage in the fact that they also had a responsibility regarding safeguarding. There was however a multi-agency framework now in place which reflected increased engagement. There was more developmental work to be done to develop the partners understanding of safeguarding issues.*

ACTION AGREED

1. The Commission adopted the report and agreed to its publication.

2. The Commission requested that the Assistant Director, Quality Information to provide information on the attendance of Peterborough City Council Children's Services at the Safeguarding Adults Board during 2013/2014.

3. The Commission requested that Assistant Director, Quality Information and Performance include the following information within future Adult Social Care Performance reports:

    i. Further commentary to be provided with regard to Location of alleged abuse in future reports and add a pie chart of where residents were located.
    ii. To include data on Deprivation of Liberty Safeguard (DOL) referrals in the performance report.

8. Public Health

The Director of Public Health introduced the report which provided the Commission with an overview of progress in relation to the transfer of Public Health which transferred to the council in April 2013. Included in the report was a performance report which reported on the public health outcomes framework priorities:

1. Improving the wider determinants of health
2. Health improvement
3. Health protection
4. Healthcare Public Health and preventing premature mortality

Also included in the report was the Public Health England Health Profile 2013 for Peterborough.

Observations and questions were raised and discussed including:

- A discussion was held with regard to the layout of the performance report and the inclusion of comparable data and Members gave the Director of Public Health some key points of how to provide clearer information within the report.
- Members referred to the Health Improvement Programme and key metric for the Health Checks Programme which was RAG rated as green but the arrow indicated it was reducing. Was the RAG rating correct? *Members were advised that the Health Checks programme was doing well and Peterborough was best in region. The arrow was incorrectly representing this and needed to be changed.*
- Members referred to the Health Protection Programme and treatment completion for tuberculosis (TB). Why was there such a high rate of treatment completion in Peterborough against the England rate? *Members were advised that the rate of TB in Peterborough had increased by 50% over the past three years. Work was being undertaken with the community based TB service and the hospital with the Public Health England team to look at this increase in depth. One issue was that TB was a particular problem where people lived in close proximity for example in houses of multiple occupancy. Health care services for TB were commissioned by the Clinical Commissioning Group.*
- The Director for Public Health informed members that one of the issues for the new Public Health team since being transferred over to the Local Authority was making sure that there was the right level of specialist capacity to deal with the serious issues in the city. The current level was not right.
- Members referred to the recent announcement of the proposed closure of the children's centres. Would this impact on the health of young children as some of the services provided from the Children's Centres would be stopped. *Members were informed that the council had taken on additional resources to target work in particular with disadvantaged families, the Connecting Families, Troubled Families agenda. There would also be additional Health Visitors. Other services would pick up some of the services delivered from the Children's Centres buildings.*
- Members commented that over the years there had been various strategies put in place to reduce teenage pregnancies but they could never seem to get on top of it. Will this situation ever change? *Members were informed that earlier in the year there had been a*

reduction of 20% in teenage pregnancies showing an improvement. It should be noted that the number of teenage pregnancies were small and progress had been made.

- What does the Health and Wellbeing Board need to do to help reduce inequalities locally? *Members were advised that the Board needed to focus on reducing coronary heart disease and stroke and lung disease. This would mean making sure that the right health care services were in place, the right prevention and access to support were also in place.*
- Members referred to page 54 of the Health Profile 2013 report and the section on Deprivation. Members felt that the data would be better represented if it included Parish and Ward level data. Had the data come from the Census? *Members were informed that it was Census data and was produced nationally. It could be broken down locally. Work done through the Joint Strategic Needs Assessment (JSNA) was looking at more detail and working on a visualisation model based on google earth to represent the data at lower level outputs which would give a more in-depth picture by ward. This was a pilot project.*
- Members referred to page 55 of the Health Profile, Health inequalities: ethnicity graph. Members felt that the graph was difficult to understand as there was an average line for England and it would have been much better to have a representative average figure by ethnicity to be able to benchmark against the local authority data.
- Members referred to page 56, Health summary for Peterborough. The graph showing the census data indicators could be a tool to identify significant areas to monitor.
- Members referred to page 56, Health summary and noted that only one of the indicators was green for Peterborough and significantly better than the England average. All other indicators were either amber (not significantly different from England average) or red (significantly worse than England average). How worried was Public Health about this and what rigor was there to get this turned around? *Members were advised that this was difficult as there were some long term problems that were difficult to unpick like lung disease and coronary heart disease*. *The issues underlying coronary heart disease did not seem to be changing. Improving the city would improve health e.g. improving housing, addressing poverty etc.*
- Do we have the right people in the health industry in Peterborough to turn this around? *Members were advised that the right people were in place but the issues were long term and ingrained and change would not happen overnight. It would need all partners to work together to address the issues over time to ensure the right services were in the right place.*
- Members commented that Operation Can-do identified areas that could cause deprivation such as poor housing, educational support to people with drinking and substance abuse problems. This should eventually have a knock on effect on improving the health indicators. *Members were advised that the Public Health team had been involved in Operation Can-do since its inception and had been working in particular with drinking / alcohol issues.*
- The Youth Council representative commented that the obesity rates among year 6 children could be reduced by introducing more nutritional school meals. *Members were informed that work was being done with schools around nutrition and this connected to the free school meals initiative. More work was also being done on the amount of physical activity that children were doing and trying to increase this.*

ACTIONS AGREED

The Commission noted the report and requested the following information:

1. Further details on the levels of TB in Peterborough and the actions being taken to address this should be included in the performance report for ongoing monitoring.

2. Future reports to include information concerning resourcing capacity at specialist levels to ensure that the local authority has the capacity to pick up and respond to emerging public health issues in the city.

3. To provide a tabular version of the deprivation levels in Peterborough by ward and Parish level.

9. Longer Lives – A Peterborough Perspective

The report provided the Commission with information on the publication of the Longer Lives Tool-Kit by Public Health England (PHE). PHE had launched a new website, Longer Lives, which illustrated how premature mortality (deaths under 75) varied between local authorities in England. The four most common causes of premature deaths in England were heart disease and stroke, lung disease, liver disease, and cancer. The report provided a focus on mortality and life expectancy data for Peterborough. Peterborough had been identified as significantly worse in England with regard to premature deaths caused by heart disease and stroke and lung disease. These two areas had therefore been focused on for areas of action going forward.

Observations and questions were raised and discussed including:

- How do you know that the actions that are being invested in are the right ones and the right use of resources are being used to make a difference? *Members were informed that the use of NICE guidance to show the evidence of effectiveness and economic value of interventions would be used. It was important that where money was being spent it could be demonstrated that it was value for money and based on evidence.*
- Members noted the Directors comments with regard to the two main causes for premature deaths in Peterborough and felt that the Health and Wellbeing Board should focus on these areas.

The Chair noted that the Director of Public Health would be leaving the council and thanked her for all of her hard work around Public Health and wished her every success for the future.

RECOMMENDATION

The Commission recommend that the Health and Wellbeing Board focus on reducing premature deaths which have been caused by heart disease and stroke and lung disease. Peterborough had been identified through the Longer Lives Tool Kit as being significantly worse in England with regard to premature deaths caused by heart disease and stroke and lung disease. The Health and Wellbeing Board to advise the Commission if any actions were being taken to reduce the impact of premature deaths due to these causes.

10. Update on the Development of Peterborough City Councils Dementia Strategy including the Commissioning of a Dementia Resource Centre

The Head of Commissioning, OP/PD/SI/HIV & Carers introduced the report which provided an update on the status of the draft dementia strategy and the commissioning of the dementia resource centre and the development of Peterborough into a dementia friendly city. The strategy which was in the final stages of completion had been made simpler and more accessible to a wider range of people. The Dementia Resource Centre had been through a procurement process and several bids had been received and the Alzheimer's Society had been selected as the provider. Following a formal search by Corporate Property 441 Lincoln Road, Millfield had been identified as a suitable location for the Dementia Resource Centre. Members were informed of the following achievements with regard to establishing a dementia friendly city:

- Setting up Dementia Cafes (Rotary Club and Sue Ryder both hosting sessions from October 2013);

- Setting up a Local Dementia Action Alliance to drive the initiative forward - an independent collective made up of members that have pledged to make a difference to the lives of people with dementia;
- Engaging local business in becoming more dementia friendly and joining the local action alliance – Boots Chemists, Queensgate, Post Office, Rotary Club, Ramblers Association in the process of joining;
- Being accepted on to the Dementia Friendly Recognition programme- this allows the Local Action Alliance to award businesses that meet the dementia friendly criteria with a symbol to let the general public know they are dementia friendly;
- Supporting carers of people with dementia to review local facilities and recommending what would make them more dementia friendly

Observations and questions were raised and discussed including:

- Where were the Dementia Cafes held? *Members were advised that the Dementia Cafes would be held in various places across the city including, Sue Ryder at Thorpe Hall and 441 Lincoln Road. Ideally there would be cafes around the city and open every day of the week.*
- Had 441 Lincoln Road and the Cafes got adequate parking and adequate bus routes to them? Will they be open at the time the bus routes are in operation and will the facilities be assessed for disabled access. *Members were informed that accessibility had been critical to where the Dementia Resource Centre would be located. Opening hours would be 9.00am to 5.00pm but also evening opening and weekend opening to allow for flexibility. The Dementia Resource Centre was on one of the main bus routes and there was a large car park on site. All Cafes would be assessed for accessibility and parking.*
- Members suggested that the site of the extra care facility and walk in centre at Alma Road which was now up for sale should be considered. *Members were informed that this was considered to be a brown field site and Enterprise had been asked to cost this up as an option for a new build.*
- Members referred to page 72 of the report and the mention of 30 Dementia Champions and wanted to know what organisations they came from. *Members were informed that they could be anyone and it was a national programme. Current Champions were council officers and people from voluntary organisations but anyone could be a Champion.*
- Would there be a respite facility at the Dementia Resource Centre. *Members were informed that there was potential to develop two old houses on the site for respite care. A best value option appraisal was being worked on to assess if it was a viable option.*
- Would transport be provided to the Dementia Resource Centre for those people unable to access public transport? *Members were informed that transport was being looked at across all client groups to maximise peoples independence and access to mainstream transport options. Where people have a social care need and need to access transport this would be part of the options. It was not the intention to provide transport as part of the Dementia Resource Centre but support would be given to people to access a range of options to attend the Dementia Resource Centre.*
- The Director for Adult Social Care wished it noted that a lot of people had worked very hard on both the Dementia Strategy and Dementia Resource Centre to get to the point it was now at. The Director wanted to thank all Officers and Partners involved for the work done so far.

The Chair also congratulated the Director and Officers for all the hard work that had gone into both the strategy and Dementia Resource Centre.

ACTION AGREED

The Commission noted the report and progress that had been made so far.

11. Scrutiny in a Day – Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough

The Senior Governance Officer introduced the report which provided the Committee with an update on the progress being made towards organising the Scrutiny in a Day event on 17 January 2014 which would focus on the impacts of Welfare Reform.

The following comments and suggestions were made:

- A Member of the Committee questioned whether any of the event should be in a public session and felt it would be better in held in private. *The Senior Governance Officer advised that all Scrutiny meetings were held in public.*
- Members sought clarification that there would be representation from Adult Health and Public Health. *The Senior Governance Officer advised that there was also an Officer Working Party planning the event alongside the Member Working Party and this included an officer from Health services who was providing information for the event. The Senior Governance Officer would ensure that Adult Health and Public Health was included.*

ACTION AGREED

The Committee agreed that the Senior Governance Officer take the comments made by the Committee back to the Member Working Party for consideration.

12. Forward Plan of Key Decisions

The Commission received the latest version of the Forward Plan of Key Decisions, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

ACTION AGREED

The Commission noted the Forward Plan of Key Decisions.

13. Work Programme

Members considered the Commission's Work Programme for 2013/14 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2013/14 and the Senior Governance Officer to include any additional items as requested during the meeting. Additional items to be included were:

- The Clinical Commissioning Group to include in their next report details of the current deficit.

14. Date of Next Meeting

Wednesday 22 January 2013

The meeting began at 7.00pm and finished at 9.35pm CHAIRMAN

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