MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD AT 7.00PM ON MONDAY 9 JULY 2019 IN THE BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillors K Aitken (Chairman), A Ali, S Barkham, A Coles, L Coles, S Hemraj, J Howell , B Rush (Vice Chairman), S Qayyum, N Sandford, S Warren, and Co-opted Member Dr Steve Watson	
Also present	Susan Mahmoud	Healthwatch Representative
	Jan Thomas	Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
	Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group
	Dr Gary Howsam	Clinical Chair, Cambridgeshire and Peterborough Clinical Commissioning Group
	David Barter	Head of Commissioning, NHS England and NHS Improvement, East of England
	Tom Norfolk	General Dental Practitioner, Chair of the East Anglia Local Dental Network
	Val Thomas	Consultant in Public Health
Officers Present:	Dr Liz Robin	Director of Public Health
	Paulina Ford	Senior Democratic Services Officer

Chairman's Statement:

The Chairman advised the Committee that she had received a request from the Cambridgeshire and Peterborough CCG to add an urgent item to the agenda for tonight's meeting. The subject of the item was First Phase Community Services Review and the reason for the urgency was explained within the report to be presented. Urgency meant that the Committee had not been given the usual 5 clear days' notice of the matter. The Chairman advised that she did agree to the request and proposed that the Committee debate and consider the recommendations in the report.

The Chairman therefore moved that the item be heard after item 8 on the agenda and be listed as item 8a. The Committee **UNANIMOUSLY AGREED** to the proposal.

Copies of the report were circulated to Members of the Committee as soon as it became available and published on the Councils website. Additional copies were provided at the meeting for members of the public.

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Lamb and Councillor L Coles was in attendance as substitute. Councillor Burbage also submitted apologies and Councillor A Coles was in attendance as substitute. Apologies were also received from newly appointed Co-opted Member Parish Councillor June Bull.

2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Agenda Item 8a. First Phase Community Services Review

Dr Robin declared an interest in that she was a non-voting co-opted member of the C & P CCG Governing Body and that her role on the Governing Body was to offer specialist public health advice rather than to make decisions.

3. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 18 MARCH 2019

The minutes of the meetings held on 18 March 2019 were agreed as a true and accurate record.

4. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

5. APPOINTMENT OF CO-OPTED MEMBERS

The Senior Democratic Services Officer introduced the report which recommended that the Committee appoint Parish Councillor, June Bull as a non-voting co-opted member to represent the rural communities. The nomination had been put forward from the Parish Council Liaison Committee.

The report also recommended the appointment of Dr Steve Watson as a non-voting co-opted member for his medical expertise.

Councillor Rush seconded by Councillor Andy Coles proposed that Dr Steve Watson and Parish Councillor June Bull be appointed as non-voting co-opted members for the municipal year 2019/2020. This was **UNANIMOUSLY AGREED** by the Committee.

AGREED ACTIONS:

The Health Scrutiny Committee considered the report and **RESOLVED** to:

1. Appoint Dr Steve Watson as a non-voting co-opted member for the municipal year 2019/2020. Appointment to be reviewed annually at the beginning of the next municipal year.
2. Appoint Parish Councillor June Bull as a non-voting co-opted member to represent the rural area for the municipal year 2019/2020. Appointment to be reviewed annually at the beginning of the next municipal year.

Dr Steve Watson was in attendance at the meeting and the Chairman invited Dr Watson to join the Committee for the remainder of the meeting.

6. NHS ENGLAND RESPONSE TO THE HEALTWATCH REPORT 'FINDING AN NHS DENTIST IN PETERBOROUGH AND WISBECH

The Head of Commissioning, NHS England and NHS Improvement East of England accompanied by the Chair of the East Anglia Local Dental Network introduced the report which provided the committee with information regarding actions if any that were being taken by NHS England and NHS Improvement in response to the Healthwatch report 'Finding an NHS dentist in Peterborough and Wisbech'

The Health Scrutiny Committee debated the reports and in summary, key points raised and responses to questions included:

- The Healthwatch representative in attendance advised the Committee that the CEO of Healthwatch was in attendance in the public gallery and would be happy to take questions from the Committee if further clarification was required with regard to the Healthwatch report. The Committee were also informed that Healthwatch were still receiving regular feedback and calls stating that people were unable to access NHS dentistry. It was also highlighted that the figures quoted in the report regarding extraction rates only covered hospital extractions not community extractions and was therefore worse than reported.
- Members sought clarification as to how many people used private dentists in Peterborough either because they chose to or because there was a shortage of NHS Dentists. Members were advised that only people who had NHS funded treatment were recorded and the NHS did not record work that was done privately or independently although most dentists who provided NHS treatment also offered private and independent treatment.
- Members noted that children had no priority access to dental services unless they had additional needs or disabilities and therefore sought clarification as to how a child with severe toothache would be dealt with. Members were informed that if there was an urgent need for dental treatment the parents or guardian would take them to a Primary Care Dental Practitioner who had an NHS contract who would see the child or refer them to a Community Dental Service if necessary. There was a national campaign to try and get people to take their children to the dentist from a very young age. Part of the campaign was called 'Dental Check by One' "DCby1" where parents and guardians were advised to ensure that young children in their care are taken to see a dentist as soon as their first teeth come through and before their first birthday. Some teenagers had never been taken to a dentist before and they may present with abscesses and tooth decay. In these cases it meant that they had to phone a local dental practice and/or the NHS111 service to try and find someone to see them. Most practices did try and squeeze children in if possible. Prevention was central and people were encouraged to take their children to the dentist from a very early age.
- It was confirmed that the facility to register with an NHS Dentist had been removed in 2006 under the Government dental contract reforms, however dentists were encouraged to see anyone who turned up and requested an NHS appointment. People were encouraged to register or associate with a dental practice for regular check-ups to encourage prevention.
- Members wanted to know if the issue of children and adults not accessing dental treatment was down to the lack of supply, lack of interest or lack of public information or cost. Members were informed that it was generally down to lack of interest, for some adults cost, as well as difficulties with the recruitment of dentists in some parts of the region. There was a patient charge for many patients who accessed NHS dental care which may sometimes deter people. Sometimes it was because people had had a bad experience at some point and therefore were put off going back to the dentist until they were in pain and needed assistance. There was also an issue with supply of dentists. It was very

difficult to recruit 'performers' in some parts of East Anglia especially further north. Some areas of the country did not appeal to younger dentists with London being the most attractive area to work. There was a national shortage of dentists.

- Regional recruitment and training was being considered and consideration was being given to the potential of offering dental training at the new University. Members were informed that there was no dental school in East Anglia. The problem with dental graduates was that once they had been to university they often did not return to their family home. A variety of ways were being considered to highlight students out after they finished their core foundation training and encourage them to stay in this region. Peterborough had a good foundation dentist scheme and the idea was to keep those dentists local once they had finished their foundation training. Work was therefore being done with NHS England and the local hospitals to see if they could encourage dentists to remain in the region after their foundation training so that they could work in primary care and in the local hospitals to up-skill further which would enable them to learn more advanced procedures. The wider workforce was also being looked at e.g. therapists and dental nurses.
- There was a lot of national guidance on prevention. Oral health education was a difficult subject and covered a large subject area. Local Health Visitors talked to parents about dental care, getting their children to the dentist before they were one year old and not giving children sugar etc. It was a tough struggle against the food industry. Different prototype models of working were being looked at which were geared more towards prevention and getting dentists to change the way they work.
- NHS England and NHS Improvement were aware that patients have had difficulties in accessing urgent and routine dental care at general dental practices and they have been working with the local dental networks and local dental practices with the view to implement the urgent care and stabilisation pilot scheme. This pilot scheme will allow new NHS patients to be seen, the cause of their dental pain treated and then the patient will be put on a phased course of treatment in order to stabilise their oral health. This was to encourage dental motivation for oral health improvement instead of patients attending practices only when in pain. Stabilised patients would then be encouraged to enter into a normal pattern of dental examinations in their general dental practice.
- A new flexible commissioning scheme was coming out soon to encourage local dental practitioners to look at how they can improve oral health within their locality which might include working with schools, care homes etc. This would enable dental practices to achieve their contract value and would be paid additional money for over delivery to provide an incentive.
- Children with special needs would fall under the remit of the Community Dental Service, urgent dental care for children with special needs would initially be accessible under the new urgent access arrangements with further referrals if appropriate. The new Primary Care Networks would also include NHS Dentistry.
- Since the regulatory change in 2006 which ended the formal patient registration to NHS dental practices a practice was now only responsible for a patient whilst they were undertaking a course of treatment and in a few other unusual circumstances.
- Patient records were not automatically transferred over to the new dentist if a patient changed dentists. The patient could however request a copy of their dental records to pass on to the new dentist or the second dentist could request records from the first dentist.
- The Dental Access Centre provides an important route for patients who need urgent dental care. It was hoped that the Urgent Care and Stabilisation Pilot scheme would provide a

similar service if enough dental practices signed up. The pilot would assist in helping to understand the needs of the area and educate people better regarding oral health care.

- Members noted that the NHS recommended that from the age of 3, children should be offered fluoride varnish treatment at least twice a year. Fluoride varnish should be offered 2 or more times a year for children of all ages with tooth decay or those at high risk of developing it. Clarification was sought that this was being carried out. Members were informed that Band 1 dental treatment should include fluoride varnishing and this was recognised as being very effective at preventing tooth decay but this was not necessarily recorded when provided. However dentists were being encouraged to follow the guidance.
- It was anticipated that the new access centres would offer five day a week access and some dental practices may offer additional evening access. Out of hours emergencies would be dealt with through calling NHS 111 who would signpost the person to a dental out of hour's service where someone would call the person back and offer an initial triage service. If necessary the person would be seen by a dentist. In all areas there were dentists who were additionally paid to be open on a Saturday and sometimes on a Sunday.
- Sandie Smith, CEO of Healthwatch Cambridgeshire and Peterborough addressed the Committee and thanked Members for scrutinising the report. Sandie also thanked the two officers from the NHS for attending and providing a report in response to the Healthwatch report. The Committee were informed that a further update on the actions being taken by the NHS would be taken to the Healthwatch Board in September and requested that the NHS provide regular updates to Healthwatch.
- The Chairman summarised the debate and highlighted to the officers in attendance that the Committee were greatly concerned that there were still NHS patients that were not receiving the treatment that they were entitled to. The Chairman asked if there was anything that the Committee could do to highlight to Government that the decision made in 2006 to stop NHS dental patient registration had had a negative effect. Members were informed that a more proactive approach was required and that the Committee should try to understand the new dental prototypes and contracts going forward. NHS England and NHS Improvement was trailing a small number of prototype practices across England. Practices working under this system had a capitated patient list. The officers present advised that they would be willing to present a further report at a future meeting where they could explain in further detail the new prototypes. The Committee were also urged to lobby those in power to move more in the direction of these prototypes.

AGREED ACTIONS

1. The Health Scrutiny Committee **RESOLVED** to consider and comment on the report from NHS England and NHS Improvement in response to the Healthwatch report 'Finding an NHS dentist in Peterborough and Wisbech' and make any recommendations.
2. The Committee requested that the Head of Commissioning provide a further update report at a future meeting when appropriate.

The Chairman advised that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group who was in attendance for items 8 and 8a on the agenda was feeling unwell and had requested that her items be brought forward on the agenda. The Committee unanimously agreed to bring items 8 and 8a forward and would then become items 7 and 7a.

7. Communications and Engagement Approach To Delivering The CCG Financial Plan 'The Big Conversation' - Using Our NHS Resources Wisely

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group introduced the report which provided the Committee with information on the intended content, scope and processes for the consultation process for 'The Big Conversation' and to seek approval from the committee for the process by which it intended to consult and engage with the public.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Regarding audiology the report advised that there would be a review of hearing aid provision for mild to moderate hearing loss. Members commented that moderate hearing loss could sometimes be classified as substantial hearing loss and some patients can be quite vulnerable. What was the plan for that particular provision? Did this relate to bilateral hearing aids and patients with a unilateral hearing aid? Members were informed that no decision had been made with regard to what was going to be proposed and new guidance had just been released which needed to be taken into account. It was known that unless hearing aids were issued with the appropriate training they became an issue for the patient and were then not used. Consideration would therefore be given to not only the criteria but also the education that is given out when issuing the hearing aid. It was also about a change in behaviour and how to encourage people to use their hearing aids properly.
- Data was available on how many people used NHS hearing aids and followed up with appointments but was not available at the meeting and could be provided after the meeting.
- Peterborough and Cambridgeshire was one of the biggest growing regions nationally but one of the poorest funded. Had the CCG lobbied Government to get more funding? Members were informed that the CCG had been talking to the MP's for this area and giving them information and briefings. Heidi Allen MP for South Cambridgeshire secured a Westminster public debate a few weeks ago where the Health Minister confirmed that there was a historical funding issue with Cambridgeshire and Peterborough. The funding formula was complex and difficult to untangle and would not change but there needed to be an acknowledgment with regard to the number of people accounted for. The Chief Officer advised that she would be meeting with the Minister for Public Health during the next week along with the local MPs.
- The Combined Authority had commissioned work around the impact of population grow on public services and this would be published in September in time for the spending review. The CCG had received an uplift in funding this year but it had not addressed the historical underfunding.
- It was noted that in the Big Conversation consultation plan there was a list of consultees but this had not included Parish Councils. Members felt that these should be included to ensure the rural communities were able to feed into the consultation.
- There were a number of estates in the NHS that were not in use but still had to be paid for as void costs.
- Had the CCG considered letting those vacant properties or building houses on the land Members were informed that the CCG were not owners of the properties and that they belonged to NHS Property Services. However the CCG could work with providers to consider other ways of using the buildings.
- The list of proposals had not been finalised but there were three main areas: duplication of services, allocation and financial situation and activity. The intention was not to go out with a pre-determined list but instead have a genuine conversation with service users to find out where the health service added value and what services are genuinely needed and those that were duplicated. It will also be important to highlight the cost of services

and understand what services were important to people and then how they could be prioritised.

- Members suggested that one potential area for savings would be around GP prescribing and repeat prescriptions and suggested that social prescribing be promoted more. Members were informed that there was a huge amount of medicinal wastage which was costing the NHS a lot of money with no health benefits. Primary Care Networks (PCNs) would include people within the networks who would provide social prescribing and would signpost people to non-medical solutions.
- Members were concerned that by reducing services there could be potential breaches in the 18 week pathway for the waiting list for treatments. Members were informed that the waiting list target of 18 weeks was already difficult to achieve and would continue to be so. This would not improve over this financial year. There should be no variation in standards for clinical pathways and work was being done with the providers to try and address this and provide a more network approach to manage demand. The CCG and providers were not penalised for any breaches of the 18 week pathway.
- CCG Chief Executives across the region were working together to support each other and ensure improvement.
- Members sought clarification as to how the CCG would engage with the general public as part of The Big Conversation' when the majority of the public did not work in the health service. Members were informed that the recent media coverage had already attracted attention and had already received good responses via social media. The plan was to drip feed elements of 'The Big Conversation' rather than bombarding people with everything at once and going out to group meetings already being held to speak to people directly.
- Members commented that people still do not understand why they were not referred immediately for treatments. Members were informed that it was not always the best way forward to refer someone for treatment it was about getting the best health care professional at the right time in the right place. GP's needed to ensure that they explained clearly the reasons for not referring someone for treatment straight away.
- The timeframe for 'The Big Conversation' consultation would need to be reassessed.
- The Chairman requested that the Committee see sight of the consultation document before it was published. Members were informed that the consultation document would be sent to the committee via a briefing note prior to publication.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to discuss the content of the report and endorsed the Consultation Process Plan attached at Appendix 1 of the report for consultation with the public and key stakeholders on the NHS financial situation for the Cambridgeshire and Peterborough area but in doing so requested that :

a. Parish Councils be added to the list of consultees, and that
b. The C& P CCG provide the committee with the detail of the services and providers that were going to be consulted on as soon as the information is available.

7a FIRST PHASE COMMUNITY SERVICES REVIEW

The Director of External Affairs & Policy introduced the report. The purpose of the report was to explain the reasons for the Community Services review and the approach to the first phase of grants and contract review

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members commented that there had been a lot of media and public interest about the JET service and concern that this might be removed and how patient's safety would be affected if this provision was no longer available. Members were advised that the out of hospital urgent care e.g. for someone who wakes up and finds themselves becoming acutely unwell, would be covered by various services already in place. It was not about removing one part of the service and asking another area to pick it up, it was about reworking the whole of the urgent care service. Only one third of GP practices used the JET service and there was no evidence that patient's safety had been compromised by not using the JET service. There were approximately 8700 contacts through the JET service which was the equivalent of £410 to £420 per appointment. Conversations were continuing with Cambridgeshire and Peterborough NHS Foundation trust (CPFT) to look at the service and understand what it delivered and what the benefits were and what may need to be changed. All medical services were continually reviewed to try and improve them.
- Members highlighted that physiotherapy services were being duplicated through provision at the hospital and at the health centre in Rivergate.
- The decision regarding the funding for Specialist Fertility Services in Cambridgeshire and Peterborough had been postponed due to Purdah and the paper would now be presented to the CCG Governing Body on 6 August.
- In the event of any services being decommissioned would the CCG be responsible for the payment of redundancy monies and if so what would the financial implication be on the CCG. Members were informed that any redundancy payments would sit with the provider. However if there were any redundancies every effort would be made to seek alternative employment for the staff affected.
- Initial consultation with providers had already taken place but further consultation would take place with providers to assist with compiling a list of services to be considered for consultation. There would be ongoing negotiations with providers to determine new contracts and there may be an element of compromise but patient safety would be of the utmost importance.
- Members were concerned to see that the Dial a Ride service had been listed as a proposal within the services to be cut. Members were informed that the grant agreement with Dial a Ride was for £6500, analysis had shown that there had been just over 100 journeys which had equated to approximately £60 a journey. The majority of those journeys were not for health reasons. The provision was not a statutory service. The particular service identified was in use in a part of Cambridge City and was not commissioned anywhere else. Some of the grants were historical and had not been reviewed for many years.
- There were also some private and voluntary sector organisations where the contracts would be looked at with a view to being renegotiated.
- Members were concerned that the proposed service cuts may affect patient choice. Members were advised that there was a statutory duty to provide patient choice and therefore patient choice should not be affected.
- A member of the public Sonia Campbell who was also one of the JET practitioners requested to speak at the meeting. The Chairman invited her to address the Committee. The following questions were raised:
    - Q. Were the services listed under the First Phase Community Services review part of the Big Conversation?
      R. Currently the services listed were not part of the Big Conversation but some may be in the future and legal advice was being taken around proportionality, change in service and access to service. Dr Howsam advised that the JET Service was a quality service and the CCG wanted to understand how the specialist people who provided the JET service could be used in other areas.
    - Q. JET were picking up a lot of complex cases to manage from other services that were decommissioned last year. The services such as Dial a Ride that were listed to cut whilst not health services would have an impact on other services. It was an

ageing population and this needed to be taken into account. The falls predictions and dementia predictions were really important and needed to be taken into account.

- R. All of the decisions made would have impact assessments taken into account but the financial deficit and lack of funding had to be taken into account and everything had to be looked at.

- The Director of External Affairs & Policy advised Members that the next steps would be for the documents to be presented to the Governing Body on 16 July and any further documents would be shared with the Committee when published.

AGREED ACTIONS

1. The Health Scrutiny Committee **RESOLVED** to note the update on the first phase of the Community Services Review and requested that further updated documentation that would be considered at the next meeting of the CCG Governing Body in July be shared with the Committee when published, and
2. Requested that a further update report be brought to the September meeting of the Committee.

8. RECOMMISSIONING CONTRACEPTION AND SEXUAL HEALTH SERVICES

The Consultant in Public Health introduced the report. The report had been requested by the Committee after receiving a report in November 2018 regarding the recommissioning proposal of contraception and sexual health services. At that time the Committee expressed that it would want assurance that the specific needs of Peterborough residents were addressed by the new service. Therefore the purpose and reason for the paper were as follows.

- To provide assurance to the Health Scrutiny Committee that the proposed consultation being undertaken to inform the development of the service specification for the new service will capture the needs and priorities of the Peterborough residents and key stakeholders.
- To ensure that the members' knowledge of the needs and priorities of the local population along with their views are reflected in the re-commission

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- All age ranges were represented in the consultation but nothing specific had been identified with regard to the older population. There was a certain reticent in older people in accessing sexual services and there was still some confusion as to how people could access these services which had highlighted that there was still more work to be done.
- Targeted messages through the preventative services would need to be sent out to highlight to the older generation that there was still a need to be careful and where they could access sexual services.
- Members reiterated that it was important to stress that Peterborough was a very diverse city with many different cultures and ethnic backgrounds that needed to be taken into consideration. It was not easy for some groups to walk into a clinic and talk about their sexual health. Members were informed that a sexual health needs assessment was undertaken a few years ago which focused on the diverse communities. There would need to be a balance as to what is affordable and look at other ways of providing support e.g. through community pharmacists. Also the provision of sign posting through community organisations where a more sensitive approach can be taken to meet the diverse communities' needs.

- In terms of collaborative working was there going to be a change of base where patients could get access and would it be easily accessible to the residents of Peterborough. Members were informed that it had been clear that people liked the current location of the clinic because it was in the centre of town and had a certain anonymity. The current location would therefore remain where it was.
- Pharmacies did still prescribe the morning after pill.
- Historically there was a virtual team operating within schools to provide clinics in schools. This still existed but not as wide spread as it was. A schools based service had recently been commissioned which worked with schools to enable them to have the information and skills to promote good sexual health alongside other public health issues like obesity. For schools with particularly high needs the team would go into the school and help them develop a specific programme for their needs. Members of the iCASH service still went out to schools when required.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to:

1. Endorse the scope of the consultation that is part of the re-commissioning of the integrated contraception and sexual health services in Peterborough, and

2. Requested that the Consultant in Public Health provide the Committee with a briefing note on the final outcome of the consultation as soon as it is available.

9. REVIEW OF 2018/2019 AND WORK PROGRAMME FOR 2019/2020

The Senior Democratic Services Officer introduced the report which considered the 2018/19 year in review and looked at the work programme for the new municipal year 2019/20 to determine the Committees priorities and agree the proposed way forward for monitoring future recommendations.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and

1. Consider items presented to the Health Scrutiny Committee during 2018/2019 and made recommendations on the future monitoring of these items where necessary.

2. Determine its priorities, and approve the draft work programme for 2019/2020 attached at Appendix 1.

3. Note the Recommendations Monitoring Report attached at Appendix 2 and agreed that further monitoring of the recommendations made during 2018/2019 listed as ongoing was required.

4. Note the Terms of Reference for this Committee as set out in Part 3, Section 4, Overview and Scrutiny Functions and in particular paragraph 2.1 item 3, Health Scrutiny Committee and paragraph 3.5 Health Issues as attached at Appendix 3

10. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced the report which was the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the course of

the forthcoming month. Members were invited to comment on the Plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report and considered the current Forward Plan of Executive Decisions.

11. DATE OF NEXT MEETING

- 18 September 2019 – Health Scrutiny Committee

CHAIRMAN
7.00pm – 9.27pm

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