



4.00pm 7 June 2016  
Auditorium - The Brighthelm Centre

### Minutes

**Present:** Councillors Yates (Chair), K Norman (Opposition Spokesperson), Brown, Page, Barford and Penn. Dr. Christa Beasley, John Child, Dr. George Mack; Dr. Manas Sikdar, Dr. Xavier Nalletamby, Clinical Commissioning Group.

**Other Members present:** Frances McCabe Health Watch; Graham Bartlett; LSCB and Adult Safeguarding Boards; Pennie Ford, NHS England; Pinaki Ghoshal, Statutory Director of Children's Services; Denise D'Souza, Statutory Director of Adult Social Care; Peter Wilkinson, Acting Director of Public Health.

### Part One

#### 1 **DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

1.1 There were no substitutes.

1.2 The Chair made a declaration that, as an employee of an NHS Trust he had sought and had been granted dispensation to speak on certain items, and would read out this dispensation when reaching the relevant item (Item 5). He also explained that there were Part 2 minutes to be agreed from the previous meeting, but saw no obvious need for the committee to consider these in private session.

1.3 **RESOLVED:** That the press and public be not excluded from the meeting.

#### 2 **MINUTES**

- 2.1 The minutes of the meeting held on the 19<sup>th</sup> April 2016 were approved as a correct record and signed by the Chair.

### **3 CHAIR'S COMMUNICATIONS**

- 3.1 The Chair outlined the following as part of his communications:

#### **Welcomes**

- 3.2 I would like to welcome Councillor Brown and Councillor Page to the Health & Wellbeing Board.

#### **The Sustainability & Transformation Plan (STP)**

- 3.3 Last year I made clear that the move towards health and social care integration along with the devolution agenda was likely to mean significant impacts and change ahead. In hindsight I think that's a clear understatement. The significant developments across the country in devolution along with the emerging STP footprints and process have certainly created a challenge to focus the minds of officers and board members alike.
- 3.4 Give the massive pressures in our own local health service in community, primary and acute care alongside social care this is clearly an area where considerable focus needs to be given over coming months. We need a system that is fit for purpose and sustainable for the 21<sup>st</sup> century realities. This brings me to the difficult and unpleasant reality of these pressures.

#### **GP Practice Group surgeries**

- 3.5 Yesterday confirmation was sent of the decisions of NHS England regarding the loss of Practice group surgeries across the city. I have circulated the outcomes which needless to say are a disappointment to several communities including my own across the city. However having been directly engaged in the process – as those across affected communities have been – I've been able to see the hard work and determination that NHS England have displayed in attempting to find the best possible solution in a time where primary care is struggling to attract the numbers of trainees and GPs that we require. I am also disappointed to see that patients' needs are not being met and that they will have to travel considerable distances in Bevendean and Hangleton.

#### **Motor Neurone Disease Association (MNDA)**

- 3.6 Earlier this afternoon I also attended the MNDA south coast road trip at Hove where they were promoting the MNDA charter. I will be asking for a report on the Charter to come to a future HWB.

#### **An apology**

- 3.7 Lastly an apology. I understand that my passion and commitment to our health and social care system at the last meeting may have over spilled and my behaviour have caused some members of the board reason for concern. I would like to apologise to them and the whole board for this. Normal service will be resumed and I look forward to a productive and collaborative new board year, whatever it holds.

#### 4 FORMAL PUBLIC INVOLVEMENT

- 4.1 The Chair began by explaining that the Board would no longer be receiving informal public questions, as they had become repetitious and the time allotted was not regularly being used. An improved engagement strategy is being developed.
- 4.2 The Chair noted that a total of four public questions had been submitted. The Chair then invited Madeline Dickens to come forward and to put her question to the Board.
- 4.3(a) Ms Dickens thanked the Chair and asked the following: “Does the HWB share the serious concerns the LGA has presented to NHS England and Jeremy Hunt about the impact on local governance, accountability and democracy the Sustainability and Transformation Plan presents? How does the Brighton and Hove HWB propose to deal with these concerns?”

Relevant [link](http://www.local.gov.uk/documents/10180/5572443/STP+process+and+LG+involvement+-+Slides+April+2016.pdf/f39cd0a7-286c-4fa0-b9c8-83680fef576d)  
<http://www.local.gov.uk/documents/10180/5572443/STP+process+and+LG+involvement+-+Slides+April+2016.pdf/f39cd0a7-286c-4fa0-b9c8-83680fef576d>  
 “The pace of implementation of STP undermines local ownership and squeezes local government or community engagement  
 STP shows a lack of democratic accountability  
 STP erodes the role of HWBs  
 Chosen footprints override devolution or LG transformation boundaries.”

The Chair replied: “Thank you for the question. The Council and CCG are very engaged in the STP process and there will be a presentation and update to the Board today.

There are a number of outstanding areas including how Health and Wellbeing Boards will engage with the STP and its delivery once agreed. The LGA has been encouraging STP/NHS leads to be talking to councils now for both substantive conversations about the changes required, and to talk about governance processes so key milestones are timetabled. Today we are able to welcome Michael here to the Board as part of our ongoing conversations.

In addition we are aware of a number of events that are in the process of being set up to provide other stakeholders with information.

The STP will remain a standing item on the Board agenda until the Plan is agreed and the Board will be updated accordingly.”

Ms Dickens asked the following supplementary question: ‘Are you taking on board the level of public anger about the lack of public engagement in decision making? The

public want to engage about the level of cuts being proposed. People have been excluded from the process.”

The Chair replied that “No decisions have yet been taken, but I take your point about the discussions.”

- 4.3(b) The Chair thanked Ms Dickens for attending the meeting and invited Mr Michael Foulkes to come forward and put his question to the Board. Mr Foulkes was not able to attend, but sent a representative who thanked the Chair and asked the following: “I am sure you agree that good early years’ provision is crucial in providing children the best start in life. In the light of this I am concerned to see the budget reduction (£1m over 3 years, £200,000 this year) you have agreed for Public Health Nursing. I am also concerned that the service is undergoing a costly tendering process. There has already been a procurement event (24th May). With that in mind what providers attended and what is the timescale for deciding who the contract is awarded to?”

The Chair replied: “Thank you for your question. As in the case in across the country, the commissioning of the Healthy Child Programme Services for children aged 0-19 is taking place in the face of severe financial challenges, resulting from reductions in the ring-fenced Public Health grant. In Brighton and Hove there is also the requirement to meet the Council’s savings targets over the next four years. The savings for the re-commissioning of these services are £1,000,000 over the next three years from a total annual budget of £5,569,583.

As explained in the Health and Wellbeing Board report of 15th March, the possibility of a collaborative re-design process with the current provider (SCT) was considered as it would have presented a number of benefits. However legal requirements which came into force in 2015 require that such contracts are advertised by way of a Prior Information Notice (PIN) or Contract Notice in the Official Journal of the European Union (OJEU). Not to place a PIN or Contract Notice would be in breach of the legal requirements and open to challenge. The Council’s Members Procurement Advisory Board recommended that a PIN should be issued.

The Board agreed that the Director of Public Health could place a Prior Information Notice pursuant to the requirements of the Public Contracts Regulations 2015 and to carry out a competitive procurement process if alternative providers come forward.

That if no alternative providers come forward, the Health & Wellbeing Board delegates authority to the Director of Public Health to lead a collaborative re-design process and contract negotiation with the current provider, Sussex Community NHS Trust (SCT).

That the Health and Wellbeing Board receives a further report on the outcome of this process before a new contract is awarded.

The procurement process is now underway and a potential providers’ workshop took place on 24th May, which was attended by 3 potential providers. This was not a public meeting. Under procurement rules the names of the potential bidders cannot be shared.

It is anticipated that the contract will be awarded around December time. A further report will come to the Health and Wellbeing Board in due course.”

Mr Foulkes’ representative asked the following supplementary question: “Can the contract be published?”

The Chair replied that: “the Prior Information Notice (PIN) is published and a link can be sent to this. Public engagement was not normally carried out as part of the procurement process.” The Statutory Director for Adult Social Care added that they would be consultation around the re-design of services, but not as a formal part of the procurement process. The Acting Director of Public Health advised that a consultation is planned with young parents and young people aged 16-19.

4.3(c) The Chair thanked Mr Foulkes’ representative for attending the meeting and invited Mr Ken Kirk to come forward and put his question to the Board.

As Mr Kirk was unable to attend or to send a representative, the Chair read out his question:

“In having regard to the report of the Kings Fund, ‘Is the NHS heading for financial crisis?’ and NHS England’s demand for ‘aggregate financial balance’ in its Sustainability and Transformation Planning guidance, can the Board confirm whether it is correct to make the assumption that the inevitable result will be (a) an inferior NHS services, like those provided locally by Coperforma, or nationally by names now synonymous with NHS failure: Harmoni, Serco, Circle, Virgin Healthcare; and (b) that you as commissioners are being set up to reduce the NHS from a once world-class service to that similar to the USA’s Medicare system?”

1. <http://www.kingsfund.org.uk/projects/verdict/nhs-heading-financial-crisis>
2. <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

The Chair replied, “we are faced with a number of issues:

- People living longer and needing long term support
- People with increasingly complex health and care needs
- Reduced funding for social care and public health, and health care funding that is not keeping pace with the growth in demand for services.

Clearly we need to ensure we are getting best value for money so people can receive the vital services that they need. Later in the Board the presentation about the STP will describe how some of this challenge is being tackled. We know we have a large financial deficit in the provision of healthcare across Sussex and East Surrey. We want to act collectively and in the best interests of our citizens, before it is as you describe it a ‘crisis’.

In my Chair’s communications I earlier informed the Board about the supporting structure that has been put around the Patient Transport Services as well as looking at lessons learnt and how this service can be improved. The Health Overview and Scrutiny

Committee will be keeping up to speed with this and will examine how future procurement can be improved.

This Board remains committed to trying to ensure good quality services are available for people but these also have to be provided within a restricted financial envelope.

The Board will have the STP as a standing item and we will update the Board with progress.”

4.3(d) The Chair thanked Mr Kirk for his question and invited Mr Kapp to come forward and put his question to the Board. The Chair first asked Mr Kapp if he wanted to declare an interest as a service provider and Mr Kapp agreed that he did wish to declare such an interest. Mr Kapp then asked:

“In regard to the Sustainability Transformation Plan item on the Board’s agenda can the Chair confirm: (a) whether the new contracts for mental health interventions take into account the issues raised in papers on [www.sectco.org.uk](http://www.sectco.org.uk), and section 9 of [www.reginaldkaopp.org](http://www.reginaldkaopp.org); (b) how many NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week courses will be included in the STP; and (c) will the new contracts for provision of interventions for mental sickness be outcome based (rather than performance based)?”

Notes to this question:

1 The MBCT course has been shown to be 100 times more cost effective than one to one CBT, so are the most cost effective way of teaching depressed patients how to better look after themselves so that they do not need so much public services.

2 Outcome based contracts have been shown to be more effective in healing and curing patients because they incentivise the provider, whereas performance based contracts dis-incentivise them.

3 Further information and details are shown in papers on [www.sectco.org.uk](http://www.sectco.org.uk), and section 9 of [www.reginaldkapp.org](http://www.reginaldkapp.org).

The Chair replied: “The STP development is still in early stages. It is far too early to be respond in any detail to the question you have raised. However, one of the national key must do's is focused on mental health. However the Plan has not been agreed and there is no detail yet around what, if any, contracting will come out of this Plan in the short term.

The STP will remain an item for the Board and we will update the Board as the Plan is developed.”

Mr Kapp then asked the following supplementary question:

“Given that the wellbeing contract will shortly be put out to tender, I seek assurance that it will give additional capacity for mindfulness and cognitive behavioural therapy (CBT).”



The Chair agreed to provide a written response to be attached to the minutes of the meeting. Cllr Penn explained that she had met with the Clinical Commissioning Group (CCG) about wellbeing and lots of good work is taking place and with a much broader focus than CBT.

## 5 SUSTAINABILITY & TRANSFORMATION PLAN (STP)

### 5.1 The Chair began by reading out the following declaration:

“I wish to declare that I have a Disclosable Pecuniary Interest in Item 5 as I am employed by Western Sussex Hospitals Trust. I have applied for and been granted dispensation by the Council’s Monitoring Officer to permit me to chair the Health and Wellbeing Board in its consideration of items relating to the NHS Sustainability and Transformation Planning and to speak and vote on those items, on the basis that that project to review health and social care services does not currently raise a direct or material conflict with my employment.”

### 5.2 Michael Wilson, Chief Executive of Surrey & Sussex Hospitals NHS Trust and Leader of the Sussex & East Surrey STP footprint; and Wendy Carberry, Chief Officer, High Weald Lewes Havens CCG, presented an update on the STP to the Board.

### 5.3 The Chair asked about the plans for public engagement on the STP and was told by Michael Wilson that public engagement had been complicated by the pace of the early stages of the STP process and by election ‘purdah’ in relation to the EU referendum. In addition, this early stage has been focused on diagnosing and defining issues, which is necessarily a professionally-driven process. However, the leaders of all local partner organisations have been fully involved in the development of the STP to date.

### 5.4 Fran McCabe asked whether STP funding allocations would recognise that the South East had been running a deficit for decades. Michael Wilson replied that the STP now presented the only opportunity to access NHS transformation money funding. It is important to gain transformation funding, and also to ensure that the 3T re-development of the Royal Sussex County Hospital (RSCH) is successful. Realistically however, there will be no alternative to working within the current financial envelope. As a system we will need to address the fact that more than 50% of the regional deficit sits with Brighton & Sussex University Hospitals Trust (BSUH) and with East Sussex Healthcare Trust (ESHT). There has also been a limited level of investment in non-acute services, which presents challenges in terms of moving activity out of acute settings.

### 5.5 Of even more pressing importance, however, are problems relating to workforce. These will be central to the place-based local plans that form an essential element of STPs. The NHS does not have a strong history of co-ordinated workforce planning and this needs to change, with a greater focus on automation and the use of technology, and on more efficiently utilising worker skills.

- 5.6 Dr Christa Beesley confirmed that the STP was building on work done by the CCG into issues such as workforce and urgent care. This was really helpful and as a clinician she welcomed the STP priorities especially regarding prevention. Delivering much of this kind of work may be more cost effective at a regional scale.
- 5.7 John Child told the Board that there was a wider conversation about work force issues along with those of devolution, transport and housing.
- 5.8 Geoff Raw welcomed public interest in this issue and people's clear desire to be engaged in the process. While this is a problem of resources, it is also about demographics: with huge demand pressures caused by the ageing population; as well as very high public expectations to manage. NHS England's level of engagement with local authorities on the STP is very welcome. Devolution is an important factor to bear in mind, although to date there has been relatively little developed thinking on health and care as part of the devolution planning process. A big challenge will be to determine what can be done in the short term, whilst also keeping an eye on longer term outcomes.
- 5.9 Councillor Barford commented that local people were worried about the speed of the STP process and questioned whether trust could be maintained when things were so rushed. Michael Wilson agreed that there was an issue about the pace of the programme and there was a clear need for much more public engagement. Finding solutions to the STP challenges will entail making significant changes, but it will take time to build trust and some plans will be very challenging.
- 5.10 Denise D'Souza noted that the original planning guidance was rather prescriptive and was poorly explained. It was unsurprising that members of the public were concerned by its ambiguity and lack of detail. However, the planning process to date has largely been one of diagnosis and of building relationships at an organisational level, with public engagement to follow as concrete plans begin to be developed.
- 5.11 Councillor Page expressed concern that this process felt like it had been imposed from the top down and he agreed that workforce was a big concern, particularly in terms of morale and of the use of agency staff. Cllr Page also queried how more prevention work and a greater focus on primary care tallied with the closure of GP surgeries in the city. He was also concerned that local areas were being made responsible for deficits and that further cuts seemed to be inevitable. Cllr Page stated that the NHS was not being adequately funded and there had been very little democratic engagement in the STP process to date.
- 5.12 Councillor Penn asked if this process would involve digital improvements. Wendy Carberry replied that development areas could include shared information and digital records. Michael Wilson added that there was very good practice around services such as telecare, but that learning from this needed to be more widely disseminated. John Child explained that the aspiration was to include local authorities and the community and voluntary sector in the process. Councillor Penn thought that this would be welcomed by patients facing mental health issues. Michael Wilson explained that



connectivity would be very complex as all organisations used very different systems, so while a lot was possible it would need careful planning.

- 5.13 The Chair thanked the presenters and said that he would be interested to see if the STP diagnostic process identified the same local issues as local strategic planning had already highlighted.

## 6 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

- 6.1 Peter Wilkinson gave a presentation about the Annual Report of the Director of Public Health 2015- 2016 which is on the subject of social media. Historically, a version of this report has been published as a hard copy, but this year it can be found at this link: <https://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove/annual-report-director-public-health-201516-social-media> The report takes the form of infographics, videos and links to relevant information.
- 6.2 Councillor Penn recognised that social media can be a very useful tool to allow people with mental health issues to express themselves and meet other people. However there are also dangers such as copycat behaviour. There needs to be a focus on helping people understand how to best use social media - e.g. privacy settings.
- 6.3 Fran McCabe wondered whether social media could be used to provide health information about young adults, a group that tends to be low users of most services, and hence harder to reach with public health messages. Peter Wilkinson stressed that we are in the early stages of collecting data from social media, and need to be cautious about interpretations. That said, information from younger people is likely to be more robust than from other demographic groups, because they are more frequent users of social media and consequently provide more data.
- 6.4 Graham Bartlett emphasised that parents are a key audience as they are generally not aware of the benefits and problems of social media. He welcomed the format of the annual report which would be of great interest to the Local Safeguarding Children Board.
- 6.5 Cllr Ken Norman stressed the need to be cautious about social media, although its growth was inevitable. The Chair agreed that we needed to be ready for the changes it would bring, and thanked Peter Wilkinson for his presentation.

## 7 SECTION 75 BETTER CARE FUND QUARTERLY REPORT - MARCH 2016

- 7.1 John Child introduced this report, explaining that it focused on Delayed Transfers of Care (DTOC). Denise D'Souza told the Board that DTOC were increasing nationally and resulted from issues across the system rather than just delays in Adult Social Care. Locally, we are trying to minimise delays, but workforce remains a very big problem.

- 7.2 Dr George Mack enquired if this could be resolved by using a 'hospital at home' model? Dr Beesley explained that a new care model of home care has been introduced. This is community-based, but consultant-led. In order to work effectively the model needs buy-in from the hospital trust and progress to date on this has been slow. However, there is now a commitment from Brighton & Sussex University Hospital (BSUH) to move forward.
- 7.3 Councillor Barford stated that while DOTC was a priority, patient safety is paramount as is having family input into decisions – factors which increase complexity and potentially also delays. Dr Beesley agreed but noted that it was important to recognise that hospitals were very bad environments for frail patients and it was much better for the frail to receive home assessments. Denise D'Souza stressed the importance of family involvement, although this can increase delays. Conversations about discharge must begin much earlier in the hospital stay.
- 7.4 John Child clarified that on the graph on p39 of the agenda 'Housing - Patients Not covered by NHS & Community Care Act' referred to delays into supported accommodation for people with mental health conditions, rather than for DOTC relating to social care packages. Denise D'Souza added that there was also a significant problem with discharging mental health patients back into non-supported housing, particularly for people who had lost tenancies whilst in hospital.
- 7.5 Fran McCabe asked where the discharge model was explained to patients and families. Dr Beesley agreed on the need to re-think communications on this as well as the information provided for people when admitted to hospital. The CCG is working with Healthwatch on this project.
- 7.6 Cllr Page queried whether the resources are available to solve the problem of DOTC or to arrest the decline in performance. Denise D'Souza acknowledged that there had been some significant increases in DOTC but this was from very low base figures. These delays were never due to funding, but to problems with provision. Brighton & Hove was a very high user of residential care. While Independence at Home had made savings it had not reduced capacity: down-time had been cut by using split shifts and other means. Workforce was a big issue in care, hence the 2% precept. Increases had happened in the support sector, but there was the need to reduce the use of residential care and to simplify pathways.
- 7.7 **RESOLVED** – that the report be noted.

## 8 **LIVING WELL PROJECT UPDATE**

- 8.1 Joel Caines and Charlotte Overton-Hart gave an update on the Living Well Project. The Chair felt that the project showed it was possible to deliver better services for less money.

- 8.2 Councillor Barford was very pleased with this service and asked for the team to be thanked. She noted that members all recognised how important and challenging this issue was.
- 8.3 Denise D'Souza stressed that it was vital for the service to identify what is important to people. This was a collaborative project with the community and voluntary sector as well as communities themselves.
- 8.4 Councillor Page expressed his hope that the funding for this project be extended and expanded.
- 8.5 Both Councillor Norman and Councillor Penn congratulated the project and the positive co-working with the Fire Authority.
- 8.6 Pennie Ford welcomed the project's focus on personal priorities and hoped that other projects would build on the work done with the Fire Authority. Denise D'Souza explained that local authorities and fire authorities were working together and spreading best practice across the South-East, co-ordinated by the Association of Directors of Adult Social Services (ADASS).
- 8.7 Joel Caine hoped that the learning from this could be used to inform other modernisation programmes, praised the Fire Service including the fire advice and help they offer through their website.
- 8.8 RESOLVED:** That the Board agrees that opportunities through the Better Care plan are explored to mainstream the Living Well Project to enable more people to be supported.

## 9 DISABLED FACILITIES GRANT ( DFG) UPDATE REPORT

- 9.1 Sarah Potter provided an update on Disabled Facilities Grants (DFG).
- 9.2 In response to a question from Cllr Norman, Ms Potter confirmed to that Adult Social Care (ASC) did fund minor adaptations, with DFG funding works over £1,000. Denise D'Souza added that ASC had topped up the budget for DFG in previous years, through the aSC discretionary funding for individual cases on the grounds of hardship, so the department was potentially involved in funding works both below and above £1,000
- 9.3 Dr Beesley suggested that it could be useful to have a cost analysis of adaptation delays/intervention benefits: for example, more modelling information on falls including the cost of home visits. Even though there is national-level information on this, Dr Beesley stressed the value of local data.
- 9.4 Denise D'Souza noted that it was important to start getting people thinking about their future housing needs rather than waiting until they actually require adaptations. People also need to think about self-funding adaptations as an option, given the limited amount of public funding available. Sarah Potter confirmed that the DFG is means-tested for adults.

9.5 Councillor Barford expressed concern about delays to adaptations and stressed the importance of understanding their impact. She was pleased that the Better Care Fund covered fund overspends, but would like to see more quantification of the benefits of this work and was unhappy about the deferral of grants to the following financial year. Sarah Potter agreed with her concern about deferred grants; the intention is to avoid them this year.

9.6 The Chair thanked Sarah Potter for sharing a positive story about using funds to such good effect.

**9.7 RESOLVED: (i)** The Board noted the contribution to Better Care work streams around prevention and Keeping People Well.

(ii) The Board noted the value for money case and approved an approach to budget setting which takes account of the government allocation via the DFG announced in February, and projected spend.

## 10 **BRIGHTON AND HOVE CLINICAL COMMISSIONING GROUP - FINAL COMMISSIONING INTENTIONS 2016/17**

10.1 John Child introduced this report.

**10.2 RESOLVED:** That the draft Annual report of the CCG and the final Operating Plan 2016/17 be noted.

## 11 **MONITORING QUALITY IN CARE SERVICES**

11.1 This report was introduced by Marnie Naylor and Ian Wilson.

11.2 The Chair asked how the Health Overview & Scrutiny Committee (HOSC) responded to inspections which rated providers as *inadequate*. Ms Naylor explained that there may be a need to temporarily or permanently cease to use a provider in this type of situation. Denise D'Souza added that commissioners wanted to have a supportive relationship with providers, and they worked with the Care Quality Commission (CQC) to pre-empt market failure. She felt it would be useful to talk to both the Board and HOSC about addressing poor quality and performance, and the possible repercussions if providers pull out.

11.3 Dr Beesley welcomed this joint work between the local authority and CCG.

11.4 In response to a question from Cllr Barford on local CQC ratings, Ms Naylor told the Board that she was pleased to report that there were no local 'inadequate ratings'. Given that the CQC's inspection cycle prioritises vulnerable providers, it is not anticipated that there will be any *inadequates* amongst the providers still awaiting inspection – and there may even be some local outstanding ratings to be reported.

12 **PART TWO MINUTES**

12.1 The Part Two minutes of the last meeting held on the 19<sup>th</sup> April 2016 were approved as a correct record and signed by the Chair.

13 **PART TWO PROCEEDINGS**

13.1 There were none.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

2015