



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
8 NOVEMBER 2023**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, R J Kendrick and T J N Smith.

Lincolnshire District Councils

Councillors S Welberry (Boston Borough Council), E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), M Geaney (South Holland District Council) and D Rodgers (West Lindsey District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Professor Derek Ward (Director of Public Health).

County Councillors S Bunney, R D Butroid and C Matthews) attended the meeting as observers.

Remote attendees via Teams:

Nick Blake (Programme Director – Primary Care, NHS Lincolnshire Integrated Care Board), Peter Burnett (Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board), Wendy Martin (Associate Director of Nursing, NHS Lincolnshire Integrated Care Board), Kalundaivel Sakthivel (Consultant and Clinical Lead Trauma and Orthopaedic Surgery, United Lincolnshire Hospitals NHS Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Professor Derek Ward (Director of Public Health), Kerry Carroll (Deputy Director of Strategic Development, Northern Lincolnshire and Goole NHS Foundation Trust), Lindsay Cunningham (Associate Director Communications and Engagement, Humber Acute Programme, NHS Humber and North Yorkshire Integrated Care Board), Rebecca Johnson (Business Case Manager, United Lincolnshire Hospitals NHS Trust), Dr Anwer Qureshi (Consultant Acute Physician and Clinical Lead for Elderly Care, Scunthorpe General Hospital), Dr Sameedha Rich-Mahadvar (Director

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of Improvement and Integration, United Lincolnshire Hospitals NHS Trust) and Alex Seale (North Lincolnshire Place Director, NHS Humber and North Yorkshire Integrated Care Board).

County Councillor C Matthews (Executive Support Councillor NHS Liaison, Integrated Care System, Registration and Coroners) attended the meeting as an observer.

### 40 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S R Parkin and C Morgan (South Kesteven District Council).

An apology for absence was also received from Councillor S Woolley (Executive Councillor NHS Liaison, Integrated Care System, Registration and Coroners).

### 41 DECLARATIONS OF MEMBERS' INTEREST

Councillor R J Kendrick wished it to be noted that he was one of the Council's representatives on the Lincolnshire Partnership NHS Foundation Trust – Council of Governors Stakeholders Group.

### 42 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 4 OCTOBER 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 4 October 2023 be approved and signed by the Chairman as a correct record.

### 43 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 7 November 2023, which referred to the following:

- The delayed partial re-opening of the Hartsholme Centre in Lincoln, as a result of legionella bacteria being found in the water system;
- The Branston and Heighington Family Practice being rated as being 'Good' by the Care Quality Commission;
- That East Midlands Ambulance Service had opened a new base for Non-Emergency Transport in North Hykeham; and
- An update on from the Centre for Governance and Scrutiny regarding revised Health Scrutiny Regulations and Statutory Guidance.

During consideration of this item, the following comments were noted:

- Reference was made to the relocation of acute stroke services from Pilgrim Hospital Boston to Lincoln County Hospital. Further details were provided in paragraph 4 on page 12 of the agenda pack. It was however noted that stroke services formed part of the acute services review, which was to be covered in the next agenda item; and
- The implications of the revised Health Scrutiny Regulations and Statutory Guidance. The Committee noted that the new regulations were expected to limit the powers of health and overview and scrutiny committees to make referrals to Secretary of State in instances where a committee disagreed with a proposal from the local NHS for a substantial reconfiguration of NHS services.

#### RESOLVED

That the supplementary announcements circulated on 7 November 2023 and the Chairman's announcements as detailed on pages 11 to 13 of the report pack be noted.

#### 44 HUMBER ACUTE SERVICES REVIEW PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider the consultation documents presented, and to decide whether it wished to make a response to the consultation on proposals affecting acute hospital services at Diana Princess of Wales Hospital in Grimsby and at Scunthorpe General Hospital, as a non-statutory consultee.

Appendix A to the report provided the Committee with an overview of the Humber Acute Services Consultation dated 17 August 2023; and Appendix B provided a copy of the 'Have your Say' – Public Consultation information leaflet for the Committee to consider.

The Chairman invited the following representatives to remotely, present the item to the Committee: -

Presenters from the NHS Humber and North Yorkshire Integrated Care Board: Alex Seale, North Lincolnshire Place Director, and Lindsay Cunningham, Associate Director of Communications, Humber Acute Programme.

Presenters from Northern Lincolnshire and Goole NHS Foundation Trust: Dr Anwer Qureshi, Consultant Acute Physician and Clinical Lead for Elderly Care, at Scunthorpe General Hospital and Kerry Carroll, Deputy Director of Strategic Development.

The presentation referred to:

- What was being proposed to provide a better model of care whilst addressing the challenges being faced and minimising the impacts on patients and staff;
- Services that would remain unchanged, and services that would be changing. It was noted that to improve services, those with the most urgent and complex needs would be brought together at one hospital, the Diana Princess of Wales Hospital,

Grimsby, which would ensure a higher quality service, provide access to dedicated services 24 hours a day, seven days a week, help to address critical shortages in the workforce by organising teams more effectively, and by helping patients to be seen and treated sooner;

- Services changing included: the Trauma unit, Emergency Surgery (overnight), some medical specialties (inpatient) and Paediatric overnight (inpatient) care;
- The impact for Lincolnshire, based on 2019/20 modelling outputs and how the proposals came to being. It was noted that the options had been based on strong clinical evidence base and data analysis;
- Key issues and impacts raised from engagement so far, this included travel and access, discharge from hospital, contingency planning and major incidents, and the impact on Goole; and
- Ways to get involved in the consultation, timeline, and next steps.

During consideration of this item, the following comments were noted:

- There were significant capital challenges and a backlog of repairs requiring capital funding. The Committee noted that a business case for funding Scunthorpe General Hospital as part of the government's New Hospitals programme had unfortunately been unsuccessful. It was noted further that when looking at the proposals, one of the drivers had been around the centralisation of the most specialist elements of the service to the Diana, Princess of Wales Hospital, Grimsby, as less capital infrastructure was required to deliver the changes within the site and the proposal would have less impact on the population and patient flows;
- Some of the members who had attended the joint Humber and Lincolnshire Health Overview and Scrutiny Committee sought answers in writing to their previously submitted questions. Presenters agreed to respond to the questions raised;
- One member welcomed the inclusion of veterans as a consultation group and further clarity was sought as to how engagement with veterans in Lincolnshire would be actioned. Reassurance was provided that work was ongoing by colleagues within Northern Lincolnshire and Goole Hospitals NHS Trust who had an extensive veterans and armed forces community. Further information was sought for any additional contacts within Lincolnshire County Council to help support further engagement opportunities in this regard;
- Some concern was expressed regarding the robustness of the consultation, in the Gainsborough area and the western side of West Lindsey, and how residents were going to be made aware of forthcoming consultation events. The Committee noted that work was ongoing with colleagues in the NHS Lincolnshire Integrated Care Board area to help spread the word through their networks. It was noted further that media would also be used to get messages out regarding the consultation and forthcoming events. Any help and support from Committee members in getting messages out was welcomed. The Healthwatch representative offered support with the planning of consultation events in the Gainsborough area and help with links into patients' groups and other networks;

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- Reassurance was provided that appointments would comprise of face to face and virtual appointments where appropriate. It was also highlighted that in urgent emergency care, at times remote advice was needed for a patient who was ill. The Committee was advised that telecommunications would help in this situation as currently if someone was very sick on the Grimsby site over a weekend with a cardiology issue, there was not the skill mix to manage that situation locally. The Committee was advised further in that situation Castle Hill Hospital in Cottingham would be contacted for advice. With technology this would be improved as ECG's and images could be viewed, and that was the reason for some of the specialties. It was noted that telecommunications would also assist ambulance crews who had a stroke patient being able to seek the advice of a specialist or clinician;
- Transport issues for those living in more rural areas of the county. It was felt that there was not enough within the consultation to mitigate the concerns. The Committee was advised that further details of the high-level themes were available in the pre-consultation business case, which was available on the website. It was also highlighted that a transport working group were also looking into specific areas;
- Some concern was expressed relating to virtual wards and to the fact that parts of the county had very poor Wi-Fi and broadband connections;
- Confirmation was provided that the event planned for Louth would be on 29 November 2023 at the Louth Library at a time to be agreed, it was however thought the timing would be from around 11.00 am to 1.00pm;
- Improved stroke services and the options available to patients dependent on their needs;
- One member enquired what the response had been of those staff, who now had to potentially travel further, or find an alternative job, with another trust. The Committee was advised that the changes were mostly going to affect clinicians rather nursing and other support staff. It was highlighted that clinicians' workshops were ongoing at the moment. It was highlighted further that many acute physicians currently worked rotas that worked across both sites; and
- The Committee was advised that timescales were not yet known for the review of maternity services and neonatal services, but when information was available, this would be shared with members of the Committee.

The Chairman on behalf of the Committee extended his thanks to the presenters.

**RESOLVED**

1. That the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee's role as the statutory consultee on the Humber Acute Services Review for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 be noted.
2. That a response be made by the Committee to the consultation as a non-statutory consultee.

3. That this Committee's own response to the consultation be shared with the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee, with a view to it being considered for inclusion in the Joint Committee's response.

45 LINCOLNSHIRE ACUTE SERVICES REVIEW - ORTHOPAEDICS AND STROKE SERVICES IMPLEMENTATION UPDATE

The Committee considered a report from the NHS Lincolnshire Integrated Care Board, which provided an update on the implementation of the changes relating Orthopaedic and Stroke services.

The Chairman invited Pete Burnett, Director of Strategic Planning, Integration and Partnerships NHS Lincolnshire Integrated Care Board and the following representatives from United Lincolnshire Hospitals NHS Trust (ULHT): Dr Sameedha Rich-Mahadvar, Director of Improvement and Integration, Vel Sakthivel, Consultant Orthopaedic Surgeon and Divisional Clinical Director and Rebecca Johnson, Business Case Manager, to present the item to the Committee.

The Committee were reminded that following consultation, on the 25 May 2022, the NHS Lincolnshire Clinical Commissioning Group Board had approved key changes to the reconfiguration of four NHS services, and that the report presented was the second implementation report the Committee had received concerning Orthopaedics and Stroke services, the first one being in December 2022.

### **Orthopaedics**

The Committee noted:

- That the service was performing well against its performance indicators, reducing the length of stay for Orthopaedic elective admissions to 1.9 days;
- The Trust was one of a select few hospitals in the country being able to carry out the specialist SuperPath keyhole procedure, the results of which had seen significantly quicker recovery and a shorter hospital stays;
- Referral time to treatment for the Trust had been ranked first in terms of performance against its peer hospital trusts, and seventh out of all 132 NHS Trusts;
- That patient experience had been very positive. Some comments received from patients were detailed on pages 53 and 54 of the report pack for the Committee to consider. As a result of the improvement in the Trust's referral time to treatment, the Trust had been able to provide mutual aid to neighbouring trusts when they had been struggling with their performance;
- Access to the outpatients services remained across all sites, with all new patients being seen face to face, with follow up appointments being offered virtually;
- Grantham and District Hospital had delivered 1,110 elective Orthopaedic procedures to patients;

- Since the orthopaedic pilot started in 2018, only three patients had required post-operative transfers from Grantham and District Hospital to Lincoln County Hospital (as these patients required intervention from other specialities, for example cardiac input was required);
- Two new theatres had opened at Grantham and District Hospital in November 2022, and that there was a clear plan for continuing improvements to be made.

## Stroke

The Committee noted:

- That stroke provision for patients were being developed to expand the current provision for stroke patients at Lincoln County Hospital, with support from an enhanced Community Rehabilitation Team;
- A Joint Stroke Board had been set up with community partners and other key partners to look at key processes and to work through the best approach to implementing the remainder of the service proposal within the Acute Service Review public consultation;
- A number of workshops had taken place to identify what was needed to improve the stroke service and bring down the length of stay for patients;
- That following the loss of two locum consultants, the implementation of a single stroke service had been accelerated, and as a result from 4 September 2023, all new patients suffering a stroke in the county and needing acute specialist care, including rehabilitation were now being taken to Lincoln County Hospital. It was noted that outpatient appointments linked to the stroke service were continuing to be held at Pilgrim Hospital, Boston, as this would then ensure that patients could continue to access their ongoing care closer to home;
- That £3 million had been secured to develop Lincoln County Hospital to increase the stroke unit to provide an additional seven beds, bringing the overall total on the ward to 35 beds;
- Work continued to reduce the current 18-day Length of Stay to the required 10 day target; and
- That as a result of industrial action a dedicated improvement programme was in place, looking at productivity and improvements for waiting lists.

During consideration of this item, the Committee raised some of the following comments:

- Reassurance was provided that improved performance was having an impact on the service patients were receiving. It was highlighted that before the reconfiguration two joints were being operated on in a day, but now on most days four joints were being operated on daily, which was an improved service. The Committee was also advised that weekend operations had also restarted at Grantham, to help with the waiting list;
- The Committee was advised that as part of the acute service review, staff consultation had taken place to make staff aware of the changes. That in relation to

the concerns raised by a member of staff, further information would be provided outside of the meeting, once any investigation had been concluded;

- That the focus of the stroke service was to enhance the current service, as it was still fragile with a single consultant. The Committee noted that a strong stroke service should see over 650 patients a year. It was highlighted that Lincoln County Hospital had seen that growth, but Boston even with projected growth would not have the level of strokes being presented. This would result in the down skilling of staff, which was why the consolidated approach was taken, having staff practising stroke care daily at the right level of care. The Committee noted further that the consolidation of stroke services followed the national strategy for stroke services and also followed the Trusts integrated stroke delivery network, improving patient outcomes and patient safety;
- One member from personal experience welcomed the improvements to stroke services;
- The Committee was advised that the elective orthopaedic service was highly resilient, as a dedicated elective hub, and having gained national accreditation. The service had ring fenced elective resources that would not be impeded by winter pressures. It was therefore expected that the same number of patients would be treated as a result. The Committee noted that the service had been impacted by industrial action, and that steps were being taken to address this i.e., with weekend operating to help catch up with backlogs;
- The Committee was advised that stroke patients had been coming in through A and E since 2020, and as a result there was a robust workforce in place to meet the patient at the front door, commence diagnostics and treat patients as quickly as possible to improve patient outcomes;
- The Committee noted that until the new stroke unit was constructed, some beds on the Lincoln site had been consolidated which provided 28 beds and then eight beds on the Burton Ward to keep outliers together to ensure there was patient safety and making the best use of the resources available to the service;
- It was reported that a recruitment drive was still in progress and that it was hoped by September 2024, additional staff would have been recruited. It was highlighted that the Trust was actively working with neighbouring trusts in this regard as there was a national shortage of stroke consultants. In relation to orthopaedics, the Committee noted that following the reconfiguration of orthopaedics, the service had been able to recruit senior clinical fellows, who were pre-consultant level and could operate independently. The Committee noted that they only needed minor input before taking up consultant roles as well as middle grade doctors; and
- The Committee was advised that the term 'medical outlier' referred to a patient who was not situated on a ward specialising in their ailment, for example a 'stroke medical outlier' was a patient who was not on a stroke unit. It was highlighted what had been done within stroke services was that medical outliers were being put together onto one ward, rather than being in based in lots of other medical wards.



RESOLVED

1. That presenters from the NHS be thanked for providing information on the implementation of the orthopaedic and stroke services following the acute services review.
2. That in relation to orthopaedics, United Lincolnshire Hospitals NHS Trust be commended for the high levels of performance and positive patient feedback.
3. That in relation to stroke services, a further update be received in twelve months on the impact of the closure of the stroke ward in Boston, including any plans for improvements in advance of the construction of the new unit at Lincoln County Hospital.

46      POTENTIAL TOPIC FOR SCRUTINY REVIEW BY SCRUTINY PANEL A

The Committee considered a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider whether it wished to make a suggestion for a potential scrutiny review topic to the Overview and Scrutiny Management Board.

The Committee were reminded that when selecting an item consideration needed to be made to the Scrutiny Prioritisation Toolkit document as detailed at Appendix A to the report.

During discussion, the Committee put forward the following suggestions/comments:

- Mental Health – It was acknowledged that an in depth look at mental health issues had already been undertaken by the working group, followed by a series of agenda items at the Committee;
- That support from NHS colleagues for a scrutiny panel might be very limited due to pressures within the NHS;
- Role of volunteers within the NHS in Lincolnshire, including third sector involvement. It was agreed that this was an item for the Committee to consider and would be added to the work programme

RESOLVED

That no potential scrutiny review topic be put forward from the Health Scrutiny Committee for Lincoln to the Overview and Scrutiny Management Board for consideration at their meeting on 21 December 2023.

47      GENERAL PRACTICE QUALITY ASSURANCE & IMPROVEMENT

Consideration was given to a report from the NHS Lincolnshire Integrated Care Board (ICB), which advised the Committee on the ICB and partner processes to quality assure General Practices and where quality concerns were identified, the support provided to enable quality improvement within and across General Practices.

The Chairman invited the following presenters from the NHS Lincolnshire Integrated Care Board to remotely, present the item to the Committee, Nick Blake, Programme Director – Primary Care and Wendy Martin, Associate Director, Nursing and Quality.

The Committee was advised of the general levels of support available to General Practices, details of which provided in the report presented. It was also highlighted that the ICB had well established and effective processes, working with relevant partners including the Local Medical Committee, Healthwatch and the Care Quality Commission, to identify quality concerns for Lincolnshire's General Practices and to support practices to make any required quality improvements. The Committee noted that these processes were further enhanced with the implementation of the Primary Care Access Recovery Plan and the associated Support Level Framework and the General Practice Improvement Plan.

During consideration of this item, the Committee raised some of the following comments:

- The Committee was advised that there were three locality, Quality Assurance Oversight Groups, a west group, east group and a south and southwest group. The Committee noted that the groups comprised of members of the quality team, ICB Primary Care Team members, GP clinical leads and performance and information team members. It was reported that the groups looked at some of the following: performance data; the overview of quality of practices, GP workforce and non-GP workforce;
- It was reported that the level of support to practices was dependent on the level of support, and the actions required. It was noted that the ICB would be looking for the practice to deliver the actions using the resource they had at their disposal. For example, if the GP practice had a dispensing issue, a talk on medicine optimisation would be provided and any additional support needed, but the delivery action would be the responsibility of the practice;
- It was reported that currently there were 10 practices that were medium to higher risk rating and approximately three/four at very high-risk rating. It was highlighted that levels of support matched the risk ratings accordingly;
- The Committee noted that monitoring would be picked up through the county level, Quality Assurance and Oversight Group, and that lessons learned would be picked up through local Quality Assurance Oversight Groups
- It was reported that if a practice was having intensive support, they would be receiving regular visits, an action plan would be formulated from which the practice would be measured against their actions for achievement and that actions were driving forward improvements. Confirmation was given that any general learning points highlighted for practices would be cascaded through clinical forum to all practices or through the regular primary care newsletter;
- That quality surveillance, outcomes and performance information and metrics about each practice helped inform the risk rating for each practice. Some Committee members felt that more needed be done to find the things that were not being addressed before they became significant issues, for example periodic checkups. It

was highlighted that there appeared to be inconsistencies across Lincolnshire in this regard;

- The Committee was advised that health checks for people aged 40 to 75 were a statutory responsibility for the County Council to commission. GP practices were paid to carry them out, and that close attention was paid to the uptake and delivery of the quality of the health check. Confirmation was given that those eligible were offered a health check every five years. A suggestion was made for a further discussion on population health management and the role of primary care networks;
- Some concerns were expressed that some patients were afraid to raise their concerns with their local practice as they were fearful of reprisal. One member enquired whether there was a way that a patient could complain without going through their practice. The Committee was advised that any patient with a complaint was encouraged to approach their GP practice in the first instance, if there was a fear of doing this there was also a route to raise a complaint through the NHS Midlands Primary Care Team. Other routes referred to were via the Integrated Care Board Feedback team, the Care Quality Commission (CQC) or HealthWatch;
- Medication changes and the effects that had on some patients. One member enquired whether the changes in brands of medication were due to financial savings. It was highlighted that in any case where a medication was not suitable at controlling a patient's symptoms, the patient needed to discuss this with their GP. The Committee noted that medication changes could be down various factors, one of which was the availability of medications. A suggestion was made that further information around prescribing might be useful for the Committee to look at as a future agenda item;
- How patients would know what was going on within their surgery. The Committee was advised that the only rating for practices was the one published by the Care Quality Commission, which was available on their website. It was noted that there was also patient GP survey information which was also publicly available;
- One member expressed gratitude to the urgent treatment centre at Louth Hospital;
- Whether large organisations that were responsible for NHS practices had to adhere to the same contractual obligations as a single practice. The Committee was advised that the GP contract, terms, and conditions were the same for a larger organisation or a smaller GP practice. The Committee noted that if there were any quality issues with a larger organisation, meetings would be held with the leadership team to ensure that they were fully supportive of the actions needed for the practices they had in Lincolnshire and for them to deliver on any improvements as would be done with any individual practice;
- The Committee was advised that each of the NHS contracts had a quality assurance mechanism and KPI's and that all practices were treated the same;
- Confirmation was provided that Lincolnshire had a low rate of inadequate practices and a low rate of practices requiring improvement compared to other areas. It was however highlighted that very few practices had been inspected since before Covid-19 from the CQC perspective;

- It was reported that requests were received for section 19 funding and that any application needed to have the support of the ICB. The Committee was advised that only one request had been received in the last 12 months; and
- That the Branston and Heighton Family Practice had received a rating of 'Good' in October was down to the hard work of the practice in terms of making the required improvements, and that in terms of the support, the ICB had been able to work with them to understand what their improvements needs were and providing support to the practice to help them make those improvements.

The Chairman on behalf of the Committee extended his thanks to presenters.

#### RESOLVED

That the activities of the NHS Lincolnshire Integrated Care Board supporting GP practices in need of improvement be noted.

#### 48 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme, as detailed on pages 70 to 72 of the report pack.

Attached at Appendix A to the report was a schedule of items to be covered by the Committee since the beginning of the current term, May 2021, as well as details of planned works for the coming months.

The Health Scrutiny Officer briefed the Committee on the items for consideration at the 6 December 2023 meeting.

*(Note: Councillor Mrs L Hagues (North Kesteven District Council) left the meeting at 12:36pm).*

During consideration of this item, the following suggestions/comments were put forward:

- The Committee was advised that primary care for the 2,000 asylum seekers due to be accommodated at the former RAF site in Scampton would be provided by a separate contract. However, the Committee asked that a report on the impact on secondary care, 111 and A & E services be brought forward to the Committee as a priority. The Committee was advised that on 6 December 2023 the item on GP Provision in Lincolnshire would be able to provide an update on this matter;
- An update concerning Local Strategic Planning of Integrated Health Provision; and
- 111 out of hours provision affected by the Rutland/Stamford border.

**RESOLVED**

That the work programme presented on pages 70 to 72 of the report pack be agreed, subject to the inclusion of the suggestions put forward by the Committee above and the requests made at minute 44 and 45.

The meeting closed at 12.38 pm.

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