



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
26 OCTOBER 2016**

PRESENT: COUNCILLOR C J T H BREWIS IN THE CHAIR

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Miss E L Ransome, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

Councillors J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council), Mrs A White (West Lindsey District Council) and N Jones (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Katrina Cope (Senior Democratic Services Officer), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Simon Evans (Health Scrutiny Officer), Gary James (Accountable Officer, Lincolnshire East CCG), Olivia Kendall (Graduate Management Trainee), Liz Ball (Executive Nurse, South Lincolnshire CCG), Ian Jerams (Director of Operations, Lincolnshire Partnership NHS Foundation Trust) and Anne-Maria Olphert (Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust) and Chris Weston (Consultant in Public Health).

County Councillor B W Keimach (Executive Support Councillor NHS Liaison and Community Engagement) attended the meeting as an observer.

31 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs C A Talbot (Lincolnshire County Council) (LCC), Mrs S Ransome (LCC), Mrs P F Watson (East Lindsey District Council), T Boston (North Kesteven District Council) and Mrs L A Rollings (West Lindsey District Council).

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, Councillors C E D Mair (LCC), N Jones (East Lindsey District Council) and Mrs A White (West Lindsey District Council) had been appointed to replace Councillors Mrs S Ransome (LCC), Mrs P F Watson (East

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Lindsey District Council), and Mrs L A Rollings (West Lindsey District Council) respectively, for this meeting only.

It was noted further that Councillor C E D Mair had submitted his apologies for the meeting.

32 DECLARATIONS OF MEMBERS' INTERESTS

Councillor S L W Palmer declared a prejudicial interest in item 7 – Lincolnshire Medicines Management Consultation due to his wife being a coeliac, and that the proposed changes would have an effect on them financially. Councillor S L W Palmer further advised that as a result, he would be leaving the meeting during consideration of the item.

33 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee meeting and made the following announcements:-

a) Message from the Chairman, Councillor Mrs Christine Talbot

The Vice-Chairman read out a statement from the Chairman Mrs C A Talbot which thanked those members who had sent 'Get Well' messages, and for all the support received prior to her operation. The Committee was advised that Councillor Mrs Talbot was now at home recovering from her operation.

b) Revised Agenda

That a revised agenda had been issued on Friday, to contain the report relating to the Annual General Meetings and Public Meetings, which was detailed at item 9 of the revised agenda.

Thanks were extended to Councillors T Boston, J Kirk, and S L W Palmer, who had each attended one of the annual meetings, and whose reports were contained as part of item 9.

c) Congenital Heart Disease Services – East Midlands Congenital Heart Centre

Following the last meeting and in accordance with Minute 27, the Chairman had sent a letter to Will Huxter on 29 September 2016, which had included an invitation for him to attend the Committee on 21 December 2016. It was highlighted that to date, no response had been received however, two further developments had occurred, one was that a briefing paper from NHS England dated 1 September 2016, had come to light on 10 October 2016. The Committee noted that NHS England had not sent the briefing paper directly to local authority overview and scrutiny committees, but had relied on a third party. The Committee noted further that the briefing paper contained a commitment from NHS England to undertake a full public consultation; and a copy

of the Chairman's announcements would be forwarded on to members of the Committee after the meeting.

The second development was that on 19 October 2016, there had been a thirty-minute debate in Westminster Hall concerning the Glenfield Hospital. Philip Dunne, the Minister of State at the Department of Health had responded to debate on behalf of the Government, and it had been confirmed that there was an intention for a three-month public consultation by NHS England, which would conclude in the spring of 2017.

d) Community Pharmacy 2016/17 and Beyond: Final Package

The Committee was reminded that consultation by the Government earlier in the year on 'Community Pharmacy 2016/17 and Beyond', to which the Chairman had responded on behalf of the Committee on 27 April 2016. The Government had on 20 October 2016 announced that there would be an overall funding reduction of £113 million, or 4% in the current financial year 2016/17, which would then be followed by a further reduction of 3.4% in 2017/18.

The Government had also announced that it would be removing the basic establishment payment of £23,000, paid to each pharmacy, but would be introducing a Pharmacy Access Scheme to protect pharmacies in rural areas. The scheme would apply to a pharmacy which was more than a mile away from its nearest pharmacy; and the pharmacy was not in the top 25% in terms of the number of prescriptions it dispensed. It was noted that the Government had said that support under this scheme would be on average £1,500 for each pharmacy each month. Further consideration would be required by the Health Scrutiny Committee in the coming months.

e) Proposed Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust – Full Business Case for Merger

The Committee noted that the Working Group was due to meet on Wednesday 2 November 2016, to consider the Full Business Case for the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust. The Committee noted that Councillors T M Trollope-Bellew and Mrs S M Wray were due to attend together with local Councillors D Brailsford and R L Foulkes. It was noted further that the Trust's Chief Executive and Deputy Chief Executive were also expected to attend the Working Group.

f) Care Quality Commission – State of Health and Care Report

It was reported that on 12 October 2016, the Care Quality Commission had published 'The State of Health and Adult Social Care in England 2015/16'. The said report had received national media coverage; and had provided an overview of all inspection activity undertaken by the Care Quality Commission. The Committee was advised that copies of the report would also be circulated with the announcements from the meeting.

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The Committee was advised that on 19 October 2016, the County Council's Adults Scrutiny Committee had considered a report concerning Delayed Transfers of Care, which had been submitted by the County Council's Executive Director of Adult Care and Community Wellbeing. Thanks were extended to Councillors J Kirk and Mrs J M Renshaw who had attended the meeting as observers. In addition, Councillor R Kirk and Mrs S Wray had also been in attendance at the Committee as members. The Adults Scrutiny Committee had expressed a view that the Health Scrutiny Committee should continue to scrutinise this matter.

Both Councillors who attended the meeting as observers expressed their disappointment to the outcome from the Adults Scrutiny Committee.

h) South Park Branch Surgery

The Committee was advised that on 28 September 2016, the Lincolnshire West Clinical Commissioning Group announced that the Heath Surgery in Bracebridge Heath had started a consultation on a proposal to close its branch surgery at South Park in Lincoln. It was reported that the reasons for the closure was because the surgery building needed a considerable amount of investment to meet required standards, and there had also been other challenges for the surgery, which had been widely reported in the local media. It was reported further that the Heath Surgery believed that the closure would enable consistency of care with less reliance on locum staff. Patients had been asked to give their thoughts on the proposals by 28 October 2016.

i) Forty Treatments That Bring Little or No Benefits to Patients

The Academy of Medical Royal Colleges had on 24 October 2016, published a paper entitled 'Forty Treatments That Bring Little or No Benefits' as part of its Choosing Wisely initiative. It was noted that the list of treatments had been compiled with the assistance of the relevant specialists, and included the use of plaster casts for wrist fractures in children and the use of x-rays for lower back pain, where there were no other concerning factors.

j) Upgrade of Radiotherapy Equipment

The Committee noted that on 25 October 2016, NHS England had announced a £130 million investment to upgrade radiotherapy equipment across England. It was noted further that around four in ten of all NHS cancer patients were treated with radiotherapy, which typically use high-energy radiation from a machine called a linear accelerator (referred to as a 'Linac'). The Committee was advised that over the next two years, that older Linac radiotherapy equipment being used by hospitals across the country would be upgraded, or replaced.

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k) Dr Tony Hill

The Committee was advised that Dr Tony Hill, the County Council's Director of Public Health had retired on 14 October 2016. The Chairman had written to Dr Tony wishing him well in his retirement. It was reported that Tony McGinty had been appointed as the interim Director of Public Health.

34 MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 21 SEPTEMBER 2016

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 21 September 2016 be approved and signed by the Chairman as a correct record.

35 WINTER PLANNING

The Chairman welcomed to the meeting Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group and Ruth Cumbers, Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group.

The purpose of the report was to update the Committee on planning for Winter Pressures across the Health and Care Economy in Lincolnshire.

It was reported that nationally that there was recognition of an increase in demand on urgent and emergency services across the winter months. It was however highlighted that generally the system was under pressure all year round. It was noted that the whole health and social care system was running "hot" with the usual expected easing of pressures during the summer no longer being experienced. It was noted further that the acute sector escalation beds had remained largely open all year rather than as originally planned just for winter only. It was reported that the A & E performance across Lincolnshire was below the national standard with Lincoln County and Boston Pilgrim consistently underperforming against the 95% four hour treatment target.

The Committee was advised that the Lincolnshire 2016/17 Winter Plan had been produced by the Urgent Care Team with contributions from partners across the health and care community. The Plan had then been reviewed by key partner organisations to ensure its robustness. It was highlighted that there was an expectation from NHS England and the NHS Improvement that a robust system wide plan was in place for each winter. The A & E Delivery Board also had to have assurance that all commissioner and provider plans evidenced both individual organisation and system wide congruence and resilience.

In summary, the Committee was advised that the plan described how the system was aiming to manage pressures by:-

- Improvements in acute hospitals concerning bed flow processes; Emergency Department efficiency and to fully implement ambulatory emergency care and SAFER (**S**enior review: that **A**ll patients have discharge date, **F**low, **E**arly discharge; **R**eview);
- That community services and the local authority would be focussing on enhancing capacity and reablement to avoid admissions and speed up complex discharges;
- That commissioners would be focussing on driving greater throughput at treatment centres; and ensuring that demand management schemes were effective in reducing Emergency Department attendance; and
- That there would be a collective effort focused on managing complex medically fit patients within a fewer number of days; and that there would be improvement's to support, and divert greater number of the over 75 year of patients outside of the acute hospital.

The Committee noted that Delayed Transfers of Care had shown some improvement; however, there had been a slight increase in the figures for August.

It was reported that both the Surge Plan and Escalation Plan and the Winter Plan had recently been updated. It was highlighted that unlike in previous years, there had not been any additional central government funding for winter pressures, as the sums had been included in each CCG's base allocations. As a result investment in the system had been agreed through the System Resilience Group (now called the A & E Delivery Board) with funding decisions being made upon consensus and evaluation of effectiveness of previous schemes, and in setting the A & E trajectory.

The preventative measures planned as part of the winter response included:-

- Preventative measure such as flu prevention; campaigns for patients and staff. Particular reference was made to national advertisements for example the NHS 'Stay Well This Winter Campaign' aimed at patients and service users to manage themselves; and who to contact for advice and support. The Committee noted that the above said campaign had not yet commenced;
- Joint working arrangements between health and social care to help prevent admissions and speed up discharges. The Committee noted that the SAFER bundle would help support people to be discharged from hospital sooner and that their care would be planned, and supported by Adult Social Care. The system was however very dependent on early consultations and ward management. This was an area that had highlighted a variance across sites. Reference was also made to Neighbourhood Teams working in a multi-disciplinary way to provide more joined up care. This meant that people would be treated and cared for nearer to home where possible; and would only be admitted to hospital when necessary;
- Ensuring that there was operational readiness, for example bed management staffing. It was noted that patient flow was reviewed on a daily basis; and that a further ward was being opened at Lincoln County comprising of 21 step-down beds. The Committee noted further that plans were in place to operate seven day working, as Pharmacy was an area of concern. It was reported that

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£1 million had been allocated to support additional nurses at ULHT; as recruitment and retention was a challenge;

- The delivery of critical and emergency care services;
- The delivery of out of hours' service;
- Ensuring joint working with the ambulance service, particular reference was made to the handover of patients from ambulance to acute care; and strengthening links with A & E and primary care; and
- Ensuring that a strong and robust communication strategy was maintained across the system.

In conclusion, it was reported that the A & E Delivery Board would do its utmost to mitigate impacts within existing resources and that operational arrangements would assist in this matter.

During discussion, the Scrutiny Committee raised the following points:-

- Clarification was sought concerning the policy regarding integration and the reduction in the number of beds. The Committee was advised that beds had previously reduced from 1005 to 950; the emphasis was to get the right staffing levels for the number of beds. It was felt that there would be enough beds, as there had been a reduction over the last two years, as a result of the NHS being able to switch the use of beds. It was highlighted that there was a focus on seeing patients once instead of multiple assessments; and this was being introduced as part of the integrated working in some wards i.e. the SAFER bundle. There was however, some inconsistency currently, as the principle had not been implemented in all wards as yet, it was therefore still work in progress. The methodology had been trialled first, once this had been reviewed and lessons learnt had been looked into, the concept would be rolled out further. The Committee was also advised that the inconsistent approach was being dealt with and that there was an action for social care and health colleagues to engage early in the process;
- One member acknowledged that changing the name of the System Resilience Group into the A & E Delivery Board had been a national requirement, but it was understandable that these changes might lead to some confusion;
- The top of page 36 listed a number of schemes to address some of the challenges within urgent care. One member enquired as to whether the schemes listed and their funding were as a result of new funding, or whether those listed were as a result of re-allocated funding. The Committee was advised that there was no additional specific funding for Winter Resilience, as the funding was now included in the overall allocation to each CCG, from which an amount was allocated for Winter Planning;
- Page 36 paragraphs 2 and 3 relating to bed reduction. The report highlighted that the United Lincolnshire Hospitals NHS Trust planned to establish a number of existing escalation beds on the Lincoln and Pilgrim sites and to increase the core bed stock. It was highlighted further that it was proposed to operate a step-up; step-down approach to mitigate need;
- Page 37 – Clinical Assessment Service – One member enquired as to whether the service was up and running to its full extent. The Committee was advised

that the system was not quite fully operational, as there had been some technical issues regarding the transference of calls, and as a result Lincolnshire was leading on this matter nationally to establish the pathway software; and licence to be used locally. One member provided the Committee with information relating to their personal experience of the 111 service; and in conclusion advised that the system needed fine tuning and that staff answering calls needed to have up to date information relating to local service provision. Others echoed this observation, and advised that some callers knew how to work the system to ensure that an ambulance arrived. The Committee was reassured that the issues raised would be passed back, to ensure that the directory of service provision was updated. It was also highlighted that the script used for the 111 service was a nationally agreed script;

- The need to get GP services in front of A & E, to capture patients who did not need A & E services. The Committee noted that this was currently work in progress, however, it was highlighted that there was no capital available to help with the alterations;
- The need to recruit more staff. The Committee was advised that ULHT had had some challenges recruiting nurses; and that there had been an increased reliance on agency staff. However, there was now an increase in the number of nurses in training. The Committee noted that Lincolnshire had been successful in securing funding for a pilot scheme from the Nursing Association which was due to commence in January 2017;
- Pharmacy seven day working – It was reported that seven day working included hospital pharmacies, as this would provide a better overall experience for patients;
- Operation cancellations due to pressures – It was highlighted that on some occasions, cancellations did happen on the day of an operation; but whenever possible, this would be avoided; and
- One member enquired as to whether the ambulance service was involved in the Plan. The Committee was advised that the ambulance service was involved in arrangements and that last year the service was involved as winter navigators which had involved paramedics; and that this had worked very well. It was highlighted that a new process was to be introduced at Lincoln and Boston was to encourage patients that were able bodied to book themselves in rather than the ambulance driver, this would then free up ambulance drivers time.

The Chairman extended thanks on behalf of the Committee to officers and advised that the Scrutiny Committee would be looking forward to a further update in the New Year.

RESOLVED

That the update concerning the planning for Winter Pressures across Health and Care Economy in Lincolnshire be noted.

36 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - CARE
 QUALITY COMMISSION COMPREHENSIVE INSPECTION

The Chairman welcomed two colleagues from The Lincolnshire Partnership NHS Foundation Trust, Ian Jerams, Director of Operations and Anne-Maria Olphert, Director of Nursing and Quality.

The Director of Operations advised that the purpose of the report was to provide assurance to the Committee that the Lincolnshire Partnership NHS Foundation Trust (LPFT) had continued to make good progress with the implementation of the action plan resulting from the Care Quality Commission (CQC) Comprehensive Inspection held from 30 November to 4 December 2015.

Appendix A to the report provided a summary of the CQC ratings for LPFT in the Comprehensive Inspection; and Appendix B provided the Committee with a copy of the latest version of the Action Plan for their consideration. It was reported that the CQC Action Plan was updated monthly, and was presented in a public meeting to the Board of Director each month.

The Committee noted that 74% of the 'sub-actions' were now complete; and that 46 of the sub actions were now on track to be delivered by the agreed date. Progress was also being made to complete the remaining actions and to transfer any remaining actions into a Quality Improvement Plan to support the continuous quality improvement objectives of the organisation.

Discussion ensued, from which the Committee raised the following points:-

- Chart 1.2 – page 5 of the report presented. The Committee was advised that work was now complete and a protocol was now in place; and
- Page 74 – Community Learning Disabilities and Autism – One member enquired as to whether the problem relating to data had been resolved. The Committee was advised that this had been completed; and that there was now only the historic data to be migrated. It was highlighted the system was a good news story; however, the Committee noted that varying systems were still not able talk to each other.

Overall, the Committee felt that the report was a good news story and looked forward to receiving a further update in due course.

RESOLVED

1. That the Committee record its assurance that the work being undertaken by Lincolnshire Partnership NHS Foundation Trust to meet the actions set out by the Care Quality Commission (CQC) was progressing.
2. That the Committee record its assurance that Lincolnshire Partnership NHS Partnership Trust would be focussing on continuous quality improvement once the CQC Action Plan was complete.

3. That the Committee record its assurance that the Care Quality Commission, NHS Improvement and NHS England, as well as local Clinical Commissioning Groups, were receiving progress updates.
4. That further updates be requested in relation to safe care – the requirements of single sex accommodation guidance and assessing /managing the risks of points of ligature in and around the buildings in which patients are receiving mental health services.

37 LINCOLNSHIRE MEDICINES MANAGEMENT CONSULTATION

Councillor S L W Palmer left the meeting.

Consideration was given to a report on behalf of the Lincolnshire Clinical Commissioning Groups (CCGs), which presented the Lincolnshire Medicines Management Consultation for the Committee's consideration. It was reported that the consultation was taking place between 4 October and 18 November 2016; with the results being reported back to all the four CCG Governing Bodies on 30 November to 1 December 2016.

Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group presented the report and explained to the Committee that the rationale behind the proposals was that the four CCGs had a substantial financial challenge to meet in the short term; and that currently £38m was being spent over the existing budget. As a result of this it was felt that money spent on items that were readily available over the counter might be better spent on treatments, staff and essential services to benefit patients.

The four CCGs were asking for comments from the Committee on their proposals to restrict the prescribing of over the counter/minor ailment medicines used for short-term, self-limiting conditions, the prescription of gluten-free products, baby milk (including specialist infant formula) and oral nutritional supplements. Attached at Appendix A to the report provided a copy of the Medicines Management Consultation document and survey.

Page 92 to 96 of the report provided the Committee with background information as to what was planned against each of the four areas.

During consideration of the item, the Committee raised the following issues:-

- One member enquired as to where one could obtain a copy of the consultation form. The Committee was advised that the form had been made available in GPs surgeries, pharmacies, social media, Facebook; website; engagement events, Parish Councils etc. Some members expressed concern that they were not aware of the consultation. A further member asked whether a copy of the consultation document should have been put through everyone's letter box. The Committee was advised that this would have cost at least £500,000; and evidence had suggested that leaflet drops always resulted in a poor return; except if there was an incentive for people to complete. The

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Committee also noted that there had been good representation from patients groups such as the Coeliac Society;

- Some members express their support to the proposal but expressed some concern for the more vulnerable people who for instance needed large amounts of paracetamol for arthritis pain, or who were on lower incomes. The Committee was reassured that the changes would only be applied to minor conditions; and that someone requiring painkillers in large amounts would still be able to have them on prescription; and that GPs would not restrict prescriptions to vulnerable people. Some members also felt that the proposal was well overdue, and particular reference was made to coeliac disease, where it was highlighted there was now an extensive range of gluten free products available in shops and supermarkets. It was highlighted that someone on a low income who was a coeliac, or would be a risk of dietary neglect would still be able to obtain staple products as recommended by Coeliac UK. A further point raised was that gluten free products were not so widely available in budget supermarkets;
- A suggested was made that GPs needed to regularly review patient's prescriptions to see if they were working; and to make sure that patients were still taking the prescribed drugs; this would then help with wastage; and
- A question was asked on the level of charges made by pharmaceutical companies. It was noted that pharmaceutical companies would argue that the costs of research into new drugs were exceedingly high.

The Committee agreed to the setting up of a working group to formulate a formal response on behalf of the Committee. The above said group to comprise of the following Councillors J Kirk, R Kirk, Mrs R Kaberry-Brown, and C J T H Brewis.

The Healthwatch representative advised the meeting that a copy of the Healthwatch response would be forwarded onto the Health Scrutiny Officer for the working group's information.

RESOLVED

1. That the report be noted, and that the comments made at the meeting be incorporated into the formal response from the Health Scrutiny Committee for Lincolnshire.
2. That a working group be established comprising of the following Councillors J Kirk, R Kirk, Mrs R Kaberry-Brown, and C J T H Brewis to formulate a formal response to the Medicines Management Consultation to the Lincolnshire Clinical Commissioning Groups by 18 November 2016.

38 WORK PROGRAMME

Councillor S L W Palmer re-joined the meeting.

The Committee considered its work programme for forthcoming meetings.

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Simon Evans, Health Scrutiny Officer confirmed that the item concerning United Lincolnshire Hospitals Trust – Pharmacy Services had been moved from the 23 November 2016 meeting to the 18 January 2017 meeting. It was also highlighted that the last two items on the agenda for the 23 November 2016 meeting were for 'information only'.

One member referred to the 'Reducing Obesity in Adults and Children' on the 'Items to be Programmed List' and requested for it to be included on a future agenda, as it was felt that this issue needed to be considered sooner, rather than later. It was also requested that when discussing such a topic, the Committee needed to be mindful of the feelings of others and discuss the item in a more sympathetic manner. It was agreed that the request for 'Reducing Obesity in Adults and Children' would be raised at the next agenda planning meeting scheduled to be held on 9 November 2016.

RESOLVED

That the contents of the work programme presented be approved, subject to the inclusion/deletion of the amendments detailed above.

**39 ANNUAL PUBLIC MEETINGS OF CLINICAL COMMISSIONING GROUPS
AND ANNUAL GENERAL MEETINGS NHS PROVIDER TRUSTS**

The Committee gave consideration to a report, which provided the Committee with a series of reports from individual members of the Committee who had attended various Clinical Commissioning Groups, NHS Trusts and NHS Foundation Trusts Annual Meetings.

The Chairman on behalf of the Committee, expressed thanks to Councillors T Boston, J Kirk, S L W Palmer for their involvement.

RESOLVED

That the report be noted.

The meeting closed at 12.30 pm.