AT A MEETING of the Health and Adult Social Care Select Committee of HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Thursday, 21st September, 2017

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor David Keast

p Councillor Martin Boiles
p Councillor Ann Briggs
a Councillor Adam Carew
p Councillor Fran Carpenter
a Councillor Charles Choudhary
a Councillor Tonia Craig
p Councillor Alan Dowden
p Councillor Steve Forster
p Councillor Jane Frankum
p Councillor David Harrison
a Councillor Marge Harvey
p Councillor Pal Hayre
p Councillor Mike Thornton
p Councillor Jan Warwick

Co-opted Members:
p Councillor Trevor Cartwright
p Councillor Barbara Hurst
a Councillor Alison Finlay
VACANT

In attendance at the invitation of the Chairman:
p Councillor Liz Fairhurst, Executive Member for Adult Social Care
p Councillor Patricia Stallard, Executive Member for Health and Public Health

20. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Adam Carew and Marge Harvey, and district and borough co-opted member Councillor Alison Finlay.

The Chairman welcomed Cllr Trevor Cartwright to the meeting, as a newly appointed co-opted member representing district and borough councils.

21. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the

meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Jan Warwick declared a non-pecuniary interest in Item 7, as she is a part-time specialist pharmaceutical advisor to the Care Quality Commission.

22. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 21 July 2017 were confirmed as a correct record and signed by the Chairman.

23. DEPUTATIONS

The Committee did not receive any deputations.

24. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made three announcements:

Dorset Clinical Services Joint Health Overview and Scrutiny Committee (JHOSC) update

The JHOSC last met on 3 August, where the Clinical Commissioning Group (CCG) presented the outcomes of the consultation on the proposals for the future of Dorset's clinical services. The consultation outcome was fairly balanced in terms of support for either of the main options (Option A being to centralise urgent care in Poole, and planned care in Bournemouth, and Option B to centralise urgent care in Bournemouth, and planned care in Poole), with Option B being Dorset CCG and the Hampshire HASC's preferred option. The JHOSC remained split on their support for the proposed model, with those representing Poole and West Dorset tending to speak more unfavourably of Option B. There remained disagreement about travel times. Hampshire's representatives would continue to monitor this issue, but remained supportive of Option B. The CCG had on 20 September taken the decision to implement Option B, and the JHOSC would need to meet to consider this decision. Should the JHOSC vote to refer this matter to the Secretary of State, Hampshire would play no part in this, as the Council did not delegate its referral power to the JHOSC.

Councillors Harrison and Keast agreed with the Chairman's comments, and noted their support for the chosen option.

Requests for Item consideration at Full Council

At the most recent Council meeting in July, a number of topics were referred to the HASC for consideration. The following action had been taken:

- Mental health in schools: Councillor Harrison had been contacted about this topic, which the Children and Young People Select Committee will review should there be any progress on this area from central government.

- Motor Neurone Disease Charter – Councillor Fairhurst was due to consider this at a future decision day, following Councillor Dowden's request.

Briefings and Updates

The Chairman noted that updates would be shared after the meeting with the Committee on:

- Antelope House Psychiatric Intensive Care Unit – update on staffing following urgent temporary closure *(Southern Health NHS Foundation Trust)*
- Low Secure Mental Health Beds for Children and Adolescents *(Southern Health NHS Foundation Trust)*
- Primary Care Prescribing *(via West Hampshire CCG)*

25. ADULTS' HEALTH AND CARE - TRANSFORMATION TO 2019

The Director of Adults' Health and Care spoke to the report and presentation, which set out the departmental transformation to 2019 savings proposals and public consultation feedback (see Item 6 in the Minute Book).

Members heard an overview of the key findings of the balancing the budget consultation held by the County Council the previous summer, and noted that all of departments in the Council had been asked to proportionately contribute a further 19% saving of their budget by April 2019, as part of the next 'Transformation to 2019' (T19) programme. For Adults' Health and Care, this resulted in an overall requirement of £55.9m. An overview was provided of the Department's 'Transformation to 2017' (T17) savings, which would see a total of £43.1m achieved by the end of the 2017/18 financial year. With the proposed T19 savings, this would bring the cumulative total to £191m by the end of 2020.

There were four principles that underpinned the Departmental approach to T19:

- Prevention: strengthening the prevention strategy to reduce and/or contain demand.
- Independence: increasing the number of clients living independently and reducing the cost of care.
- Productivity: improving the efficiency and productivity of the Department's operations.
- External spend: increasing outcomes and service efficiency from commissioned services.

Within these principles were four main blocks, which centred on the use of additional health and social care integration funding; living independently (older people's and physical disabilities); learning disabilities, children's to adults transition, mental health and social inclusion; and working differently. All of these were underpinned by the theme of demand management and prevention.

There were approximately 3,000 staff employed within Adults' Health and Care, and in due course it was expected that the Department would need in the region of 150 fewer full time equivalents, through natural attrition, redeployment and potentially voluntary redundancy. Through the T17 programme, it was expected that there would be a staffing reduction, but the requirements of the changes

implemented required additional growth in staffing in some areas, and this may be the case for T19.

An additional £18.9m was being made available in 2019/20 through the Integration and Better Care Pooled Fund, which would offset some of the savings required by the Department. These funds would be used to invest in joint and integrated service delivery programmes, and to protect core social care services.

The living independently proposals were centred on creating options so that people can live independently for as long as possible. Through intermediate care, such as reablement (both home and bed-based), individuals can be supported to re-learn the life skills that enable them to remain independent, and to need less ongoing support. As a result of this work, the number of people being admitted into acute care should reduce, which should improve flow through hospital and enable the limited social care resource to be targeted at those with higher needs. There were also greater opportunities for exploring how technology-enabled care can be used to reduce cost; innovative devices already in use in Hampshire had helped to reduce social isolation, reminded individuals to take their medication, and had sensors which alerted care staff if an individual had experienced a fall. Such technologies also allowed for care staff resource to be aimed at those with higher needs. The Council would also be continuing to invest in extra care, particularly focusing on younger adults with learning disabilities.

The proposals for the living independently programme would include a re-consideration of client contributions, particularly around what percentage of contribution the Council takes for providing care. Hampshire was unique in the south east, as currently only 95% of the maximum contribution was charged to clients. This area was considered under the T17 proposals, and it was determined at that stage not to move to 100%, but this would need to be reconsidered for T19. This work stream would also be reviewing and potentially redesigning day opportunities for clients, as these currently followed a traditional format of travel, activity in a day centre, and then travel home. There may be an opportunity to explore how more activities and groups can be supported in local communities, reducing the need for travel, improving social contact, and building community resilience at the same time.

The proposals around learning disabilities, children's to adults, mental health and social inclusion were also focused on choice and living independently, moving away from long term institutional care to, where appropriate, extra care and living independently. Taking this approach would open up other life opportunities for individuals, for example enabling employment. Joint work would be undertaken under this heading with Children's Service on the transition pathway, where previously there has been a potential for a cliff edge of service delivery between the two Departments, where services were previously delivered by Children's, which may not be there in Adult Services. The Department would be working with colleagues to create opportunities to experience greater independence and make choices about where support can be offered as teenagers, to make the transition process smoother. The Department would be working in partnership with District and Borough Councils to redesign services around social inclusion, and a working group of the Committee would aid this work.

The working differently T19 work stream would focus on the entire workforce of the Department, making better use of technology, rolling out greater modern and flexible working, making business processes more efficient and ceasing some activities. Through this, it was believed that approximately £4.1m could be saved, and a reduction of 150 full time equivalent staff. Annually the Department experienced around 300 staff leaving through natural churn, such as resignation and retirement, so this would provide the space to restructure teams and identify which areas needed additional support, and where posts would not need to be filled.

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Demand management and prevention was an underpinning work stream and impacted on all areas of the Department, therefore no sum of money had been placed against this area, as any further efficiencies released would be realised under the other key T19 areas. Work had already started under T17 in investing in initiatives that help individuals and communities to help themselves, with an example of this being the health and wellbeing centres being supported by the Council across Hampshire to provide services, information and a space for communities to use.

The Public Health grant continued to be ring-fenced, and this was due to be reduced by £4m by 2019/20, to bring the cumulative reduction to £8.3m. From 2019/20, Public Health would receive a grant of £49.5m. As these savings were on a different timescale to the rest of T19, these proposals would be brought forward in separate papers.

There were a number of risks inherent in changing the Department's offer, in managing these messages and ensuring outcomes are maintained. The Department had learnt from previous transformation programmes, and the importance of ensuring that staff are communicated with at the right time. The Council continued to have a clear duty to meet eligible needs, but it was not mandated as to how these are delivered, and therefore there was scope to review how services are organised. The Director was clear that he would not fetter discretion, and would always be cognisant of individual needs and circumstances, and changes in case law.

The outcomes of the balancing the budget consultation did show a high level of support for raising existing or levying new charges for services, although the Director was mindful that if this question had been posed solely on care contributions the response may have been different. Broadly, however, the strategy of the Council and Department had been supported. The Department were also keen to increase income in other ways where possible, such as through selling services such as that on client affairs, which provides advice on issues relating to those individuals who do not have capacity to make decisions.

The proposals had been discussed in co-production meetings and the Director was due to attend a number of meetings with stakeholders, including clients, to understand their views on the proposals and deliver messages around the T19 programme. Additionally, there was likely to be a new green paper on social care and how it is funded financially, so the Council would be alive to this when drafted.

The report contained Equality Impact Assessments for each saving proposal work programme, and some areas may require further consultation. The next steps after Select Committee would be for the Executive Member to consider the proposals and to submit them to Cabinet for further review. A final form of proposals would then be considered by County Council in November, and the further development of the proposals, and timetable for their implementation, would take place after this time, subject to any consultation work.

In response to questions, Members heard:

- Part of the focus for T19 is on communities, as Hampshire hosts over 5,000 community organisations and the Department can help to corral and bring these together, which would result in being able to access a more holistic approach to care.
- The Department were clear that meeting needs wasn't just about providing personal care, but also about a wider approach to reducing isolation and social need. The World Health Organisation had recently suggested that the impact of social isolation had the equivalent impact on health of smoking 15 cigarettes a day. Therefore, it was important that care plans accounted for reducing social isolation. In addition, most referrals to the Department were concerns about individuals living alone and being isolated, rather than physical care needs such as assistance with eating or dressing.
- That part of the exploration of new technology was to understand how devices might replace tasks that currently lead to the inefficient use of staff. For example, carer visits in order to ensure that service users have taken their medication, yet technology exists on the market that reminds individuals to take medication, and alerts carers if this has not been done. Similarly, the work being proposed around increasing community resilience may enable more voluntary assistance with issues such as these, such as neighbours undertaking a check to ensure an individual has eaten.
- That the Director accepted that social workers and other professionals don't always get it right, and that a further culture shift needed to take place to ensure that family wishes and those of the client are always at the centre of care decisions. There had been a number of serious case review enquiries nationally recently which presented similar findings around professionals not always listening to families, or sharing information, and Hampshire along with all other areas needed to learn lessons from these. The Department were undertaking work with health partners around independent personal commissioning and this will focus on giving younger adults greater choice about what support they have, and when. Additionally, work with co-production groups, which have membership made up of clients, families, previous service users as well as community representatives, is instrumental to the Department in learning how to do things better.
- There was a cohort of service users supported by the Department who could not live independently due to the complexity and severity of their needs. However, institutional long-term care was not the right approach to meet these individual's needs, as outcomes from reviews such as that focused on Winterbourne had shown. A significant amount of work is being undertaken with health on transforming care for people with profound disabilities, ensuring that care can be delivered locally, and

individuals can be part of the wider community, should they wish to be. One of the steps taken by Hampshire County Council to realise better integration between services for those with profound disabilities was the decision to integrate the learning disability and mental health services into a single line management support structure, which would ensure better co-working.

- There continued to be challenges and risks associated with the care market workforce, which at best would be described as fragile. This sector experienced high turnover and issues with retaining staff, and Hampshire County Council was continuing to work with partners to increase the attractiveness of 'care' as a career choice. In tandem, the exploration of technology to replace care workers where the use of staff was inefficient would release precious domiciliary care capacity.
- Reablement and intermediate care was generally for a period up to six weeks, but there were some exceptions where additional time was needed. This care was universal and not means tested, and it had been evidenced that investing in this type of care impacted positively on health and social care, with approximately 70% of service users returning to independence rather than further care.

The Chairman then moved to debate, where discussion was held on the information received to date and whether the Committee was able to take a view on the proposals at this stage. Some Members expressed their desire to defer taking a view on the proposals until a working group had been formed to consider each work stream in detail. Other Members noted that the proposals were still in a draft stage, and had been drawn together by officers who had the subject expertise to take a view on where the savings could be delivered. The Chairman noted that the Committee would have a further opportunity to consider the T19 proposals, once they had been through Council, in greater detail.

There was some concern from Members that some of the Department's aims of promoting independence and lessening social isolation would be impacted by savings proposed by other areas of the County Council. The Executive Member for Public Health assured the Committee that the Corporate Management Team had worked together on proposals to mitigate potential impact on other areas of the Council, but the Director of Adults' Health and Care agreed to hold further discussions in this area.

The Director noted that some of the T19 proposals were a continuation of what the Department were already doing, and that some might be subject to stage two consultation. Additionally, a working group was being formed to look at social inclusion.

The Chairman noted the possibility that Cabinet may make changes to the T19 proposals submitted by each Department, although the level of savings would need to be the same.

The Chairman moved to the recommendation as set out in the paper:

That the Committee support the submission to Cabinet of the proposed savings options contained in the report and its Appendix 1

A vote was taken on the proposed recommendation:

For:	8
Against:	4
Abstained:	0

RESOLVED

That the Committee support the submission to Cabinet of the proposed savings options contained in the report and its Appendix 1.

26. **ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES**

Portsmouth Hospitals NHS Trust: Care Quality Commission Re-Inspection Enforcement Notice – Urgent Care Update

The Chief Executive and representatives of Portsmouth Hospitals NHS Trust, together with the Chief Executive and representatives of Hampshire Clinical Commissioner Group (CCG) Partnership, spoke to the recent Care Quality Commission (CQC) re-inspection report of the Trust (see Item 7 in the Minute Book).

The Chief Executive of the Trust outlined to the Committee the issues arising from the CQC report, which detailed the findings from two inspections that took place earlier in 2017. The report had made difficult reading for the Chief Executive, who had been in post for only a couple of weeks at the time of its publication, and for the Medical Director who had been in his role for a similar period of time. However, they both accepted its findings in full, and had worked closely with the Board to take a number of immediate actions, in addition to those taken when the CQC first provided an overview of its concerns post-inspection.

The Chief Executive outlined that a number of actions were being taken by the Trust, and the feedback from staff to date was that they were absolutely committed to addressing the issues at pace, and to providing the best care to patients. The challenges being faced by the hospital were not new, and those raised in relation to urgent care and flow through the hospital had been communicated previously to the Committee over the past two years. The Trust accepted that they were not getting their delivery of care 100% right, and were committed to changing this, and making sure that staff were able to meet this challenge. This was particularly the case in urgent care, where staff had faced an ongoing period of high demand for services, but remained resilient and focused on improvement.

The Chief Executive explained that in his view there were a number of conditions that weren't right in the organisation whilst the inspections took place, and part of his role was to create the right environment in the hospital to ensure that the best care could be provided. The Trust subsequently had a new quality improvement plan, which had been reviewed and refreshed to ensure it could meet the areas where action needed to be taken. A first draft of this had been submitted to the CQC and partners on 1 September, and this would be finalised for publication by 31 October. In the meantime, a Quality Summit would be held with partners and

the CQC to review the document, and ongoing engagement work would continue with staff to ensure they understand and can take ownership of the plan.

There had been a number of leadership changes in the Trust since the inspections were held, and since joining the organisation in July the Chief Executive had been impressed with how colleagues were working collaboratively at a senior level.

The Medical Director was also newly in post but had been a consultant at the Trust for nearly 20 years. His view was that the situation reported by the CQC was very uncomfortable for staff, but there was a clear sense of commitment from all levels that had at times been quite overwhelming. It was important that the Board continued to build a strong team to take ownership of the report and its actions.

In response to questions, the Committee heard:

- That the Trust were currently recruiting to the position of chairman following the retirement of the previous post-holder, and currently this position was held by an interim chairman. Interviews for this role would be held at the end of September, and the Trust hoped to make an announcement shortly after. In addition, the Trust had recently recruited new Non-Executive Directors who were better able to hold the Trust to account.
- The Executive Board was still in a transitional state and would be for the remainder of the year. Several positions were still held by interim placeholders, and further recruitment work would need to be undertaken.
- The new Chief Executive was previously the Chief Operating Officer for NHS Improvement and therefore had significant experience of commissioning Board capability reviews. This tool was usually used for assessing the ability of those who have been in post for a long period of time; the wider issue in the Trust was that many of the Board positions at the time of the inspection were filled by Interim or Acting Board Members, or there were vacant positions. The Chief Executive would therefore have the ability to recruit individuals to these roles who have the right values and skills, and potentially experience of working for, or with, a provider which had improved despite similar difficulties.
- That accountability for the day-to-day delivery of acute care in the hospital is with the Chief Operating Officer, and responsibility for aspects of how care is delivered also sits with the Chief Nurse and Medical Director. Ultimately, the Chief Executive was accountable for how the hospital operates and took responsibility for the findings of the CQC report.
- That one of the criticisms of the report related to how the Trust cared for patients with mental health issues, and this had been a deep dive element considered by the external review of the Trust's approach. This has been a particular focus of the Medical Director, who is the first nominated Executive Lead for mental health in the Trust. As part of this champion role, the Medical Director held fortnightly meetings to discuss the Trust's approach to the growing number of people with serious mental health issues attending the hospital, and how the hospital could implement best practice relating to their care
- The issues raised in the report around the incorrect recording of serious incidents, and safeguarding and wider governance concerns made

troubling reading, and the Trust were taking these very seriously. These parts of the report highlighted an alarming amount of inconsistency, especially where services were over-stretched or facing high levels of demand. In response to these findings, the Trust had commissioned an external review of patient management across all vulnerabilities, in order to be absolutely sure of where the issues are and what action needed to be taken. The aim was to ensure better and more embedded levels of understanding and standards amongst staff than the Trust were previously able to demonstrate. The Chief Executive felt that the Trust was already able to demonstrate significant improvements in this area already, but there was more to be done.

- The Chief Executive of the CCG noted that they were reassured by the Board's acceptance of the CQC report and their commitment to actioning the recommendations. The CCG would be working closely with the Trust, both to be assured as a commissioner that actions are being taken, and as a partner to ensure that the wider health and social care system also assists with the actions to be taken. A significant amount of work was progressing locally in relation to out of hospital care, which would see more traction in preventing individuals from being referred into acute care, and would improve flow out of the hospital. It was important that the focus was not just on the internal processes of Trust, but also about what the wider health and social care system can do.
- One of the benefits of the wide geography covered by the CCG was that lessons could be learnt from the organisation working with multiple hospital trusts, including outstanding Trusts such as Frimley Health, and applying these lessons, where appropriate, to Portsmouth. The dissemination of best practice across all of the hospitals in Hampshire was a key feature of the Sustainability and Transformation Plan programme.
- The CCG would be working in three ways to specifically hold the Trust to account. First, it would be monitoring the Ward to Board culture and requesting assurance that Non-Executive Directors are able to effectively hold the Board to account, which the CCG believed had already developed in a more open and transparent way. Secondly, the CCG had changed the conditions around contracting, and the Trust now worked to a new aligned incentive contract, which focused on rewarding the right behaviours. Thirdly, the CCG would be working with partners to ensure that there was the right level of capacity and support in the community. All of this work was not about trying to implement lots of new initiatives, but was more about getting the basics right.
- The CCG have given the Trust a contract performance notice, which was in place before the CQC report was published. This was one of the key focuses of the system wide urgent care delivery board, so some of the issues raised in the report were not of surprise to the CCG. However, the parts of the report the CCG was not so cognisant of, and found difficult to understand, were the cultural issues around care delivery.
- The Trust were aware of the need for a culture shift and better ownership by staff of the improvement journey. The Board had held meetings with staff which had been cathartic, with a spirit of openness allowing concerns to be expressed and emotion to be shown; many staff were upset that they and their colleagues were reported to not be getting it right, but accepted this finding. The meetings also showed a motivation to get it

right, and an energy and enthusiasm to improve both quickly and permanently.

- The issues raised around bullying and harassment had also been picked up in the staff survey, which was a surprise as the Trust were in the top quartile for staff satisfaction. Since joining the Trust, the Chief Executive had held a number of engagement sessions with staff, of where some of the feedback received was that staff do not always feel confident enough to, or able to, express concerns about poor care or not following Trust policy. This was not acceptable, to the Chief Executive, and he would be exploring how he could better encourage candour.
- The Trust does have a whistleblowing policy, and the Chief Executive wrote a weekly blog to all staff that provided them with his direct contact details should they wish to raise concerns with him directly. This had already seen a number of contacts
- The Medical Director had lobbied with the Director of Education to begin a Chief Registrar post in the Trust, which was 50% funded by the Wessex Deanery to enable a split between clinical and management time. The first Chief Registrar took up the post in August, and met at least once a week with the Medical Director to discuss concerns and upcoming issues. They had also set up a junior doctor forum, which enabled new doctors to discuss their experiences with their peers, and to confidentially raise concerns they may have about existing practice in the hospital. This forum recognised that the Trust needed to engage meaningfully in a way that was supportive with junior medical staff, especially as they often are a group that has intelligence from working in other care settings that should be tapped into.

The Chairman thanked the presenters for their honest answers to probing questions, and noted that the Committee would be keen to review the improvement plan of the Trust, and to understand timescales for delivering sustained improvements. Therefore, the Committee would invite the Trust back to their next meeting, in order to consider this plan in greater detail.

RESOLVED

That Members:

1. **Note the Care Quality Commission report and the update from the Trust.**

2. **Request the Trust's improvement plan setting out actions to be taken in response to the recommendations of the Care Quality Commission report, once published.**

3. **Request that the Trust be further invited to the 21 November meeting, in order to present and speak to the improvement plan.**

Councillors Alan Dowden, Jane Frankum, Steve Forster, and co-opted member Councillor Trevor Cartwright left the meeting at this point in proceedings.

27. **ADULTS' HEALTH AND CARE - SUBSTANCE MISUSE SERVICES**

This item was deferred at the request of the Chairman and agreed by the Committee.

28. 'SOCIAL INCLUSION AND TRANSFORMATION TO 2019' WORKING GROUP - TERMS OF REFERENCE

The Committee reviewed the draft Terms of Reference for the 'Social Inclusion and Transformation to 2019' working group of the Health and Adult Social Care Select Committee.

The Committee heard that the final membership would be:

- Cllr David Keast (Chair)
- Cllr Anne Briggs
- Cllr Alan Dowden
- Cllr Marge Harvey
- Cllr Barbara Hurst (District and Borough co-opted member)

RESOLVED

That the Terms of Reference are approved.

29. 'SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS' WORKING GROUP - TERMS OF REFERENCE

The Committee reviewed the Terms of Reference for the 'Sustainability and Transformation Partnerships' working group of the Health and Adult Social Care Select Committee.

The Committee heard that the final membership would be:

- Cllr Roger Huxstep (Chairman)
- Cllr Fran Carpenter
- Cllr Pal Hayre
- Cllr Mike Thornton
- Cllr Alison Finlay (District and Borough co-opted member)

RESOLVED

That the Terms of Reference are approved.

30. WORK PROGRAMME

The Director of Transformation and Governance presented the Committee's work programme (see Item 11 in the Minute Book).

RESOLVED:

That the Committee's work programme be approved, subject to any amendments agreed at this meeting.

Chairman, 21 November 2017