OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 22 April 2021 commencing at 10.00 am and finishing at 2.20 pm

Present:

Voting Members:	Councillor Arash Fatemian – in the Chair
	Councillor Kevin Bulmer Councillor Mark Cherry Councillor Mike Fox-Davies Councillor Susanna Pressel District Councillor Paul Barrow District Councillor Jill Bull District Councillor Phil Chapman District Councillor Jo Robb Councillor Jane Hanna OBE (In place of Councillor Alison Rooke)
Co-opted Members:	Jean Bradlow Dr Alan Cohen Barbara Shaw
Officers:	
Whole of meeting	Ansaf Azhar, Director for Public Health; Steven Fairhurst Jones, Senior Policy Officer; Colm Ó Caomhánaigh, Committee Officer

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.

13/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Alison Rooke (Councillor Jane Hanna substituting) and City Councillor Nadine Bely-Summers.

14/21 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The following declarations of interest were noted:
Dr Alan Cohen is a Trustee of Oxfordshire Mind

Jean Bradlow's husband is a consultant rheumatologist at the Royal Berkshire NHS Hospitals Trust.
Councillor Mark Cherry is registered with the Windrush Surgery.

15/21 MINUTES
(Agenda No. 3)

The minutes of the meetings on 4 February 2021 and 12 March 2021 were approved.

16/21 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

The Chairman had accepted the following requests to speak:

Item 8 Community Services Strategy
Julie Mabberley
Bill Falkenau
Cllr Jenny Hannaby

Item 9 OX12 Task and Finish Group Report
Julie Mabberley
Cllr Jenny Hannaby

It was agreed to take Item 9 before Item 8.

17/21 FORWARD PLAN
(Agenda No. 5)

The Forward Plan was agreed.

18/21 SYSTEM-WIDE UPDATE ON COVID-19
(Agenda No. 6)

The Committee received a presentation on the system-wide response to the COVID-19 pandemic. Ansaf Azhar, Director for Public Health, presented slides on the latest data which demonstrated a continuing drop in the number of new cases. This he attributed to a combination of the vaccination programme, widespread testing, lockdown, social distancing and COVID-secure regulations.

The numbers in hospital from COVID had come down dramatically but there was still pressure on hospitals due to the long waiting lists that had built up for non-COVID issues. The system was ready to respond if there should be another surge.

Ansaf Azhar responded to questions as follows:

- Workplaces were the most common sources of new cases but numbers were low. The return to school was well managed and there was only a small effect.
- There was currently no intervention available that was guaranteed to achieve zero-COVID and the costs to people's general wellbeing and the economy in trying to achieve that would be significant.

- There was no measurement to document how many people were suffering from Long-COVID. It was being studied closely but we were still learning about it. Maintaining a healthy lifestyle was still the best way of recovering from COVID.
- The number of new cases was back to where it was last summer but it never got down to zero then. There were new more transmissible variants around this time and it was important that people continued to following guidelines and carry out the regular testing being offered.
- The data was available on whether those who tested positive had been vaccinated but he couldn't comment on specific cases. The vaccine did not completely prevent infection but it would ensure that, if infected, the need for hospitalisation would be avoided.
- In terms of excess deaths – which was a useful way to compare different regions – Oxfordshire was comparable to the national average in the first wave and below average in the second.

It was agreed to provide statistics comparing Oxfordshire to other counties that Public Health England group with us as similar counties.

Testing

Ansaf Azhar presented data on testing showing that the numbers of PCR tests were dropping as fewer people were presenting with symptoms. There were now more sites open for LFD asymptomatic testing and kits could be collected from centres, including around 100 pharmacies. The number of positive tests was very small but it was still important to detect them to stop the spread.

Ansaf Azhar responded to questions on testing:

- The purpose of asymptomatic testing was to detect positive cases rather than give assurance from a negative result. The figures showed that LFD tests, although less reliable, had detected 70 cases in Oxfordshire in one week.
- Up to April 9 asymptomatic testing was focussed on the workplace but from that date the general public were encouraged to get tested twice a week. He noted the feedback that this message was not widely understood and would look at new ways of communicating it.
- Asked about people being reluctant to take the LFD test from a fear that they might lose their job by taking time off work to self-isolate – especially when this test was known to produce some false positives, he responded that those who tested positive could get a more reliable PCR test very quickly now. Support payments were available to people who had to self-isolate.
- The Pharmacy Collect system had only been put in place for a week or two and it was expected that the number of pharmacies participating would grow.
- Mask wearing will need to be continued in schools and in general. The advice was still to get a PCR if showing symptoms. Testing kits are available from all testing centres. He would take on board the comments about confusing signage at the Shippon test centre.

Vaccination

Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group, gave an update on the vaccination programme. This had progressed very well thanks to the strong partnership across the system. The top nine cohorts had been offered vaccination by April. The focus was now on second vaccinations but in the

last week over 45s had been offered first doses. Three pharmacies were now operating as vaccination centres with five more soon to come online. These have been targeted for market towns.

Tehmeena Ajmal, COVID Operations Director, Oxford Health NHS FT, described the work being undertaken to reach the 30,000 or so people in the nine cohorts who had not yet been vaccinated. Pop-up clinics were being held in churches and mosques for example and sprinter vans were being acquired to service more rural areas. Three different vaccines were available so that there were alternatives for those people, such as under 30s, who were not being offered the AstraZeneca vaccine. Work was continuing to ensure that those who might not be registered with a GP get a vaccine, including people who are homeless.

The Chairman thanked all those working in the system for their work in ensuring that all people, all ethnicities were able to access the vaccine. Officers responded to questions about the vaccination programme:

- Not all GP practices took up the offer to be part of the vaccination programme but where they did not, other practices in their Primary Care Network covered for them. Some practices will stop vaccinations after cohorts 1 to 9 and other centres will service cohorts 10 to 12. The BOB-ICS which organised the vaccination programme across Thames Valley was conscious of travel difficulties in certain areas and the roll-out of new centres in pharmacies will give much wider coverage across the county's towns.
- It was acknowledged that there was an issue in relation to GP centres with people getting short notice of their second dose. This was due to supply problems. The mass-centres had regular delivery dates but this was not the case with GP centres. Everyone should receive an invitation in the eleventh week after their first dose and should be offered the nearest available centre. While 12 weeks was the recommended interval, anything up to 16 weeks still gave the required protection.
- The vaccine supply was generally known about three or four weeks ahead and there was enough to meet the needs of the cohorts currently open.

Health and Social Care

Sara Randall, Chief Operating Officer, Oxford University Hospitals, described the longer waiting lists across out-patients, diagnostic and treatment phases, with just over 5,000 patients waiting more than 52 weeks.

Patients were reviewed by clinicians including a psycho-social assessment. One case of major harm had been identified and one of moderate harm. Cancer patients were reviewed when waiting over 104 days and prioritised on urgency. Some patients chose to delay – for COVID and other reasons – but they remained on the waiting list.

Diane Hedges, Deputy Chief Executive, OCCG, stated that three services were still closed to referral – Ear, Nose and Throat; Maxillofacial and Ophthalmology. GPs could escalate cases and patients were being given options to travel to other areas for treatment. A redesign of Ophthalmology was being examined to increase the staffing capacity.

It was agreed to come back to the next meeting with the plans for recovery based on the planning guidance that had just been published. It was also agreed to circulate to the Committee data on the numbers who contracted COVID in hospital in comparison to other counties.

Officers responded to further questions as follows:

- A staff wellbeing programme 'Growing Stronger' provided support to individuals and teams. Vacancy and turn-over rates had dropped in recent months. A lot of research funding which had been lost during the pandemic was coming back online.
- Deaths in the community within 30 days of testing positive were all being notified and it will be possible to give more detail on that at the next meeting.
- In ENT they were subcontracting in consultants, as well as referring out of county. A group had been formed to work on reducing waiting lists. Patients who did not turn up were been contacted. It was agreed to provide data on audiology referrals which were not included in the ENT waiting list figures.

The Chairman thanked all officers across the system for a very useful update.

19/21 OXFORDSHIRE CLINICAL COMMISSIONING GROUP UPDATE

(Agenda No. 7)

This had been a regular item on the Committee's agenda but had been suspended while focus was on the pandemic. The Committee had before it an update which included the transfer of services provided by Oxfed and the re-procurement of the MSK (Musculoskeletal) services. It was agreed to take the report as read and invite questions.

Jean Bradlow noted that while individual professionals in MSK services were doing very good work, communications between different aspects of the service were poor – especially across county boundaries. Since the commissioning of the new services was over a year away, she asked that this issue be addressed urgently.

Diane Hedges, Deputy Chief Executive, OCCG, accepted that there had previously been problems which had been discussed in the HOSC and had mainly been addressed but was not aware of any specific cross-boundary issues and asked for more information on that to be sent to her. She added that one of the aims of the re-procurement was to put in place a more integrated service. She accepted an offer from Dr Alan Cohen to go through the learnings of the prior Task and Finish Group and how these related to the new procurement.

20/21 OX12 TASK AND FINISH GROUP REPORT

(Agenda No. 9)

Before considering the report and the response from the Oxfordshire Clinical Commissioning Group, the Committee heard from the two following speakers.

Julie Mabberley, Chairman of the OX12 Stakeholder Reference Group, welcomed the final report but expressed disappointment that the Task and Finish Group had not

met with the Stakeholder Reference Group since May 2019 and made no comment on the detailed project evaluation submitted by the Group.

She endorsed the final conclusion of the report that the OX12 project failed because of the poor management of the project, together with a poor level of engagement and communication with the residents of the OX12 postcode.

She believed that Wantage Community Hospital used to provide very good rehabilitation for patients and that these facilities were still required. Furthermore, the former Day Care Centre could provide supplementary services for those patients able to return home.

Julie Mabberley called on the Committee to ensure that OX12's health and care needs were provided locally and effectively using all local health and care facilities including the Hospital, the Health Centre and the Day Care Centre going forward.

Councillor Jenny Hannaby supported the comments from the previous speaker and thanked the members of the Task and Finish Group and support officers for their work and thanked the Committee for its support over the years. Wantage Town Council's Health Committee had again called for the re-opening of the beds at the community hospital by whatever means it takes. They believed that the hospital was much valued by residents for the professional care it gave for rehabilitation, enablement and end-of-life care.

The Committee considered the final report of the OX12 Task and Finish Group and its recommendations. District Councillor Paul Barrow, Chair of the Group, summarised the report. He stated that it had been sent to OCCG in January with a request to respond by the end of March. They had instead sought to cover the OX12 issue under the broader Community Services Strategy but that paper was only circulated two days before this meeting.

The Task and Finish Group had thought that the needs assessment framework was essentially a good idea. However, they believed that the way in which it was carried out was wholly inadequate as outlined in the report. In their view such a framework should only be repeated once the criticisms of the Task and Finish Group have been taken on board.

Councillor Barrow asked the Committee to support the recommendations in the report and that the Committee's previous call to reopen beds in Wantage Community Hospital be acted upon now.

Diane Hedges, Deputy Chief Executive, OCCG, responded that everyone was agreed that they needed to work towards achieving the highest possible footfall for Wantage Hospital but that there was disagreement on the best range of services to achieve this. She was disappointed to hear the views of the Task and Finish Group that the framework had not worked.

Diane Hedges noted that the Joint Strategic Needs Assessment had identified that there was not enough reablement available to get people home from hospital. The evidence was clear that long stays in bed were harmful for patients in terms of

muscle wastage and there was a need for services to be reshaped to reduce the need for hospital beds and get people into their own home.

Diane Hedges concluded saying that they needed to focus on the Community Services Strategy where all of the partners were working closely together. She recognised the need to describe how it would be evaluated and resourced. They had also included a second paper on how the strategy would relate to the issues around OX12.

The Chairman expressed disappointment that OCCG had not responded to the OX12 report within the eight weeks they were given and that the response when it came was only two paragraphs. He was further unhappy that the Community Services Strategy paper was only made available two days before this meeting. He did not feel that this was in line with the "no surprises" approach that partners had agreed on. The Chairman asked if OCCG had any objections to the points outlined under recommendations 2 and 3.

Diane Hedges responded that she had brought many of the points relating to running an effective programme into the Community Services Strategy. Noting that Councillor Barrow had additionally asked that the beds be re-opened, she stated that they could not do that but that they would examine the issue of beds across the county.

The Chairman noted that the recommendations from the report had been proposed by Councillor Barrow. Councillor Mike Fox-Davies seconded the proposal.

The Chairman added that he wanted to take the beds issue under the next item. He thanked the councillors and officers who had worked on the committee over the course of its work.

RESOLVED:
In respect of the shortcomings of the Population Health Care Needs Assessment Framework and its implementation.

1. **The project plan:**
    a. **Evaluation should be an integral part of the project plan, and a project should not be signed off by the Health and Well-being Board (HWBB) without an evaluation plan in place.**
    b. **A clear project plan should be made available which describes the time required, the workforce needed, the skills and equipment needed, and the costs of such a project**
    c. **The project plan should set out the process for the programme of work, so that it is clear to all those involved**
2. **The Process led by CCG:**
    a. **Innovations Paper: Any review of the innovations and best practice must be detailed and comprehensive.**
    b. **Assets Evidence:**
        i. **A review of workforce issues, and how these might impact on service developments including re-opening in-patient beds, GP and community nursing staff, is needed.**

ii. **A review of GP premises for an increasing population is needed.**
iii. **Greater clarity is required on how the detailed information provided by the population questionnaire will be used to formulate solutions**

c. **Health Needs Evidence:**
   i. **The link between the JSNA and the local data sources including district planning and housing data should be strengthened.**
   ii. **Information gathering and analysis methods should be reviewed including the use of more sophisticated software for data analysis and future projections.**

d. **Synthesis:**
   i. **It is recommended that the local framework fits into wider county-wide and national policies on community health and social care (in-patient beds/domiciliary care, etc). This should also include Oxfordshire Health and Wellbeing Strategy, and other place-based documents.**
   ii. **Greater clarity is required on how the three separate sections of the Framework are combined and used to formulate conclusions.**

e. **One of the major specific issues discussed within the project was the future of Wantage Hospital. We reiterate our earlier recommendation to HOSC that any decision made on the future of in-patient beds should be evidence-based and include the pros and cons of bed closures and of alternative provision and include consideration of Wantage Hospital within the proposed wider county strategy and not be based on the CCG report. We endorse the decision of the County Council (8th December item 15) that a comprehensive plan for OX12 by the system be completed which is acceptable to the local population and forms a significant part of, or acts as a pilot for, the county-wide review of community health service provision.**

3. **We recommend that HOSC requests that the operation of the scrutiny function be part of a County Council Constitutional Review. We recommend priority to the value of transparency and openness to ensure the public is aware of the challenges faced in scrutiny of the whole system.**

21/21 COMMUNITY SERVICES STRATEGY

(Agenda No. 8)

Before receiving the presentation, the Committee heard from the following three speakers:

Julie Mabberley welcomed the document but noted that the timetable and actions looked very similar to those outlined at HOSC in September 2018. She asked if the governance was now in place and if resources had been made available. The Oxfordshire A&E Delivery Board urgent care work, due to be completed by the end of April, needed to be set alongside this to ensure completeness.

She noted that the timetable showed a period of 17 months and hoped that they would not have to wait that long for services to be brought to OX12. She described the role that the community hospital had played before closure in helping patients through the transition from acute hospital to home. In looking forward to the

community involvement in this strategy, she reported that members of the stakeholder group would be happy to be involved.

Bill Falkenau, Clerk of Wantage Town Council, reminded the Committee that he had previously spoken at the Committee meeting in February 2020 and had asked on behalf of Wantage Town and Grove Parish Councils that the OX12 Report be withdrawn and that the beds temporarily closed at Wantage Community Hospital be reopened. The concerns expressed at the time had been fully justified by the report of the Task and Finish Group that was considered under Agenda Item 9.

He believed that the Community Services Strategy paper had merit but appeared to have the effect of kicking the issue of the inpatient beds in Wantage further into the "long grass" for a prolonged period which was unacceptable. The Legionella risk had been dealt with since last September and he believed that there was now no legal justification for the beds to remain closed. He called for the reopening of the beds prior to work on the Community Services Strategy proceeding.

Councillor Jenny Hannaby referred to Page 5 of the presentation in Addenda 2: where it recognised that OX12 residents needed to have confidence in their access to effective rehabilitation whether in hospital or at home. She said that the question was "what hospital?" – Wantage or having to travel across the county?

Councillor Hannaby asked for the evidence that safe services can be provided long-term at home, free at the point of need. She noted that during the pandemic, patients who were not yet well enough to go home were put in a hotel with agency staff when they could have been looked after in Wantage Community Hospital.

Councillor Hannaby asked how much developer funding had been drawn down since OCCG took over primary care commissioning. She believed that there was £1.2m currently held by planners and suggested that some of that could be used to fund the proposed strategy.

Councillor Mike Fox-Davies noted that the strategy appeared to be very similar to one which was presented to a meeting in Didcot in late 2018. He drew attention to Page 6 of the presentation which was headed "Why different this time? Why will it deliver?" This was where he believed the focus needed to be.

Dr Ben Riley, Managing Director of Community Services, Oxford Health, introduced the presentation which outlined the proposed strategy. He acknowledged the length of time that had elapsed since the closure of the inpatient beds at Wantage hospital and reiterated the apology given by his Chief Executive, Dr Nick Broughton. They were committed to proceeding as fast as the pandemic would allow.

The strategy had been supported by the Health and Wellbeing Board at its meeting in March. It had the support of all the Oxfordshire councils as well as the CCG and the hospital trusts.

Stephen Chandler, Corporate Director for Adult and Housing Services, described the evidence available to show the benefits of reducing time spent in hospital beds in favour of more care being delivered in the home. The response to the pandemic had

shown how a strong partnership across the system could change the way health and social care were managed. He agreed with other speakers that the challenge was in delivering this change.

Dr Riley added that work was ongoing in developing an evidence pack which they should be able to share within a couple of weeks. Oxford Health had just published a more detailed Strategic Development Framework on its website. The presentation pack brought in points from the OX12 report – particularly on innovation and workforce planning. There was a dedicated email address available to start taking feedback as part of a wider engagement.

Dr Riley had met twice with the Wantage Town Council Health Committee and assured them that the needs of the population would be at the forefront. He gave an example of a pilot for urgent community nursing and therapy services in the Wantage area. Data from that will inform the strategy going forward.

Another pilot in mental health services was aimed to start in October and they were developing plans with Oxford University Hospitals to provide consultant outpatient clinics at Wantage Hospital. It was not a case of waiting 17 months before putting services into the hospital.

Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, addressed the timetable for development and implementation. Extra capacity had already been created through stronger partnership working. The commitment was there to provide the resources. If at the end of the whole process it was decided that the inpatient beds at Wantage were not part of the plan that would be a consultation issue.

At the June Health and Wellbeing Board it will be outlined how the project deliverables will be arrived at and the way in which people can engage. The points made by the Task and Finish Group about evaluation will be taken on board and this can come back to the next HOSC meeting if that is desired.

The table on Page 8 listed programme actions but most of these could only be progressed when the country gets to COVID Level 2. Changes that require a consultation process will be identified but that will not stop progress in other areas. Diane Hedges concluded by agreeing with the Task and Finish Group that there was a need to have the difficult conversations about the options.

Councillor Jane Hanna stated that there had yet to be a proper discussion on Wantage Hospital. Other smaller towns had inpatient beds. COVID had changed the situation and there was a need to see the data around that. She also asked if the extension to the GP practice was going to be built this year.

Diane Hedges responded that the crux of the debate was around whether it was better to be local or to receive specialised services. She agreed to share the evaluation approach with members of the Committee before the next meeting.

Barbara Shaw expressed concern that services around sight and hearing loss were particularly affected by COVID and these had an impact on isolation especially for

older people. Diane Hedges responded that GPs can refer to audiology for hearing aids but, in regard to ear wax removal, people were being asked to self-care. She agreed the connection was an important one to make in regard to isolation.

Dr Alan Cohen welcomed the pilot projects but asked that their criteria for success be outlined so that they can be evaluated properly. He also noted that the next update on the strategy was going to the Health and Wellbeing Board for agreement before HOSC will see it so they would have no opportunity to scrutinise it.

Councillor Jane Hanna suggested that the order of the meetings of the Board and OJHOSC be reversed so that members of the Health and Wellbeing Board would have an opportunity to be informed of the views of OJHOSC. Councillor Fatemian said that the committee would be able to send its representations to the Health and Wellbeing Board before it met.

Dr Riley responded that they were working with NHS benchmarking on this and that defining the criteria up front was part of the plan. Diane Hedges added that down the line detailed criteria will be needed on how to decide between options of the beds and these criteria would be developed in an engaged way as had been done for maternity.

The Chairman cited an example where the Committee previously agreed with a proposal to move stroke services from the Horton Hospital in Banbury to the JR in Oxford, accepting the argument in that case that it was more important to be safe than local.

The Chairman asked for a weekly update on developments and anything published on the strategy, as the Committee already receives from OUH and the Horton Hospital.

He read from the minutes of a Committee meeting held in Didcot in November 2018 at which very similar proposals were put to those presented today. He said that this process would have to be scrutinised closely to ensure that progress was made this time.

The Chairman asked that the next stage of the strategy be circulated to members of the Committee in good time for them to give feedback that will be presented to the Health and Wellbeing Board.

The Chairman also stated that the issue will be discussed offline as to whether it was best for the full Committee to monitor progress or have a Task and Finish Group in order to avoid the timing of Committee meetings causing any delays to the process, with a proposal to be brought to the June meeting.

The Chairman proposed the following:

- That Dr James Kent, Chief Executive, OCCG, come to the June Committee meeting to discuss if the timeline can be shortened to something more similar to that for Horton which took 12 months.
- That fail-safes be discussed to deal with any delays in the strategy – particularly any that affect Wantage.

- That Drs Broughton and Riley of Oxford Health address the issue that keeping the inpatient beds in Wantage Community Hospital closed for so long was essentially predetermining their future.

The proposals were seconded by District Councillor Paul Barrow and were agreed.

22/21 HEALTHWATCH REPORT

(Agenda No. 10)

The Committee had received its regular report from Healthwatch Oxfordshire on the views of the public on health and social care services. Rosalind Pearce added some comments on the issues that had arisen at this meeting:

- Agreed that the message on regular COVID testing had not been widely received and was happy to work with the Director for Public Health on that.
- Agreed that the plans to deal with treatment waiting lists need to be seen.
- While patients may be given the option to go out of county for treatment, there may barriers to that. It would be helpful if there was support with travel costs and if they could be assured that the next appointment will be local.
- They are still receiving some negative feedback on MSK services and will look for patient involvement in the commissioning of the new service.
- With regard to the 17 month timeframe for the Community Services Strategy, she noted that the move to one CCG over the BOB area (Bucks, Oxon, Berkshire West) was due in April 2022 and the Committee should seek assurances that decisions on the strategy will still be taken locally.
- A recent Healthwatch report identified that some GPs' websites were asking for proof of identity in order to register which was clearly not allowed under the NHS guidance.

Rosalind Pearce responded to members' questions as follows:

- She stated that she was happy to send all Healthwatch Oxfordshire reports to the Committee Secretary for circulation to members.
- They had not yet done work on experiences of self-isolating. She believed that the issue of digital exclusion would be important in that, given how health services are asking patients to go online more.
- She agreed to do some work to identify which GP practices have no Patient Participation Group (PPG) or an inactive PPG and then consider how to support these cases. Existing and active PPGs are supported with advice and webinars.
- Healthwatch England was participating in a working group on the government's coming White Paper on Integrated Care Systems. She believed that there was a commitment to local engagement in the BOB region but the challenge would be in the integration part of their work.

The Chairman and members of the Committee thanked Rosalind Pearce for the report.

23/21 CHAIRMAN'S REPORT

(Agenda No. 11)

The Committee considered the Chairman's Report on developments and communications since the last Committee meeting.

Barbara Shaw noted that the commissioning of the MSK service, which will operate across the BOB (Bucks, Oxon, Berkshire West) region, will be an in interesting test on how processes will work at that level and what input this Committee will have.

The Chairman thanked members for their work over the previous four years. In particular, he wished Councillor Mike Fox-Davies well, as he was the only elected member of the Committee not seeking re-election.

..... in the Chair

Date of signing .....