

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 7 January 2014 at Council Chamber, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Dennett, V. Hill, Horabin, C. Loftus, Sinnott, Wallace and Zygadlo

Apologies for Absence: Councillors Baker and Hodge

Absence declared on Council business: None

Officers present: L. Derbyshire, L Gladwyn, M. Holt, H. Moir, E. O'Meara, L. Smith, S. Wallace-Bonner and D. Sweeney

Also in attendance: S. Banks and J Snodden (NHS Halton CCG), H. Smith and C. Stuart (5 Boroughs NHS), a member of the press and 2 members of the public

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA43 MINUTES	
The Minutes of the meeting held 6 November 2013 having been printed and circulated were signed as a correct record.	
HEA44 PUBLIC QUESTION TIME	
The Board was advised that no public questions had been received.	
HEA45 HEALTH AND WELLBEING MINUTES	
The Minutes of the Health and Wellbeing Board of its meeting held on 18 September 2013 were submitted to the Board for consideration.	
Page 9 – The Board raised concern at the national funding gap which could be £30b between 2013/14 and 2020/21.	
RESOLVED: That the minutes and comment raised be noted.	

## HEA46 QUALITY HEALTHCARE

The Board considered a report of the Strategic Director, Communities, which presented:-

- an overview of health reports including Keogh Reviews, Cavendish Review, and the government response to the Francis Inquiry 'Hard Truths, The Journey to Putting Patient's First';
- an overview of the findings from 'Putting Patients Back in the Picture', the final report by Ann Clwyd PM and Professor Tricia Hart, the review of the NHS Complaints systems;
- a further update on progress made in relation to quality in health care through the commissioning process in response to the findings of the Francis Inquiry and other reports; and
- an assurance to the Board on the quality of service provided to the population of Halton and the actions being taken to ensure improvements in quality.

The following comments arose from the discussion:-

- Concern was raised regarding the proposals and it was suggested that as there was no funding available from the Government, the proposals would not be achievable. Concern was also raised that with the lack of adequate funding, staff in homes and hospitals would not be adequately trained. It was also highlighted that many of these staff were on a minimum wage, or a zero hours contracts which resulted in a lack of stability and consistency for patients. In reply, it was reported that there was an investment issue and 50 % of the workforce comprised of non-qualified staff. However, an assurance was given that these issues were being addressed and work was taking place with acute and social work providers to set standards for non-qualified staff and support them as much as possible; and
- It was noted that as part of the commissioning process for 14/15 (April 2014), the CCG was aiming to commence the use of quality outcomes

based commissioning processes to ensure quality measures would deliver real patient outcomes.

RESOLVED: That

- (1) the contents of the report and comments raised be noted; and
- (2) the progress made in monitoring and improving the quality of health care delivered locally be noted.

HEA47 URGENT CARE CONSULTATION - NHS HALTON - CLINICAL COMMISSIONING GROUP

The Board considered a report of the Strategic Director, Communities, which gave Members details on the results from the information received from the different methods of the urgent care consultation carried out in the Summer of 2013.

The Board was advised that the Appendix attached to the report provided a summary of the information received following the consultation undertaken in Summer 2013 with residents and key stakeholders.

The Board was further advised that a briefing on the re-design of urgent care and the proposed changes was attached at Appendix 2 to the report.

The following comments arose from the discussion:-

- It was noted that both facilities would have an increase in the amount of services provided for the population of Halton. It was reported that it was anticipated that the centres would quickly become care centres for the local population. The centres, which would deliver services locally, would be more cost effective and efficient for the patient. It was reported that consideration was being given on how to maximise the use of the Halton Hospital site and the Walk In Centre in Widnes. However, it was reported that there were significant parking issues at the Widnes site and various options were being explored to resolve this problem. An assurance was given that this matter would be dealt with and a solution would be in operation by April 2015;
- Clarity was sought on whether the increase in

numbers to A&E were as a result of people being unable to access their GP and whether the new centres would alleviate this issue. In reply, it was reported that there was potential to alleviate the pressure on GP surgeries and there would also be a GP reform looking at how services were managed. The emphasis would be on the wellbeing and prevention agenda, supporting people to have a greater responsibility for their health and wellbeing;

- It was noted that frail elderly people with minor problems could often be transported to A&E via the ambulance service, when alternative therapies were available. However, It was also noted that the admissions rate had dropped significantly. It was reported that the NW Ambulance service were taking part in the Pathfinding Project, which when Kite marked would transport patients to one of the sites rather than A&E and reduce the admissions rate by 3 or 4%. This would also reduce ambulance waiting times and costs etc; and
- The Board noted the positive impact the Widnes Walk In Centre was having in the community.

RESOLVED: That

- (1) the report, the summary results set out in Appendix 1 and the briefing note in Appendix 2 of the report be noted; and
- (2) the comments raised be noted.

#### HEA48 HEALTH POLICY & PERFORMANCE BOARD PRIORITY BASED REPORT : QUARTER 2 2013/14

The Board considered a report of the Strategic Director, Communities, which introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in Quarter 2 of 2013-14. The report also included a description of factors which were affecting the service.

The following comments arose from the discussion:-

- Page 63/64 – further information was requested on PA2 – the numbers of people receiving

intermediate care per 1,000 population (65+). In reply, it was reported that this information would be circulated to Members of the Board;

- Page 66 – Capital Projects, an update was requested on the Bungalows at Halton Lodge and the Grangeway Court Refurbishment. In reply, it was reported that work was taking place with Halton Housing Trust regarding the funding for the adapted bungalows. It was progressing and the bungalows were due to be completed in March 2015. In respect of the refurbishment of Grangeway Court, it was reported that it had been planned and would commence before the end of the financial year;
- Clarity was sought on whether the increase in Direct payments and expenditure being £142,000 over budget profile at the mid-point of the year was due to the pressure of new people coming into Halton, and if so how many people it represented. In reply, it was reported that information on this matter would be circulated to all Members of the Board;
- The progress made in Care Management and Assessment Services was noted;
- Page 55 – End of Life Care – The amount of work involved by numerous agencies in supporting a patient to die at home, if they wished, was noted; and
- Page 57 – Public Health – the problem with the transfer and access to some required data sets, particularly relating to NHS data, since Public Health became the responsibility of the Local Authority was noted. It was also noted that this was a national issue. However, Members requested that this be resolved as soon as possible and it should have been resolved before it had been transferred to the Local Authority.

RESOLVED: That the report and comments raised be noted.

HEA49 A MENTAL HEALTH AND WELLBEING COMMISSIONING STRATEGY FOR HALTON

The Board considered a report of the Strategic

Director, Communities, which presented Halton's draft integrated Mental Health and Wellbeing Commissioning Strategy 2013-2018 and supporting evidence paper.

The Board was advised that the National policy relating to mental health was set out in "No Health without Mental Health" – DH 2011 (NHWMH) and emphasised that mental health was everybody's business. The policy set out six high level objectives with an emphasis on prevention and early intervention.

The Board was further advised that mental health problems were the single largest cause of ill health and disability in the Borough. Halton's Health and Wellbeing Board had recognised this by including "Prevention and early detection of mental health conditions" as one of its five priorities. The Board's Health and Wellbeing Strategy 2013-18 included actions to begin addressing this and included the NHWMH six objectives as the framework to address the challenge of improving mental health and wellbeing in the Borough.

It was reported that the overarching aims of the strategy were to:

- Improve the mental health and wellbeing of Halton people through prevention and early intervention;
- Increase the early detection of mental health problems leading to improved mental wellbeing for people with mental health problems and their families;
- Improve the outcomes for people with mental health problems through high quality accessible services;
- Optimise value for money by developing quality services which achieve positive outcomes for people within existing resources; and
- Broaden the approach taken to tackle the wider social determinants and consequences of mental health problems.

In conclusion, it was reported that the overview of progress in implementing the strategy action plan would be through the Mental Health Strategic Commissioning Board which reported to the Health and Wellbeing Board.

The following comments arose from the discussion:-

- Members congratulated Officers on the report;
- Page 94, Priority 1 – Improve the mental health and wellbeing of Halton people through prevention and early intervention, clarity was sought on whether all staff involved with mental health patients would have appropriate training. In reply, it was reported that all midwives and health visitors etc received core foundation training to enable them to undertake a risk assessment, and refer individuals to appropriate services;
- It was noted that a pilot was being undertaken working with Cheshire Police, Warrington CCG and Halton CCG whereby CPNs were present on police patrols and available in custody suites etc. It was reported that the pilot had been successful so far and had significantly reduced costs and the number of Section 136's. It was also reported that it was hoped that post March 2014, this practice could be permanently established. The Board also noted that funding for this service was via a three way split between the pilot agencies;
- It was noted that as the strategy was implemented, the number of people being identified with mental health problems would increase. However, the benefits of the early detection of mental health problems was also noted;
- Page 98 – Priority 3, to improve outcomes for people with identified mental health problems through high quality, accessible services – It was noted that work was taking place with 5 Boroughs Partnership NHS Foundation Trust regarding the provision of respite to support the whole family;
- The Board noted the excellent work being undertaken at the Brooker Centre and the importance of retaining the centre;
- The Board noted the Improving Access to Psychological Therapies (IAPT) was an NHS programme rolling out services across England, offering interventions approved by the National

Institute of Health and Clinical Excellence for treating people with depression and anxiety disorders; and

- Page 119 - The Board noted Halton's Vision and acknowledged that Halton were well on the way to achieving it.

RESOLVED: That the contents of Halton Mental Health and Wellbeing Commissioning Strategy 2013-2018, evidence paper and comments raised be noted.

## HEA50 HALTON DEMENTIA STRATEGY

The Board considered a report of the Strategic Director, Communities, which presented Halton's Dementia Strategy.

The Board was advised that the local dementia strategy had been completed in February 2010 and was a direct response to the National Dementia Strategy – Living Well with Dementia (Department of Health, Feb 2009). The local strategy adopted the national targets as well as developing a specific implementation plan to deliver a range of improvements for people diagnosed with dementia and their carers.

The Board was further advised that the revised local dementia strategy, 'Living well with dementia in Halton' (Appendix 1), and the associated 'needs' paper (Appendix 2) looked at the progress that had been made since the original strategy publication, as well as identifying some key actions that needed to be completed over the next 5 years.

The Board noted the key achievements that had been made since the original strategy and that the priorities for 2013-2018 focussed on the following areas:-

- Prevention and raising awareness;
- Early diagnosis, information and advice;
- Living well in the community;
- End of Life;
- Workforce development; and
- Links to other workstreams.

In conclusion, it was reported that the 2013-2015 Strategy implementation plan outlined the key actions for future development in improving the outcomes for people with a dementia diagnosis, their families and carers. The implementation plan could be found within the 'Living well



with dementia in Halton' Strategy document.

The following comments arose from the discussion:-

- It was noted that a significant amount of work had been undertaken with housing providers and Halton Housing Trust had also been very supportive and proactive in up skilling their staff on how to support people when accessing their services. Work was continuing but funding for some of the training was proving to be very challenging;
- The positive actions being taken in mental health services was noted. However, it was also noted that there was still a lot of work to do;
- Page 228 – It was reported that text was missing from the bottom of the page and agreed that this would be circulated to all Members of the Board;
- Clarity was sought on whether dementia formed part of the health passport. In reply it was reported that it was hoped this would be achieved by the summer of 2015;
- Clarity was sought on how wards, with NHS cut backs and shortages of staff coped with dementia patients. In reply, it was reported that discussions had taken place with the Director of Nursing regarding the staffing of wards and all wards had a lead nurse for dementia. The lead nurse was responsible for ensuring staff were appropriately skilled and for monitoring stressful areas. In addition, it was reported that a Ward Site Liaison Officer, ensured staff working with a dementia patient on a ward had the appropriate skills; and
- It was noted that it was beneficial for individuals to stay at home wherever possible and with the Government cuts and staff reductions, the Board agreed to monitor the situation.

RESOLVED: That the report and comments raised be noted.

The Board considered a report of the Strategic Director, Communities, which gave Members a summary of the Government's Health and Adult Social Care Settlement 2015/16 and highlighted how the Health and Well Being Board in Halton had been addressing the issues to ensure the conditions attached to funding and integration were progressed.

The Board was advised that in June 2013 the Government had announced the results of the latest spending round 2015/16 for Adult Social Care and provided information about the settlement for 2015/16 including £3.8 billion of pooled health and social care funding for integration (the Integration Transformation Fund) to be held by Local Authorities. Alongside this, NHS Halton Clinical Commissioning Group (HCCG) had received a similar announcement from NHS England (Merseyside) setting out the Health Settlement for 2015/16 and the implications for CCGs.

The Board was further advised that the settlement stated that "access to the pooled budgets would be conditional on agreeing plans with local health and wellbeing boards to protect access and drive integration of services, to improve quality and prevent people staying in hospital unnecessarily". The plans would be required to satisfy nationally prescribed conditions.

It was reported that to ensure that the necessary plans were in place and comply with the integration, the Board had established a short, time-limited Task and Finish Group, chaired by the Strategic Director for Communities, to develop the plan in conjunction with guidance from the Department of Health and Department for Communities and Local Government.

Furthermore, it was reported that a plan was currently being drafted and the Health & Wellbeing Board had arranged a workshop to discuss the draft in January 2014. It was then proposed that it be submitted to the Council's Executive Board and through the appropriate CCG governance channels.

The Board noted that HBC and HCCG may be at risk of losing funding if certain criteria/conditions described in the report were not met. The Board also noted the significant challenges over the next 2-5 years.

It was noted that funding was being reduced and the number of people with mental health problems was likely to

increase, particularly mental health in older people.

RESOLVED: That the report and comments raised be noted.

## HEA52 SAFEGUARDING ADULTS UPDATE

The Board considered a report of the Strategic Director, Communities, which gave the Members an update on the key issues and progression of the agenda for safeguarding 'vulnerable adults' (i.e. adults at risk of abuse) in Halton.

The Board was advised that an internal peer challenge review had been undertaken during June – August 2013 based on the 'Standards for Adult Safeguarding Peer Reviews'. A Peer Challenge Team had been formed along with a number of Lead Officers identified to take forward the review. As part of the review, Lead Officers undertook a self-assessment against the Adult Safeguarding Standards and produced a report for the Challenge Team. An outcome report had been presented to the Safeguarding Adults Board on 7<sup>th</sup> November 2013.

The Board was further advised that the recommendations from the report had been converted into an action plan which would be worked on throughout 2014 and its progress monitored by Halton Safeguarding Adult Board.

It was reported that in November 2013 Halton had been invited to participate in the Making Safeguarding Personal Programme. The work aimed to provide a commitment to improve outcomes for people at risk of harm. The key focus was on developing a real understanding of what people wished to achieve, recording their desired outcomes and then seeing how effectively these had been met.

The Board noted the various activities that had taken place that were set out in paragraphs 3.6 to 3.9 of the report.

The following comments arose from the discussion:-

- The Board noted the increase in alleged abuse allegations across 151 Councils nationally and clarity was sought on how Halton were dealing with this issue. In reply, it was reported that the Authority were working closely with Cheshire Police and prosecutions had increased. It was

also reported that there had been an increase in lower level referrals which had to be investigated, which created additional pressure on the service. It was suggested that the increase could be as a result of the Authority being receptive to complaints and that individuals had the opportunity to voice their opinions and were aware of the procedures for whistleblowing and reporting any concerns. It was also noted that high profile cases in the media had enabled a greater awareness in the community; and

- It was noted that when a concern had been raised, a multi agency approach would be used and every aspect of the home would be reviewed within 24 hours.

RESOLVED: That the report and comments raised be noted.

#### HEA53 MENTAL HEALTH AWARENESS PROMOTED IN SCHOOLS PILOT

The Board considered a report of the Strategic Director, Communities, which provided Members with information on the forthcoming Mental Health Awareness Promoted in School (MHAPS) pilot to be delivered in Warrington.

The Board was advised that the Joint Health and Children, Young People and Families PPB Mental Health Scrutiny Topic Group had been particularly interested in the pilot, as young people were increasingly vulnerable to social pressures and at risk of developing poor mental health. Although the pilot was being undertaken in Warrington, it was anticipated that it would be rolled out across the rest of the 5 Boroughs footprint during the second half of 2014.

The Board was further advised that the pilot's foundations had developed from a general lack of awareness regarding mental health issues amongst secondary school aged pupils; the perceived stigma that was associated with mental illness; the lack of understanding about what services were available and how pupils could seek support. A short film 'You're not alone', based around the day in the life of a young person with Mental Health problems, produced by Investing in Children Group from Halton Children and Adolescent Mental Health Services (CAMHS) had also been produced.

It was reported that Thomas Boteler High School in Warrington had been selected for the initial pilot. The reason for this school being chosen was that CAMHS had an established link with the school through a well-being worker at the school who would be able to offer support to the pilot.

It was also reported that the Pilot will be trialled across Year 9 pupils and consist of each pupil attending at least one dedicated lesson within the Health, Physical and Social Education curriculum which would address mental health stigma and awareness raising. It was anticipated that the pilot would be undertaken between February – May 2014. The pilot would be evaluated by pre and post session questionnaires, and would be overseen by CAMHS clinical and operational management.

Ms Hannah Smith, 5 Boroughs Partnership NHS Foundation Trust and an ex CAMHS service user attended the meeting to inform the Members of her personal experience and explain how the pilot would operate.

The following comments arose from the discussion:-

- It was noted that the pilot was for Year 9 pupils and the information/participation would be kept as simple as possible. It was anticipated that there would be a celebrity exercise on 'How life goes on'; a scenario exercise on how to deal with mental health; a fact or fiction quiz; a mental health word search and a self help booklet which contained links to various relevant websites would be given to individuals;
- Clarity was sought on whether cyber bullying would be addressed. In reply, it was reported that this issue would not be directly addressed but information on how to deal with cyber bullying would be available through the links, i.e videos and stories available for pupils to access to help them deal with the situation;
- It was noted that generally it was more difficult for boys than girls to engage and to open up and discuss their problems. The Board wished Hannah every success with the pilot and congratulated her on her courage and enthusiasm; and
- It was reported that it was hoped that the project would eventually be extended to Colleges and

Members indicated that they looked forward to receiving the project in Halton.

RESOLVED: That

- (1) The report be noted:
- (2) The comments raised be sent to the Pilot Co-ordinator for consideration; and
- (3) Hannah Smith be thanked for her informative verbal presentation and excellent work to date.

#### HEA54 HALTON HEALTH PROFILE 2013

The Board considered a report of the Director of Public Health, which provided Members with information relating to Halton's Health Profile 2013 and an analysis regarding the findings from a local perspective.

The Board was advised that every year the Department of Health released a health profile of Halton which compared it to the England average. It was designed to help local government and health services understand their community's needs, so that they could work to improve people's health and reduce health inequalities.

The Board was further advised that Halton's profile was set out in Appendix 1 to the report. It showed that although Halton was not better than the England average, in the majority of indicators it had improved against the previous year's figures.

The Board noted Halton's progress and challenges and the programmes that had been put in place to address the areas of concern, set out in paragraph 2.7 of the report.

The following comments arose from the discussion:-

- It was reported that the Government were considering removing housing benefit for people under 25 years of age and clarity was sought on how many people there were in Halton in this criteria. In reply, it was reported that this information would be circulated to Members of the Board;
- Clarity was sought on whether the number of falls had been due to alcohol abuse. In reply, it was reported that it was mainly age related and

balance exercises were being established for older people. It was also reported that dance classes were being provided in the community by the CCG and were proving to be very popular; and

- Further information was sought on the Diabetes Programme, and it was agreed that a report that had been presented to the Health and Wellbeing Board would be presented to the next meeting of the Board.

RESOLVED: That

- (1) The contents of the report and the programmes to address the areas of concern be noted; and
- (2) The comments raised be noted.

#### HEA55 CARE QUALITY COMMISSION'S INSPECTION OF MENTAL HEALTH HOSPITALS AND COMMUNITY SERVICES

The Board considered a report of the Strategic Director, Communities, which gave Members a brief overview of the Care Quality Commission's (CQC) new inspection regime for mental health hospitals and community services and as part of this process sought feedback from the Board in relation to Bridgewater Community Healthcare NHS Trust.

The Board was advised that CQC was currently undertaking a radical review of how they inspected mental health hospitals and community services. The new inspections would involve significantly larger inspection teams which would include clinical and other experts, and trained members of the public. The teams would spend longer inspecting hospitals and community locations that delivered mental health services. It was reported that the teams would examine key service areas and others if necessary.

The Board was further advised that CQC would make better use of information and evidence, using new surveillance indicators and information from partners to guide their teams on where and what to inspect. Their new approach would aim to answer five key questions about an organisation and each inspection would provide the public with a clear picture of the quality of care, exposing poor and mediocre care and highlighting good care. Hospitals would

be rated as outstanding; good; require improvement; or inadequate.

It was reported that CQC had requested feedback regarding Bridgewater in advance of their inspection. Bridgewater's inspection was due to commence on 3 February 2014. CQC had requested feedback which was relevant to the quality of care provided at Bridgewater and any of the services it provided. This included evidence of high-quality care as well as concerns identified.

Furthermore, it was reported that in the period before the inspection, the inspection team would make contact with the local scrutiny committees covering Bridgewater to discuss any information that was being held. The feedback provided would be considered before the inspection to help identify any current issues or concerns, and any additional services which CQC may look at during their inspection of the Trust. They would not publish the information that had been sent unless they discussed it with the Board in the first instance.

In conclusion, it was reported that after each inspection had been completed, the Chair of the inspection team would hold a quality summit with the Trust and local partners to share the inspection findings and to focus on next steps where action was required.

After considerable discussion, it was agreed that a report on the role and function of the CQC would be brought to the next meeting of the Board.

It was reported that Bridgewater did not include Runcorn on maps that had been printed on their literature/publications. In reply, it was reported that this matter would be looked into.

It was reported that comments on the report should be sent via email to Sue Wallace Bonner or Jan Snodden.

RESOLVED: That

- (1) the report and comments raised be noted: and
- (2) the Board provide feedback on the services etc provided by Bridgewater Community Healthcare NHS Trust as part of the CQC inspection process.



The Board considered a report of the Strategic Director, Communities, which informed Members of a draft protocol for the establishment of Joint Health Scrutiny arrangements across Cheshire and Merseyside.

The Board was advised that a joint Health Scrutiny Officer's meeting had taken place in September 2013. The meeting had focused on the requirements under the new Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (a summary was attached at Appendix 1 to the report), to form joint scrutiny committees where there was a substantial development/variation proposal which was to impact on more than one Local Authority area and how as a Cheshire and Merseyside region we should respond to this requirement.

The Board was further advised that discussions at the meeting had centred on the feasibility of developing a Cheshire and Merseyside regional protocol for dealing with joint scrutiny committees. Issues initially raised included; Local Authorities experiences of previous joint scrutiny committees e.g. Vascular Services; communication issues; who would lead and support on joint scrutiny arrangements; potential barriers such as an appropriate number of representatives; level of commitment from Local Authorities; and the option for Local Authorities to 'opt out' of a joint scrutiny if they decided that a proposal was not a substantial development/variation etc. It was reported that generally, officers present were receptive to the concept of having a workable region wide protocol and Knowsley had agreed to take the lead/facilitate on the development of the protocol.

It was reported that the Chair and Vice Chair of the Board had met with a small group of officers to review the draft protocol with a view to returning comments. The comments included:-

- Page 3 – Footnote; The NHS Commissioning Board no longer exists, it should be NHS England;
- Page 6 – Membership; Members chose OPTION 1 with the following amendments:-

Only 1 nominated Elected Member or nominated substitute from each participating authority, whether it be 2 or 9 local authorities.; and

Include the quorate in the protocol; and

- Page 5 – Paragraph 6.5.2 – to include ‘officer support’. It was highlighted that after the experience of a joint committee to look at vascular support, it was felt that the Authority would like officer support at the meetings. Due to the complexity of the issue and there being numerous authorities involved, there was a considerable delay in receiving the minutes etc. and it had made it very difficult to keep everyone up to date on the progress. This would enable Health Board’s and Members to be updated quickly and on a regular basis.

Furthermore, it was reported that the Authority were currently awaiting feedback from Knowsley on the comments returned by the other Local Authorities and how potentially the draft would change as a result and the timescales for this. To date, it had been reported that Halton had chosen Option 1 and The Wirral had chosen Option 2, based on population which would be a disadvantage for Halton as a small Authority. In addition a further slightly amended report had been received and this would be considered by the Chairman, Vice Chairman and lead officer and the Board would be kept up to date on the progress of the protocol on a regular basis.

Members were encouraged to feedback any comments on the protocol or any additional comments via email to the Chairman and Vice Chairman.

RESOLVED: That

- (1) the report and associated appendices and comments raised be noted; and
- (2) the Board note the draft protocol as attached as Appendix 2, to the report.

*Meeting ended at 8.50 p.m.*