

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 6 DECEMBER 2018, IN MEZZANINE ROOMS 1 & 2 - COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.30 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair, Buckinghamshire CCG), Mr R Majilton (Deputy Chief Officer, Buckinghamshire CCG), Dr J O'Grady (Director of Public Health), Mr G Peart (Wycombe District Council), Ms G Quinton (Buckinghamshire County Council), Dr S Roberts (Clinical Director for Mental Health, Buckinghamshire CCG), Dr J Sutton (Clinical Director for Children's Services, Buckinghamshire CCG), Mr M Tett (Buckinghamshire County Council) (Chairman), Mr T Vouyioukas (Buckinghamshire County Council), Dr K West (Clinical Director for Integrated Care, Buckinghamshire CCG) (Vice-Chairman) and Mr W Whyte (Buckinghamshire County Council)

OTHERS PRESENT

Ms J Bowie, Ms T Burch (Buckinghamshire County Council), Ms T Jervis (Healthwatch Bucks), Mrs S Khan (Buckinghamshire County Council), Mrs R Page (Buckinghamshire County Council), Mr J Read (South Bucks District Council), Ms D Richards, Ms J Ricketts (Buckinghamshire Healthcare Trust), Ms P Scully (Oxford Health), Ms M Seaton, Ms S Taylor (Committee Advisor), Ms L Walsh (Chiltern District Council), Mr D Williams (Buckinghamshire Healthcare NHS Trust), Mr M Winn (Aylesbury Vale District Council)

1 WELCOME & APOLOGIES

Apologies were received from Mr N Macdonald, Dr G Jackson, Ms A Macpherson, Ms I Darby, Mr N Naylor, Ms J Baker, Mr S Bell and Lin Hazell.

Mr D Williams attended in place of Mr N Macdonald, Mr M Winn attended in place of Ms A Macpherson, Ms L Walsh attended in place of Ms I Darby, Mr J Read attended in place of Mr N Naylor, Ms T Jervis attended in place of Ms J Baker and Ms P Scully attended in place of Mr S Bell.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman announced that there had been a Health and Adult Social Care Select Committee Inquiry on childhood obesity. The Committee had requested the Chairman of the Health and Wellbeing Board write a letter to Dr J O'Grady, Director of Public Health, advising the Committee's recommendations to help reduce childhood obesity. Dr O'Grady stated that a meeting would take place in the New Year with key partners to review the recommendations

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2018

The minutes and actions of the meeting held on 27 September 2018 were reviewed and the following amendments were noted:

- Item 1 – Welcome and apologies; Dr K West, Vice-Chairman of the Health and Wellbeing Board chaired the meeting in place of Mr M Tett.
- Item 4 – Minutes of the meeting held on 3 May 2018; Mr R Bajwa to be amended to read Dr R Bajwa.
- Item 7 – Director of Public Health Annual Report; Ms L Patten, Chief Officer, Buckinghamshire Healthcare Trust to be amended to read Ms L Patten, Chief Officer, Clinical Commissioning Groups (CCGs).

The following actions were reviewed:

Item 7 – Director of Public Health Annual Report – the action for all to provide suggestions for what could be carried out to improve the environment and health and wellbeing of the population had been completed.

Item 9 – Update on Health and Care System Planning; Mrs Khan had circulated the presentation to the members of Board.

Item 10 – NHS Health checks; it was confirmed that a meeting had been arranged between Public Health and the CCGs to discuss the health check data.

Item 13 – Child and Adolescent Mental Health Services (CAMHS) Transformation Plan; Dr S Roberts, Clinical Director for Mental Health, Buckinghamshire CCG stated that further clarification on the data had been provided to the Children's Partnership Board. Dr Roberts also clarified that the planning for transition started at age 14 but the actual transition took place at age 17.5. Both of these points had been reflected in the transformation plan which had now been published.

RESOLVED: The minutes of the meeting held on 27 September 2018 were AGREED, subject to the amendments, as an accurate record and were signed by the Chairman.

5 PUBLIC QUESTIONS

There were no public questions.

6 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD ANALYSIS REPORT - PRIORITY AREA 4 (PROTECT FROM HARM)

Dr T Burch, Public Health Consultant, Buckinghamshire County Council, referred to the appendix in the agenda pack which provided more detail and stated that it had not been possible to rate some of the indicators as red, amber or green (RAG). Dr Burch highlighted the red or amber indicators and highlighted the opportunities to further improve Buckinghamshire's health and wellbeing. The indicators were solely for the use of the Health and Wellbeing Board:

- Indicator 51 - Children who were the subject of a child protection plan (per 10,000) – unable to be RAG rated.
- Indicator 56 - Adults with learning disability who lived in stable and appropriate accommodation – Red.

- Indicator 58 - Total delayed transfers of care – this was an old indicator and had been proposed to be removed in future as no longer relevant.
- Indicator 59 - Proportion of older people (65 and over) still living at home 91 days after discharge from hospital (%) – unable to be RAG rated.
- Indicator 60 - Proportion of people who used services who said they made them feel safe and secure (%) – unable to be RAG rated.

The following key points were raised by members of the Board:

- The Chairman stated that the topic was broad and raised concern that the data was historic; published in 2015 in some cases, and could result in an incorrect decision being made. Dr Burch confirmed that the most recent data had been used.
- Indicator 51 - Children who were the subject of a child protection plan (per 10,000). There were 645 children with a child protection plan in September 2018 but the number had now decreased to 570 which was still considered high and work was being undertaken to understand the large number.
- Indicator 50 - Looked after children (per 10,000). Mr W Whyte, Cabinet Member for Children's Services, stated that more up to date data was available for 2016/17. Ms Burch confirmed she had the data but was unable to compare it to Public Health's (Chartered Institute of Public Finance and Accounting) CIPFA peers.
- Indicator 56 - Adults with learning disability who lived in stable and appropriate accommodation (%) – RED (worse). The Chairman expressed concern that there was insufficient accommodation available for people with learning disabilities. It was noted that the buildings required a large amount of modification and that the Board should monitor the indicator. Ms G Quinton, Executive Director, Communities, Health and Adult Social Care (CHASC) stated that a specialist group, involving colleagues from the district councils, had been set up to address the problem. It was also noted that the CAMHS team were providing extra support to adults with learning disabilities.
- Indicator 60 - Proportion of people who used services who said they made them feel safe and secure (%). A member of the Board queried the figure of 78.8%, as it implied a 100% return, and asked how the people who did not, or could not, respond to the survey were assessed. Dr Burch agreed to request clarification from the CHASC Business Intelligence team.

ACTION: Dr Burch

- Indicator 50 - Looked After Children and Indicator 51 - Children who were the subject of a child protection plan. A member of the Board queried whether the Looked After Children came under Section 20 of the Children Act 1989. Mr T Vouyioukas, Executive Director, Children's Services, confirmed that the Looked After Children were a combination of those in accommodation under Section 20 with the agreement of their family and those under a care order by the local authority. The children under a child protection order came under a different category.
- It was noted that the rate of domestic violence was lower and queried whether this was due to under-reporting. Dr O'Grady confirmed that the reported levels were rising and that there was now a Domestic Violence Strategy. The statistics were provided, using benchmarks, to prompt questions rather than provide answers.

In summary, the Board were concerned over the timeliness of the data.

RESOLVED: The Board NOTED the report.

7 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD - PROPOSAL FOR FEWER INDICATORS

Dr J O'Grady, Director of Public Health, Buckinghamshire County Council, advised that the original dashboard contained 73 indicators and, due to the high number of indicators, the dashboard had been split into five themed priority areas which had all been reviewed/road tested by the Health and Wellbeing Board. The indicators needed to be benchmarked in order to compare with peers but some of the data was out of date and some of the more recent data was unable to be benchmarked. The appendix contained in the agenda pack showed the proposed indicators based on outcomes; it was also proposed that the list of indicators be reviewed annually.

During discussion, the following key points were raised by members of the Board:

- The Quality and Outcomes Framework (QOF) was no longer used by the Clinical Commissioning Groups (CCGs) in Buckinghamshire. Dr Burch agreed this made benchmarking difficult and that discussion was needed with the CCGs.

ACTION: Dr Burch

- An explanation of the acronyms was required.
- The data from the indicators excluded from the proposed list needed to be available in case it was required.
- Ms T Jervis, Healthwatch Bucks, requested an indicator to show the promotion of good mental health and wellbeing. Dr Burch agreed to research the most appropriate indicator.

ACTION: Dr Burch

- A Board member expressed concern about how indicators, which had previously caused concern, would be monitored.

ACTION: Dr Burch

- A Board member asked whether there was an appropriate indicator on prevention.

ACTION: Dr Burch

- The broader range of children's services data was well reported at other forums.
- A system was required to flag indicators, not on the proposed list, which changed from being consistently green to red.

The Chairman summarised that the Board agreed to rationalise the number of indicators to 26 but there was a need to keep a focus on those indicators which had previously raised concern; these should be reported on in a separate paper occasionally.

It was agreed that Dr O'Grady would add two more indicators, provided they could be benchmarked on:

- Serious mental health illness
- Self-reporting on health and wellbeing.

The Chairman agreed that Dr O'Grady and Dr Burch carry out some research and provide advice at the next board meeting.

ACTION: Dr O'Grady/Dr Burch

RESOLVED: The Board NOTED the proposed Health and Wellbeing Dashboard Indicators included in Appendix 1, AGREED the proposed HWB Performance Dashboard Indicators and AGREED the proposed plan for the review of the Performance Dashboard annually.

8 CHILDREN AND YOUNG PEOPLE UPDATE

Mr T Vouyioukas, Executive Director, Children's Services, Buckinghamshire County Council, provided the following overview of the report contained in the agenda pack:

- The Early Help consultation was underway and closed on 13 December 2018. The consultation results report would be published to inform a Cabinet decision in March 2019.
- A Special Educational Needs and Disability (SEND) inspection was anticipated shortly and preparation was underway.
- The Home to School Transport consultation started on 31 October 2018 and would finish on 4 January 2019.
- The Ofsted inspection high level action plan had been implemented. The phase two improvement plan was being presented to Cabinet on Monday 10 December 2018. Performance and practice was still variable and the plan would be under regular review to ensure that actions were further expanded where necessary.
- The second Ofsted monitoring visit was due to begin on Monday 10 December 2018.

The following points were raised by members of the Board:

- Mr Vouyioukas confirmed that the Early Help consultation was a public consultation and that health professionals had attended the public meetings and provided valuable input.
- Mr Whyte, Cabinet Member for Children's Services encouraged members of the board and the public to complete the consultation response.
- Mr Vouyioukas emphasised that the Early Help Strategy was a partnership strategy and expressed his gratitude for the contribution from schools and health colleagues.

RESOLVED: The Board NOTED the Children and Young People Update

9 UPDATE ON HEALTH AND CARE SYSTEM PLANNING

Whole System Winter Planning Briefing

Ms D Richards, Director of Commissioning and Delivery (CCGs) provided a presentation on system winter planning and highlighted the following points:

- The winter plan was a comprehensive, detailed and robust plan
- The plan had been developed by system partners and contained links to the national and local "must dos" and was based on lessons learned locally at Sustainability Transformation Plan (STP) level and Thames Valley Partners.
- There was now a Winter Operations Look Forward (WOLF) weekly meeting with NHS England and NHS Improvement colleagues.
- The Integrated Care System (ICS) had appointed Ms Frances Woodruff as the Winter Director.
- There were weekly director calls with the CCG, Adult Social Care, Mental Health and primary care colleagues to look at the week ahead and how to best support providers.
- The Accident and Emergency (A&E) Department was not achieving the 95% 4 hour standard but compared to colleagues Buckinghamshire was doing well.
- NHS Improvement had provided support, advice and analysis and the ICS had taken action on the relevant areas.
- Bed capacity modelling had been undertaken.

- A large amount of work had been undertaken on non-elective demand and there was now a comprehensive programme in place focussed on avoidable attendance to A&E, avoidable non-elective admissions and supportive discharge.
- There had been an increase in attendance to A&E and an overall increase in non-elective admissions.
- Use of the NHS 111 telephone line was increasing; there was now a Directory of Services (DOS), which was regularly refreshed for use by the telephone operators.
- Direct bookings to the Urgent Treatment Centre (UTC) in High Wycombe could now be made.
- The NHS 111 online service had been rolled out this year.
- There was increased access to the GP service with an additional 270 hours per week available in Buckinghamshire; this was currently running at 70% utilisation.
- The UTC in High Wycombe had seen an activity increase of 6.3 %; achieving 95% wait times for adults and children.
- Psychiatric liaison support was available at Stoke Mandeville A&E Department.
- A lot of work had been undertaken to improve the discharge process.
- An increase in children and young people pressure had been noted, particularly for respiratory conditions; a clinically led, multi-agency programme was in place.
- Prevention was a key focus – a joint communications plan had been put in place.
- Flu – the school vaccination programme had been extended and increased uptake at schools. Over 80% of the CCG staff, more than 50% of BHT staff, and 40% of Oxford Health staff had received the vaccination. Over 80% of the Hertfordshire Partnership Trust staff working in Buckinghamshire with learning disability clients had received the vaccination.
- At the end of October/early November 2018 the norovirus caused the plan to be tested and services were well maintained.

The following key points were raised by members of the Board:

- In response to a question on how this plan was different to previous years, Ms Richards stated that more focussed planning than ever before had been carried out but acknowledged the system would be challenged. There were robust plans for working together but there would always be spikes and pressures. The number of people attending services this winter had been greater than before; the peaks had not been foreseen but it was clear that the service had responded well to times of pressure. There was now a national focus on performance and also quality; the hospital had been working with partners and had not triggered any of the quality flags; quality had been maintained.
- Mr D Williams, Director of Strategy and Business Development, stressed that it was their responsibility to keep patients safe and to put procedures in place to minimise routine work and ensure patients received the care required. The discharge to assess programme would help to get patients home. Mr Williams emphasised the importance of the public messages and encouraged neighbours and families to check people were warm, hydrated and that the medicine cabinet was stocked.
- It was confirmed that there was an adequate supply of the flu vaccination. The over 65 year olds would receive a different vaccine which had been manufactured to provide more immunity for the different strains.
- The Chairman commented on the low take up of the vaccination by NHS staff and asked for the reason. Mr Williams explained that the staff were encouraged to have the vaccination but it was not mandatory.
- Ms Jervis from Healthwatch Bucks advised that feedback received on the letter sent to parents regarding the flu vaccination had a low level of readability/understanding and stressed the importance of communications being readable for the broader population.

- Dr Sutton advised that primary care were already feeling the winter pressures.
- Mr Whyte asked how the NHS 111 service would prevent people from Buckingham visiting A&E in Milton Keynes or Stoke Mandeville because they did not want to travel to High Wycombe. Ms Richards agreed to check where the directory of services (DOS) was directing patients from Buckingham to and feedback to Mr Whyte.

ACTION: Ms Richards

Update on the Cancer Alliance Work

Ms J Ricketts, Divisional Director, Division of Surgery and Critical Care provided a presentation, contained in the agenda pack, and highlighted the following points:

- In the Thames Valley there were 2.3 million people covered by three Sustainability Transformation Plans (STPs), four Clinical Commissioning Groups (CCGs), five provider trusts and one tertiary provider.
- The Thames Valley Cancer Alliance (TVCA) spanned primary, secondary and tertiary care and was funded by NHS England.
- Ambitious ambitions – by 2020, 57% of patients with cancer would survive 10 years.
- The Buckinghamshire ICS and the TVCA were focussed on five key areas and were making significant progress.
- The TVCA programme of work would continue over the next 2-3 years to achieve sustained improvement in access, care and quality.

The Chairman stressed the importance of the TVCA. Mr Williams stated that the NHS ten year plan, due before Christmas, was likely to have a heavy focus on screening and cancer pathways.

The following key points were raised by members of the Board.

- In response to whether the TVCA included Macmillan and the hospice movement; Ms Ricketts agreed to find out if they were part of the Alliance. Mr Williams added that the hospices were linked in closely to the work carried out locally.
- A Board member asked whether there were any differences between children and adult cancer pathways. The Chairman asked for a short report for the next Health and Wellbeing Board meeting.

ACTION: Ms Ricketts

- In response to a question on how smoking target reductions could be achieved, Ms Ricketts said it was a changing culture and that there was a drive to make smoking unacceptable. Many people had moved onto vaping and Dr O'Grady stated that Public Health had seen that smoking rates were coming down but one in four hospital beds was occupied by a smoker.

Update on the Better Care Fund (BCF)

Ms D Richards, Director of Commissioning and Delivery provided the following update:

- The refreshed BCF Plan was submitted to the BCF national team in line with requirements and no changes were needed.
- The Integrated Commissioning Executive Team (ICET) continued to meet and provided monthly oversight of the performance measures of the BCF.
- The Delayed Transfers of Care (DTCOC) performance continued to be challenged as it was not achieving the national trajectory and there had been an increase during September 2018.

- The High Impact Change actions were detailed in the report and were now monitored nationally by the system through the A&E Delivery Board (A&EDB).
- Improvements had been seen in the last six weeks.
- There was a daily 9:00 am medically fit call with partners to discuss all patients on the medically fit list.
- Wexham Park Hospital (WPH) continued to be an outlier and the winter plan should help with supporting patients home from WPH.
- Other elements monitored were non-elective admissions which had increased but the proportion of people admitted for less than 24 hours was much greater than the overall number of admissions meaning that the number of people in hospital for longer than 24hours had come down.

The following key points were raised by members of the Board.

- The Chairman commented on the large increase in DTOC in September 2018 and asked what the current estimate was for November 2018. Ms Richards was unable to provide a figure but reassured the Board that she received a daily report. Buckinghamshire Healthcare Trust (BHT) had held a “fabulous fortnight” and the number of actual DTOCs had been lower than the preceding weeks. It was agreed that the Board required more up to date figures and acknowledged the ability to get patients home was one of the biggest challenges due to its complexity.
ACTION: Ms Richards
- A member of the Board asked whether social care delays were attributable to the community hospital projects and the ambiguity over the beds at Buckingham Community Hospital. Mr Williams stated that there were a lot of patients who could go home if a package of care was ready. Ideally patients should go home rather than to the community hospital. The Discharge to Assess programme would help to get patients home. Concern was raised over whether the figure was correct. It was agreed that the Board had a statutory responsibility to monitor the data and needed accurate information and a new set of indicators to draw the right conclusions.
ACTION: Ms Richards
- Ms Quinton reassured the Board that the Discharge to Assess programme would help as ASC had commissioned a number of beds in the community in order to discharge people more quickly. Work was also taking place to implement a joined up technology system. One of the reasons there was a shortage of domiciliary care packages was because it was difficult to predict when a patient would be ready for discharge and the technology solution would help with the planning.

The Chairman summarised that the Board required improved commentary and suggested a different style of paper be prepared for the next meeting.

RESOLVED: The Board NOTED the report.

10 TIME TO CHANGE MENTAL HEALTH STIGMA ORGANIC HUB

Ms R Page, Culture and Leisure Development Manager, Buckinghamshire County Council leading on Time to Change provided the following update:

- The five year forward view recognised prevention as a top priority.
- The Organic Hub, a partnership of local organisations and individuals, used the national profile of Time to Change and was committed to challenging mental health stigma and discrimination.
- Four target groups had been identified; children and young people, men, pregnant women and those recently given birth and employers.

- Over 50 Time to Change champions had been recruited.
- A new application for funding had been submitted and, if successful, would extend the timeline of the project.
- Organisations across Buckinghamshire had been asked to sign the Time to Change Employer Pledge.
- More information was available on www.timetochangebucks.org and www.time-to-change.org.uk
- A [promotional toolkit](#) was available.
- Click here to view the [Employer Pledge](#) (national site).

The following points were raised by members of the Board.

- The Chairman stressed the importance of the Time to Change project and highlighted that it was a key priority for the Board.
- Ms Jervis, Healthwatch Bucks, added that the Time to Change Employer Pledge was challenging for a small organisation but Time to Change had sent Healthwatch Bucks a plan and would be adding a section for small to medium enterprises (SMEs) to the Time to Change website.
- Dr O’Grady thanked the Health and Wellbeing Board for their sponsorship and support for the Organic Hub.
- It was noted that the University of Buckingham was not mentioned in the report, even though it promoted mindfulness, happiness and wellbeing. Ms Page stated she had had conversations with Sir Anthony Seldon, patron of Bucks Mind, but had not yet had the activity to include in the report.
- Ms Page confirmed she was working closely with LEAP.

RESOLVED: The Board NOTED the report.

11 CONTRIBUTIONS (BOTH BCC AND PARTNERS) TO THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (DPHAR)

Dr O’Grady, Director of Public Health, stated that she had presented the Director of Public Health Annual Report entitled “Healthy Places, Healthy Futures – Growing Great Communities” at the last Health and Wellbeing Board meeting. As all partners on the Board had a key role to play in shaping the places in which we lived, it was requested that partners provided an update on what they were doing in relation to the six key areas identified in the report.

Dr O’Grady thanked the partners for their plans and reported that discussions had already taken place with the CCGs and at the ICS Partnership Board; meetings were being arranged with other organisations such as BHT and the Ambulance Trust.

RESOLVED: The Board NOTED the report.

12 QUALITY IN CARE TEAM ANNUAL REPORT

Ms J Bowie, Service Director, Integrated Commissioning, Buckinghamshire County Council provided a presentation and highlighted the following:

- The Quality in Care Team was a small multi-disciplinary team looking at the improvement of care in the wider Buckinghamshire area.
- The report highlighted the key priorities for 2018/19.
- Discussions had taken place with partners and workshops were planned to align the targets and functions.

RESOLVED: The Board NOTED the report.

13 BUCKS SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Ms M Seaton, Independent Chair, Buckinghamshire Safeguarding Adults Board provided the following update:

- This was the second Bucks Safeguarding Adults Board Annual Report presented to the Health and Wellbeing Board.
- Ms Seaton highlighted four priority areas where considerable progress had been made over the period:
 - Communications – the report covered the development of the website, the introduction of a twitter account and regular Board newsletters. There had also been a major community engagement event which drew attendees from both community and voluntary sectors with helpful contributions on how they wished to engage with the work of the Board.
 - Performance Dashboard – the Care Act stated that data must be analysed and interrogated to inform the setting of priorities. The Dashboard included multiagency data and improvements had been carried out by the Adult Social Care Quality and Performance Team.
 - Safeguarding Adult Reviews – there had been two safeguarding adult reviews with two different circumstances for each of the individuals but with a common theme of self-neglect; a new definition in the Care Act and a challenge to detect. A new audit tool was launched at a conference of over 120 attendees and this was an area of continuing development for the Board. The Board was also undertaking training called “professional curiosity” to help ask questions that were difficult to ask of clients or patients. A third course was being organised due to its popularity.
 - Collaboration – a very important area and highlighted by the Care Act. There had been active commitment in Buckinghamshire which was highlighted at a sub-group meeting where one of the partners stated that the Buckinghamshire Safeguarding Adults Board was well advanced and making good progress compared to other areas. The Adult Safeguarding Adults Board had also collaborated with the Children’s Board to carry out a transitions audit as young people transition to adulthood and may require the support of Adult Social Care or other services.

Ms Seaton thanked the partners for making a difference to keeping people safe in Buckinghamshire.

In response to a question from the Chairman on how much data was available on the prevalence of modern slavery, Ms Seaton stated that she had been working with the Bucks Safer Communities Board and Thames Valley Police but said modern slavery was difficult to detect and determine the scale of the issue as people were unwilling to come forward.

RESOLVED: The Board NOTED the report.

14 HEALTH AND WELLBEING WORK PROGRAMME

It was agreed the following should be added/removed to the Health and Wellbeing Work Programme:

- An update of previous areas of concern on the Buckinghamshire Joint Health and Wellbeing Board Performance Dashboard.
- The BCF update should continue and include more up to date, refined data.
- A data report on children's cancer rates.
- The Bucks Annual Safeguarding Report item should be removed from the programme for March 2019.

The Chairman reported that Ms K McDonald, Health and Wellbeing Lead Officer, would be returning in January 2019 and thanked Mrs S Khan for her excellent contribution over the last few months.

15 DATE OF NEXT MEETING

Thursday 28 March 2019 in Mezzanine Room 1 and 2, County Hall, Aylesbury.

CHAIRMAN