



# Physical and Sensory Disability Partnership Board

## Minutes Thursday 30 May 2013

<b>Those in attendance:</b>	
Maureen Armitage	Buckinghamshire Alliance of Neurological Organisations
Nadiya Ashraf	Lead Commissioner, BCC
Paul Bootle	Service User Representative
Sue Brooks	Connexions
Debi Game	Bucks SUCO
Sharon Griffin	BCC
Dr Maggie Murphy	CNRS
Jackie Prosser	Primary Care Mental Health
Michael Quinlan	Action on Hearing Loss
Christopher Reid	Joint Planning and Commissioning Manager
Zoe Sutherland	Breathe Easy



No	Item
1	<p><b>Apologies for Absence / Changes in Membership</b></p> <p>Apologies for absence were received from Trisha Horobin, David Keston, Elaine Norris and Tony Upward.</p>

## 2 Minutes of the Previous Meeting and Matters Arising

The minutes of the meeting held on the 28 March 2013 were agreed as a correct record.

### *Matters Arising*

Workability website

Andrew Clark is to be contacted to provide an update at the July meeting.

**Action: Sharon Griffin**

## 3 Update on Day Opportunities

Linda Warmbier, Day Opportunities Transformation Project, Adult & Family Wellbeing was welcomed to the meeting.

Linda began her update by explaining that she has been working in Commissioning and Strategic Improvement in Adult Family Welfare for just over a year and that she manages the Day Opportunities transformation programme.

The new model for Day Opportunities includes;

- Increased choice and control for people
- Direct Payments to buy their own services
- Meeting the needs of people with highly complex needs
- Developing a range of services that people want to buy

Six day opportunities centres are being designed to meet the needs of people with more complex needs and also a range of community services. As part of the structure of the programme the following were looked at;

- Buildings
- Internal service and restructure of the staff,
- Assessments, reviews, brokerage and the transition work
- Future management of the day opportunities services

There will be six day opportunities centres;

- Buckingham
- Aylesbury
- High Wycombe
- Chesham
- Burnham
- Seeleys (Beaconsfield)

### *Buckingham*

The existing centre in Well Street is being refurbished. The planning

application has been submitted and has been successful. The tender to refurbish the building went out at the beginning of May and the time period has been extended slightly. It is expected that refurbishment will start in June/July with the aim to complete the works in April 2014. Clients in Buckingham are currently using the Red Cross Centre.

#### *Aylesbury*

The Hartwell Centre in Aylesbury is currently being refurbishing and extended. The centre will open in December 2013 and clients will move in during into the Centre in January 2014.

#### *High Wycombe*

Orchard House was being used but for a number of reasons this is no longer the preferred site. A new site in the centre of High Wycombe has been identified and negotiations to purchase the site are currently taking place. Consultations about the design of the building are expected to commence in July 2013 and the site to open early/mid 2015.

#### *Chesham*

The Amersham Library site is no longer feasible. A site for a new build has been identified in Chesham. A public exhibition of the plans was held in February 2013 with very positive feedback. A planning application will be submitted in June 2013 with the aim of opening the centre on February 2015.

#### *Burnham*

The existing building will be refurbished with the expectation of the centre being open in October 2015.

#### *Beaconsfield*

Seeleys House is in good condition. It is not envisaged that any major work is required only the usual on-going maintenance.

Other work taking place is as follows;

- The internal service and staff restructure. The restructure began in June 2011, and was completed March last year. 22 day centres have been moved to 6 day centres. There are two other services, Thrift Farm and the garden centre (Missenden Abbey).
- The assessment of approximately 950 internal and external clients by care managers i.e. did clients still need a day centre or a community type service, or was it that they no longer required a service. The outcome was that many people who started using community services advised that they would prefer a community type service rather than go to a day centre.
- The development of a brokerage service over the last two years.
- Bharti Quinn, Joint Commissioning Manager, Learning Disabilities Integrated Commissioning, has led on a piece of work around market shaping to look at

where clients were going to go when they left the day centres.

- The development of services with providers to meet the needs of the clients and to create a more realistic pricing regime.
- Following the decision from The Red Cross to withdraw the provision day centres services, the relocation of clients in six day centres (Amersham clients went across to Chesham. Bourne End and Princes Risborough Day Centres were taken over by the local communities. Freemantle are providing services in Haddenham and Denham, and Buckingham Red Cross has been transferred to Buckinghamshire County Council).

The initial decision by Bucks County Council to go out tender to find a new provider for the Day Opportunities services was put on hold in May 2012 as it was not possible to find one provider or even a group of providers that would take on all the client groups (most providers specialise). Providers also did not want to take on the staff on Bucks terms and conditions. After looking at other options the decision was made to go down the route of a Local Authority Trading Company (LATC). The specifications are currently being written, following which a public consultation will take place. The aim is for the LATC to be operational from 1st October 2013.

The LATC will be independent but will be owned by the Council. The Council will be a shareholder and will exert its controlling powers through the creation of a Shareholder Scrunity Group (SSG). Membership of the SSG will include;

- Up to five Members including a Chair and the Cabinet Member
- Section 151 Officer
- Director of Adult Services
- Commissioning Director and
- Contracts Manager

A chief executive and a finance director from the private sector will be recruited because the LATC needs to be run as a business. The initial contract will be for a five year period. The LATC can trade which will make the services more competitive. To generate income the LATC can rent out rooms, sell services to other Local Authorities and can take private funders and direct payments.

During the update the following questions were asked;

**Is there a list of the services that the clients would see in a Day Opportunity Centre i.e. social activities or rehabilitation.** The current clients at the Hartwell Centre, Aylesbury are older people and people with a learning disability which is what the services are currently designed for. The services that will be on offer as part of the new day opportunities model are a hydrotherapy pool, social activities, a kitchen where people can learn new skills, equipment displays and information.

**Are any respite services being provided in the Day Opportunity**

**centres?** Respite services will continue to be provided at Seeleys in Beaconsfield. The Day Opportunity centres will not specifically provide respite services. A re-ablement service is being developed as part of a bigger programme whereby clients will be supported in their own homes to become re-abled after being in hospital etc.

**Concern was expressed that about the lack of respite provision in the county for carers and stroke survivors. The only support available appears to be from local stroke support groups.** There is the provision of respite in terms of clients being able to go to the centre during the day and carers can also receive respite.

**What would happen in the case of an emergency i.e. if something happens to the carer?** Clarification of the procedure/provision is to be obtained.

**Action: Linda Warmbier**

**Do all clients who use day opportunities have to go through direct payments first or will some of these clients come through a different route.** Clients go to the day opportunities centre via self service assessment. There is however, a move towards clients having control of their own budgets whereby they are able to purchase a service from any day service or community service they want to.

**Individuals with a learning disability often do not like change. How can it be ensured that those people who used the Well Street Centre and are currently using the Red Cross centre have not fallen 'out of the loop'?** Clients with a learning disability are currently using a service called Buckingham Options which is located at Buckingham library. Some clients have said they do not want to go back into a day centre and want to stay in the library. They have the choice of going back to Well Street when it has been refurbished or staying at Buckingham Options. A transitions officer has been appointed to support clients during changes to the provision of day opportunities.

**If a client went to a day centre for five hours are they now getting five hours in the community?** The understanding is that if people are assessed as requiring five hours a day then they would receive five hours a day in the community but this can be confirmed.

**Action: Linda Warmbier**

**Is a client allocated a broker or do they have a choice of broker as from a neurological point of view as none of the brokers on Bucks Connect appear to have any knowledge of neurological conditions. In the main, their knowledge appears to be around learning disabilities.** The understanding is that a client is allocated a

broker in their local area and that there is usually a choice of broker. Because the main focus for the last two years has been on Day Services, brokers have been mainly working with clients with a learning disability and some older people. They are now moving onto working with young people in transition, and other client groups. This comment can be taken back to Natalie Fleming.

**Action: Linda Warmbier**

**Will the LATC be generating all of their own income or will the County Council provide some of the income?** The LATC will be the same as any other provider in that they will provide services on behalf of the County Council and will be paid for doing so. They will also be able to generate other income by developing services etc.

**Whilst it is appreciated that some areas of the business are more profitable than others, are there measures in place to ensure that all parts of the business are considered in the same way?** The specification for the provision of the service is currently being written. As with all other providers, the LATC will have a contract with the Council. There will be governance arrangements in place via the Shareholder Scrutiny Group (SSG).

**Will the LATC be a social enterprise or a limited company?** It is a limited company.

The Chairman thanked Ms Warmbier for the very interesting and informative update.

#### **4 Update on IAPT**

The Chairman welcomed Jackie Prosser, Primary Care Mental Health Transformation Lead, Buckinghamshire to the meeting.

Ms Prosser began her update by explaining that she is nurse by background, (both general and mental health). She has been involved with the Improving Access to Psychological Therapies programme at a regional level for quite some time and has worked with the Strategic Health Authority before it closed. She now works part time as a commissioner for IAPT in Buckinghamshire and is also a carer.

When the programme started over 6 years ago there was very little input, support and certainly a lack of evidence based interventions for people with depression and anxiety. The Government has now engaged in the programme and have provided funding of over £300 million in the last six years (after the original investment for £170million in the first three years was reviewed).

Evidence suggested that if cognitive behavioural therapy or psychological intervention is offered to support people, then they would recover. Two national pilots were able to demonstrate that if you treated two people, of the two one would improve and recover completely. Many of the others made significant changes but the way in which the recovery was measured alongside patients and user satisfaction was to demonstrate changes in a clinical score of depression and anxiety.

One of the other drivers for the programme was that it would be reducing healthcare costs and it would be self-financing.

The economic gains were not just about helping people with a health cost burden but also helping the wider system in terms of moving people off welfare benefits. Part of the programme is to support adults of working age, i.e. people who weren't working because they were depressed or anxious and unable to work.

The IAPT programme is currently being developed and delivered by Healthy Minds and is run by Oxford health at a cost of £2.2 million. The service has employed and trained two new types of workers that deliver these psychological interventions - high intensity workers and psychological well-being practitioners (PWPs). High intensity workers will work and offer primarily one to one support and PWPs do a lot of group work and telephone interventions. The PWPs will see a large number of people because they would only see people for a short time (a six week period).

Two projects have been developed, one in Aylesbury Vale and one in Chiltern CCG. The first project is specifically aimed at supporting people who are co-morbid i.e. have a mental health, depression or anxiety problem as well as their long-term condition. The second project around developing cognitive behavioural intervention for insomnia as well as developing a group for carers and people with dementia. In Buckinghamshire you would expect to see between 40,000 and 45,000 people with anxiety but not all of those will require or seek treatment. The National Commissioning Board is expecting at least 6,500 of those people in Buckinghamshire to be treated by 2015 with 4500 of them completing treatment and 2500 fully recovering. Another driver is to improve the quality of care, of those people with long-term physical conditions and add in a psychological support.

30% of the population have one or more long-term conditions, 30% of people with those long-term conditions are likely therefore to have a mental health problem. The health cost per person with that co-morbidity is much higher. Work needs to take place on linking the

mental health system and the physical system to enable an understanding of the implications and connections between the two.

The Healthy Minds Service is running two particular projects which are driven by a national IPT programme. The COPD is currently running in number of practices across Woburn Green primarily. Roll out has just been agreed.

Aylesbury Vale tool is looking at a re-stratification tool that will help identify people that would be recommended.

Berkshire and Oxfordshire are running heart failure and diabetes projects. The learning and understanding of what helps patients will be shared. Some early information coming out of the projects is how beneficial it is for staff, particularly practice nurses and those nurses involved with chronic disease management or long-term condition management having some insight into the way psychological well-being practitioners work.

The other is a PIP care education programme whereby those traditionally involved in physical care and those traditionally involved in psychological care to get together and share how they work.

At a commissioning level there has to be a demonstration of the cost benefit which is quite hard to do at the moment. A number of indicative savings are being proposed by offering psychological support. Some of the early pilot work is demonstrating that patients and carers feel more confident, when they have back up and support from within as well as a different type of support externally. There are some savings associated with this which won't be taken out of the system but will be put back into the system to support people and to enhance the quality of care.

The data in red on the Older Adults Entering Treatment graph shows the numbers of patients that are being seen as a total and the blue is the numbers of older adults as a percentage. The figures on the second graph for indicate that 10% of the people treated in Buckinghamshire are older adults (65 and over).

One of the aims is to try to enhance the quality of care for patients as well as carers and to increase recovery. Both health CCGs have said they want better than 50% which is the national recommendation for a target. It is anticipated that the providers will be able to meet this target.

During the update the following questions were raised;

**Are any of the projects taking place in the North of the county?**



No. The one in Aylesbury Vale (Trinity House) has just started. They are not doing just COPD; they are going to do a broader brush long-term intervention package.

**Is the project open to everyone or just residents within that specific area.** The project is currently only open to those registered at the specific GP practice. The COPD project will be broadened.

**Have Sign Health, the national charity for deaf mental health services, been involved in the discussions about BSL as they are based in Buckinghamshire.** It is believed that Sign Health and the British Deaf Association have been involved in discussions.

**Action on Hearing Loss runs the integrated sensory services for Buckinghamshire and is likely to be the first point of contact for a large number of deaf people who need support and help. There needs to be a mechanism in place where they can refer people on if they need some psychological therapy or support.**

**Action: Michael Quinlan to be contacted to discuss further**

**In terms of moving forward, how is IAPT linking into the Prevention Matters agenda.** Meetings have taken place with Steve GoldenSmith (the Lead Officer on the Prevention Matters agenda) as well as other people such as health trainers and another number of initiatives that we have done probably independently and separately and we are coming together and we have a meeting set up and we are going to I hope work far more collaboratively because there is a way in which certainly the PWP.

**What pathway would you recommend to a patient if you were a GP?** There is a huge amount of crossover, duplication and support and it might be we need to commission more prevention matters and less psychological wellbeing practitioners because in a sense if people did not become depressed and need healthy minds, though we are being asked to track and we are being one of the targets is to see more people, actually I would rather see less people in the services that I'm commissioning and more people being supported in the community so there is a lot of work we need to do and thank you for raising that.

**The national college of GPs is leading a piece of work around depression in carers and the need to ensure their mental wellbeing. How does this tie in with the IAPT programme?** Healthy minds as providers of this service are engaging and talking to carers groups about what they can do. Both commissioners and providers need to have that dialogue. Some additional funding has been secured which should facilitate further development in areas such as supporting people with long-term conditions and more of the connectivity round

prevention.

**There needs to be the understanding of neuro psychological impairments by IAPT staff that people with acquired brain injury, either stroke or a head injury where it's affected their cognitive faculties need extra support. This is not a group of people who don't want the help. There is also a lot of evidence to show that there are high levels of anxiety and depression following a stroke at various phases and also acquired brain injury.** The plan would be to broaden the specified long-term conditions. At the moment there are some models which have a more generic long-term condition approach and some are being more specific. Work is taking place with Thames Valley to look at stroke patients and to incorporate the learning that comes from this work.

**Is there a minimum age for referrals?** For IAPT, people from 18 onwards tend to be picked up. CAMHS (children and young people's service) are also looking at IAPT as well. There have been some transition issues with people in that 17 age group.

**Connexions have experienced some difficulties in making referrals to IAPT. Is there a minimum diagnosis required for people to be able accepted for the service i.e. specific diagnosis of anxiety.** Even if an individual did not score on the diagnostics they should still be offered an intervention if it was felt that they would benefit from it. Is this is a systemic it can be fed back to the Commissioning Team.

The Chairman thanked Ms Prosser for her very informative update.

## **5 Carers Strategy**

Nadiya Ashraf, Lead Commissioner, Carers and Service User Engagement was welcomed to the meeting.

Members were referred to the results of the Consultation to Develop Services document which was circulated with the agenda. Nadiya explained that the contract for the current core service which is provided by Carers Bucks is coming to an end as it has been extended for the maximum period of time.

The intention was to go out to tender last year but due to the Care and Support Bill, and the need to reconfigure what Bucks County Council commission and some internal BCC process, the decision was taken to delay and consult with local carers on the changes.

Over the past 12 months various pieces of work have taken place with focus groups and carers to understand their experiences of Social Services and support services and to understand the positives and negatives.

Carers Bucks carried out a survey of people registered with them and in November Bucks County Council carried out the first National Carers Satisfaction survey followed by a consultation and a consultation event. There is no legal duty BCC to go out to consultation on this piece of work, but it gave BCC the opportunity to hear carers experience of the service, what they felt was valuable and what they wanted to be followed through in the new service.

The main difference in the new service is bringing together a closer working relationship between Bucks County Council and the new provider to ensure a seamless service. There are also things that need to be done differently such as giving carers timely information, responding in the most appropriate way and the best way to deliver the services to carers. In order to do this piece of work, visits have taken place to Surrey and Hertfordshire to investigate best practice.

The next steps are to use this information and go out tender for the service in September with the aim of a new provider being in place by April 2013. The new provider will work slightly differently. They will have access to Swift, the Social Services database, to enable information to be entered onto the service user database and facilitate a direct referral system.

The Bill will be signed off in 2015 so BCC need to work with a partner who will assist them in being able to meet their new responsibility and the needs of the clients.

During the update the following questions were asked and points made;

**Was there anything particular learning to emerge from the visit to Surrey County Council?** Surrey are more advanced in their assessment process. With regard to Surrey, they have direct payments but have a slightly different approach and their internal processes are different. It is also about a closer working relationship and a smoother relationship in terms of people transferring from the service and knowing the service offer available. The process needs to be clearer in Bucks.

**Accessibility to the Social Services team is an area of concern. There is no answer machine facility to leave a message.** There is an option of a ring back service for calls made to the Contact Centre. However the waiting time to speak to the Contact Centre has been

recognised as a fundamental issue which needs to be addressed as there have been some instances of people waiting up to 45 minutes for their call to be answered and then being referred to another team. The Contact Centre Manager has recently attended the Carers Partnership Board to give an update on what is being done to address these issues in terms of capacity, recruiting more staff.

**Is BCC working in partnership with Health to develop a joint strategy for the new services?** There is some work with Health because Health have given significant money to carers over the last year (£400,000 last year, & £800,000 year for carers health funded breaks). There is another piece of work taking place around supporting carers in GP centres and the viability of carers clinics in GP centres.

**One of the problems as a carer is if you are a self funder and you need to find a nursing home for a relative you are just simply sent a list which gives you no indication of the quality of the accommodation. In the past the Social Worker would have knowledge of local nursing homes. Is a piece of work going to take place to address this issue?** Carers Bucks have carried out a piece of work where carers who have been through the process of finding a nursing home are 'buddied' with new carer. The 'buddi' is somebody who is not commercially sensitive and won't profit from wherever that person is placed but just arms the new carer with the information and skills to ask the right questions. The possibility of training a set of carers to provide information and advice to others on areas such as safeguarding, recruitment and selection etc is being developed.

**Will the new provider seek the appropriate respite care to fulfil the requirements advised by carers?** At the moment respite is still funded and provided by Buckinghamshire County Council. The move is towards a system of personal direct budgets whereby carers receive a package of funding and they can be supported through a broker. When this does happen there will be more choice and control.

**Who do people contact in the event of an emergency where the carer suddenly becomes ill and respite care is needed that day or overnight.** The Central Access Team should be contacted (via the Contact Centre) to book emergency respite and arrange transport.

**What if the patient themselves is not physically able to do this?** If there is a known care manager then they would respond to the emergency and organise the appropriate respite/transport etc.

**Do Carers Bucks still run an 'In Case of Emergency' service?** The Government funded emergency schemes for every borough or county

	<p>and a telephone helpline as part of the 'New Deals for Carers'. The 'In Case of Emergency' has not worked because in an emergency situation the majority of people do not ring the voluntary sector organisation to find out a copy of the emergency plan for implementation. Instinct tends to be to call the Out of Hours duty team, the NHS, or an appropriate relative. Nationally the evidence is these schemes offer good peace of mind but the utilisation is very poor as for many it does not offer a direct service. In the last year Carers Bucks received less than 5 call outs.</p> <p>The Chairman thanked Ms Ashraf for her update.</p>
<p><b>6</b></p>	<p><b>National Benefits update (standing item)</b></p> <p>This item was deferred to the next meeting.</p>
<p><b>7</b></p>	<p><b>Membership of the PSDPB</b></p> <p>Chris Reid explained that the current membership list for the PSDPB needs to be reviewed as there are several non attendees</p> <p style="text-align: right;"><b>Action: Chris Reid/Sharon Griffin</b></p> <p>Debi Game, SUCO, gave the following update on the recruitment of new service user and carers representatives for the Partnership Board and the plans for the election of Co-chair.</p> <p>The membership of the PSDPB includes five service user and carer representatives supported by SUCO. The optimum number of service user/carer representatives is between seven and eight. A further expression of interest has been received from a lady who is a carer for someone with Parkinson's, which is currently a community that is not represented on this board. Discussions have also taken place with Jo Woolf, Chilterns MS Centre to recruit someone to represent multiple sclerosis.</p> <p>The recruitment process involves visits and discussions with lots of groups and voluntary organisations to try to identify individuals who might be interested in becoming involved with the Partnership Boards. Individuals who express an interest are asked to complete an interest form are then invited observe the meeting followed by an informal discussion with the Chairman. If all goes well the individual is invited to become a member of the Board and is supported by SUCO.</p> <p>With regard to the election for co-chairs, a number of comments were received following a consultation exercise and a document was put</p>

together by SUCO. The SUCO board have some issues with the process to elect co-chairs. The first is that there are resource implications to enable SUCO to administer and manage the process, particularly in terms of the level of support to be provided, the preparation of personal statements, presenting to the boards etc and the managing the process of elections. SUCO has asked for a discussion around how best the election process could be resourced.

The second issue is round the actual role of the chairs. The Terms of Reference that were agreed at the Executive Partnership Board is that there are two co-chairs, one of which is a service user and a carer and one of which is the lead officer for the statutory authority. The SUCO Board feel quite strongly that as this is the mechanism that Bucks County Council uses to engage with service user and carers, both the chair roles should be service users and carers. This is at odds with the Terms of Reference for the Partnership Boards.

A letter has been sent to Rachel Rothero asking for a discussion round this because as a change to the Terms of Reference would need to go to the Executive Partnership Board for discussion and agreement.

During the update the following questions were asked;

**Is the proposal that service users should be chair and co-chair of all the Partnership Board as this would require an individual with a certain skill set?** Where practical the aspiration would be for service users and carers to be chair and co-chair of the Partnership Board. The Assistive Technology Partnership Board has that arrangement already in place. This is at odds with the Terms of Reference but this set up works very well for the AT Board.

There have been challenges in terms of the best way to ensure service user and care representation on the partnership boards It has become clear in my that straight forward membership to a Partnership Board may not always be the most effective mechanism for engagement. It depends very much on the board, its remit, and the community service users and carers being recruited for it. For example on the Mental Health Board service users and carers in a formal environment of the Board setting might not work well for that Board.

**If service users or carers express a wish they want to be involved is there an induction process?** An induction pack has been developed to support new service users and carers. The pack is also available for existing service users and carers so that everybody who is supported by SUCO has the same information. SUCO also run an induction workshop which existing service users and carers are also invited to attend.

	<p>The Chairman thanked Debi for her update.</p>
<p><b>8</b></p>	<p><b>Dignity in Care (standing item)</b></p> <p>The Chairman explained the Safeguarding Board is currently responsible for overseeing Dignity in Care agenda. Following a review of this arrangement, the decision has been made to set up a new board solely focused on Dignity in Care issues including safeguarding matters and how to respond to risks and concerns.</p> <p>The new board will consists of posts at director level - a high level group of people who have influence in their organisations and can delegate responsibility to people to implement actions round dignity. The new Board will report to the Joint Executive Team for Adults (JET) which in turn will report to the Health and Wellbeing Board.</p> <p>Nationally there have been some key enquiries looking into abuse or neglect in care homes or hospitals such as the Winterbourne and mid-Staffordshire. Locally there is increased recognition about increasing the promotion and profile of Dignity in Care and action to be taken.</p>
<p><b>9</b></p>	<p><b>PSDPB Action Plan</b></p> <p>The Chairman took members through the PSDPB action plan, highlighting the following key points;</p> <p>The last column on the first page of the Action Plan gives an indication of what has been reported to the meeting so far and what has not. So in terms of actions for outcomes of those reports, they are being captured in the minutes of the meeting.</p> <p>Item 4.2 - Rachel Daly from the Care Quality team has been invited to the September meeting to give an update on nursing and residential care homes fully addressing the needs of disabled people through the provision of training.</p> <p>Item 5.1 – Chris Reid to give an update on the future commissioning of neurology and neuro rehab services in July.</p> <p>Item 5.3 – the development of personal health budgets – an update will be placed on hold as this is still in the pilot stage.</p> <p>The action plan for 2013/2014 needs to be updated. An email is to be</p>

	<p>sent to members of the Board asking them to review the action plan and forward any suggestions for priorities and actions to Christopher Reid by Friday 12 July 2013.</p> <p style="text-align: right;"><b>Action: Sharon Griffin</b></p>
<b>10</b>	<p><b>Any Other Business</b></p> <p>No items of other business were raised.</p>
<b>11</b>	<p><b>Date of the Next Meeting</b></p> <p>The next meeting of the Board will take place on Thursday 25 July 2013, 10.30am, The Common Road, Main Building, Green Park, Aston Clinton.</p>

**Chairman**