NHS
Telford and Wrekin
Clinical Commissioning Group

Shropshire
Clinical Commissioning Group

DRAFT
Future Fit Joint Committee
Minutes of the Meeting held on
Tuesday 29th January 2019
Queen Mother's Hall, Harper Adams University, Edgmond, Newport TF10 8NB

Present:

Professor Simon Brake	Independent Chair of the Joint Committee and Chief Officer, NHS Walsall CCG
Dr Tabitha Randell	Independent Clinician
Dr Jattinder Khaira	Independent Clinician

NHS Shropshire CCG:

Dr Julian Povey	CCG Chair
Dr Jessica Sokolov	Medical Director
Dr Finola Lynch	General Practice Governing Body Member
Mrs Claire Skidmore	Chief Finance Officer
Mr Keith Timmis	Lay Member Performance
Mr William Hutton	Lay Member, Audit Chair, Vice Chair

NHS Telford and Wrekin CCG:

Dr Jo Leahy	CCG Chair
Mrs Tracey Slater	Board Secondary Care Nurse
Mrs Christine Morris	Executive Nurse, Lead for Quality and Safety
Mrs Carolyn Fenton West	GP/Primary Care Health Professional CCG Board Member
Mr Neil Maybury	Lay Member - Patient and Public Involvement
Mr Geoff Braden	Lay Member - Governance

Also in Attendance:

Mr Simon Freeman	Senior Responsible Officer, Future Fit and Accountable Officer NHS Shropshire CCG
Mr David Evans	Senior Responsible Officer, Future Fit and Chief Officer NHS Telford and Wrekin CCG
Mrs Debbie Vogler	Programme Director, Future Fit
Mr Adrian Osborne	Assistant Director (Engagement and Communication), Powys Teaching Health Board
Mrs Sarah Makin	Future Fit Minute Taker
Ms Heather Clark	NHS Shropshire CCG Minute Taker

In attendance as observers:

Mr Graham Shepherd	Shropshire Patient Group
Mrs Janet O'Loughlin	Telford and Wrekin Patient First Group
Mr David Brown	Healthwatch Telford and Wrekin
Mrs Vanessa Barratt	Healthwatch Shropshire
Cllr. Arnold England	Health and Wellbeing Board Chair, Telford and Wrekin Council
Cllr. Peter Nutting	Leader, Shropshire Council
Mrs Frances Hunt	Chair, Powys Community Health Council

01.19 Welcome and Apologies

The chair opened the meeting and thanked everyone for attending. He acknowledged that the reason why everyone had attended the meeting was their common interest in serving the population. We are all here because we care about the NHS.

The chair welcomed everyone to the meeting and confirmed there were no apologies and one substitution from Powys Teaching Health Board.

The chair introduced himself and confirmed that he was receiving no payment for attending the meeting. He invited all voting members of the committee and non-voting attendees on the stage to introduce themselves.

02.19 Members' Declaration of Interest

The chair invited any additional declarations of interest to those submitted by the independent members below or published by the Boards of the CCGs. No further interests were declared.

02.19.1 Declarations of Interests		
Professor Simon Brake	Honorary academic appointments as Chair at the University of Warwick Medical School and Coventry University Faculty of Health and Life Sciences as well as UHCW Honorary Contract	Ongoing Non-Financial Professional Interest
"	Trustee of several charities, Coventry Citizens Advice Bureau, Holy Trinity Coventry (Churchwarden and Trustee) and Keeping Health in Mind	Ongoing Non-Financial Personal Interest
"	Member of Walsall Health and Wellbeing Board	Ongoing Non-Financial Professional Interest
"	Member and Vice-Chair of West Midlands Clinical Senate	Ongoing Non-Financial Professional Interest
"	Member of Institute of Healthcare Management	Ongoing Non-Financial Professional Interest
"	Member of the FDA/MiP (Union) and Member of the FDA NEC	Ongoing Non-Financial Professional Interest
"	West Midlands Fire Authority	Ongoing Non-

	Co-opted Member	Financial Professional Interest
Dr Tabitha Randell	Sister is a Health Visitor in Telford	Indirect Interest
Dr Jattinder Khaira	No Conflicts of Interest Declared	

03.19 Introductory Comments from the Chair Including Code of Conduct

The chair outlined the agenda for the meeting, drawing attention to the fact that there was agreed filming going on by the media which would stop at the end of Item 4. After this point the meeting would continue to be live streamed only. After this there would be a brief presentation and everybody had been provided with a paper copy of this. There would then be an opportunity for questions and comments from members of the committee after which the committee would receive and consider the recommendations and hold a vote. After this there would be an opportunity for the chairs of the CCGs to make some closing remarks prior to the meeting being closed

In response to considerable noise disruption from the public floor, the chair reiterated the fact that if the meeting could not be properly conducted in public it would be called to a halt and reconvened in private.

The chair stated that we are here to consider and understand the issues presented to us in Shropshire, Telford & Wrekin and to find an answer to the problems that we have. We need to find the best way forward for our population and the health of those living here. These are difficult thoughts and considerations. This is not an easy matter and it is the role of senior leaders to reach decisions about what to do and how to do it transparently and objectively. This programme is a collective endeavour and our job is to support the care provided to the whole population served by this area.

04.19 Terms of Reference for the Joint Committee

The chair described a set of principles under which the committee must operate: to act in accordance with the law, selflessly and with integrity, to be accountable and good stewards of the public resources, to be open, honest and transparent and respectful of one another's opinions.

The chair stated that it is important to note there has been a significant and lengthy consultation process. The purpose of this evening's meeting is not to reconsider the decision but to consider the recommendations that are made.

05.19 Items for Discussion/Approval

05.19.1 Brief presentation on progress since the Pre-Consultation Business Case and post-consultation process

The chair asked Mrs Vogler to take the committee through the presentation.

Mrs Vogler started by outlining the journey Future Fit has been on. We have been considering this decision for 5 years. Over 3000 people and 300 clinicians took part in the Call to Action in 2013; we talked with our stakeholders and public and developed a clinical model. We moved from a longlist of options through a feasibility study and a shortlist, where we considered single sites, raised again by the public during the consultation, and excluded this based on costs. We looked at an Option Evaluation and a detailed Impact Assessment in 2016 and the Joint Committee first met in December 2016 with no decision

and no consensus between the two CCGs. Additional work was commissioned: a Women and Children's Impact Assessment and an independent assessment of the Options Appraisal process. When the Joint Committee was subsequently reconvened the preferred option was unanimously agreed in August 2017. From this a Pre-Consultation Business Case (PCBC) was developed and taken through the NHS England assurance process. In May 2018, after waiting for capital funding to be agreed, we moved forward to public consultation for a 15 week period and at the same time commissioned a refresh of an Equalities Impact Assessment. During that time we also considered another public request to look at other models including the Northumbria Model and produced a report included on the website. In November 2018 we received the findings from the consultation process and conscientiously considered those over a period of three months.

05.19.2 Future Fit Decision Making Business Case and Appendices

Mrs Vogler explained that the purpose of the Decision-Making Business Case (DMBC) is to support the CCGs and the Joint Committee in decision making. It provides an update on all the work that has been done over the last two years, particularly since the PCBC was approved by the Joint Committee and the CCGs. It focuses on assurance and concerns that were raised either by the boards or the NHSE assurance process. The DMBC demonstrates the conscientious consideration process we have gone through and sets out the important local and national criteria we have used to consider comments from the public, stakeholders and our own board members. It provides assurance to governing bodies and NHS England that issues raised have been sufficiently addressed to make a decision at this point and concludes by making the recommendations that we will go through later in the meeting.

Mrs Vogler described actions completed since the pre-consultation business case was approved which include: the comprehensive consultation, modelling of impacts on ambulance services, engagement with specialised commissioning over specific parts of the service for example neonatology, critical care and trauma, review of the Equalities Impact Assessment (EIA), testing workforce models, developing Out-of-Hospital care strategies, considering the Urgent Care Centre model - specifically areas raised by the boards on paediatric cover, examination of accommodation requirements and testing affordability assumptions. A number of these issues have been raised not only by the boards but also by the public and other stakeholders and the DMBC document describes progress made against each of these points.

Mrs Vogler commented that it is important to remind ourselves why we are considering this business case. It is about providing safer, high quality, financially and clinically sustainable services: It is about providing the best care that we can for the population; better facilities and environment for the public; making sure that we can provide two vibrant hospitals, and in order to do this we will have planned care separated from emergencies, with fewer cancellations and reduced waiting times. We will have the best staff working at our hospitals and the right level of care.

Mrs Vogler described the two options we consulted on. Option 1: the Royal Shrewsbury Hospital (RSH) becomes the Emergency Care site and Princess Royal Hospital (PRH) becomes the Planned Care site – that is the CCGs' preferred option. Under Option 2 the PRH becomes the Emergency Care site and RSH becomes the Planned Care site, we consulted on this too because we believe that it is clinically deliverable. Under either option patients would be able to access 24 hour urgent care, midwifery-led services, outpatient services and diagnostic tests on either site. The preferred option was reached based on a number of points; fewer people would have to travel further for emergency care, it better meets the needs of our older population and offers the best value for money.

Mrs Vogler described the consultation process which was seen as an exemplar. We had over 3000 visitors to our pop-ups, 900 attendees at our marketplace public events and

24,000 visits to our website. We attended 28 council meetings with more than 260 people and had over 18,000 responses to the consultation which equates to over 3% of the population. The Joint Health Overview and Scrutiny Committee (JHOSC) described this as a good example of a consultation. Powys Community Health Council (CHC) described it as comprehensive. Appendix 19 to the DMBC provides assurance on the consultation process. Looking at the consultation responses, over 51% of the responses were received from Telford and Wrekin which in terms of their share of the population is significantly high, in the region of 5%. The same applies to Powys where the response was also in the region of 5%.

Mrs Vogler stressed that the primary aim of a consultation is not a referendum. It is not about the numbers. There were no surprises in the common themes that were raised, such as travel and transport. When we asked whether Option 1 or 2 met their needs the answers reflected where people lived; although there was a more split response from Shropshire respondents, balanced with concerns regarding emergency and planned care and reflecting the fact that some of them look to PRH for their care. There was a particular focus in the responses on emergency care, on women and children's services, and a lack of understanding of the model and the difference between emergency and urgent care. The message that 80% of journeys will be as they are now was lost: i.e. the fact that people will still be able to walk into the same hospital as they do now for urgent care, and it is the paramedics and the emergencies which will be sent to the most appropriate site. Impacts of rurality and deprivation on responses were examined and significant support for Option 1 was observed from the rural postcodes.

Mrs Vogler referred to stakeholder and individual consultation responses. There was support for Option 1 from Powys Teaching Health Board, both the Welsh and the West Midlands Ambulance Services and the Midlands Partnership, Robert Jones, Royal Wolverhampton and Wye Valley Trusts. Telford and Wrekin Council and Healthwatch Telford and Wrekin were both supportive of Option 2 and Shropshire Council and Healthwatch Shropshire did not state a preference although they provided comprehensive responses which are included in the appendices provided. All 18,000 survey responses were looked at and examples of the comments received are included in the DMBC. Areas where there were clear themes included extended travel times and safety, a wish to keep services as they are now, understanding the community care offer, existing pressures on ambulance services and the impact of the proposed changes, finance and affordability, concern around moving women and children's services, pressures on the workforce, understanding the clinical model and whether we had considered a single site or other similar options.

Mrs Vogler emphasised that many of the documents referred to in the DMBC have been on the website for a number of weeks or longer.

Mrs Vogler described the scrutiny process. Three organisations have a statutory role in scrutiny, Shropshire Council and Telford and Wrekin Council through the JHOSC, and Powys CHC. Both the JHOSC and Powys CHC have been involved and consulted throughout the process and the majority of the content of the DMBC has been shared with them over the past three months, allowing discussions and conscientious consideration to take place. The scrutiny bodies chose to provide feedback after the consultation findings were made available publicly and their responses have been received. JHOSC members disagreed with each other on a number of points and were unable to make a joint recommendation, Powys CHC members voted unanimously to support Option 1. The statutory scrutiny process has been conscientiously considered in our view, by the boards and through the NHS England assurance process. Both are satisfied that they have been appropriately considered and this has been reflected in a response from the CCGs to the JHOSC.

Mrs Vogler addressed the conscientious consideration approach. The Joint CCG Boards

and the Future Fit Programme Board received the consultation findings in November 2018 and it was confirmed by consensus at a full day Programme Board event that no new viable options and no new issues that might influence the preferred option had emerged. Therefore the Programme Board focussed at that event on developing the mitigations required to conclude a decision. The Draft Recommendations emerged from that event, subject to five key mitigations that are set out in the DMBC.

The CCG Boards considered the draft DMBC in December and again in January following amendments in response to their feedback. Responses from the JHOSC and Powys CHC were conscientiously considered and the Programme Board also reviewed the document in January. All final amendments and mitigations are incorporated in the DMBC presented today and we have recently concluded an NHS England assurance process and been given support to proceed.

The five key mitigations are described in the DMBC and Mrs Vogler reminded the Joint Committee that the Programme Board recognise that these are issues, however they are satisfied at this point that sufficient progress has been made on each of them to move towards a decision whilst recognising that there is more work to do. These are:

1. Travel and transport and the associated Mitigation Action Plan
2. The EIA recommendations and mitigation plan and the need for this work to be aligned with the previous integrated impact assessment work
3. Progress on out-of-hospital work – both CCGs have continued to develop their strategies
4. A clear description is now available of services on each site
5. Clarification of affordability at this point in time

Finally Mrs Vogler drew the attention of the Joint Committee to the importance of assessing the pre- and post-consultation evidence according to the local and national criteria described in the DMBC. The local criteria are about access, quality, time critical journeys, safety, effectiveness, patient experience, workforce, deliverability and financial affordability and should all be given equal consideration. National criteria are about strong public and patient involvement, consistency with choice, a clear clinical evidence base and support from the commissioners.

05.19.3 Committee discussion

The chair invited comments and questions from members of the committee.

Dr Leahy expressed her appreciation to the people of Telford and Wrekin for their amazing response to the consultation and commented that the response was more varied than some members of the audience might think.

Mrs Morris commented on the discussion within the DMBC of paediatric cover in the UCC which has been regularly raised by Telford and Wrekin CCG. On page 102 it mentions children who would normally be observed in primary care or at home to determine whether they require further treatment, who could be managed on the planned care site if the team felt competent to do so. Mrs Morris emphasised that as commissioners we need to go further and ensure that we commission a service that meets patient needs and mitigates risks as much as possible.

Mr Maybury reminded the committee that in August 2017 on behalf of Telford and Wrekin it was stipulated that concurrence with Option 1 was subject to a number of caveats. Are members of the Programme Board comfortable that these have all been covered within the DMBC?

Mr Evans stated that the caveats were broadly in line with the requirements of NHS England in terms of the assurance process and he was confident that they have all been addressed within the DMBC which has now been signed off by NHS England.

Mr Braden asked about the number of beds modelled in the DMBC which has increased by 114 compared with the PCBC. What is the rationale for this, have we modelled the impact on costs and is this affordable?

Mrs Vogler stated that the only change made was an uplift to the baseline and there has not been an increase in bed numbers since the PCBC.

Mr Braden asked whether, regardless of the details of bed numbers, the cost impact of the changes from the PCBC to the DMBC have been modelled and can we be assured of affordability?

Mrs Vogler confirmed that there have been no material changes to the model since the PCBC and hence the financial assumptions still stand.

Mrs Skidmore confirmed that there was no material change but stated that assumptions would be retested for the final business case.

Dr Povey requested information on the next steps in the process.

Mrs Vogler stated that subject to the approval of the recommendations at this meeting it had been agreed that an oversight group would be formed with representatives at Chief Executive level from all sponsor organisations, sitting under the umbrella of the STP. The outline terms of reference for this group are included in the business case. It is necessary to have scrutiny of the progress on mitigations and also SaTH development of the Outline Business Case to ensure that the agreed clinical model remains.

Mr Evans added that it is clear from both the CCGs and supported by NHS England that the Implementation Oversight Group will be chaired by commissioners.

Mrs Fenton-West commented on discussion within the DMBC concerning ambulatory care on the planned care site in line with the skills and competencies of the workforce (p.102). She made the point that as commissioners it is our role to ensure that the service specification includes this provision and we will commission ambulatory care services at the planned care site.

Dr Freeman confirmed this would be supported by everyone, subject to it being consistent with the model on which consultation took place.

Dr Khaira requested clarification around the planned level of clinician manning ambulatory care.

Mrs Vogler responded that this is currently described as primary care-led with advanced practitioners. This is also the model that is in place now, however it is inconsistently delivered in terms of capacity. Mrs Vogler also confirmed her view that the DMBC does describe a model providing ambulatory care at both sites, for conditions such as DVT and cellulitis which can be managed with those primary care-led skills.

Mr Maybury commented that it would be very helpful for everybody present to recall the comments made by Sir Neil McKay at a recent meeting that the proposed investment in our health economy is one of the largest he has ever seen. He also asked members of the Programme Board to comment on how the Future Fit proposals fit with the goals of the recently announced NHS Long Term Plan.

Mr Evans stated that the main thrust of the Long Term Plan is around prevention and care closer to home, building on community and primary care. This is consistent with the out-of-hospital models proposed and being developed by both CCGs.

Dr Sokolov added that in addition to the Long Term Plan describing an integrated out-of-hospital model it also gives the example of the separation of emergency and planned care where required to safeguard elective care and ensure high quality emergency care, and thus Future Fit is entirely in line with this.

Dr Sokolov also responded to the previous point around the level of investment, referring

to comments from the JHOSC meeting in December 2018 that we need to start talking about gains and not losses. The status quo is unsustainable and we do have to change but there will be massive benefits in terms of care and we need to start talking about this.

Mrs Slater highlighted the workforce plan presented in section 10.3 of the DMBC which describes a reduction of around 290 WTE staff, together with the earlier discussion around increased bed numbers, and requested assurance that the right workforce could be available and in place to take the model forward.

Mr Evans responded that a significant proportion of the reductions will be in areas such as administrative and clerical roles through modernisation and digitalisation of the delivery of patient care. There will be changes in the workforce model over time – we are confident that the model is correct at the present time but this will be constantly reviewed as the Full Business Case and implementation stages progress.

Mrs Vogler added that there will also be a change in the mix of skills within the workforce as covered in the DMBC where it describes the advanced clinical practitioner role; there are also physician associates, nurse associates, reporting radiographers and clinical care support workers. The models are not directly comparable.

Dr Leahy commented that although the DMBC includes a reference to the Long Term Plan it would be helpful to have a statement that the model described in the business case will be subject to modification in line with the plan as it develops, so that we are not shackled to a model that is becoming out-dated.

Mr Evans reiterated previous comments that much of what is proposed in terms of the separation of emergency and planned care and the move to more community and primary care based services is consistent with the Long Term Plan, however as commissioners we will need to ensure that we implement the plan in accordance with how it is laid out, and therefore anything that must be looked at to make that happen, will happen.

Mr Hutton commented that the committee heard earlier about the importance of community care and needed to ensure that work takes place in a timescale aligned with Future Fit. Good work is already going on in Shropshire, Telford and Wrekin and Powys. Mr Hutton sits on the Care Closer to Home Programme Board in Shropshire and noted that progress is being made and he is confident it will deliver the care required.

Dr Lynch added that there is very much a system approach, all our partners are around the table, we have fantastic patient engagement, decisions that are about to be made provide an opportunity to reboot and start to tell a different story about our health system.

Mr Hutton alluded to the issues previously mentioned around public understanding of the difference between emergency and urgent care. Are there any plans to inform the public better? This is even more critical once we only have emergency care on one site. Have we thought of smarter ways of informing the public?

Mrs Vogler confirmed that this is included within the 14 recommendations in the EIA work. In the mitigation plan there are two recommendations and two actions in this area which will be taken forward and form part of the work of the Oversight Group.

Mr Osborne observed that Powys commissions significant services from Shropshire and Telford and Wrekin and the opportunity to be involved in this process has been important for cross-border communities. A key consideration for the Powys Health Board has been assurance that Welsh statutory requirements have been met and consequently the challenge from the Powys Community Health Council and local communities and stakeholders has added richness to the DMBC. It is reassuring to hear that the Community Health Council has found the consultation to be comprehensive and commended the work that was done. He also commented on the amount of time given to the process by some members of the audience.

As there were no further questions the chair asked if either of the CCG chairs would like to make any comments before the meeting moved on to vote on the recommendations. Dr Povey thanked the local population for taking part in the consultation, and all the clinical staff and everyone involve in Future Fit since the Call to Action. Dr Povey also thanked the independent members and chair for participating in the Joint Committee meetings and this was echoed by Dr Leahy.

05.19.4 To Receive and Approve the Recommendations

The chair referred the committee to slide 34 and the recommendations from the Future Fit Programme Board to the Joint Committee and requested the voting members of the committee to vote on each recommendation in turn. He assured the audience that everyone participating in the process understood the seriousness of the matters under consideration.

Recommendation 1: Consultation Process
The CCG Joint Committee is asked to confirm that the Committee and its constituent Clinical Commissioning Groups have met their statutory duties and ensured that an effective and robust public consultation process has been undertaken and will be used to inform the decisions made.
The recommendation was approved unanimously

Recommendation 2: On-going Engagement
The CCG Joint Committee is asked to support the need for the Clinical Commissioning Groups to continue to engage with and feedback to stakeholders the outcome of the consultation and the decision-making process, including those from seldom heard groups.
The recommendation was approved unanimously

Recommendation 3: Principles of Consultation
The CCG Joint Committee is asked to reaffirm the model underpinning the future provision of hospital services for Shropshire, Telford and Wrekin and mid Wales upon which the consultation process was based.

1. Our patients receive safer, high quality and sustainable hospital services by creating:
    a. a separate emergency care site where specialist doctors treat the most serious cases
    b. a single planned care site where patients would not have to wait as long and beds are protected for their operations
    c. urgent care centres based at both hospitals providing care 24 hours a day, every day for illness and injuries that are not life threatening but require urgent attention
    d. a model where both sites provide most women and children's services
    e. a model where both sites continue to provide the vast majority of outpatient services and diagnostic tests
2. Patients receive the very best care in the right place at the right time
3. Patients receive their care in better facilities
4. We can continue to have two vibrant hospitals in our county
5. We attract the very best doctors, nurses and other healthcare staff to work at our hospitals and have the right levels of staff working across both sites
6. We reduce the time people spend in our hospitals
7. We reduce the number of times patients need to come to hospital
8. We are more efficient with our resources

The recommendation was approved unanimously

Recommendation 4: Consultation Findings
The CCG Joint Committee is asked to note that the Programme Board has confirmed by consensus that the consultation findings have presented no new viable alternative models or no new themes or key issues that might influence the preferred option.
The recommendation was approved unanimously

Recommendation 5: Preferred Option
The CCG Joint Committee is asked to confirm the previous unanimous decision on the preferred option, Option 1, in accordance with (a) the recommendation from the Programme Board; and (b) the following mitigations within the final DMBC:
5.1 Travel and Transport Report and mitigations plan
5.2 Equality Impact Assessment (EIA) recommendations and mitigation plan is aligned with the previous recommendations from the Integrated Impact Assessments (IIAs) carried out in 2016 and 2017
5.3 Progress on Out-of-Hospital Care strategies for both Shropshire and Telford and Wrekin CCGs to be described and to focus on co dependencies in assuring the delivery of the acute model assumptions
5.4 A clear description of the services on each site, particularly around service provision at the Urgent Care Centres
5.5 Reconfirming affordability, including the patient flow assumptions since the PCBC was approved; noting that further refinement will be included within the Outline Business Case (OBC) which is expected for approval in July 2019
The recommendation was approved unanimously

Recommendation 6: Receive and Approve the DMBC
The CCG Joint Committee is therefore asked to receive and approve the contents of the DMBC, including its key appendices.
The recommendation was approved unanimously

Recommendation 7: Governance
The CCG Joint Committee is asked to note and approve the proposal for an Implementation Oversight Group (IOG) to be established under the STP governance structure to take forward oversight of the development of the OBC and FBC. All sponsor organisations will be represented on this Group.
The recommendation was approved unanimously

06.19 Closing Remarks

The chair noted that the proceedings of the meeting were coming to an end and invited the two chairs of the CCGs to make any closing remarks.

Dr Povey stated that he and everyone on the committee was very interested and concerned about the healthcare provision for Shropshire. This is our opportunity to seek a huge investment of £312million into healthcare in Shropshire. He has spent his whole working life in the NHS. He thanked everyone for attending.

Dr Leahy thanked all members of the Joint Committee and especially the chair and underlined that everyone was present because they cared about the NHS and our population. We are doing our very best to do the best thing for the greatest number of people and that is why we made this decision today.

The chair thanked the committee members for attending and for persevering through a difficult conversation and considering a range of complex matters. He reiterated that everyone was there to make the best possible service and environment for patients in Shropshire. He thanked the audience for attending and declared the meeting closed at approximately 7.40pm.

06.20 Post Meeting Note

The chair noted that there was considerable, constant and significant disruption from members of the public at almost every point of the meeting. These interruptions have not been included in the minutes as they were too numerous, but a copy of the live webstream has been appended to the permanent record for information and context.