

Minutes

HEALTH AND WELLBEING BOARD

22 September 2020



HILLINGDON
LONDON

VIRTUAL - Live on the Council's YouTube
channel: Hillingdon London

Statutory Voting Board Members Present:

Councillors Jane Palmer (Chairman), Jonathan Bianco (Vice-Chairman), Richard Lewis and Susan O'Brien, and Dr Ian Goodman and Mr Turkay Mahmoud (in place of Ms Lynn Hill)

Statutory Non Voting Board Members Present:

Tony Zaman - Statutory Director of Adult Social Services and Statutory Director of Children's Services

Sharon Daye - Statutory Director of Public Health (substitute)

Co-opted Board Members Present:

Graeme Caul - Central and North West London NHS Foundation Trust (substitute)

Sarah Crowther - Hillingdon Clinical Commissioning Group

Dan Kennedy - LBH Director Housing, Environment, Education, Performance, Health and Wellbeing

Caroline Morison - Hillingdon Clinical Commissioning Group (substitute)

Jason Seez - The Hillingdon Hospitals NHS Foundation Trust

LBH Officers Present:

Kevin Byrne (Head of Health Integration and Voluntary Sector Partnerships), Gary Collier (Health and Social Care Integration Manager), Alex Coman (Head of Service for Safeguarding and Partnerships), Claire Solley (Head of Service Safeguarding Adults and Principal Social Worker for Adults) and Nikki O'Halloran (Democratic Services Manager)

1. APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence had been received from Councillors Keith Burrows, Philip Corthorne, Douglas Mills and Sir Ray Puddifoot, and Ms Lynn Hill (Mr Turkay Mahmoud was present as her substitute), Dr Steve Hajioff (Ms Sharon Daye was present as his substitute) and Ms Robyn Doran (Mr Graeme Caul was present as her substitute).

2. TO APPROVE THE MINUTES OF THE MEETING ON 24 SEPTEMBER 2019 (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 24 September 2019 be agreed as a correct record.

3. TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (Agenda Item 4)

It was confirmed that Agenda Items 1 to 14 would be considered in public and Agenda Items 15 and 16 would be considered in private.

4. BOARD MEMBERSHIP UPDATE (Agenda Item 5)

The Chairman noted that it had been a long time since the Board had last met. This meeting was being held virtually at a challenging time, whilst facing the most serious issue of a generation. She thanked health partners for the work that they had undertaken during this time.

The Board agreed that Mr Jason Seez replace Ms Sarah Tedford as The Hillingdon Hospitals NHS Foundation Trust non-voting co-opted member.

RESOLVED: That the Health and Wellbeing Board:

- 1. noted that the Council's Cabinet Member for Social Care, Health and Wellbeing had been appointed as its Chairman and the Council's Deputy Leader had been appointed as its Vice Chairman; and**
- 2. agreed that Mr Jason Seez replace Ms Sarah Tedford as The Hillingdon Hospitals NHS Foundation Trust Non-Voting Co-opted member on the Board.**

5. COVID-19 - LOCAL OUTBREAK CONTROL PLAN UPDATE (Agenda Item 6)

Mr Dan Kennedy, the Council's Director of Housing, Environment, Education, Performance, Health and Wellbeing, echoed the thanks for the recent health protection work that had been undertaken in the Borough. At the start of the pandemic, there had been tragic consequences for some. This had been followed by restrictions as infection prevention and control measures were put in place to reduce the number of COVID-19 cases. Although this had reduced the infection rate, levels were now rising again and the Prime Minister was due to make further announcements about control measures later in the day.

Although the infection rate in Hillingdon had been generally lower than the London average, it was important not to be complacent. Partners had put together a COVID-19 Local Outbreak Control Plan (LOCP) which covered seven key areas:

1. Care homes and schools;
2. High risk places, locations and communities;
3. Local testing capacity;
4. Contract tracing in complex settings;
5. Data integration;
6. Vulnerable people; and
7. Governance / local boards.

The Council had worked with schools at the end of the summer term to ensure that they would be prepared and ready for reopening in September and had provided them with PPE starter packs. Since restarting, there had been some classes that had had to isolate when pupils or staff had tested positive but, on the whole, schools had been coping well.

It was noted that Environmental Health Officers had been providing advice and guidance to local businesses. They had also been undertaking unannounced visits to check business compliance.

Hillingdon Health and Care Partners (HHCP) had been meeting on a regular basis to share up to date information and ensure that services were coordinated effectively. The North West London (NWL) Summary Out of Hospital Recovery Plan had set out actions that had been taken by HHCP during the first wave and the associated learnings. The Plan also identified actions for dealing with a second wave as well as

future considerations. Although not designed to be a long term plan, it did seek to ensure that care was delivered in a safe and effective way.

The Hillingdon COVID-19 Health Protection Board had been set up to provide oversight and coordination of the LOCP and the measures that had been put in place to prevent and control infection. Measures would need to be in place to support the urgent care response and to get things going again. Primary care premises would need to be made safe, including providing diagnostics in hot hubs, and recall systems would need to be established for immunisations and vaccinations. Community services would also need to be reviewed to maximise capacity and reduce non-clinical contact time.

With regard to care homes in the Borough, the Board was advised that it was a changeable situation with a programme of repeat testing in place. Mr Tony Zaman, the Council's Director of Social Care, advised that the Council had been working with providers to ensure that they had access to all of the PPE that they needed and to ensure that robust plans were in place. Although there had been a recent increase in the number of residents and staff in Hillingdon's care homes testing positive, the infrastructure was in place to measure and monitor this. It was likely that the pandemic had impacted on the financial viability of some care homes.

Concern was expressed that parents were not adhering to social distancing guidelines at school drop off and pick up times. Mr Kennedy advised that the schools had been regularly reminding parents of the need for social distancing outside the premises and many had staggered the start and finish times for different classes to mitigate this issue.

With regard to Hillingdon residents that were attending university elsewhere in the country, consideration was now being given to any possible impact from them returning to the Borough at Christmas. Mr Kennedy advised that the Council had been in discussions with the university leadership team but that, as there was currently no Government guidance available about this matter, it would need to be revisited at a future date. However, students were being placed in household bubbles whilst at university and lectures were socially distanced.

Mr Kennedy noted that verbal and written messages regarding guidelines had been communicated widely by the Council's communications team. In addition, faith leaders and community networks had been used to get messages out to as wide an audience as possible.

Dr Ian Goodman, Hillingdon Clinical Commissioning Group (HCCG) Board Chair, noted that the flu vaccination campaign had started via GPs and pharmacies and it was expected that uptake would be higher than previous years. As well as vulnerable individuals, the vaccine was being offered to those aged 50+. The transfer of information between pharmacies and GPs had improved so that the vaccination information could be collated at a NWL level. Data from the schools vaccination programmes would somehow need to be fed into GPs so that a fuller picture was available. It was agreed that Mr Kennedy would investigate this further with schools.

RESOLVED: That:

- 1) the work to date and underway by the Council and Board Members to prevent and control the spread of the COVID-19 virus be noted; and**
- 2) regular reports on the action Board Members were taking to prevent and control the spread of the COVID-19 virus be considered at future meetings.**

Ms Caroline Morison, Managing Director of Hillingdon Clinical Commissioning Group (HCCG), noted that the report set out system wide working and some reforms in Hillingdon. The 2019 NHS Long Term Plan had set out the future direction at three population levels:

1. Integrated Care System (ICS) – North West London (NWL) wide;
2. Integrated Care Partnership (ICP) – place based model, Hillingdon wide; and
3. Neighbourhood level – six coterminous neighbourhoods/primary care networks had been identified within Hillingdon that incorporated community mental health services and links to social care.

It was anticipated that the merger of the eight NWL CCGs would bring about strategic alignment. In the week commencing 7 September 2020, a vote had been taken across the eight practice memberships and Hillingdon and six of the other seven CCGs agreed to move to a single NWL CCG. Hillingdon's Governing Body would be meeting on 23 September 2020 to talk about the proposal.

There would continue to be a Borough team and a Borough Committee was being set up at commissioning level to include GPs and the Director of Public Health. It would effectively be a formal sub committee of the NWL CCG and would retain a level of local accountability.

Hillingdon's ICP had already made specific agreements with regard to functional delivery and emergency care fed into this. The governance of the Hillingdon Health and Care Partnership (HHCP), the Borough-based partnership for Hillingdon, had been formalised to take joint working to the next level. The Board was advised that Central and North West London NHS Foundation Trust (CNWL) would be the lead organisation on the HHCP Health and Care Delivery Board. Going forward, the winter would bring additional pressures that would need to be addressed alongside the impact of a second wave of COVID-19.

The development of a new local integrated system was working well and progress had included local authority services to ensure that residents received the full benefit. It was suggested that the merger of the NWL CCGs was often nudged into the ICS conversation but this was thought to be a separate and different matter. Across NWL, the health sector was facing a financial deficit of more than £200m. Until evidence had been provided of how this deficit would be addressed, the Council was not looking to become a formal partner of the ICS.

Although the London Borough of Hillingdon was not a member of the NWL ICS, the Council was still involved, officers worked closely with those partners on the ICS to ensure that services were aligned and the Chairman of the Hillingdon Health and Wellbeing Board now attended NWL ICS meetings. Mr Graeme Caul, CNWL Managing Director, recognised Hillingdon's concerns and advised that consideration was being given to the creation of an associate member status so that there was no risk for the Council but so that the local authority still had a seat at the table.

Mr Tony Zaman, the Council's Director of Social Care, commended Ms Morison on her performance as Managing Director at Hillingdon CCG. Concern was expressed that the current congruence experienced in Hillingdon would be lost with the merger of the eight NWL CCGs. This harmony had been partly facilitated as a result of more than 80% of hospital patients being local residents, and the coterminosity of the local authority and CCG. As such, the Council's view was that it made sense to leave Hillingdon as more of a standalone entity.

RESOLVED: That the governance structure set out with the HHCP Health and Care Delivery Board working to ensure that care is integrated at an operational level across the Borough, reporting to the Health and Wellbeing Board (and to sovereign governing bodies) be supported.

7. **HILLINGDON'S HEALTH AND WELLBEING STRATEGY, JOINT STRATEGIC NEEDS ASSESSMENT AND PUBLIC HEALTH PRIORITIES** (*Agenda Item 8*)

The Joint Health and Wellbeing Strategy (JHWS) had originally been agreed in 2018, with origins from the 2016 Sustainability and Transformation Plan for North West London. Consideration was now being given to the next iteration of the JHWS and it was agreed that an outline plan be included on the agenda for the next Health and Wellbeing Board meeting.

Mr Kevin Byrne, the Council's Head of Health Integration and Voluntary Sector Partnerships, advised that there were a number of plans in place which included the Hillingdon Health and Care Partnership Delivery Plan and the Joint Strategic Needs Assessment (JSNA) which would all feed into the new JHWS.

The JSNA would be delivered in conjunction with the Clinical Commissioning Group (CCG) and other partners. The appendix in the report provided a health summary for the Borough and scored Hillingdon against the London and England averages. The biggest cause of death in Hillingdon continued to be heart disease and stroke, cancer and respiratory disease. On each of these issues, officers were able to drill down to identify any action needed to address gaps. Data was also being used to help in the review of the Public Health priorities. Ten proposed Public Health functions had been included in the report and would form part of the Public Health Action Plan, these included all mandatory functions.

Ms Caroline Morison, Managing Director at Hillingdon CCG, noted that the use of this data would prove very important but that it would be difficult to quantify a measure of success. Once the indicators had been agreed, granular data would need to be collected. Ms Morison offered to liaise with Mr Byrne to work this through and ensure that data collection was aligned across partners.

The Chairman was pleased to note that domestic abuse featured as a Public Health function. Mr Turkay Mahmoud, Vice Chair of Healthwatch Hillingdon, noted that the reduction of childhood obesity also featured as a priority. He suggested that ensuring children had healthy diets was life changing but that there also needed to be support for inactive young people to get active. Mr Byrne advised that the agreed Smile Project, led by Colham Manor Primary School, had been on hold due to the pandemic, but alternative means of delivery were now being explored. Subject to its success, the project could be rolled out to more schools elsewhere.

RESOLVED: That:

1. that officers come back to the next Board meeting with proposals for developing the next iteration of Hillingdon's Joint Health and Wellbeing Strategy from 2021, in light of current pandemic and period of substantial change in health and care in Hillingdon.
2. the headlines from Hillingdon's Joint Strategic Needs Assessment (JSNA) for 2020 be agreed; and
3. the Hillingdon Public Health priorities for 2020/21 be agreed.

8. **THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST UPDATE** (*Agenda Item*)

9)

Mr Jason Seez, Acting Chief Executive Officer at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that Ms Sarah Tedford had now left THH and that Ms Cathy Cale, THH's Medical Director, would also be leaving in October 2020. Mr Seez noted that staff personal development reviews were now taking place which linked to the organisation's objective setting. The workforce staff survey was also currently being conducted.

The Board was advised that the Care Quality Commission (CQC) had completed an unannounced visit to Hillingdon Hospital on 4 and 5 August 2020 in relation to its COVID-19 pandemic planning and infection prevention and control practices. The Trust had subsequently been issued with a Section 31 notice, identifying five areas of concern which THH had taken immediate action to address:

1. Health and safety;
2. Fit mask testing;
3. Environmental risk assessments;
4. Infection Prevention and Control (IPC) action plan; and
5. The management of the education centre.

The CQC's formal inspection report was not likely to be publicly available until mid-October 2020. It was likely that there would be a number of follow up inspections undertaken by the CQC to ensure that the proposed action was taking place and that it was effective in addressing the issues of concern. The Trust would work with partners and external experts to ensure that improvements were made and that the organisation's standards were higher than those of the CQC. Whilst action had already been taken, the challenge would be to ensure that changes became systematic.

Mr Seez noted that the Trust had worked closely as a system with partners in relation to COVID-19 planning. This had resulted in great joint delivery. Action was now being taken to ensure that plans were in place for lessons to be learnt from the first wave.

During the first half of the 2020/2021 financial year, money had been secondary on the agenda. However, consideration would now need to be given in the second half of the year to driving efficiencies.

Over the last 12-18 months, significant progress had been made regarding the proposals for a new Hillingdon Hospital. The plans had proved to be one of the most ambitious programmes being put forward with the Outline Business Case (OBC) expected to be submitted in spring 2021. Modular buildings were already being erected on site for services to be decamped so that they could remain operational during the building works.

The Board was advised that any new hospital development had to comply with the Green Book process. The Trust was currently at the OBC stage where it needed to work with the local authority planners. Concern was expressed that, with a deadline to complete the new build by 2025, NHS processes might hinder progress. The Chairman stressed the importance of engaging with the public at every stage of the process.

RESOLVED: That the update be noted.

9.	2020/2021 BETTER CARE FUND PLAN (Agenda Item 10)
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Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the Better Care Fund (BCF) provided a legal framework to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care. The first plan had been introduced in 2015/2016 when the focus had been on older people. Now, the focus had extended to included learning disabilities and support for children and young people.

It was anticipated that the statutory planning requirements for 2020/2021 would be released in the first half of October 2020. The report provided examples of joint working to support residents such as testing, the provision of PPE and financial support in care homes in the Borough which had been welcomed by the care providers.

Mr Collier advised that the BCF was part of a broader integration programme for Hillingdon. It was noted that the BCF Plan would cover a three year period from 2021. More detail would follow the comprehensive spending review which was expected in the autumn.

It was noted that there had been some issues with regard to discharges to care homes early on in the pandemic. However, a combination of better information availability and input from care home staff and the discharge team had resolved these issues. Although there were still occasional incidents, feedback was now much more positive.

Mr Graeme Caul, Managing Director at Central and North West London NHS Foundation Trust (CNWL), advised that Community Services Teams had been aligned to each of the care homes in Hillingdon to provide in-reach services as an exemplar. An enhanced service had been launched for care homes with regard to PPE and train the trainer training for testing and screening. Care homes had also been offered increased contact. Mr Caul noted that the Council's care home support team had been working well in conjunction with partners.

Mr Tony Zaman, the Council's Corporate Director of Social Care, advised that care homes had been the focus of much work since the start of the BCF. A methodology had been developed which mirrored what had been published by the Government and a range of quality assurance officers undertook visits to ensure quality.

RESOLVED: That:

1. the outline Better Care Fund plan and delivery priorities for 2020/21 be approved; and
2. subject to national BCF requirements being as described in this report, authority to sign-off the final plan prior to submission be delegated to:
 - a. the Council's Corporate Director of Adult and Children and Young People's Services and the Managing Director of Hillingdon CCG; and
 - b. the Chairman of the Health and Wellbeing Board, the Chairman of Hillingdon CCG's Governing Body and the Chairman of Healthwatch Hillingdon's Board.

10.	UPDATE: STRATEGIC ESTATE DEVELOPMENT (<i>Agenda Item 11</i>)
	Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that there had been a hiatus during COVID-19 with some of the work that had been planned. However, elements of this work were now starting to move forward again. With regard to the Out of Hospital Hub in Northwood, it was noted that HCCG was in discussions with NHS Property Services who owned the proposed facilities. These

discussions had included the preservation of the façade; the design had been agreed and the three work streams were now moving forward. Concern was expressed that the timescales for this project had again slipped. Ms Morison was conscious of the time slippages and hoped that, when the application process had concluded, the process would start to gain pace. It was noted that the outline components had already been determined and that the full business case would be brought forward at a North West London level by early in the new year. Ms Morison would seek to confirm what action was being taken to relocate the London Ambulance Service which was currently on the site.

It was also questioned whether consideration had been given to the reduced need for office space given the increased use of virtual meetings. Ms Morison noted that the business cases had been reviewed to ensure that IT considerations had been dealt with. It was also recognised that less of a face-to-face model of care delivery would be needed moving forward. The heritage element had taken a long time.

Central and North West London NHS Foundation Trust (CNWL) owned the proposed site for the Uxbridge Hub. It was noted that this site would have meant that the existing services provided there would have had to have been decanted whilst building work was undertaken. However, a new option had come to light and action was now being taken to investigate the use of Beaufort House. This new site would be able to accommodate the Out of Hospital Hub services as well as a large GP practice and there would be no need to decant. As there were currently tenants in Beaufort House, there was likely to be a time lag whilst they were re-accommodated.

Two healthcare facilities were being pursued in the Hayes and Harlington area to add additional primary care premises. HCCG was currently working through the Heads of Terms at the Old Vinyl Factory and a practice had been identified to occupy the new health centre. The other facility at the Nestle site had not yet moved forward as further conversations were needed.

The Board was advised that, with regard to the provision of GP services in Heathrow Villages. HCCG had identified a site in Harmondsworth Lane but noted that further work was needed to move this forward. The provision of services in this area continued to be a priority for HCCG.

A number of improvement grant schemes had been completed and one had been deferred to 2022. Improvement grant funding had been used to undertake work at the Yiewsley Health Centre which was now complete. Although new reception space had been added, additional space was still needed in Yiewsley to accommodate the increasing population.

RESOLVED: That the progress being made towards the delivery of the CCGs strategic estates plans be noted.

11.

HEALTHWATCH HILLINGDON UPDATE (Agenda Item 12)

Mr Turkay Mahmoud, Vice Chair of Healthwatch Hillingdon (HH), advised that the organisation's work had changed significantly during the COVID-19 pandemic. Because of lockdown, HH had not been able to undertake as much engagement with residents as they would have previously.

HH had been approached by Public Health Hillingdon to carry out a review of the integrated sexual and reproductive health services in the Borough. Following mystery shopping, HH had produced a report which had included a number of

recommendations (a mystery shopping exercise had also been undertaken by older people but the report for this had not yet been completed). Concern was expressed that the findings had included instances where dignity had been compromised. Mr Mahmoud noted that the recommendations had been passed to North West London and that action was being taken to address the issues raised. The implementation of these actions would be monitored by HH.

Young Healthwatch Hillingdon (YHwH) had undertaken digital engagement during lockdown via Zoom. This work had included planning and facilitating Healthfest2020 sessions.

Prior to the pandemic, work had started to look at investing in HH's IT. However, it became apparent that the requirements for engagement going forward would need to include social media tools. The use of applications such as Twitter, Facebook and Instagram offered opportunities for growth which would need to be built upon.

RESOLVED: That the report be noted.

12. **HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT** (*Agenda Item 13*)

Ms Claire Solley, the Council's Head of Service Safeguarding Adults and Principal Social Worker for Adults, advised that this was the first annual report that had been produced under the new arrangements. The report was in final draft version but had not yet been signed off by the Safeguarding Children Partnership or the Safeguarding Adult Board.

The report had brought about a sharp focus on the review of safeguarding arrangements with new and ambitious objectives being set. Local arrangements for safeguarding adults had been reviewed and it had been reassuring that the service had been seen to be robust. The new safeguarding arrangements had led to some shared areas: a Serious Case Panel; modern day slavery; and Practice Development Forum.

Priorities that had been brought forward from 2019/20 to the current year included: financial abuse; modern day slavery; and domestic abuse. An action plan had also been developed around making safeguarding personal. It was noted that there had been an increase of more than 20% in safeguarding adult concerns raised since last year and, in 84% of enquiries, the adult had been asked what it was that they wanted to happen. 94% of adults had had their preferred outcomes partially or fully met.

The report noted the robust procedures that had been put in place to prevent escalation. Ms Solley also stated that the Deprivation of Liberty Safeguard (DoLS) Team had continued to be well respected and high performing and that a MASH was in development for adults to complement the one that was in place for children. The children's MASH had been strengthened in the past year to ensure the participation of partners at key stages. Central and North West London NHS Foundation Trust (CNWL) now had new referral pathways. The Chairman praised the DoLS training that she had recently attended.

Mr Alex Coman, the Council's Head of Service for Safeguarding and Partnerships, advised that the introduction of new safeguarding arrangements had worked well as it had been borne from existing strong relations with partners. Partners had worked jointly to identify solutions and risks through a whole system approach and dealt with neglect and exploitation. Learning had been extracted from elsewhere, compared to the situation in Hillingdon and implemented where appropriate.

Mr Coman advised that the Adolescent Team had introduced a new innovative way of working with teenagers who were at risk of harm, to build confidence and trust. Following the Ofsted visit in January 2020, a letter had been published in February 2020 which recognised that the new way of working had made a real difference to residents. LAC had been encouraged to participate in meetings that involved them and had been co-chairing some meetings. During the year, more than 300 LAC had attended meetings.

RESOLVED: That the achievements of Hillingdon Safeguarding Partnership in the year 2019-20 and the strategic priorities for 2020-21 be noted.

13.	BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 14</i>)
	<p>It was agreed that an update on the COVID-19 response be included on the agenda for the next meeting on 1 December 2020. It was also agreed that regular updates be received from The Hillingdon Hospitals NHS Foundation Trust (THH) in relation to service and procedural improvements as well as the development of a new hospital.</p> <p>Mr Graeme Caul, Managing Director at Central and North West London NHS Foundation Trust (CNWL), advised that there had been changes to the delivery of mental health services in the Borough. These changes had been in relation to transformation, increasing access and separate social work away from care. It was agreed that this would be brought to the Board's next meeting on 1 December 2020.</p> <p>The Chairman noted that the report on Children and Young People's Mental Health and Emotional Wellbeing had dropped off the agenda for this meeting. Going forward, it was thought important that this update report be included on every agenda.</p> <p>RESOLVED: That, subject to the agreed additions, the amended 2020/2021 Board Planner be noted.</p>
14.	DEVELOPING HILLINGDON'S HEALTH AND WELLBEING BOARD (<i>Agenda Item 15</i>)
	<p>Consideration was given to the development of the Health and Wellbeing Board.</p> <p>RESOLVED: That officers liaise with the Board Chairman, HCCG Chair and HH Chair about organising a workshop.</p>
15.	UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 16</i>)
	<p>Consideration was given to the funding for the provision of support during the COVID-19 pandemic.</p> <p>RESOLVED: That officers investigate the matter further.</p>
	<p>The meeting, which commenced at 2.30 pm, closed at 5.10 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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