

Decisions of the Health & Well-Being Board

21 November 2013

Members Present:-

Cllr Helena Hart (Chairman)

*Kate Kennally

*Cllr Sachin Rajput

*Cllr
Thompstone

Reuben

*John Morton

*Dr Clare Stephens

*Julie Pal

*Paul Bennett

* denotes Members present.

Also in attendance:

Dr Jeff Lake
Dawn Wakeling
Maria O'Dwyer
Elsie Lyons
Siobhan Harrington
Claire Mundle
Dr Debbie Frost
Dr Maggie Luck
Nicola Francis
Dr Philippa Curran

1. MINUTES OF THE PREVIOUS MEETING

RESOLVED that the minutes of the meeting held on 19th September 2013 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies for absence were received from:

Dr Andrew Howe
Dr Sue Summers
Dr Charlotte Benjamin
Mr David Riddle

3. DECLARATION OF MEMBERS' INTERESTS

There were none.

4. HEALTH AND WELL-BEING STRATEGY (2012-15) - FIRST ANNUAL PERFORMANCE REPORT

The Chairman noted the significance of the role played by Healthwatch who are, in effect, the voice of service users and carers and the importance they played in feeding into the Strategy's formulation. The Chairman also noted the success of the Partnership Boards' Catch Up Meeting on the 5th November - which had centred on promoting physical activity - and emphasised her delight at the level of turnout.

Dr Jeff Lake (Public Health, substituting for Dr Andrew Howe) presented the attached Report and noted the significant amount of work undertaken on it; specifically noting the changes to the Health and Social Care system (pages 15-17) as well as the summary of key actions which have taken place to deliver the Strategy so far (beginning on page 17.) Dr Lake also outlined the Performance RAG (Red, Amber and Green) ratings and noted the significant progress that had been made as well as those areas where improvements were still needed.

However, in terms of horizon scanning (looking ahead to potential areas of concern) Dr Lake advised that the most recent data suggests a worsening trend with performance relative to other areas (page 24 – 26).

The next section of the report, Dr Lake noted, outlined what the priorities were going to be over the coming year. Dr Lake emphasised that this was the first Annual Report of the Health and Well-Being Strategy and he hoped that the format and content was useful to Health and Wellbeing Board Members.

Finally, Dr Lake highlighted the recommendations made for the next period (page 30-41) against each of the four chapters of the Strategy. These recommendations centred on Immunisation; Health Visiting and School Nursing; Community Well-being (incorporating social isolation and cold hazards); supporting residents into employment; reducing the current high levels of tuberculosis, tackling increased rates of high risk drinking, integrated social care services and developing self-care arrangements in the Borough.

Mr John Morton welcomed the report and noted the areas of progress outlined, highlighting the concerns expressed by General Practitioners about the levels of tuberculosis in the Borough and the agreement to commission work to put an action plan in place to tackle the growing problem.

However, Mr Morton queried where Mental Health would fit into the action areas and emphasised the importance of Mental Health as a strategic issue and the need for it to be incorporated into the Strategy.

The Chairman concurred with the views expressed over the importance of tackling Tuberculosis. She also noted concerns over the increasing rates of Diabetes in the Borough and requested that some emphasis be placed on this.

Healthwatch noted the strength of the report and felt that it could assist with consultation work – both with Children and Young People and Older Adults.

Mr Morton queried if the provision of further demographic data as well as community profiling would be useful. Colleagues concurred and Dr Lake noted that this was an area which could be picked up on (**Action: Dr Lake**).

Ms Kennally noted the helpfulness of the work completed in the Report and that it demonstrated the commitment of it to the Health and Well-Being Strategy. The

recommendations in the Report are essential to the process of identifying and responding to needs in the Borough.

Ms Kennally highlighted the importance of reviewing the targets and measures for Mental Health; however, the data relating to this was not collectable from the CCG and therefore had to be removed from the original list of targets in the Strategy. Ms Kennally welcomed the CCG's identification of Mental Health as a priority area.

Ms Kennally also requested that the revisions of indicators in the Children and Young People's Plan be formally overseen by the Health and Well-Being Board, with the objective of creating a single set of measures across the two strategic documents.

Ms Kennally also noted the involvement of NHS England with screening and immunisations – it is essential that this remains a priority and that all local partner agencies work together on this.

Paul Bennett noted that NHS England is addressing the immunisations data challenge by commissioning a data transfer from GP practices to Child Health Information Services. A number of GP practices would be piloting this before it was rolled out across the Borough. Although confidence was expressed that the rates have not dropped, concerns were noted that there may be some data inaccuracies.

Mr Bennett noted the challenges on how all partner agencies were to work effectively together, particularly entering into the next planning round; and the requirement for CCGs to produce five year commissioning plans and two year operational plans to accomplish this. Mr Bennett stressed the importance of ensuring the plans were right and ensuring continuity. CCGs are encouraged to identify key strategic planning groups and work needs to be undertaken in specific Boroughs and with key stakeholders to make sure every CCG has plans for the longer-term: although, it was noted, the position has improved considerably since last year.

Ms Kennally emphasised the strong partnership between the CCG and the Council, and welcomed views from NHS England as the Commissioner of local services. Paul Bennett acknowledged that NHS England needed to work with local Public Health and CCG colleagues to make sure local plans were aligned with the national priorities.

Dr Stephens highlighted (on page 25 of the performance report) child poverty and was encouraged that the rate for this was dropping. However she noted that Barnet did still represent one of the largest proportions of child poverty in London due to its size, and therefore there is a need to challenge the perception of the Borough – and all agencies need to be mindful of the pressure faced in correcting this.

Dr Stephens raised concerns over the increasing rates of melanoma. This was noted in the context of the national problem. Dr Stephens noted that the London Borough of Islington had run a successful public information campaign. She also raised concerns around the increasing number of tanning salons and questioned if this could be addressed as a future priority for the Board.

Dr Stephens also queried the issue of Shisha and the need for dialogue with NHS England due to the highly toxic levels in the substances involved with the pipes (compared to ordinary cigarettes). There is currently no legislative view as to how this should be managed. The Chairman noted that this was also a problem in Harrow as well as London generally and would require a national solution.

Dr Lake noted that increased melanoma rates were a national issue; but the increasing number of salons would be looked into by the Public Health team and Shisha by Carol Furlong. Dr Stephens agreed that a national approach would be required to address rising melanoma rates and Mr Bennett agreed to take back to NHS England for consideration. Ms Kennally agreed and noted that these issues could be addressed through Public Health and schools. She asked for more information about what the Tobacco Control Alliance would be doing, and also stressed that allegiance with Public Health England would be needed to tackle these issues properly.

Dr Frost noted the need for better information on immunisation and risk profiles, along with clarification of responsibility for delivering immunisations. Dr Frost noted the importance of identifying groups that may be missed. Mr Bennett noted that NHS England have picked up on this, however intelligence and information needs to be better collated and targeted.

Ms Wakeling noted the current situation around influenza vaccinations for older people which was a 'live issue' (e.g. through the Preparing for winter campaign). Influenza vaccinations are published on a weekly basis and Barnet currently stands at 58% vaccinated, which is on track from last year.

Mr Morton noted that, overall, there were a large number of examples of working pragmatically to meet challenges and of effective partnership working and noted that the CCG were working with others to seek quick resolutions to problems where they arise elsewhere.

RESOLVED that page 12 of the report, the recommendations are agreed (1.1 and 1.2) with additional identification of a Mental Health priority to take forward in the second year of the Strategy.

5. BARNET AND HARROW ON THE MOVE - ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2013

Dr Lake presented the (attached) Annual Report, noting that it was the first to be published and outlined the significance of the physical activity priority. The Report is organised around a 'life course' approach and distinct focuses on young people, adults and older people. Recommendations are made for actions to improve the physical activity of all groups considered in the report. Dr Lake noted that a Public Health Challenge is to be launched via a blog, along with an awards programme – partners are asked to contribute towards this and actions are identified appropriately in the relevant sections.

Councillor Thompstone noted the quality of the report.

Councillor Rajput queried what the 'status' of the report is, who is the intended audience and who it would be disseminated to. Dr Lake advised that the report is an independent document but the team would need to look at how it fits in with other strategic documents and processes in the Borough. There are, potentially, links to be made with the issue of encouraging public engagement, which fits in with what Barnet is seeking to accomplish.

Ms Wakeling commended the use of good examples and encouraged the use of further examples around special initiatives for older people/special needs (e.g. commissioned

leisure centres). Ms Wakeling suggested that a useful information spread was required which can be disseminated along to a range of network groups. Dr Lake agreed to pick this up with Ms Wakeling outside of the meeting (**Action: Dr Jeff Lake**).

Councillor Rajput noted the importance of promoting physical activity and mental well-being. Councillor Rajput queried how the one hundred and fifty minutes of physical activity mentioned in the Report would be quantified and achieved, given the different population groups, such as disabled people, who need to be encouraged to be more active. Dr Lake agreed to provide an overview of different indicators and how these are calculated. (**Action: Dr Jeff Lake**).

Ms Kennally informed the Board that she had been delegated as the Council's Physical Activity Lead and that analysis was currently being undertaken by the Public Health team to complete a through needs assessment around barriers to physical activity which will support the development of a business case, that would be ready by June 2014.

Dr Frost highlighted concerns about the lack of resources and facilities in deprived areas and the importance of general practitioners giving advice on free activities to patients. The Chairman encouraged Board Members to promote the use of the new Marked and Measured Routes in parks across the Borough and of the new free Outdoor Gyms to be introduced early in 2014.

Mr Morton welcomed the Report and raised two points (linked to pages 46 and 47): the link between deprivation and exercise is clear but the lack of access to data and information makes this correlation hard to understand – he asked for greater detail on how the Public Health team intends to target deprivation. The Chairman concurred with this point.

Dr Curran noted that exercise was essential in terms of cardiac rehabilitation, and stressed that volunteers and the Third Sector played an essential role in improving physical activity rates in Barnet.

Dr Stephens advised that it was difficult to deliver gymnastics through after-school clubs, as part of the Primary School Sports Premium, which was particularly useful for musculo-skeletal ailments and queried if it would be possible to use this premium in a more targeted way within schools to direct funding towards certain activities. Dr Lake advised that gymnastics was important and provision for this was being encouraged.

Ms. Kennally noted that Barnet had excellent gymnastics facilities at Hendon that should be considered as part of this Strategy. Ms. Kennally also noted that the Sports and Physical Activity review will establish stronger links with Sports Governing Bodies.

RESOLVED that the Report be accepted in its entirety.

6. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Dr Lake presented this item on behalf of Public Health, outlining the six refreshed needs assessments that complement rather than replace the original JSNA, and notified the Board of the issues around sign-off for these as well as their format. Dr Lake explained that there will be a rolling programme of themed reports- totalling 6 per year.

Mr Morton advised that the Board would need to consider how this is then taken forward in terms of a more detailed data analysis at Lower Super Output Area where possible (e.g. to demonstrate the considerable variation in Mental Health status, and access to services). Mr Morton also noted that there were other significant issues relating to Mental Health which did not come across in the Report and which would require further work to bring out. Mr Morton welcomed the format and the approach, as well as the opportunity for regular review, advising that further work was required between Public Health and CCG to develop these documents.

Ms Kennally commented that the JSNA does not necessarily pick up on vulnerable children and deprivation, as well as essential safeguarding issues. She questioned what further exploration would be required to understand these issues. Ms Kennally highlighted the need for a sense of how the information presented is being used and that she had received mixed reviews from stakeholders which would need to be addressed.

Ms Kennally further commented that all aspects of the JSNA would need to be supplemented with up-to-date analysis by 2015 to make this a fair process. Ms Kennally also queried what the relationship would be between the updated information and what is currently in the Health and Well-Being Strategy – and how this would lead onto a structured decision-making process.

The Chairman welcomed the Document, noting it was well presented and simple to understand. However, the Chairman advised that she was not minded to agree with the Delegated Powers approach (Chairs' Action) Recommendation, stating that as it was a 'living' document, it would require regular updating and the Health and Well-Being Strategy to be amended to take account of this. Therefore any alterations should come back to the Board for meaningful discussion and decision.

Dr Curran noted the need to focus in on some of the numbers presented in the JSNA refreshes (e.g. the number of people with cardiovascular diseases); emphasising the need to understand the figures when setting out the commissioning intentions. Ms Kennally suggested that recommendations be noted and when the JSNA refreshes returned to the Board, they needed to include further analysis in order for them to be signed off.

The Chairman queried if this would be able to be signed off in January 2014 and Ms Kennally urged the Board to commit to this deadline to enable active planning. Dr Lake noted the comments on data update requirements as well as the need for clarity on processes and will update the documents accordingly.

RESOLVED that:

- 1. The Public Health Team provides the information as requested above in preparation for the updated refreshes of the JSNA coming to the next Health and Well-Being Board in January 2014.**
- 2. The recommendation that Chair's Action be used to sign off on the supplements and updates not be accepted and that all JSNA updates are tabled at future Health and Well-Being Board meetings.**

7. PUBLIC MENTAL WELL-BEING WORK PLAN

Ms O'Dwyer and Ms Lyons joined the Board for this item.

Dr Lake presented this item, which is based on the Commissioning Mental Well-Being tool kit, which will allow consideration to be given to the programmes that make a contribution to mental well-being. Dr Lake advised that the Plan had been presented to the Mental Health Partnership Board and links in to the Tri-Borough Mental Health Strategy. The Local Authority will lead on the Intervention and Prevention Workstream to support the delivery of this Strategy. The Mental Well-being document summarises where Public Health is positioned in relation to this Strategy at present.

The Chairman commended the report for its clarity and noted the emphasis on the work plan included (page 223), particularly in relation to pre and post-natal programmes.

Ms Lyons endorsed the emphasis on early years but suggested that what was missing was 'who is doing what, and how?' She asked if teachers recognised their role in supporting this work plan and questioned if they have the time and the skills to deliver their actions.

Dr Stephens agreed with Ms Lyon's point and advised that Public Health would need to form part of the wider agenda with implications for the existing programmes in place. Dr Lake stressed that this is the public health work going on which supports the broader agenda, such as the CAHMS review.

Ms Wakeling also noted that there was a Partnership Working Group on Mental Health focusing on employment and noted that this would need to be incorporated into the programme. Dr Lake agreed to pick this up with Ms Wakeling outside of the meeting to ensure he is adequately sighted on what is going on (**Action: Dr Jeff Lake**).

Ms O'Dwyer raised the issue of the Family Nurse Partnership coming to an end and how the work resulting from this should be continued. Ms O'Dwyer also raised concerns on: how physical health care should be targeted; and how alcohol and substance abuse should be managed.

The Chairman concurred that the Work Plan needed to address how health checks could be specifically targeted at mental health need. Dr Lake explained that there is confusion between the NHS Health Checks and annual mental health checks, which are led by primary care. Dr Lake agreed that this was an issue that needed to be picked up.

Ms Lyons noted that there was very little information in the plan about mental health in GP surgeries.

Ms Kennally stressed that she was interested in ensuring that the voice of the local resident is strongly involved in delivery of this plan, and that Healthwatch and the Mental Health Partnership Board should support this.

Dr Stephens commented that the (page 225) key activities the Public Health Team have initiated sections of the Plan needs to reflect partnership working the with the Metropolitan Police for item seven and, possibly, item three for helping with primary school education.

RESOLVED that the Board accepts the proposals presented in the Public Mental Well-Being Work Plan and the Public Health Team notes the comments made above.

8. BARNET MULTI-AGENCY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2012-13 AND SAFEGUARDING STRATEGY 2013-15

Councillor Rajput presented the Adults Safeguarding annual report asking the Board to approve it in its entirety. He outlined the key messages in the report.

Councillor Thompstone then presented the Children's Safeguarding Board's Annual Report, noting its key elements.

Dr Curran queried if female genital mutilation was being considered as part of the safeguarding process and Ms Kennally noted that this was an issue in Barnet, noting the work which was being done in Schools and other areas to address this.

The Chairman commented that it was essential to have sign-up on the issues raised on page 361 of the report from all hospitals in the Borough and outlined the desirability to have greater involvement from the two NHS Trusts on this matter. Ms Wakeling and Mr Morton concurred, noting that there are mechanisms in place through the monthly Clinical Quality Meetings with the Trust to hold them to account and that this is raised with them on the agenda for the next Clinical Commissioning Group Board. Ms Wakeling highlighted that training is on the Safeguarding work plan for 2013-15 which should be raised with NHS providers.

Mr Morton finally noted that there was an issue around engagement with NHS partners and consideration needs to be given as to how this is addressed.

RESOLVED that the Board accepts the Reports presented and consideration be given to engagement with NHS partners in ensuring effective Safeguarding.

9. CHILDREN'S SAFEGUARDING ANNUAL REPORT

Discussed under item 8 above.

10. DISABLED CHILDREN'S CHARTER FOR HEALTH AND WELL-BEING BOARDS

Ms Kennally presented the paper outlining the reasons why the Board should agree, in principle, to sign up to the Disabled Children's' Charter. She outlined the new statutory responsibilities outlined in the Children and Families Bill, and specific concerns in Barnet that autism rates are rising and that stakeholders in the Borough would like to see improvements in the care for disabled children. Ms Kennally urged for the paper's recommendations to be adopted and advised that it would require leadership from the Board to ensure that the Charter correctly addresses the needs and requirements of disabled children.

Ms Kennally noted further positive aspects of signing the Charter in terms of cementing the Board into completing work in this area and understanding the need for an evidence-based approach and engaging directly with stakeholders.

The Chairman pointed out that the Children's Trust Board should carry forward a number of the Charter's recommendations and also noted the work the Children's Trust Board had already carried out to involve children and young people.

RESOLVED that the Board agrees to sign up, in principle, to the Disabled Children's' Charter.

11. CARE BILL - UPDATE REPORT

Ms Wakeling noted that the Bill will be enacted in the Spring of 2014 and will focus on funding reform. Local Authorities are currently awaiting the Government's response to the Consultation. Regulations and Secondary Legislation will also be required to implement this.

Ms Wakeling asked the Board to note the funding reform implications for Barnet presented in the Care Bill paper.

Ms Kennally concurred and emphasised that it was essential that the proposals for funding reform be noted. A formal report on how integrated care for frail elderly in the Borough is going to be developed will be presented for the January 2014 Board and proposed models will need to take account of the requirements surrounding the Care Bill.

RESOLVED that the Board duly noted the funding implications of the Care Bill and that a formal report on the development of integrated care proposals that address these funding implications be presented at the next Board meeting in January 2014.

12. JOINT COMMISSIONING UNIT COMMISSIONING INTENTIONS - ADULTS & COMMUNITIES DELIVERY UNIT / BARNET CLINICAL COMMISSIONING GROUP (CCG)

Mr Morton and Ms Wakeling presented this item, which represents the work plan for the Joint Commissioning Unit. It was noted that the commissioning intentions connect well with the Health and Well-Being Strategy and will support the resolution of some issues discussed under previous agenda items.

Ms Kennally added that the paper should be amended to include the Children and Families Bill, as well as ADHD and autism. **(Action: Mr Morton and Ms Wakeling).**

RESOLVED that Commissioning intentions of the Joint Commissioning Unit be noted by the Board.

13. MINUTES OF THE FINANCIAL PLANNING SUBGROUP

The minutes were noted by the Board.

RESOLVED that the minutes of the Financial Planning Sub-Groups 25th September, 2013 and 17th October, 2013 be noted.

14. BARNET, ENFIELD & HARINGEY CLINICAL STRATEGY - UPDATE

Ms Harrington joined the Board for this item and made a visual presentation on the progress of the clinical strategy which was well received.

Mr Morton formally recorded his thanks to Ms Harrington and her team for the successful completion of this work. The Chairman concurred and formally recorded her own congratulations.

Ms Kennally asked Ms Harrington to provide the Board with the key metrics the Board could use to track the benefits of the clinical strategy over the coming years. Ms Harrington welcomed this suggestion (**Action: Ms Harrington**)

Concerns and confusion was expressed over the receipt by Ms Wakeling of a letter from Mr Nicholson of NHS England which appeared unfairly critical of the Borough's progress on Social Care performance. Ms Kennally asked Mr Morton and Ms Wakeling to obtain metric headline data indicating that systems are working well and highlighted the need to strongly refute Mr Nicholson's assertions. (**Action: Mr Morton and Ms Wakeling**).

Ms Wakeling noted that several Boroughs have received similarly worded letters in relation to this and Barnet had also received a contradictory congratulatory letter from Mr Nicholson's office as well. Ms Wakeling outlined Barnet's involvement in relation to this, noting that she was not aware of any implications of follow-up requirements resulting from this piece of correspondence.

The Chairman queried if it would be helpful if a formal response to Mr Nicholson's letter was drafted. Mr Morton advised that he would be providing a formal response which would rigorously refute the contents of the letter received. (**Action: Mr Morton**).

Ms Harrington welcomed the suggestions and comments made by the Board in terms of the progression of the Clinical Strategy and would take these forward to the Handover Board.

RESOLVED:

1. **The Board noted formal thanks and congratulations to Ms Harrington and her team for the very near completion of the Strategy.**
2. **Ms Harrington notes the comments and suggestions made by the Board and feeds these into the Handover Board**
3. **Mr Morton drafts a robust response to Mr Nicholson's letter.**

15. BARNET CCG UPDATE - POTENTIAL ACQUISITION OF BARNET AND CHASE FARM HOSPITALS TRUST BY ROYAL FREE HOSPITAL NHS FOUNDATION TRUST

Mr Morton updated the Board on the potential acquisition of Barnet and Chase Farm hospital, advising that national negotiations were taking place involving the Department of Health which was taking time. Mr Morton noted that further progress should be made by the time of the next Health and Well-Being Board when he would provide a fuller

report on the subject. Overall, however, the acquisition appears to be on track, subject to national negotiations.

Ms Kennally highlighted the need for clarity in terms of the timetable and when the acquisition was likely to go ahead. Mr Morton advised that the official date was 1 April, 2014 but this was now likely to be deferred to July, 2014.

RESOLVED:

- 1. Mr Morton presents an update report on the progress of the potential acquisition of Barnet and Chase Farm hospital at the January, 2014 meeting.**

16. FORWARD WORK PROGRAMME

The Plan was discussed and Ms Kennally highlighted concerns that the Board was probably now at saturation point in terms of the number of agenda items and papers being presented at Board meetings and suggested that some of this work could be delegated to other Boards.

Ms Kennally suggested that items which the Board is only required to note be considered in a different way.

The Chairman noted that for NHS England/Partnership items, these items would require full discussion and that the Board would not be in a position to cut items short (dependent, upon the availability of NHS England Representatives to the Board), and the agenda for January 2014 was looking to be full. Mr Morton concurred and advised that he would seek to ensure Mr Bennett's full attendance at the next Health and Well-Being Board meeting.

Ms Kennally noted that there were no necessary amendments to be made to the twelve month programme (apart from a single item to be added and the associated need for consideration as to how this will be taken forward).

RESOLVED:

- 1. Mr Morton seeks to obtain the full attendance at the January 2014 Board of Mr Bennett.**
- 2. Consideration to be given as to how agenda items for the Board to 'note' can be taken forward.**
- 3. Miss Mundle to give consideration to the additional item to be added to the twelve month plan.**

17. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

Following on from the Meeting of the Health and Well-Being Board on 19 September 2013, the Chairman requested a full verbal update from Paul Bennett of NHS England on the whole situation regarding the Mobile Breast Screening Unit at Finchley Memorial Hospital.

Mr Bennett advised the Board that the situation had improved from the last meeting. He said that a number of lessons had been learnt from the withdrawal of the Unit but reported that there were still a number of outstanding issues. These included the inadequate electricity connection as well as the potential costs being incurred due to the ownership of the site passing to Community Health Partners and the systems of charging at a commercial rate (problems with this have been identified across the Country).

Mr Bennett further noted that NHS England is looking into making it more economically viable to provide the Mobile Breast Screening Unit service and will be working with local stakeholders to make this so. Critical lessons have been learnt from not working with local stakeholders first time round.

The Chairman informed the Board that she had obtained confirmation from Dean Patterson at CHP that they intended to put the Mobile Unit back on site at Finchley Memorial on 30 November 2013 with Screening due to recommence by 2 December, 2013. However she was still waiting for formal confirmation of the actual re-commencement. The Chairman also noted problems with issuing letters to potential service users, particularly those who had been re-directed to St. Michael's Hospital in Enfield.

RESOLVED that Mr Bennett checks the progress in relation to the Mobile Breast Screening Unit and provides an up-to-date report at the next meeting.

The meeting finished at 12.30 pm