

**Health and Wellbeing Board
North Northamptonshire Council**

Thursday 17th June 2021

At 9:00 am in The Core Theatre, The Cube, George Street, Corby.

Present:

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Scott Edwards	(Executive Member for Children's Families Education & Skills) North Northamptonshire Council
Councillor Helen Harrison	(Executive Member for Adults, Health & Wellbeing) North Northamptonshire Council
Councillor Macaulay Nichol	North Northamptonshire Council
Alan Burns	Chair, KGH and NGH Group
Naomi Eisenstadt	Chair, Northamptonshire Health & Care Partnership
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Shaun Hallam	Northamptonshire Fire & Rescue
David Maher	Deputy Chief Executive, Northampton Healthcare Foundation Trust
Dr Steve O'Brien	University of Northampton
Professor Will Pope	Chair, Northamptonshire Healthwatch
Toby Sanders	Chief Executive, NHS Northamptonshire CCG
Pauline Sturman	Assistant Chief Constable, Northamptonshire Police
Dr Jo Watt	Chair, NHS Northamptonshire
Lucy Wightman	Joint Director of Public Health
David Watts	Director of Adults, Communities and Wellbeing, North Northants Council
Colin Smith	Chief Executive, Local Medical Committee

Also in Attendance

Cheryl Bird, Health and Wellbeing Board Business Manager
 Jenny Daniels, Democracy Officer, North Northants Council
 Sam Fitzgerald, Assistant Director of Adult Social Services
 Deborah Mbofana, Public Health Practitioner, Public Health Northamptonshire
 Amy Plank, Environmental Protection and Private Sector Housing Officer

01. Apologies

Rob Bridge, Chief Executive, North Northamptonshire Council

Mike Naylor, Director of Finance, East Midlands Ambulance Service
Oliver Newbold, NHS England
Crishni Waring, Northamptonshire Healthcare Foundation Trust

02. Notification of requests from members of the public to address the meeting

None received.

03. Declaration of members' interests

Dr Jo Watt stated she was a landlord of a pharmacy in Corby.

04. Election of Vice-Chair

It was noted Councillor Macaulay Nichol had sent an expression of interest in becoming Vice-Chair. There were no other expressions of interest for the position of Vice Chair.

Statutory Board members then formally co-opted the following members to the Board:

Cllr Helen Harrison (Executive Member for Adults, Health and Wellbeing, North Northamptonshire Council), Cllr Scott Edwards (Executive Member for Children's, Families, Education and Skills, North Northamptonshire Council), Alan Burns (KGH and NGH Group), Naomi Eisenstadt (Northamptonshire Health & Care Partnership), Colin Foster (Northamptonshire Children's Trust), Shaun Hallam (Northamptonshire Fire & Rescue), Mike Naylor (East Midlands Ambulance Service), Oliver Newbold (NHS England), Dr Steve O'Brien (University of Northampton), Pauline Sturman (Northamptonshire Police), Colin Smith (Local Medical Committee), Crishni Waring (Northamptonshire Healthcare Foundation Trust).

RESOLVED that:

- (i) Councillor Macaulay Nichol be appointed as the Vice-Chair of the Board; and
- (ii) The following be appointed as co-opted members of the Board:
 - Cllr Helen Harrison, Executive Member for Adults and Wellbeing, North Northamptonshire Council
 - Cllr Scott Edwards, Executive Member for Children's, Families, Education and Skills, North Northamptonshire Council
 - Alan Burns, KGH and NGH Group
 - Naomi Eisenstadt, Northamptonshire Health & Care Partnership
 - Colin Foster, Northamptonshire Children's Trust
 - Shaun Hallam, Northamptonshire Fire & Rescue
 - Mike Naylor, East Midlands Ambulance Service
 - Oliver Newbold, NHS England
 - Dr Steve O'Brien, University of Northampton
 - Pauline Sturman, Northamptonshire Police
 - Colin Smith, Local Medical Committee
 - Crishni Waring, Northamptonshire Healthcare Foundation Trust

05. North Northamptonshire Health and Wellbeing Board Draft Terms of Reference

The Chair informed those present that terms of reference (copies of which had been previously circulated) had been drafted for the North Northamptonshire Health and Wellbeing Board with the purpose of setting the future direction of the Board and ensuring the Board remained compliant with its statutory functions. As a S102 Committee of North Northamptonshire Council it should follow the Health and Wellbeing Board Terms of Reference included in North Northamptonshire Council's Constitution.

Members of the Board discussed the terms of reference noting the following:

- The Board agreed for delegated authority to be granted to the NHS Northamptonshire Clinical Commissioning Group to represent NHS Cambridgeshire and Peterborough Clinical Commissioning Group for all Board business relating to the Board.
- Reviewing the Terms of Reference every six months would ensure appropriate and timely alignment and/or integration with the emergent governance structure of the Integrated Care System (ICS) for Northamptonshire. Reviews will take into account the national direction of travel for ICS legislation, as outlined in *Integration and Innovation: working together to improve health and social care for all* (DHSC, February 2021), and any subsequent relevant publications and/or legislative change.
- It was noted the terms of reference for the Hertfordshire Health and Wellbeing Board might be used across the country as a benchmark, so it might be useful to review these to ensure Northamptonshire was aligned with the integrated care system.
- There could be an opportunity to review how to strengthen joint commissioning between NHS and local authority partners, using this Board as the Forum to oversee some more detailed work around this.
- It would be useful to have Primary Care Network representation on the Board to link in with place-based agenda.
- The Chief Executive of North Northants Council proposed he be removed as a Board member due to the Director of Public Health and the Director of Adults, Communities and Wellbeing Board members who could therefore act as the Chief Executive's representative.

The Health and Wellbeing Business Manager, Cheryl Bird noted the suggested amendments to the Terms of Reference would be circulated to the Board first for virtual approval before being presented to Full Council.

RESOLVED that:

- (i) the Health and Wellbeing Board agreed amendments to the draft Terms of Reference to be circulated to the Board for virtual approval before being submitted for final approval at Full Council.

06. North Northamptonshire Pharmaceutical Needs Assessment

At the Chair's invitation, Public Health Practitioner, Deborah Mbofana introduced the North Northamptonshire Pharmaceutical Needs Assessment highlighting the following:

- Ms Mbofana was part of the Public Health Team and Chaired the Project Advisory Group working on development of the new Pharmacy Needs Assessment.
- The Project Advisory Group had consisted of a good membership spanning across the NHS organisations, Northamptonshire County Council, Public Health

Northamptonshire, Healthwatch Northamptonshire, Local Medical Committee and Local Pharmacy Committee.

- It had been a statutory responsibility of Health and Wellbeing Boards to oversee the production and publication of a Pharmaceutical Needs Assessment for their area every three years.
- The Pharmaceutical Needs Assessment considers the pharmaceutical needs for the area over the next three years, including needs in the community, current provision, and proposed development within the area in terms of housing, roads and infrastructure.
- The information contained within the Pharmaceutical Needs Assessment was currently used by NHS England and NHS Improvement to commission services within the area. From April 2022 commissioning for pharmacies, ophthalmology and dentistry will be the responsibility of the Integrated Care System.
- The COVID19 pandemic had been pivotal in encouraging the local population to use pharmacies as their first port of call when seeking health advice. The aim was for this to continue once COVID19 restrictions were lifted, and health services return to business as usual.
- In the unitary footprint there were 63 pharmacies and 11 dispensing practices with 6 of the practices provided services for 100 hours plus.
- The conclusion from the Needs Assessment was that there was good access to pharmaceutical services for the local population even in the rural areas. It was felt there were services sufficient for the predicted growth that would happen in the county over the next three years which is estimated to be 29,000. A large number of those who responded to the survey who felt they had the capacity or could make adaptations to cope with the predicted growth.
- A new pharmacy had been proposed for Priory Gate in Corby. The original application was turned down, but then went to resolution panel where it was agreed. However, as of 31 May NHS England was still awaiting confirmation of the exact location of the site.

The Director of Public Health thanked the Project Advisory Group and Charlotte Goodson for all their hard work on producing the Pharmaceutical Needs Assessment, and added this assessment provided a huge amount of intelligence and insight into pharmaceutical provision. This was particularly important following creation of the new unitary councils and would provide a key insight for when commissioning of these services transfers over to the Integrated Care System from April 2022. Although service needs were well met, the Director of Public Health would like in the future for community pharmacies to be used in delivering more Public Health prevention services in the community.

Members of the Board discussed the Pharmaceutical Needs Assessment stating the following:

- It was noted that for the last 8 years' responsibility for commissioning and budgets for pharmaceutical services had been with NHS England regional teams. With responsibility and budgets moving to the Integrated Care System from April 2022, this would provide an opportunity to look at wider community teams delivering the role of community pharmacies.
- Community pharmacies would also have a role moving forward in contributing to the various vaccination programmes including COVID19, and recognition of the important part community pharmacies had already played in the vaccination programme was noted. An additional pharmacy vaccination site was due to open next week which would make a difference for the autumn and winter.

- It was confirmed data from the 2011 Census was used in creating the Pharmaceutical Needs Assessment, along with population estimates to ensure the data is as accurate as possible.
- It was also confirmed that when the questions were formulated for the survey they ensured specific questions around the COVID Pandemic were included to provide the opportunity to ask people how they were using pharmacies and whether they were happy with the service.

RESOLVED that:

- (i) Deborah Mbofana would amend the mention of Daventry to Wellingborough and that the Quit Smoking service is managed by Public Health Northamptonshire not First for Wellbeing; and
- (ii) The Board approved publication of the first North Northamptonshire Health and Wellbeing Board Pharmaceutical Needs Assessment with the caveat that the two amendments are completed.

07. Director of Public Health Annual Report 2020/2021

The Chair informed the meeting that Directors of Public Health across the country had a duty to produce an annual report and it was a statutory duty of Health and Wellbeing Boards to oversee publication of the Director of Public Health Annual Report. He then invited Director of Public Health, Lucy Wightman to provide a verbal update on the progress of the report for 2020/2021. The Director of Public Health advised that due to the Public Health Northamptonshire being crucial in directing the county's response to the COVID19 pandemic, capacity within the team has been limited resulting in a delay in production of the Directors of Public Health Annual Report 2020/2021. She asked the Board for virtual approval to publish the report in July and to bring report being brought back to the next meeting in September.

(Deborah Mbofana left the meeting at 09.30).

RESOLVED that:

- (i) the Board agreed to the virtual approval of the Directors of Public Health Annual Report 2020/2021 before being brought back to the next meeting.

08. Disabled Facilities End of Year Report 2020/2021

At the Chair's invitation Environmental Protection and Private Sector Housing Officer, Amy Plank introduced The Disabled Facilities Grant (DFG) end of year report 2020/2021 Quarter 4 Update highlighting the following:

- The report sought the Health and Wellbeing Board's approval to agree their allocation spend as laid out in the appendix A.
- Disabled Facility Grants (DFGs) were mandatory grants that Local Councils were required to provide to disabled children and adults to enable them to remain in their own homes and prevent admission to hospital and residential care.
- Occupational Therapist's completed the initial assessments, a surveyor completed the design and then the scheme of works went out to tender, with costs ranging from £3,000 to £30,000 which was the mandatory limit. There was a new Private Sector Housing Policy for North Northamptonshire which enabled some discretionary measures to be offered to top up the mandatory £30,000 limit to £40,000.

- Work required in a home could be anything from installing a stair lift to providing an extension and could take a number of months to complete.
- During 2020/2021 the DFG service has been heavily impacted by COVID19 but managed to mitigate the effects and continue to deliver DFGs. The main issues had been:
 - During the first lockdown the construction industry initially almost came to a complete halt until the Government clarified how the industry could continue to work with COVID19 secure practices in place.
 - Supply issues for contractors, with many suppliers unable to open during the first lockdown.
 - Householders' reticence to have work done / people coming into their homes, as the client base is essentially people more vulnerable to COVID19 and part of the shielded population.
 - Vulnerable council employees who were unable to go into clients' homes.
 - COVID19 outbreaks for contractors, causing delaying in works and tenders.
- Due to the impact from COVID19 there was now a waiting list consisting of 450 people, either waiting for an occupational therapist's assessment, or for a survey to be completed, as well as dealing with the new referrals coming through.
- For 2021/2022 £2.5 million DFG funding had been allocated to North Northamptonshire Council, during the year the processes for DFGs will be reviewed to deliver these grants in a smarter way and to prioritise the backlog of people on the waiting list.
- It had been evidenced over previous years that the DFGs do keep people out of hospital and residential care providing savings across the health and social care system.

Queries and comments on the report were answered as follows:

- In 2018 there was a nationwide review of the DFG Grant, where it was recognised greater flexibility measures could be used in the spend of the grant. Exploring other possibilities of DFG spend would be helpful, particularly in light of winter pressures and the pressure on the current system. At the time of the review local authorities in North Northamptonshire were hesitant in using the grant more flexibly due to the increased risk of budget overspend.
- The backlog was mainly down to people awaiting assessments, as there were only a small number of occupational therapists and surveyors to undertake the work. Amy Plank was working with Laura Sinclair and Kerry Purnell in the to review the whole delivery of DFGs. However, once the backlog was cleared over the next 12 months they would consider using more innovative ways to speed up delivery of DFGs. Home Improvement Agencies had been used in the past.
- It was noted much was in place regarding new builds in the county, with many new homes including larger rooms and more accessible light switches and were built for longer term dwelling.
- Patients were prioritised depending on the occupational therapist's assessment to either, critical, urgent, or standard.
- Where people were unable to adaptions provided, additional support was provided by social care services, which incurred additional costs for the Council. Also builders and tradespeople could be contacted to provide adaptations in homes from the day they were built. Ongoing Housing needs assessments had previously identified a significant lack of extra care.

- Public Health Northamptonshire were developing an Inequalities Framework which would contain the principles of ensuring the decision-making process has a positive impact on communities.
- The previous Countywide Health and Wellbeing Board had a sub-committee concerned with housing, planning and health, which included funding for a health and housing officer.

RESOLVED that:

- (i) The Director of Public Health would enquire whether there is any funding left from the Health and Planning Officer post and whether the post can be re-instated; and
- (ii) The Board noted the Disabled Facilities Grant spend for 2020/2021.

09. Better Care Fund quarter 4 Update 2020/2021

At the Chairman's invitation, Assistant Director of Adult Social Services, Sam Fitzgerald introduced the Better Care Fund Quarter 4 Update 2020/2021 highlighting the following:

- This report provided information of the performance during quarter 4 of the BCF plan 2020/2021 against the four national metrics:
 - Reducing non-elective admissions to hospital
 - Reducing admissions to residential care and care homes;
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital into enablement/rehabilitation services; and
 - Reducing delayed transfers of care.
- It was noteworthy that these four metrics were related to supporting people to remain independent at home for as long as possible or following a hospital stay were supported to be able to return home.
- There has been a 20% reduction in non-elective admissions which was a positive trend linked mainly to the COVID19 Pandemic.
- A positive trend could be seen in the reduction of permanent admissions to residential or nursing care. A significant amount of work across the system had been undertaken to ensure the primary option is for people to return home following a hospital stay or to remain in their own homes for as long as possible. This reduction was partly due to the National Discharge Guidance and using discharge to assess on upon returning home.
- A slight deterioration could be seen in the figures relating to those over 65 remaining home 91 days after discharge from hospital than in the previous quarter 3. This was mainly due to more people had been seen through the enablement service which has caused a significant upshift in the amount of people that remained in their own home.
- Since March 2020 there is no longer a national requirement to publish data on delay transfers of care.

Queries on the report were answered as follows:

- It was a statutory requirement of this Board to approve the local BCF plan and to scrutinise the BCF performance against the plan.
- It was hoped future reports would include initiatives within the health and social care system that are helping to deliver against the BCF metrics such as the Integrated Care Across Northamptonshire (iCAN) programme and work in developing the Integrated Care System.

- It would be useful for future reports to contain information on how many people in hospital were able to access re-ablement and the number of places available, is this being achieved, how can re-ablement services become more efficient, and add narrative to explain figures. It would also be useful to have benchmarking around re-enablers, to understand how the trend compares with other areas of the country.
- The focus was looking at people's reason to reside in hospital. Stranded was a patient who had been in hospital for 7 days and super stranded was a patient who has been in hospital for over 21 days. There had been a huge amount of work undertaken in improving discharges and outcomes people and the amount of people who could be discharged had been lessened.
- It was also noted the Board were absolutely committed to integrated working and would like a future session to discuss on how to build on the work already completed and manage resources in a more joined up way with joint working models and teams.

RESOLVED that:

- (i) the Board noted the BCF quarter 4 update.

10. COVID19 update

At the Chairman's invitation Director of Public Health and Wellbeing, Lucy Wightman provided the following update on the county's response to the COVID19 Pandemic:

- Northamptonshire was fairly stable. As of yesterday's data, the England case rate was 69.1 per 100,000 per population, which is a 57% increase from the previous week. The East Midlands case rate was slightly lower at 58.1 per 100,000 population, with Northamptonshire's rate being 46.4 per 100,000 per 100,000.
- North Northamptonshire had fared more positively with a case rate of 25.8 per 100,000 population particularly in Corby where the number of positive cases was reducing.
- West Northamptonshire was not fairing so well with their case rates doubling to 58.5 per 100,000 population.
- The age groups with the highest rate of positivity are 10-19 years and 20-29 years, there are lower rates of positivity in the older age groups due to vaccination programme starting to have an impact.
- The much more transmissible Delta Variant was now widely circulating across the county.

In answer to queries on the report the following was confirmed:

- Many of the cases seen in the Northwest of the county were imported, due to the East Midlands region being very close to hotels used for quarantining travellers from overseas. Some outbreaks of the Delta Variant had been seen in South Northants. Another factor was that the schools had re-opened.
- The rate of the increase across the country had now begun to slow.
- There was a need to understand how the North and West Councils could assist each other.
- Communications Teams had worked hard with Environmental Health Officers, and other agencies to try and understand how well messaging is being received by different age groups both nationally and locally. There was more reluctance and less engagement from the younger age groups to get tested and be vaccinated when invited, so there is a need to ensure messages were fresh and were well received by the younger age groups.

- The delay in the halting of the lockdown procedures had been made to enable more people to receive their second vaccine dose which offered a higher degree of protection against the new Delta variant. As of 14 June 750,000 vaccines have been delivered across the county, with 68% of 30-39 years receiving their first vaccine dose and 35% if 18-29 years receiving their first vaccine dose. Good progress was being made and they were working through other ways of providing the vaccination such as pop-up clinics.
- Due to the vaccination programme a sharp spike in cases wasn't expected. The second vaccination, however, was the factor that made vaccine effectiveness rise.
- They were attempting to understand areas with higher caseloads.
- Board members were asked to promote vaccination messages through all their channels.

RESOLVED that:

- (i) the Board noted the update on the county's response to the COVID Pandemic.

11. Northamptonshire Health and Wellbeing Annual Report 2020/2021

At the Chairman's invitation the Director of Health and Wellbeing, Lucy Wightman provided an update summarising the work overseen during April 2020/March 2021 by the previous countywide Health and Wellbeing Board thanking the Health and Wellbeing Board Business Manager for all her hard work in difficult circumstances.

The Health and Wellbeing Board Manager stated the report included sections that described the information on the Board's statutory duties and initiatives overseen by the 3 sub-groups. It also included some of the initiatives overseen by the Health and Wellbeing Forums.

RESOLVED that:

- (i) The Board noted the work of the previous countywide Health and Wellbeing Board during 2020/2021.

12. Integrated Care System Update

At the Chairman's invitation, the Chair of the Northamptonshire Health and & Care Partnership provided a verbal update on the Integrated Care System (ICS) as follows:

- The design framework was received the night before and as far as she knew there weren't many surprises in it.
- In February 2020 the Government had announced ICS's would become statutory in April 2022 and would undertake some of the functions currently performed by Clinical Commissioning Groups and commissioning undertaken by NHS England.
- The ICS should provide improved health for everyone and reduce health inequalities, to spend public money well and contribute to the wider social and economic benefits of the community. The NHS was the biggest employer in the country and needed to ensure the proper use of the land it owned.
- How current legislation worked needed to be clear, to be able to design new legislation to ensure the internal competition within the NHS was loosened. There was a need to understand the complexities within the NHS to ensure the NHS worked more collaboratively with Local Government particularly in social care.

The Chief Executive of the NHS Northamptonshire CCG stated the following:

- The NHS and Local Government had worked well through the COVID19 Pandemic, and this provided the opportunity to continue to work together with the integration agenda to improve outcomes.
- Some things were quite complex, and work was underway to try and simplify and connect with local government and the voluntary sector in a more powerful way. Government and NHS England had set out minimum requirements for an ICS such as having an ICS Board and ICS Health and Care Partnership, with local areas left to design their own ICS arrangements.
- The Northamptonshire Health and Care Partnership were hosting a development session in Kettering that afternoon to discuss how the broad set of ICS arrangements might be across the county.
- A good meeting had been held earlier that week with senior leadership and portfolio holders from North Northants Council to recognise the unique opportunity creation of the new unitary councils provide in designing something different.
- The defining pieces currently within the ICS design phase is to have a strong partnership focusing around the Place footprint, the role of Health and Wellbeing Boards within this footprint.
- There were four big main priorities of work to take forward collaboratively, children and young people, mental health, elective care and the iCAN programme.
- Either a substantive agenda item or development session should take place to work through collectively how this Board can make the most of the opportunities arising from the creation of the statutory ICS in the Place footprint.

Members of the Board noted the following:

- It was felt by some to be an amazing opportunity, with creation of the two new unitaries along with the NGH and KGH Hospital Group. They aimed to work with housing.
- The meeting a few days earlier was considered to be really good especially for those who wished to catch up on where they were. It was fundamental they got it right and did not fall behind in this important piece of work.
- It was considered to be beneficial if NHS structures were simplified as they were currently quite complicated and the public needed to understand them. It was considered a responsibility of the authorities involved to ensure engagement with residents was as good as it could be.
- It was noted the best way to find out how people wanted to use services was to ask them what they wanted and how they would use it, as data sometimes does not always resonate with the lived experience.

RESOLVED that:

- (i) the Chair and Vice Chair of the Board, the Director of Public Health, the Executive Member for Adults, Health and Wellbeing and the Health and Wellbeing Board Business Manager would meet to discuss the possible subcommittee structure and development sessions for this Board; and
- (ii) the Board noted the verbal update on the Integrated Care System Update.

13. Any Other Business

The Chairman invited members of the Health and Wellbeing Board to notify the Board of any developments they had made:

Assistant Chief Constable, Pauline Sturman reported Northamptonshire Police had an operating model that was now based on public feeling so we are placed to react. Public reaction can often be determined in groups, if any reports come through of gatherings or activity, or indicated an issue, then Northants Police are well placed to respond faster.

The Chief Executive of Northamptonshire Children's Trust, Colin Foster reported that there had been positive feedback to their launch event at which young people had presented. Northamptonshire Children's Trust (NCT) were creating apprenticeship opportunities for care leavers, and he would appreciate any support from others who could also offer apprenticeships or recruitment opportunities for care leavers. Two new apprentices had recently been appointed at NCT, with the experience they brought to any organisation being beneficial.

The Chairman of the Kettering General Hospital and Northampton General Hospital Group informed the Board they were formally launching as the University Hospitals of Northamptonshire NHS Group at the University of Northampton on 1 July 2021. There had been a massive improvement in access to research for the future with lots of people involved.

University of Northampton representative, Professor Steve O'Brien stated the pandemic had been an extremely challenging time for students and staff at the University. Particularly with students having to adapt to a different style of learning. The University was well placed for the flexible approaches required for learning. There had been an increase in numbers of potential students looking to recruit to health and social care courses. Whilst COVID19 was a really awful thing some positive things were coming out from the pandemic.

The Chair of Healthwatch Northamptonshire, Professor Will Pope stated they had continued to engage with the local population during the COVID19 Pandemic. Virtual engagements had been positively attended. There were 1200 responses received to a recent eating disorders amongst school children survey. They were attempting to build on the positives.

The Deputy Chief Executive of the Northamptonshire Healthcare Foundation Trust, David Maher stated people were starting to get to grips with waiting lists. It was suggested a future meeting could discuss a prevention strategy relating to eating disorders within children and young people. There was a Wellbeing Festival taking place at the end of June which was open to everyone.

Northamptonshire Fire and Rescue representative, Shaun Hallam stated their policy was focussed on the COVID19 Pandemic. Numbers in buildings was a huge consideration for them.

Councillor Helen Harrison confirmed North Northamptonshire Council was absolutely committed to community hubs as part of the delivery of the ICS Bringing services together to

provide good joined up care was important. Residents should be monitored throughout their way through the system to ensure they were continuously taken care of.

14. Close of Meeting

The meeting closed at 10:42 am.