



DRAFT MINUTES
North East Essex Health Forum Committee (HFC)

Wednesday 7th June 2017

1.30 pm to 3.30 pm

Ash Meeting Room, Aspen House, Stephenson Road, Severalls Business Park, Colchester, CO4 9QR

Present:

Ray Hardisty (Chair)	RH	Chair, Colchester Representative (Elected)
Maura Broad	MB	Colchester Representative (Elected) & Finance & Performance (F&P) Committee Representative (Deputy)
Celia Crossley	CC	Finance & Performance Representative
Yaa Dankwa Ampadu-Sackey	YDAS	Quality & Transformation & Delivery Committee (TDC) Representative (Deputy) & Outreach Representative
Julie Hocken	JH	Carers Representative
John Hunt	JnH	Outreach Representative
Myrna Liles	ML	Tendring (exc. Harwich) Representative (Elected), Transformation & Delivery Committee (TDC) Representative, North East Essex Clinical Commissioning Group (NEE CCG) Board Representative (Deputy)
Don Manhire	DM	Colchester Representative (Elected), Ambulance & System Resilience Operational Group (SROG) Representative
Patricia Paxon	PP	End of Life Representative (Deputy)
Su Rhys Jones	SRJ	Colchester Representative (Elected) & Quality Committee Representative
Jo Roosenbeek	JR	Maternity Voices Joint Representative
Kim Simmons	KS	Community 360 Representative
Ann Watson	AW	Harwich Representative (Elected), North East Essex Clinical Commissioning Group (NEE CCG) Board Representative

In Attendance:

Paul Kitson	PK	Complaints Manager, North East Essex Clinical Commissioning Group (NEE CCG)
Paula Martin	PM	Patient Engagement Officer, North East Essex Clinical Commissioning Group (NEE CCG) (Minutes)
Simon Morgan	SM	Head of Communications & Engagement, North East Essex Clinical Commissioning Group (NEE CCG)

Item		Action
864.0	<p>Welcome & Apologies: The Chair welcomed everyone to the meeting and noted that it was quorate. He mentioned that two new members to the Committee were attending the meeting and both PP and JnH introduced themselves.</p> <p>Apologies were received from Marjorie Appleyard (End of Life Rep.), Bonnie Jarman (CVST Rep.), Robin Rennie (RCPB Rep.), Emma Sarson (Tendring (exc. Harwich) Rep. (Elected) & Maternity Voices Joint Rep.) & Mark Tatham (RCPB Rep.)</p>	
865.0	<p>Declarations of Interest: No further declarations were received.</p>	
866.0	<p>Minutes of Meeting held on Wednesday 3rd May 2017: The minutes were agreed as a true and accurate record of the meeting.</p>	
867.0	<p>Actions from Previous Meetings: Referring to his action regarding the Colchester Prosthetic User Group walking garden at Colchester Hospital, the Chair reported that this was on the agenda as a separate item. However, he had today, received the sad news that Graham Facey, the founder and Chair of the group had passed away on 1st June 2017.</p> <p>The following actions were updated and are on-going:-</p>	

Ray Hardisty:

851.0 (846.0 (5/4)) Any Other Business:

The Chair referred to a conversation he had recently had with Graham Facey from the Prosthetic Users concerning Colchester Hospital. Mr Facey had informed him that the Prosthetic Users had paid for a small garden at the hospital to aid users to exercise especially those with new limbs. Mr Facey has been advised that there is development taking place at the hospital which may affect this garden and there has been no consultation with the group. The HFC have been asked to provide support in this matter if required to do so. The Chair reported that he had spoken with Mr. Facey and will send a letter on behalf of the HFC to the hospital asking if they could relocate the proposed outbuilding to another area. The Chair explained that he had been informed by the person who had originally raised the issue that they had contacted local MP, Will Quince, who had written to Colchester Hospital. However, although they had responded, the Chair did not feel the issue had been adequately addressed and was still trying to speak with Jenny Collins, Head of Midwifery at the hospital.

857.4.1 Sustainability & Transformation Monitoring Group:

The Chair drew attention to the report circulated after the agenda distribution. He explained that representatives of the above group had attended the STP Community Organisations Conference in Ipswich and, initially, had not found it to be particularly helpful. However, he had since received some comments that later sessions had been beneficial in as much as it had showed how community services in Suffolk operated differently to those in North East Essex. The Chair also reported that the key speaker had not attended and asked for the Committee's consent for him to write to the relevant person regarding this. The Committee agreed he should. The Chair reported that, rather than write; he was trying to speak with Suzanne Howard, but, so far, had been unsuccessful. He would continue trying to contact her and would report further at the next HFC meeting.

The following action was updated and closed:-

859.7 Transformation & Delivery Committee (TDC):

ML apologised that her report would be verbal but explained that this was because the meeting had only taken place yesterday. There had been some discussion on Urgent Care and it was likely that this would not be presented to the May 2017 NEE CCG Board meeting due to purdah in the run up to the General Election. The Committee then discussed the Urgent Care review, particularly in relation to the data gathered from the engagement events and online survey. The Committee asked the Chair to contact the TDC Chair to discuss how this would be incorporated into any decisions made.

The Chair reported that he had not been in contact with the TDC Chair but had been in email correspondence with Lizzie Amodio (LA), Head of Urgent Care at the NEE CCG. He had raised a number of questions regarding the data received from the Urgent Care review. LA had replied, saying that all data received had been made available to the TDC and all options had been considered, prior to a recommendation being presented to the NEE CCG Board. She explained that this had been postponed to June 2017 due to purdah in the run up to the General Election. LA had also explained that all the data would be available to the Board.

DM asked where the decision making process on Urgent Care currently stood. SM replied that the Board would make a decision on which option to take at their meeting on 27th June 2017. ML reported that she had attended a TDC meeting yesterday and the Urgent Care Review data was discussed. Documents from both universities, who had collated and organised the data, would be available on the NEE CCG website shortly. The Board will also receive copies. ML voiced some concern about how information regarding the outcome of the Board's decision would be disseminated to the public. She had raised this concern at the TDC meeting and had then been asked for her thoughts on how this should be done.

CC asked when the Walk-In Centre's contract was due for renewal. The Chair replied that it would be in the Spring of 2018. SM commented that this was one of the reasons why the future of Urgent Care was being looked at. Referring to the matter of the data received from the Urgent Care Review, SM re-iterated that both documents would be available, but could not be published until the end of purdah.

There was then some discussion around the options that had been put forward for the future Urgent Care and CC asked whether many suggestions had been received from the public,

	<p>and, whether these had been very different from each other. ML replied that some had been received and, yes, they had varied considerably.</p> <p>YDAS asked whether any decisions made would be based on the engagement data received. SM replied that this data would form part of the decision making process but would not be the sole criteria.</p> <p>SRJ felt that changes happening within primary care, as a result of co-commissioning and the drive to create “super-surgeries” would also have an impact on the future of Urgent Care. DM commented that this had been mentioned in the HFC’s Task & Finish Group’s report on Urgent Care.</p> <p>ML re-iterated her concern about the need for good communication with, and the availability of information to, the public once the decision had been made by the Board. SM replied that there would be lots of engagement and communication once the decision had been made.</p> <p>Referring back to primary care, CC wondered how the Board could make a decision on Urgent Care when the future of primary care was still unknown. SM apologised that he could not provide an answer, but it was his understanding that the contract for the Walk-In Centre was due for renewal in March 2018, so a decision had to be made. CC asked whether an extension to the current contract could be negotiated. ML replied that she had asked this at the TDC meeting and had been told that it may be possible.</p> <p>Prior to moving on, the Chair then asked JH to introduce herself, as she had arrived after the start of the meeting and some Committee members had not yet met her. JH explained that she was the Carers representative on the HFC.</p> <p>Returning to actions, the Chair reported that all other actions had been closed.</p>	
868.0	<p>Matters Arising: There were no matters raised.</p>	
869.0 869.1 869.2 869.3	<p>Issues Raised by Patients, Public, Carers & PPGs: Use of Care/Helpline to pick up patients who had fallen: The Chair drew attention to the report previously circulated. Referring to the part of the report that mentioned only non-injured fallers would be attended by Care/Helpline, DM asked how the condition of the individual would be ascertained. JH replied that it would be via telephone triage. PM explained that individuals who subscribed to Care/Helpline could call them direct and they would come out if they felt that medical assistance was not required or, if it was, they would call for an ambulance. In the case of individuals that did not subscribe to the service, when they called 999 the call handler would triage them and if they felt an ambulance was needed, would send one. If, however, the caller did not need medical assistance and needed to be picked up, the call handler would pass details to Care/Helpline who would then attend.</p> <p>KS commented that people who subscribed to the Colchester Care/Helpline would receive the service free of charge for 6 months.</p> <p>Both CC and JH felt that utilisation of Care/Helpline by the ambulance service was money well spent.</p> <p>Sharps Disposal: The Chair drew attention to the report previously circulated. ML commented that the situation in Frinton did seem to be improving.</p> <p>Patient Route between Walk-In Centre and A&E: The Chair drew attention to YDAS’ report previously circulated. YDAS stated that Wendy Tankard (WT) from Colchester Hospital was currently on annual leave but would be organising the production of a map on her return. DM felt that it would be safer for people to be directed to follow the back route via the Villas. YDAS agreed but said that she hoped the reasons for directing people via the main road would become clearer once a map had been produced. She felt that this could be partly due to the lack of safe crossing areas on the route through the Villas. PK felt that the reason for directing patients via the main road was to prevent traffic through the Villas, thus protecting pedestrians.</p>	

<p>869.4</p>	<p>YDAS agreed to follow up the Committee's concerns about the choice of route with WT on return from annual leave.</p> <p>Out of Area Beds: The Chair drew attention to the report previously circulated. CC reported that a verbal report at the recent F&P meeting indicated that, since April 2017, there had been a slight decrease in the use of out of area beds for mental health patients. She also mentioned that there was a slightly different issue relating to the use of such beds in regard to the way in which they were charged. She explained that this could cause accounting problems, as sometimes they were not charged until 12 months later.</p>	<p>YDAS</p>
<p>869.5</p>	<p>Hearing Aid Batteries: The Chair drew attention to the report previously circulated and explained that there was an update to this, provided by SRJ, on the last page. SRJ praised the staff member at Anglian Community Enterprise (ACE) that she had been dealing with it, but unfortunately could not remember her name. There then followed some discussion around whether Essex County Hospital (ECH) provided replacement batteries by post. PK commented that he would be attending the audiology network meeting on Friday 9th June 2017, where a representative from ECH would be in attendance and he will ask whether they offer a postal service. PK will then report back to SRJ and the HFC.</p> <p>AW commented that many of her PPG members felt that they received more batteries than they needed. DM asked whether all providers would post out batteries. SRJ replied that Scrivens and Specsavers did, and GP Care UK provided replacement batteries via various locations within the locality, such as Town Council Offices and libraries, as well as the CVST and Community 360. DM then asked how many providers there were. SRJ replied 4; Scrivens, Specsavers, GP Care UK and ECH.</p> <p>MB commented that only some of the batteries she received from ECH actually worked. She also felt that other providers could not diagnose conditions such as Meniere's and tinnitus; only a GP could do this and patients with these conditions needed specially adapted hearing aids which could not be provided by all suppliers.</p> <p>YDAS asked how spent batteries were disposed of. SRJ replied that they could be recycled in the same manner as any other household battery.</p>	<p>PK</p>
<p>869.6</p>	<p>CPUG Walking Garden at Colchester Hospital: The Chair drew attention to the report previously circulated. SRJ commented that there had been a happy outcome to the issue.</p> <p>As JR had to leave the meeting early, the Chair asked her, at this point, whether she wished to report anything from Maternity Voices. JR thanked the Chair, but stated that she had nothing to report.</p>	
<p>870.0</p>	<p>Word on the Street: The Chair drew attention to the new issues that had been tabled and thanked JnH for submitting them. PM will forward all issues to relevant NEE CCG teams and the Quality Committee. The issues are detailed below:-</p> <p><i>Medicines Management: Prescriptions: "The current system is not working as it should. Items should be requested as required but everything is made up and given to you when you go to the pharmacy. When does this trial period end?"</i> Following some discussion, the HFC felt that there was still some confusion regarding the process patients needed to follow to order repeat prescriptions, indicating that more communication from Medicines Management was needed.</p> <p><i>Mental Health: "Support Groups for people recovering from breakdowns need to be identified - if you live alone you are in the community on your own."</i> The Committee felt that there was a need for better signposting to support groups. CC asked whether Health in Mind provided signposting. SRJ confirmed they did. JnH suggested that perhaps GPs could direct patients to support groups. CC commented that Healthwatch Essex also ran a signposting service which included mental health and support groups.</p> <p>JnH felt that such information should be available on the NEE CCG website. SM explained</p>	<p>PM</p>

	<p>that there were plans to look into such a facility and suggested that some HFC members may wish to form a group to explore this further along with the Communications Team. JnH, AW, DM, JH and MB all volunteered to be involved. PM will forward contact details to SM.</p> <p><i>Carers: "When in need of help at time of issues there is a lack of time or knowledge to find support."</i></p> <p>JH stated that Essex Carers Support did provide a very comprehensive service but it was unfortunate that some people were still unaware of where to go for help.</p> <p><i>Colchester Hospital: A&E: "High praise and great respect given to staff in A and E who started treatment within two minutes of arrival on a suspected stroke patient who was taken direct to the hospital."</i></p> <p>The Committee noted this.</p>	PM
<p>871.0 871.1</p>	<p>PPG Matters: PPG Summit Number 3 – 15th June 2017:</p> <p>SM reported that the next PPG Summit would be held on Thursday 15th June 2017 at Weeley Village Hall. Presentations would include the shortfall of GPs across Essex and co-commissioning, new models of care being used in other localities, dementia, Care Closer to Home, 1 year on and the new Tendring PPG alliance.</p> <p>SM went on to say that there would also be stands from Health in Mind and various other support groups and organisations as well as district councils.</p> <p><i>JR left the meeting at this point.</i></p>	
<p>872.0 872.1</p>	<p>Update from Community 360 & CVST: Community 360:</p> <p>KS tabled a report and mentioned that lots of events had been held over the last month. Community 360 will continue to be heavily involved with outreach and had also been commissioned to provide volunteer services for Colchester Hospital for a further year. KS reported that the volunteer staff at the hospital had increased by 47 and the target was 100 volunteers by next year. ACE have also asked Community 360 to organise voluntary services for their organisation.</p> <p>Referring to the befriending service, KS reported that this was doing very well and the Home from Hospital scheme was now up and running. She mentioned that volunteers had a preference to be involved in befriending within their own area, so this had meant that one or two patients referred to the scheme had not been matched up with a befriender, as there was no one available at the correct time.</p> <p>AW asked how Community 360 publicised their need for befrienders, as she was one via other organisations and had not heard anything about a need for befrienders for the Home from Hospital scheme. KS replied that information was placed in locations such as Churches and libraries, as well as sent out to other organisation via their Newsflash publication. SRJ suggested that PPGs be made aware. The Chair reported that the Home from Hospital scheme would be covered at the June 2017 Local Health Matters meetings.</p> <p>DM asked whether the Home from Hospital befriending service was time limited. KS replied that it ran for 6 weeks from discharge. DM asked whether patients would receive help with things such as shopping. KS replied yes, stating that the service ran according to individual needs. SRJ asked whether volunteers were DBS checked. KS confirmed that they all held an enhanced DBS check.</p> <p>CC commented that Essex Fire Brigade ran a community support service. KS confirmed that they worked closely with the fire service.</p>	
<p>872.2</p>	<p>CVST: The Chair drew attention to the report previously circulated.</p>	
<p>873.0 873.1</p>	<p>Local Health Matters Meetings: May 2017 Meetings:</p> <p>The Chair drew attention to both sets of minutes (Tendring and Colchester) that had been previously circulated.</p>	

873.2	<p>June 2017 Meetings: The Chair drew attention to the agendas which were noted. He then mentioned that an additional, provisional item had been added to the Tendring agenda to cover the new Tendring Dementia Action Alliance.</p>	
874.0 874.1 874.2	<p>Outreach and Engagement: Out and About: The Chair drew attention to the report. SRJ agreed to assist at the Tendring Show. DM asked how the Colchester Citizens' Assembly related to the HFC's work. The Chair replied that it didn't particularly as it was an umbrella body supporting many different voluntary groups and community organisations.</p> <p>Forum Focus: The Chair reported that publication would resume after the end of purdah.</p>	
875.0 875.1 875.2 875.3	<p>Health Forum Specific Issues: Election of Vice-Chair: The Chair stated that PM will be emailing the Committee requesting nominations for the post of Vice-Chair. He reminded everyone that they could self-nominate.</p> <p>Frequently Asked Questions: The Chair drew attention to the leaflet previously circulated. CC asked whether it was possible to amend the part that referred to Healthwatch Essex's role slightly. The Chair agreed. CC will forward a copy to Healthwatch Essex for their input. YDAS commented that the leaflet was designed to provide brief answers to common questions and therefore the text should be kept brief. DM asked how the leaflet would be distributed. PM replied that it was designed to be available at outreach even ts.</p> <p>Action Plan: The Chair's report was noted.</p>	PM CC
876.0	<p>Healthwatch: The Chair's report was noted.</p>	
877.0 877.1 877.2 877.3 877.4	<p>NEE CCG Committees with Health Forum Representatives: Ambulance Service: DM referred to the two reports previously circulated and explained that one was for March and one for April 2017 however, the key drivers and underperformance remained the same. He went on to say that the format of the report remained much the same from month to month but there had been some improvements. The March report showed a 30% improvement in transfer from ambulance to hospital. A "super week" had also been recorded.</p> <p>SRJ noted that the HALO had been extended and asked whether this would help the situation. DM replied that it probably would. MB commented that she had reason to call the service recently and couldn't praise them enough.</p> <p>NEE CCG Board: The Chair drew attention to the report which was noted. PM will forward this to Angie Roberts, Corporate Business Manager, NEE CCG, for inclusion with the Board papers for the next meeting.</p> <p>Maternity Voices: There was no report.</p> <p>End of Life: PP drew attention to her report previously circulated. She explained that this had been her first meeting and she had been very impressed with the people involved with the group. She then went on to add that a reference had been made, at the meeting, to a particular programme for end of life care and some information forwarded on to attendees after the meeting. She will forward this to PM for distribution to the HFC.</p> <p>CC asked whether the impact of end of life care in care homes on the ambulance service had been discussed by the End of Life Committee, as it had been flagged that a high number of people were being transferred to hospital from care homes via ambulance during the last hours of their life. PP replied that she was unaware of any such discussion. CC went on to say that it was one of the key areas creating large numbers of red calls for the ambulance service and she believed that there was a project underway to look into it. She suggested</p>	PM PM PP

<p>877.5</p>	<p>that PP or MEA raise it at a future End of Life meeting. SM commented that some work had been done with the hospice in regard to end of life care.</p> <p>KS reported that a volunteer group had been set up within Colchester Hospital to provide support for end of life patients. There were currently 20 volunteers, a large portion of which were Chaplains, although they did not wear a uniform indicating this.</p> <p>Finance & Performance (F&P): The Chair drew attention to CC's report which had been tabled. CC stated that she was particularly concerned about the situation surrounding cancer treatment as the 62 day standard was not showing much improvement. Additionally, 11 patients had not been seen within 104 days for their first appointment following diagnosis. CC commented that this had obvious ramifications in regard to survival rates.</p> <p>She then went on to say that part of the problem related to a mix-up in histology that happened in November 2016 when 3 secretaries were absent due to sick leave, thus causing a back log of 300 reports. These were still being fed through the system. CC could not understand why this had not been flagged and 3 temporary secretaries drafted in. She also stated that it had been mentioned in a recent Care Quality Commission (CQC) report. However, there is now a new person in charge so it was hoped that improvements would soon happen.</p> <p>CC then went on to report that the data presented to the F&P Committee on 24th May was from the end of March and she felt that this did not provide data that was fit for purpose. The reason for the data backlog was due to a requirement for it to be validated and signed off by a particular board. CC reported that she had asked for more up to date data, even if was unvalidated; this had been agreed. The Chair commented that issues surrounding cancer were frequently raised at NEE CCG Board meetings. CC said that there was something wrong with the system and although it was possible improvements were being made, she could not say at present because of the out of date data.</p> <p>Referring to the secretarial shortage, JH felt that there should be a contingency plan in place to deal with such events.</p> <p>Referring to CC's report, DM felt that the Urgent Care review should surely be considered by the F&P Committee prior to going to Board as any changes had large financial implications. CC agreed that DM made a valid point and commented that, as the purpose of F&P was to sign off financial matters, their task was made harder when information was not fed through. ML felt that it was the role of lay members to ensure that this was happening.</p> <p>The Chair then tabled a paper providing information and clarification on the financial surplus achieved by the NEE CCG which had been requested following discussion on this topic at the last meeting. <i>AW left the meeting at this point.</i></p>	
<p>877.6</p>	<p>Quality: SRJ reported that the last Quality Committee meeting had been a focus meeting and was held on 1st June 2017. It had mainly dealt with Colchester Hospital. However, going forward, other projects would be looked at, with 2-3 items on each agenda.</p> <p>SRJ went on to say that concerns were raised in regard to the Colchester Hospital central discharge hub. However, they were trialling a gold standard scheme run in Norfolk. The next focus meeting will deal with primary care and "super surgeries".</p> <p>Referring to "super surgeries" DM asked whether this would have an impact on the distances that patients had to travel. The Chair replied that it wouldn't as it only involved surgeries coming together to share administrative and managerial processes at present. He then asked PM to add the lists of "super surgeries" to the agendas for the next PPG Liaison meetings. <i>JH left the meeting at this point.</i></p>	<p>PM</p>
<p>877.7</p>	<p>Transformation & Delivery Committee (TDC): ML reported that, at the last meeting, there had been some interesting discussion on how the dementia diagnosis rate was being addressed, as dementia was now the leading cause of death in England and Wales, overtaking cancer. There was a drive to collate information to</p>	

	<p>add to a database and engagement was being done with GPs in regard to this. CC commented that that was still a stigma surrounding dementia diagnosis and this could mean that patients did not want to be flagged as having the condition. SRJ agreed but felt that it was getting better partly due to recent media publicity about the condition. SM reiterated that this would be one of the topics covered at the upcoming PPG Summit on 15th June 2017.</p> <p>ML reported that the HFC had been asked to think of ways to help promote the message. SM and the Chair suggested that it be raised at the PPG Summit. SRJ felt that care workers should become more dementia aware and friendly.</p> <p>877.8 System Resilience Operational Group (SROG) (formerly Urgent Care): DM reported that he had not attended one recent meeting as he had been away and another had been cancelled. He had, however, looked through the agenda and papers and did not feel that there was anything of significance to report.</p> <p>877.9 Resilient Communities Programme Board (RCPB): There was no report.</p> <p>877.10 Patient Advice & Liaison Service (PALS): PK reported that the service had been very busy, as usual but there was nothing particular to report.</p> <p>877.11 Primary Care: The Chair reported that the monitoring group had yet to meet.</p>	
878.0	<p>NEE CCG & CHUFT Press Releases: The following press reports that had been previously circulated were noted:</p> <p style="padding-left: 40px;">Postponement of May Board meeting Are you thriving or surviving – Mental Health Awareness Healthcare leaders mark International Nurses Day Cyber Attack – comms to public</p> <p>Referring to the cyber-attack, CC commented that she was surprised it had not been mentioned at the recent F&P meeting. PK felt that the meeting had taken place too soon after the event for it to have been included on the agenda. CC then stated she understood Ipswich CCG had not been affected but the NEE CCG had and wondered why this might be. PM suggested that it may be because of different servers being used. SM felt it also may be down to different patches being used by each organisation. PK reported that all computers within the organisation had been checked and a small number had needed to be rebuilt, but alternative computers had been available for use by those staff members.</p> <p>YDAS mentioned that she had sent a list of questions raised by the cyber-attack to the Chair. He suggested that she forward these to CC to raise at the next F&P meeting.</p>	YDAS/ CC
879.0 879.1 879.2 879.3	<p>Reports from Outside Organisations: CHUFT Partnership Patient Advisory Group: The Chair drew attention to the report previously circulated. DM asked what timetable the group would be working to. The Chair replied that, to his knowledge, they had 6 months to look at the merging of Colchester and Ipswich hospitals from a patient's point of view. DM asked whether there would be public engagement. The Chair believed so.</p> <p>IT Situation at Colchester Hospital following Cyber Attack: The Chair's report was noted.</p> <p>Nursing Shift Pattern Changes: The Chair stated that he had nothing to report on this at present.</p>	
880.0	<p>Any Other Business: CC raised concern that NHS Choices was directing patients to practices in Felixstow and Ipswich as the Harwich practices all had closed lists at present. PM reported that she had raised this issue with a colleague at the NEE CCG and would forward the response to CC.</p> <p>The Chair asked that the Operational Monitoring Group meeting scheduled for Monday 19th June 2017 be moved to 4.30pm -5.30pm. Those present agreed and PM will re-arrange a</p>	PM

	meeting room and circulate the change to the group. As there was no other matters to be discussed, the Chair thanked everyone for attending and closed the meeting at 4.15pm.	PM
881.0	Date of Next Meeting: Wednesday 5 th July 2017 1.30 pm to 3.30 pm Sams Hall, CVST, Rosemary Road, Clacton on Sea, CO15 1NZ	

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