

**MINUTES OF A MEETING OF THE WEST ESSEX AREA FORUM HELD AT  
THE ADULT COMMUNITY COLLEGE, ONGAR, ON 9 MARCH 2010**

Membership

*\* Present*

**Essex County Council**

* E Webster (Chairman)	D Kendall
B Aspinell	J Knapman
S Barker	* G McEwen
R Chambers	* V Metcalfe
L Dangerfield	* G Mitchinson
* M Garnett	Dr A Naylor
* R Gooding	* C Pond
A Jackson	* J Roberts
E Johnson	S Walsh
	J Whitehouse

**Partner Organisations**

**Brentwood Borough Council (2)**

Louise McKinlay	- Leader
Joanna Killian	- Chief Executive

**Epping Forest District Council (2)**

*Diana Collins	- Leader
Peter Haywood (*D MacNab in attendance)	- Chief Executive

**Harlow District Council (2)**

Andrew Johnson	- Leader
Malcolm Morley	- Chief Executive

**Uttlesford District Council (2)**

Jim Ketteridge	- Leader
John Mitchell	- Chief Executive

**Local Councils (3)**

Peter Baggott	- E.A.L.C (Brentwood)
TBC	- E.A.L.C (Uttlesford)
Jason Salter	- E.A.L.C (Epping Forest)

**Hospitals & Primary Care Trusts (4)**

Catherine O'Connell (*Dr R McCrea and *Kate Turner in attendance)	- West Essex Primary Care Trust
*Darren Leech	- Princess Alexandra Hospital NHS Trust, Harlow

**Police (2)**

Chief Superintendent Simon Williams	- West Division, Essex Police
Chief Superintendent Michelle Dunn	- Central Division, Essex Police

**Fire (1)**

Ray Skinner	- Essex Fire & Rescue Service
Mark Samuels	- Essex Fire & Rescue Service

**Councils for Voluntary Service (4)**

Jackie Sully	- Rainbow Services, Harlow
*Jacqui Foile	- Voluntary Action Epping Forest
Eric Hicks (*Sue Sumner in	- CVS Uttlesford

attendance)  
Mary Ford

- Brentwood CVS

### **Also Present**

*(from the attendance book – and as there described)*

C Swain, S Jackman – Vice chairman EALC & Ongar Town Council (TC), G Sanford and J Stockwell - Health for North East London, J Harkus and J Carr – Essex and Southend LINK, D Aldridge – Great Dunmow Town Council, D Linnell and K Bishop – Loughton Residents Association, Y Maguire – Kelvedon Hatch Parish Council (PC), J Milton – May Gurney, D Coates-Rynolds – Epping Forest DC, J Bowerman – Matching PC, L Brown – The Gazette, Mrs R Smith – Stapleford Abbots, A Laughland – Lambourne End Centre, P A Barber – Takeley PC, L Hampel – Essex County Council and G Smith – Doddinghurst PC.

### **Officers Attending in Support**

Samantha Ball	- Committee Assistant
Paul Bedwell	- Business Manager – Essex Safeguarding Adult Board
Sophie Campion	- Committee Officer
David Moses	- Head of Member Support and Governance
Yvette Wetton	- West Area Coordinator

## **15. Welcome and Introduction of Members and Officers**

The Chairman welcomed Members of the Forum and members of the public to the meeting.

## **16. Apologies**

Apologies for absence had been received from Essex County Councillors E Johnson, D Kendall, J Whitehouse, Dr A Naylor, S Walsh, L Dangerfield and Mrs S Barker.

Apologies had also been received from J Mitchell and Cllr Ketteridge - Uttlesford DC, Cllr Baggott – EALC Brentwood, Chief Superintendent Dunn and Superintendent Williams – Essex Police.

## **17. Declaration of Interest**

No declarations of interest were made.

## **18. Minutes**

The Minutes of the meeting of the West Essex Area Forum held on 12 January 2010 were approved as a correct record and signed by the Chairman subject to the following amendments:

- Minute 2 – Apologies from Councillor M Garnett.
- Minute 7, page 4, paragraph 3, 9<sup>th</sup> line amended to read 'There were also transport issues to be pursued, including concerns about public transport from Brentwood to King George Hospital when services transferred there from the Queens Hospital'.

- Minute 7, page 5, bullet point 4 be amended to read 'In response to a question regarding the difference between urgent care and A&E, it was thought that the Emergency Care Unit at King George Hospital would cater for 75-80% of cases presented there. More complex cases would go to Queens Hospital and Whipps Cross Hospital.'

## **19. Matters Arising**

Minute 5 – Matters Arising – the Chairman reported that the information requested on how long it took for invoices to be paid by the County Council, particularly to charities and voluntary organisations would be provided at the next meeting.

## **20. Adult Safeguarding**

The Forum received a presentation from Paul Bedwell, Business Manager – Essex Safeguarding Adult Board, raising awareness of adult safeguarding issues.

Paul Bedwell explained that the Board was a multi-agency body overseeing adult safeguarding across Essex. It was responsible for ensuring the appropriate guidelines were in place and for communications work relating to media and awareness. Safeguarding was about ensuring that vulnerable adults were able to safeguard themselves against harm and exploitation.

The Forum was advised that if anyone had concerns about someone within their area those concerns could be raised by contacting Social Care Direct 0845 603 7634. There was also an Adult Safeguards Unit within the County Council. A helpline pilot project had been established providing a freephone number (along similar lines to Childline) providing independent help and advice for safeguarding adults. The helpline was called 'AskSal'. Referrals could be taken via this line and would then be transferred back to the County Council referral system. There had already been over 300 calls in the first 6 month period, of which 30 had resulted in cases to be investigated. There was continuing promotion of the helpline and a full-time communications manager was in place to take this forward. Leaflets about the helpline and handbooks on Adult Safeguarding were available at the meeting.

During the discussion the following points were raised:

- A County Councillor reported that the Member briefing on adult safeguarding had been very useful and it was thought that the AskSal number should be widely available. In response it was confirmed that it was considered better to have referrals and look into them than not to have them at all. Essex had one of the best records for safeguarding. The contact details were confirmed as:
  - Phone Number – 0808 8010345
  - Website - [www.asksal.org.uk](http://www.asksal.org.uk)
- The publicity had been done through libraries, GP surgeries, Hospitals, Adult Community Colleges, public washrooms in places such as cinemas, Tesco and local radio (Heart). Details had also been put into

newsletters such as Mencap and Parish magazines reaching people homes. The helpline was continuing to be advertised.

- In terms of the type of abuse and exploitation that was experienced examples were given including bogus callers, incorrect use of the powers of attorney, property deals and family arrangements.
- It was suggested that Members had an important role to play and that newsletters from political parties were another way of reaching people's homes.
- Darren Leech, Princess Alexandra Hospital Harlow, advised the Forum that the hospital had been looking at innovative ways in which patients could signal to staff if they had an issue. Once alerted to a problem staff could then liaise with the relevant people. A leaflet on the helpline was also included in the patient bedside books and the digital screens over the beds.
- In response to a question it was explained that the investigations were co-ordinated by ECC Adult Social Care but which agencies were involved in the investigation depended on the nature of the referral. Adult Social Care would provide co-ordination between agencies.
- A representative from the Council for Voluntary Services (CVS) asked whether the CVS network had been used to disseminate the information. It was also pointed out, that some of the new safeguard regulations and checks were discouraging to potential volunteers, and also to those already volunteering. In response it was recognised that some of the processes were bureaucratic but some measures such as CRB checks were necessary. It was confirmed that voluntary sector training is used to promote adult safeguarding training.
- In response to a question regarding the impact of the transformation project, it was reported that the project had empowered service users, with the right checks and balances on providers of services. The early signs were that there was no increase in cases due to transformation.

The Chairman thanked Paul Bedwell for the presentation.

## **21. Review of Health Services in West Essex**

### **a) Background Summary and Protocols**

The Forum considered report (AFW/06/10) from David Moses, Head of Member Support and Governance, providing a summary of the background to the review, the health scrutiny protocols and the conclusions from the January meeting.

David Moses advised that the role of Area Forums in health scrutiny was being developed. The draft protocols had been brought to the last meeting outlining how the health service would be held to local democratic account at the relevant level. The protocols had been agreed by the Health Overview and Scrutiny Committee and were being adopted.

At the last meeting the presentation on the Joint Strategic Needs Assessment had highlighted the main issues for each of the four Districts within the area of the Forum. NHS South West Essex had presented their Strategy as a one

page summary document and NHS West Essex had been asked to do the same at this meeting. The Forum could then look to identify some key issues to take forward.

David Moses advised the Forum that the Health Overview and Scrutiny Committee (HOSC) had agreed some work streams to take forward at County level:

- Moving Healthcare Closer to Home
- Perfecting Health and Wellbeing Partnerships
- Preparing for the Dementia Explosion

Two issues had also been identified to take forward at a local level:

- Review of the NHS South East Essex Strategy
- Access to GP Services – on the agenda as separate item.

The HOSC had decided to defer the following pieces of work:

- Addressing the life expectancy gap due to an Audit report currently being undertaken.
- Pressures post credit crunch on the NHS due to the pending post election budget.

It was suggested that the presentation by NHS West Essex be taken as the next item of business. This proposal was agreed.

### **c) NHS West Essex Strategy**

The Forum received a summary of the five year Strategy of NHS West Essex (AFW/07/10). Dr Rory McCrea, Special Medical Advisor to NHS West Essex and a GP updated the Forum on progress with the Strategy.

Dr McCrea informed the Forum that the Strategy was now being delivered in the context of the economic financial problems. Parts of the Strategy would make a difference financially and processes would need to be sharpened up in light of the financial situation.

Dr McCrea outlined the goals and outcomes highlighted in the Summary Strategic Plan:

- Moving health services closer to home – including moving outpatient activity to a community setting which would involve imaginative working with Princess Alexandra Hospital (PAH), Harlow.
- A lot of work had been done by necessity around ensuring that the urgent care agenda was dealt with. There was a NHS National Operating Framework set by the Department of Health and the PCT bases its decisions about what to commission from hospital providers on the back of that document and local intelligence from public health and other commissioning experts. The PCT has set itself the target of keeping A&E activity within the 2008-09 . Darren Leech from PAH advised that there were costs to the hospital associated with treating each patient , but beyond the contracted level the hospital would receive greatly reduced funding. One aspect of addressing this issue was for the PCT to reduce the number of people attending A&E by

5000 this year, compared to last. The PCT confirmed that there was major work being undertaken around these issues and close working with the Ambulance Service along with work with residential and nursing homes. A good understanding of patients' preference for a place of care was needed.

- The PCT recognised the need to work closely with partners and local organisations to improve health. The Director of Public Health had a role to ensure that this was happening. Addressing health inequalities meant doing things differently in areas with identified problems, different needs required a different approach.
- There were some aspects of the Strategy where the local NHS was doing well including the reduction of hospital acquired infections which was a major step forward and the end of life pathway was working well. However other aspects such as the new dementia pathway needed some more work. Specialised commissioning was difficult to influence. Although the PCT had an understanding of the tough financial times it was still dedicated to the Strategy.

During the discussion the following points were raised:

- There was concern that within the summary strategy there was no mention of addressing drinking and drug problems which was thought to be a high priority and put added pressure on A&E departments. In response it was confirmed that work on these issues was on-going by the Director of Public Health. The Strategy was a result of an emphasis and prioritisation exercise focussing in on certain areas. However the area of prevention encapsulated issues such as this. It was further questioned as to whether the relaxation of drinking hours had exacerbated the problem. However it was clarified that the hours were not felt to be the main issue, it was more the price and availability of alcohol and drugs that caused the problem. There was also the silent damage and effect on families.
- A question was raised regarding the relationship between health services and social services and whether there was added pressure on social services as a result of the financial pressures on the health services with more people being referred on to social services. In response it was reported that the practical experience of the relationship between the two services was good. It was expected that discussions would have taken place over the budget responsibilities between the NHS and Social Care and it was felt that budgets needed to merge more. However there were constraints regarding the availability of spaces.
- A comment was made that there was a lack of ownership and accountability within organisations which were not working together. Organisations were not empowering people to take responsibility. Good management was considered to empower from the bottom up. In response it was acknowledged that organisational development was laying a challenge to Chief Executives. More empowering of staff and responsibility owning was needed and this was endemic in the health services. It was explained that other parts of the Strategy do involve

organisational development. The points raised regarding bureaucracy within the health service would be taken back to the Chief Executive.

- It was recognised that with the financial situation the various measures being taken such as less people going to A&E and keeping people in their own homes were necessary but it was questioned as to how the PCT planned to treat and look after people within their own homes. The PCT recognised the issues around this such as the dementia pathways, capacity issues, bringing services together and training.
- A representative from the Essex and Southend LINK was concerned that the document did not mention consultation with the public. In response it was explained that a full consultation exercise had been undertaken on the Strategy. This session was about reporting progress on that Strategy which had been fully consulted on. However the PCT took its duty to engage the public as an important point and that would be taken back. One of the World Class Commissioning competencies was about public engagement.
- Concern was raised that previously the mental health services had been moved out to the community when the NHS was fairly well funded and it had not proved to be a huge success. Now there were plans to move other services out to the community and it was questioned whether this was likely to be any more successful. In response it was acknowledged that in the past community care had struggled but a lot had been learnt from that experience. However the way in which mental health services were organised had changed and there were no longer large institutions. The move towards providing services within the community was necessary due to the financial situation and hospital beds needed to be used more wisely.
- A representative from the Council for Voluntary Services pointed out that the move towards community services would have an impact on carers who were vital to the process. It was questioned as to how the carers would be supported. In response it was acknowledged that this was a key issue to be taken back to the PCT with an emphasis on how this would be delivered.

### **Conclusions**

David Moses informed the Forum that as well as the reviews proposed by HOSC and outlined under the previous item, there was also a review being undertaken by the Community Wellbeing and Older People Policy and Scrutiny Committee joint with HOSC to look at hospital discharge arrangements which may pick up some of the issues raised.

It was proposed that a list of potential reviews be presented to a future meeting of the Forum and could pick up some of the themes discussed such as:

- Preventing unnecessary attendance at A&E
- How to handle end of life pathways
- How to plan for the growing elderly population

A joint review with the South Essex Area Forum on access to healthcare GP services was being proposed later in the meeting.

Some Members felt that the Forum needed to focus on other issues as well as health scrutiny.

It was suggested by a representative from the health service that the Forum could consider mapping its scrutiny to the commissioning timetable.

#### **b) Essex and London Health Provision**

David Moses, Head of Member Support and Governance explained the health scrutiny powers of referral to the Secretary of State. These powers were given to Health Overview and Scrutiny Committees except where an issue covers more than one social care area where powers are given to the Joint Committee through a directive. Councillor Pond was the Essex representative on the Joint Committee established to consider the proposals for reconfiguration of health services in North East London. The HOSC would be making a formal submission to Health for North East London as part of the consultation process. There was an opportunity for the Forum to influence the representatives from Health for North East London, the views of the Essex representative and the submission by HOSC.

The Forum received a presentation from Geoff Sanford, Associate Programme Director, Health for North East London. The Forum was advised that following on from the introduction by David Moses, the Joint Overview and Scrutiny Committee had already indicated its intention to refer the proposals relating to the King George Hospital to the Secretary of State in line with their powers of referral. There may be other independent reviews of some of the other proposed service changes as well.

It was explained that Health for North East London (H4NEL) was a strategic body of organisations that had been brought together with a focus on safe accessible services. The proposals were currently out to the public as part of a formal consultation period which had been extended by a further 10 days. The recommendations had been clinically led and not driven by saving money. The ideas had been developing for some time and the intention had been published a year in advance. H4NEL had undertaken engagement with the public, patients and clinicians about what needed to change and took into account the benefit to patients rather than finances.

The presentation outlined each of the proposed areas of change:

- Vascular Surgery – to centralise at Royal London and Queens Hospitals and no longer be provided at Whipps Cross and King George Hospital. This was based on evidence that a higher number of cases concentrated at fewer centres develops specialised services and saves lives. Mapped census area data on travel times to the London Hospitals with the current service provision and with the proposed reconfiguration were shown along with activity data for 2007-08.
- Children's Surgery – under 2s – to provide all surgery on children under two years of age in North East London at The Royal London. Although children with appropriate specialist care needs would continue to be treated at Great Ormond Street Hospital. This would enable specialist teams, better outcomes and dedicated facilities. Mapped census area



data on travel times to the London Hospitals with the current service provision and with the proposed reconfiguration were shown along with activity data for 2007-08.

- Children's Surgery 2-15 – all urgent and complex surgery in North East London on children between 2 and 15 to be performed at the Royal London Hospital and Queens Hospital. With the same caveat regarding specialist care needs at Great Ormond Street Hospital. The benefits would be specialist teams, clinicians specialising in treating children and better outcomes. Mapped census area data on travel times to the London Hospitals with the current service provision and with the proposed reconfiguration were shown along with activity data for 2007-08.
- Care of children – complex care – care for children who are likely to stay in hospital more than two days to be concentrated in specialist units at The Royal London Hospital and Queen's Hospital. King George Hospital would no longer provide inpatient care for children. The benefits of this would again be specialist teams with clinicians specialising in treating children. It was also hoped that it would assist with recruitment. Data on admissions was provided.
- Major Acute Hospitals – for the royal London Hospital and Queens Hospital to become the two major acute hospitals in North East London. The main reasons for this were that the two hospitals were already the location of a range of specialist services and everyone would be within a reasonable distance of one or more of these specialist services.
- Planned Operations – to separate planned surgery from emergency surgery. The benefits of this move were outlined and it was proposed that planned care be moved to one place such as the King George Hospital.
- Treatment for children – emergency care – to have a focussed separate facility for children developed alongside each A&E department, open 24/7. Among the reasons for change this would ensure that children are treated by clinicians who specialise in caring for children.
- Number of hospitals with A&E/critical care/maternity – to reduce the number of hospitals providing full A&E, critical care and doctor led maternity services from 6 to 5. The reasons for this change were outlined including better obstetrician cover, aim to be seen by a senior clinician within one hour of arrival and a more specialised level of care.
- Which hospitals should provide A&E, critical care and maternity – to move these services from King George Hospital and expand services at Queens, Whipps Cross and Newham Hospitals. There were two caveats to this proposal – that many women with low risk pregnancies could continue to choose to have their babies in midwife led birthing units or at home. The hospital with no A&E would have a 24/7 urgent care centre which would be able to deal with 75% of problems currently dealt with at A&E. The reasons for proposing this option were outlined to the Forum. Data was also shown on the number of West Essex residents, 2,200, who used the A&E services at King George Hospital in 2007-08, along with data on the number of west Essex residents' births at each of the hospitals. The effect on travel times was also mapped out.

- Maternity – choice – seeking information on where people would prefer to have their baby if there were no maternity services at King George Hospital.
- The vision for King George Hospital – it was made clear that there was no intention to close King George Hospital, there would still be an urgent care centre, planned surgery, outpatient, rehabilitation and therapy services there. The consultation asked people to indicate what changes they agreed or disagreed with at the King George Hospital site regarding other potential services that may be there in future.

During the discussion the following points were raised:

- A question was raised regarding how parents would be accommodated with the move of children's surgery to one or two hospital sites. In response it was explained that this issue was being looked at and there was a need to develop some accommodation. At this stage H4NEL were making proposals to be consulted on. At a later stage detail such as this would be put into a future implementation plan. Mostly the surgery involved a 1-2 night stay.
- With regard to the complex and urgent surgery on 2-15 year olds it was questioned whether there was provision at The Royal London Hospital currently. In response it was reported that there was currently routine minor operations, but the proposal would provide a centre for paediatric care which would be larger than the one currently there and there would also be a centre at the Queens Hospital. The Great Ormond Street Hospital would continue to treat more seriously ill children.
- Concerns were expressed that there had recently been criticism of Queens Hospital, people did not want to go there and confidence was low. There were also access issues and concerns regarding quality of care. In response it was confirmed that commissioners and the Care Quality Commission were not satisfied with the standard there currently and safeguards would need to be built in to ensure that the Hospital was delivering services. There would be measures of efficiency and quality. Currently the Hospital had been spending too much and not providing the quality of care. The Chief Executive aimed to turn the situation around. Councillor Pond confirmed that the Joint Overview and Scrutiny Committee had made a stipulation in their draft recommendations for services not to move to Queens Hospital before it is brought up to standard.
- Concern was raised regarding what happens if a planned uncomplicated surgery becomes complicated if there is no critical care on site. In response it was confirmed that it is not unusual to have surgeries at places with no emergency admission facilities.
- When asked whether patients understand the difference between A&E and urgent care centres, it was thought that patients were aware of this. The urgent care centre had 24/7 opening and diagnostics. It was a step between visiting the GP and an A&E department. Some people did still attend the wrong place and it was explained that at least 40% of A&E cases could be seen at an urgent care centre or by the GP.

It was asked how people could respond to the consultation by the closing date of 22<sup>nd</sup> March 2010. There were two ways of responding either via the tear-out response at the back of the consultation booklets or on-line at [health4nel.nhs.uk](http://health4nel.nhs.uk). The Forum was advised that all maps and background information was available on the website.

David Moses summarised the key points made by members of the Forum to feed into the formal HOSC response to the consultation which focused on concerns that services should be retained at King George Hospital until there had been a demonstrable improvement at the Queens Hospital. Accessibility from Brentwood to London was also an issue. Councillor Pond confirmed that he was liaising with one of the local Member's, Councillor Dr Naylor, regarding access via public transport to London services.

It was **Agreed** that the key points raised by the Forum would be fed into the HOSC formal consultation response.

## **22. Future Programme of Work**

**a)** The Forum considered report (AFW/08/10) from David Moses, Head of Member Support and Governance, setting out the proposal from HOSC that a joint review of GP services be undertaken by the West Essex and South Essex Area Forums. The Forum **Agreed** to establish a joint task and finish group to review these issues and volunteers to sit on the group would be sought.

**b)** The Forum received the Forward Work Plan (AFW/09/10). The Forum **Agreed** to add the highways related items suggested by David Linnell, Loughton Residents Association, to the Work Plan. Members felt that there had not been good feedback on highways issues.

## **23. Item for Report**

The Forum received and noted report (AFW/10/10) from Nigel Varnam, Area Manager Integrated Youth Services, which contained information requested at a previous meeting following discussion on youth services.

## **24. Public Questions**

The Chairman invited questions from the public on any matters falling within the remit of the Forum. The following questions were raised and answers provided:

- Mr Couchman addressed the Forum. He had attended a previous meeting of the Forum in November 2009 to ask a question regarding the application process and system for granting permission for seasonal decorations. The Chairman advised Mr Couchman that she had tried to deal with this prior to Christmas and that the Area Co-ordinator had tried to make contact with him during that time. Councillor Hume, Cabinet Member for Highways and Transportation had forwarded a statement in response to the question which was read out at the

meeting. The statement explained that Mr Couchman's comments regarding the level of paperwork had been taken on board and Councillor Hume was speaking to his officers regarding the possibility of reducing it for more minor decorations. However with regard to the question over the fees for this service, the statement explained that this would need to be continued to ensure that the County Council meets its duties with regard to public safety on the highways. It had been decided to introduce the fixed fee, however the Council was subsidising the service on an annual basis as the income did not cover the costs incurred. However the Council was keen to see the service continue. There was still concern regarding the £50 fixed fee particularly as this group was not part of the Parish Council and therefore did not have funding. It was pointed out that a review of the paperwork would need to take place with enough time for people to plan for this year. It was felt by some that this service should be provided by the Council which people were paying into. A suggestion was made that the Parish Council may be able to assist with the fee as part of their budget was for lighting. It was also pointed out that the Forum had an item on the Forward Plan to look at the application process for the issue of bunting, banners and seasonal decorations.

- Mr Couchman raised an additional question asking about progress with the Council's new Speed Management Strategy, in particular the implementation of 30mph speed limits through villages. The statement from Councillor Hume advised that officers were in the process of finalising the document and it was anticipated that it would be released in April/May 2010 subject to the Council's decision making process. Councillor Gooding, confirmed that the Strategy was unlikely to list all of the 30mph speed limits, there had been a high volume of applications.
- David Moses, head of member Support and Governance advised the Committee that the earlier presentations had not covered the potential review of the Ambulance Service which was mentioned in his report AFW/06/10. The Forum was requested to email comments directly to David so that they could be fed into the review. Councillor Pond commented that the review of the East of England Ambulance Services should also include linkages to bordering areas such as London and East Midlands.
- A suggestion was made that the Forum considers having only one presentation at a meeting with no PowerPoint and spend time planning the next meeting at the previous meeting. This was a format which had been undertaken at Epping Forest District Council. The Chairman confirmed that she had tried to limit the presentations but with the vast range of issues raised and in particular the range of health issues it had been difficult to do.

## **25. Dates of Future Meetings**

The Forum noted the 2010/11 proposed dates of future meetings as follows:

- Tuesday 15<sup>th</sup> June 2010, 10am at the Adult Community College, Ongar
- Monday 13<sup>th</sup> September 2010, time and venue TBC
- Tuesday 16<sup>th</sup> November 2010, time and venue TBC

- Tuesday 11<sup>th</sup> January 2011, time and venue TBC
- Wednesday 9<sup>th</sup> March 2011, time and venue TBC

**26. Urgent Business**

There being no further business, the Chairman expressed her thanks to members of the Forum and others for their attendance. The meeting closed at 12.10pm.

Chairman



