

NOTICE
OF
MEETING

HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 18TH OCTOBER, 2022

at

3.00 pm

In the

**GREY ROOMS - YORK HOUSE, WINDSOR AND ON [RBWM](#)
[YOUTUBE](#)**

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

Karen Shepherd
Head of Governance
Issued: 10th October 2022

Members of the Press and Public are welcome to attend Part I of this meeting.
The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel
Administrator **Mark Beeley** 01628 796345 / mark.beeley@rbwm.gov.uk

Recording of Meetings – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive any apologies for absence.	Chairman		-
2.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	Chairman		7 - 8
3.	<u>MINUTES AND ACTIONS</u> To consider the minutes and actions of the meeting held on 12 th July 2022. To consider any actions from the meeting in November 2021, when 'Reducing Inequalities' was last considered by the Board.	Chairman		9 - 14
4.	<u>REVIEW OF TERMS OF REFERENCE</u> To review the Terms of Reference for the Board and consider whether any changes are required.	Chairman Mark Beeley		15 - 16
5.	<u>PRIORITY FOCUS - REDUCING INEQUALITY</u> To consider the main theme of the meeting, including: <ul style="list-style-type: none">• JSNA• Introduction to the Inequalities programme and emerging themes• Berkshire Public Health Annual Report 2021/22• Young Carer support in RBWM	Marc Connor Rebecca Hatch Anna Murphy Stuart Lines Sarah Collin		Verbal Report
6.	<u>UPDATE ON ROUTINE IMMUNISATION PERFORMANCE</u> To hear an update.	Dr Ruchi Baxi Charlotte Fox		Verbal Report
7.	<u>COVID-19 UPDATE</u> To hear from the Head of Communities.	David Scott		Verbal Report
8.	<u>HOUSING UPDATE</u> To receive an update on housing.	Tracy Hendren		Verbal Report

9.	<u>BETTER CARE FUND UPDATE</u> To consider the update.	Lynne Lidster	Verbal Report
10.	<u>FUTURE MEETING DATES</u> <ul style="list-style-type: none"> • Tuesday 24th January 2023 • Tuesday 4th April 2023 • Tuesday 11th July 2023 • Tuesday 10th October 2023 	Chairman	-

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MEMBERS' GUIDE TO DECLARING INTERESTS AT MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a Disclosable Pecuniary Interest (DPI) or Other Registerable Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

Any Member with concerns about the nature of their interest should consult the Monitoring Officer in advance of the meeting.

Non-participation in case of Disclosable Pecuniary Interest (DPI)

Where a matter arises at a meeting which directly relates to one of your DPIs (summary below, further details set out in Table 1 of the Members' Code of Conduct) you must disclose the interest, **not participate in any discussion or vote on the matter and must not remain in the room** unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted by the Monitoring Officer in limited circumstances, to enable you to participate and vote on a matter in which you have a DPI.

Where you have a DPI on a matter to be considered or is being considered by you as a Cabinet Member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

DPIs (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the council.
- Any licence to occupy land in the area of the council for a month or longer.
- Any tenancy where the landlord is the council, and the tenant is a body in which the relevant person has a beneficial interest in the securities of.
- Any beneficial interest in securities of a body where:
 - a) that body has a place of business or land in the area of the council, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

Disclosure of Other Registerable Interests

Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (summary below and as set out in Table 2 of the Members Code of Conduct), you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

Other Registerable Interests (relating to the Member or their partner):

You have an interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority*
- b) any body*
 - (i) exercising functions of a public nature*
 - (ii) directed to charitable purposes or*

one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

Disclosure of Non- Registerable Interests

Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a DPI) or a financial interest or well-being of a relative or close associate, you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer) you do not have to disclose the nature of the interest.

Where a matter arises at a meeting which **affects** –

- a. your own financial interest or well-being;
- b. a financial interest or well-being of a friend, relative, close associate; or
- c. a body included in those you need to disclose under DPIs as set out in Table 1 of the Members' code of Conduct

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

Where a matter **affects** your financial interest or well-being:

- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer, you do not have to disclose the nature of the interest.

Other declarations

Members may wish to declare at the beginning of the meeting any other information they feel should be in the public domain in relation to an item on the agenda; such Member statements will be included in the minutes for transparency.

HEALTH AND WELLBEING BOARD
VIRTUAL MEETING - ONLINE ACCESS AT 3.00 PM

12 July 2022

PRESENT: Councillor Stuart Carroll (Chairman), Huw Thomas (Vice-Chairman), Councillor David Coppinger, Councillor Donna Stimson, Kevin McDaniel, Tracy Hendren and Jane Hogg

Also in attendance: Councillor John Baldwin, Councillor Gurpreet Bhangra, Councillor Gerry Clark, Councillor Greg Jones, Councillor Sayonara Luxton, Councillor Simon Bond, Edward Piekut, Ashlee Mulimba, Jenny Plummer, Prince Obike, Edward Harrison, Prash Patel, Ben Byrne and Marc Connor

Officers: Mark Beeley, Anna Richards, Lin Ferguson and David Scott

PART I

304/15 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Hunt and Caroline Farrar.

305/15 **DECLARATIONS OF INTEREST**

The Chairman declared a personal interest as he had worked for the Vaccines Taskforce and Antiviral and Therapeutics Taskforce. He now worked for the vaccine company Moderna, Councillor Carroll declared this in the interests of full transparency.

306/15 **MINUTES/MATTERS ARISING**

RESOLVED UNANIMOUSLY: That the minutes of the meeting held on 29th March 2022 were approved as a true and accurate record.

307/15 **PHARMACEUTICAL NEEDS ASSESSMENT**

Rebecca Willans, Consultant in Public Health – Public Health Hub Berkshire East, explained that the last Pharmaceutical Needs Assessment (PNA) had expired in April, there was a requirement for the latest PNA to be approved by 1st October 2022. The statutory role of the Health & Wellbeing Board was to assess the need for pharmaceutical services in the area and to publish a statement of its assessment. The requirements regarding the process and contents were set out in legislation. The PNA considered the geographical location of pharmacies and the provisions of services. If an individual wanted to provide pharmaceutical services, it needed to apply to NHS England. This was regarded as a 'market entry' system.

There was a need to establish a governance process, with a steering group which contained appropriate representation. The contractor survey went out to all pharmacies, while the public survey looked to gauge what public opinion was about services provided in the area. The PNA was agreed and signed off pre-consultation, the PNA had then gone out for a 60 day consultation. There was a final review before the final report was drafted. The final report was what the Board was considering today, for approval and sign off. It was agreed by the

Director of Public Health for Berkshire East that the PNA would be commissioned to a third-party provider. This provider was called Health Dialogues.

Ashlee Mulimba, Healthy Dialogues, explained that all localities across the borough needed to be considered, this was based on ward level. The different needs of each ward were assessed, along with the different needs of those who shared a protected characteristic. The PNA needed to consider whether there was sufficient choice with regard to obtaining pharmaceutical services and to identify any gaps in the provision of services. These gaps could include geographical gaps in the location of premises, geographical gaps in the provision of services, and gaps in the times or days at which services were provided.

In total, there were 29 pharmacies in RBWM. Analysis had been done to consider the number of residents who were within 1 mile of these pharmacies and also how much of the borough was covered by a 20 minutes travel time in a car. Deprivation and population density were also considered. Healthy Dialogues considered that there was good access to essential, advanced and other NHS pharmaceutical services for residents in RBWM, therefore there were no gaps identified in the provision of services.

Rebecca Willans concluded by saying that the Board was being asked to agree with these conclusions and sign off the PNA, so that it could be published on the website.

Councillor Coppinger noted that there had been an increase in the number of online pharmacies. He asked what impact this could have on local pharmacies.

Ashlee Mulimba said there should not be an impact, pharmacies also provided advice and signposting, so they were therefore an important resource for local communities.

Huw Thomas felt that it was a comprehensive report. Pharmacies were an important part of the NHS health provision across the borough. They were underutilised, residents were encouraged to visit their local pharmacy if they needed any advice.

RESOLVED UNANIMOUSLY: That the Health and Wellbeing Board noted the report and:

- i) Approved the Royal Borough of Windsor and Maidenhead Pharmaceutical Needs Assessment 2022-2025 for publication.**
- ii) Approved the publication of the PNA to the RBWM website.**
- iii) Noted that if significant changes occurred during the lifespan of the PNA, the Health & Wellbeing Board would be notified.**

308/15 OLDER PEOPLES WORKING GROUP

Edward Piekut said that the Older Persons' Advisory Forum (OPAF) had a proposal to create an older person working group in RBWM. A similar group had been present in Reading Borough Council since 2011. The working group would help to:

- Meet the demographic challenge of an ageing population.
- Make the borough 'age friendly'.
- Build on the success of the Reading Borough Council working group.
- Create a channel for a wide range of stakeholders.
- Provide information and idea to improve life in RBWM.
- Refresh the Older Persons' Advisory Forum

The framework for this proposal could be initiated by a resolution of RBWM Cabinet Members

and officers. This would be supported by the Older Persons' Advisory Forum and would form part of the RBWM Together initiative. The working group at Reading had a defined terms of reference, these had been attached as part of the agenda pack. Edward Piekut said that the working group in RBWM would initially be Zoom meetings of a wide range of stakeholders, with controlled agendas and meeting frequencies which were similar to the working group in Reading. Issues would be directed by older people, the stakeholder invitations would start with the 139 people currently on the Older Persons' Advisory Forum distribution list. It was planned that the group would be a community led partnership and would be co-chaired by an OPAF member and a Councillor. An appointed RBWM officer would also be part of the group. If the proposal was to go ahead, the first meeting was planned to take place in September 2022.

The Chairman thanked Edward Piekut for being invited to a number of OPAF meetings recently where the proposals had been discussed.

Councillor G Jones said that he had been involved with OPAF for a couple of years, it had been set up to improve the lives of older people. There was a danger that older people were 'forgotten', he had attended meetings of the working group in Reading and it was an impressive set up. The OPAF wanted to copy what Reading had been doing, Councillor G Jones encouraged the Health & Wellbeing Board to get on board with the idea and support it.

Kevin McDaniel, Executive Director of People, said that there were a number of other groups across the borough that already did a similar role to what had been proposed by OPAF, with the working group acting as an 'umbrella', which brought all of these groups together. He asked how the agenda could be focused so that it was not ominous on those putting it together. Kevin McDaniel was in principle supportive of the proposals.

Edward Piekut explained that meetings were kept to two hours and there was a maximum of four items included on each agenda. RBWM Together could be used to ensure that a wide range of people were involved in meetings of the working group.

Councillor Coppinger had also been a representative on OPAF in the past. The council needed to reach all residents of all ages, a number of older people were active and would be involved with a potential working group, Councillor Coppinger wanted to ensure that those who were less involved would still be considered and that it was inclusive for everyone.

Councillor Bond asked at what age somebody became an 'older person'. He said that the working group would help people to plan for the rest of their lives and ensure that they were supported before they needed it most.

Edward Piekut said that OPAF was open to all those over the age of 50. OPAF would be able to partner with organisations like Magpies in the Community and Age UK to reach as many older people as possible.

The Chairman said that the proposal was a positive thing to take forward, the next meeting was an important one. He suggested that a pre-briefing was arranged between himself, Kevin McDaniel or another appropriate officer, and Edward Piekut to discuss some of the points which had been raised.

ACTION – Councillor Carroll to contact Edward Piekut to arrange a meeting, along with an appropriate officer from RBWM.

309/15 HEALTH AND WELLBEING STRATEGY – PRIORITY FOCUS – INTEGRATED SERVICES

Anna Richards, Head of Public Health, said that the Board had considered each area of the strategy in detail at every Board meeting. The four areas were:

- Investing in the borough as a place to live to reduce inequalities
- Targeting prevention and early intervention to improve wellbeing
- Championing mental wellbeing and reducing social isolation
- Coordinating integrated services around those residents that needed it most

Anna Richards said that this meeting would focus on the final priority area, there were a number of speakers who would speak around this theme.

Lin Ferguson, Director of Children's Social Care and Early Help, said that there had been a few meetings of the new children and young people strategic partnership. The first few meetings had been considering the terms of reference and what the membership of the partnership should look like. The idea was to have a conference bringing together all organisations to consider how they could work in a more integrated way across the partnership. The conference had taken place last week, it was well attended and had provided one of the best opportunities to get together since the pandemic. Plans would be developed to bring forward the key priorities for the partnership, how organisations would work together going forward.

The Chairman asked what some of the key themes were from the conference and how would this be developed into an action plan.

Lin Ferguson said that the mental health of young people was a key theme throughout the day. Conversations about what was meant by collaboration and integration were important, everyone had a view and the partnership was a good place for these conversations to take place. Educational achievement was also a key priority, the partnership needed to bring all of the information together into an action plan.

Kevin McDaniel considered the discussion in the previous agenda item around OPAF, there were plans for an adult's services conference to be held in September.

Jenny Plummer, Community Integration Manager, said that integrated care was part of the Frimley Integrated Care System and was present in the three localities that made up East Berkshire. The structure enabled community health teams, adult social care and community organisations to work together. The Locality Access Point was based in the Town Hall and the team sat together, both virtually and face to face, and it was funded through the Better Care Fund. For the cluster, monthly virtual meetings were held. These were designed to support the more complex residents and was closely aligned with the primary care network. Support was ideally aimed at any adult who had more than one health and social care need. The Locality Access Point was open Monday to Friday, 9am – 5pm. Residents were given a two hour contact time for urgent queries, or 48 hours for a non-urgent response. All referrals were welcome and referrals were not declined without action. The integration of services allowed the team to provide holistic support, residents were put at the forefront of the approach and allowed for a more timely and proportionate response. Information sharing meant that team members had access to digital records across social services and health organisations. The main aspiration of the Locality Access Point was to prevent hospital admissions and improve the quality of life and experience of residents.

Jenny Plummer explained that referrals could be made through a number of partner organisations. Gaps in need were identified and information was shared with professionals already involved in care, to ensure a joined up approach.

Jenny Plummer shared a video of the integrated care service in action. The video was available to view on YouTube here: <https://www.youtube.com/watch?v=ffGXhBos-RM>

Ben Byrne outlined a number of projects that were supported by integrated care. There had been a significant amount of positive feedback received from the service.

The Chairman thanked Jenny Plummer and Ben Byrne for the comprehensive presentation, he asked that the video link and slides were shared with Board Members after the meeting.

ACTION – Mark Beeley to share the link to the video and the slides after the meeting.

Ed Harrison said that population health management used data to identify patient cohorts and ensured that preventions were targeted towards these cohorts. During the trial period, a cohort had been picked up of patients aged between 35-49 years old, who recorded having a high blood pressure and had a diagnosis of obesity, diabetes or hypertension. A process map was used to outline the intervention process and this was done in collaboration between the primary care network and RBWM staff.

ACTION – Mark Beeley to circulate the slides after the meeting.

310/15 COVID-19 UPDATE

David Scott, Head of Communities, outlined the latest Covid data in RBWM. The positivity rate was increasing but the borough was not dissimilar to other authorities in the South East. Nationally, the number of people infected was predicted to be 1 in 25. For hospital admissions in East Berkshire, the seven day rolling average showed that there were 22 admissions per day. For high risk settings, the main risk was the reduction in staffing levels as schools approached the summer holidays. There had been eight reported outbreaks at care homes across the borough. Spring booster vaccination rates had been positive; 85% of those 12+ had received a first dose, 82% had received a second dose and 67% had received a third or booster dose. Vaccinations were still open to all that had not yet been vaccinated.

Communication was still being put out on social media platforms, mainly based around that fact that Covid had not gone away and was still an issue, despite the reduced impact nationally. It was important that the message of 'living with Covid' was portrayed to residents.

Huw Thomas said that many patients had symptoms of Covid which varied in nature, there were a lot of cases being seen at the moment. He reiterated the offer of the 'evergreen' vaccination programme.

Councillor Baldwin said it was good to hear that safety messages were still being advertised, particularly the wearing of face masks now that there was no legal requirement. Councillors were meant to set an example, he suggested that they should be worn during meetings at the Council Chamber. Councillor Baldwin was concerned by the level of positive cases, which was still high even with the successful roll out of the vaccination programme. There was a danger of reinfection which a number of residents were unaware of.

Huw Thomas said that the vaccination programme was preventing people from becoming seriously ill. The vaccine did not prevent infection or reinfection but meant that the number of hospital admissions was low. New strains of Covid were constantly appearing which could avoid the vaccine.

The Chairman said that it was important that people were aware of the risks, and these were reemphasised. It was a personal choice for people to wear face masks.

311/15 HOUSING UPDATE

Tracy Hendren, Head of Housing, Environmental Health and Trading Standards, said that a written update would be circulated to Members of the Board after the meeting.

ACTION – Mark Beeley to circulate written update to Members of the Board.

The update contained information on the pathways and strategies, the allocations policy had a draft which would be circulated for consultation as did the disabled facilities grant policy which would also go out for consultation. The allocations policy would consider the issue of three lists in the borough, one with the local authority and two with external providers. The disability facilities grant policy would allow RBWM to have some discretion on how disabled facility grants could be funded. Data on housing was now available through the Citizens Portal, this included social housing, temporary accommodation numbers and the number of successful rough sleeper pathway participants. Tracy Hendren said that there was now a full complement of housing options officers, along with a housing operations manager. These additions to the team would help to deal with the backlog enforced by the pandemic.

The rough sleeper pathway was nearing its third year of progress, the council had recently received its rough sleeper initiative year five settlement. This meant that there had been funding for three consecutive years which was positive. An online system was in place for temporary accommodation along with the housing register. There had been a slight decrease in the number of people in temporary accommodation, currently 227, and many were still struggling with the impact of the pandemic and the cost of living crisis. The 'Homes for Ukraine' scheme was being led by the Housing team and there were currently 234 guests on the scheme. The team ensured that the five checks and balances were adhered to, including hosts being paid and that accommodation was suitable for families.

312/15 FUTURE MEETING DATES

The next meeting was scheduled to take place on Tuesday 18th October 2022, starting at 3pm.

The meeting, which began at 3.00 pm, ended at 5.00 pm

CHAIRMAN.....

DATE.....

C3 Health and Wellbeing Board

NB: The Health and Wellbeing Board became a formal committee of Council in April 2013 as a part of the Health and Social Care Act 2012.

The Board is not subject to political balance under regulation 7 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

C3.1 Purpose

- To implement the national and local requirements on Health and Wellbeing Boards to improve the life outcomes, health and wellbeing of residents in the Borough.
- To act as a high level strategic partnership to agree the priorities that will improve the health and wellbeing of the residents of the Royal Borough of Windsor and Maidenhead.
- To deliver the statutory functions placed on Health and Wellbeing Boards through the Health and Social Care Act 2012 and other statutory or local priorities.

Background

Social policy changes from Central Government have changed the requirements for health and social care nationally in order to bring more local democracy into local services. The Health and Social Care Act 2012 brought in the most wide-ranging reforms of the NHS since it was founded in 1948 including significant changes to local governance structures for health and wellbeing, to improve health outcomes for the local population.

Each locality now has a statutory requirement to create a Health and Wellbeing Board, which has specific functions for the associated area. The Board is hosted by the local authority and the Health and Social Care Act, and accompanying regulations, have detailed the requirements and functions of a Health and Wellbeing Board.

Requirements of Health and Wellbeing Boards

1. Assess the needs of the local population and lead the statutory Joint Strategic Needs Assessment (JSNA).
2. Prepare a Joint Health and Wellbeing Strategy based on the needs identified in the JSNA.
3. Oversee the delivery of the Better Care Fund.
4. Promote integration and partnership, including joined up commissioning plans across the NHS, social care and public health.
5. Support joint commissioning and pooled budgets where all parties agree it makes sense.
6. Offer strategic and organisational leadership to meet local priorities.

Accountability

The Board is locally accountable to the community it services and elected members through the Royal Borough's Cabinet.

Reporting Structures

Any deviation from these terms of reference will be agreed by the statutory partners of the Board, specifically the Royal Borough, the Berkshire NHS Cluster Board and the Clinical Commissioning Groups' governing bodies.

Review of the Health and Wellbeing Board

The terms of reference and membership will be reviewed annually.

C3.2 Membership

- Chairman - a Member of the Council nominated by the Leader
- Deputy-Chairman - Chair East Berkshire Clinical Commissioning Group.
- Cabinet Member(s) with responsibility for Adult and Children's Services.
- Director of Adult Social Services
- Director of Children's Services
- Director of Public Health Berkshire.
- Representative of East Berkshire Clinical Commissioning Group.
- Representative of Windsor and Maidenhead Healthwatch.

Named substitutes will attend meetings of the Board in place of core members as required. Other partners and stakeholders may be co-opted into temporary or permanent membership to help address the identified strategic priorities as agreed by the Board.

C3.3 Frequency of Meetings

Four meetings per year. All meetings will be public unless there are confidential (Part II) items as applicable by the Local Government Act 1972.

C3.4 Quorum

Minimum representation of four members for a meeting to take place with at least two members each from the Council and the NHS.

Relevant outside bodies shall communicate and/or provide the Board with relevant updates and briefings as deemed necessary.

The Chairman will, in consultation with the Board members, identify material and items suitable for recommending as a press release to be issued on behalf of the Council.