CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: **2nd July 2015**

Time: **10.05 to 13.05**

Place: **Council Chamber, Fenland Hall, March**

Present: Cambridgeshire County Council (CCC)
Councillors P Clapp, T Orgee (Chairman) and P Topping (substituting for Cllr M Loynes),
Dr Liz Robin, Director of Public Health (PH)
Adrian Loades, Executive Director: Children, Families and Adults Services (CFAS)

District Councils
M Cornwell (Fenland), S Ellington (South Cambridgeshire) and R Johnson (Cambridge City)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr John Jones
Dr Sripat Pai (substituting for Dr Neil Modha)

Healthwatch
Ruth Rogers

Apologies: Councillors M Loynes, L Nethsingha and J Whitehead (CCC); Cllr R West (Huntingdonshire); M Berry (NHS Commissioning Board), C Malyon (Section 151 Officer), N Modha (CCG) and J Farrow (co-opted representative of Voluntary and Community Sector)

127. NOTIFICATION OF CHAIRMAN

Noted that the County Council had appointed Councillor Tony Orgee as Chairman for the municipal year 2015-16.

128. ELECTION OF VICE-CHAIRMAN/WOMAN

The election of the Vice-Chairman was postponed to later in the meeting, as several members of the Board were not present.

129. DECLARATIONS OF INTEREST

Ruth Rogers declared an interest as Chief Executive of Red2Green.

130. MINUTES AND ACTION LOG UPDATE

The minutes of the meeting of 30th April 2015 were signed as a correct record.

The Action Log update was noted, including that:

- the question of one overall mental health strategy document was being discussed with the Service Director for Older People's Services and Mental Health, and with CCG officers and officers from other organisations.
- the addition of 'JSNA implications' as a section to all corporate papers had been agreed with the County Council's Strategic Management Team and Democratic Services
- the letter to the Department of Health highlighting the frustrations imposed by the current data protection limitation on information sharing had been signed
- the terms of reference for CEPB were being developed and placed on the agenda plan for a future Health and Wellbeing Board meeting

131. A PERSON'S STORY

The Board received a report and watched a short film of a daughter describing the last few years of her mother's life; the mother in her 90s had become increasingly frail and required more care from the daughter and care workers. Difficulties encountered had included poor communication between A&E and fracture clinic of the same hospital on how a broken ankle had been stabilised, and, later on, the tendency of inexperienced carers to assume that the mother was either deaf or not paying attention when she displayed silence as a defence mechanism when hearing unwelcome news. The last real smile that the daughter had seen from her mother had been in response to having her hair washed and blow-dried as a result of a carer's efforts.

Discussing the film and the lessons to be learned from the person's story, members of the Board commented on

- the importance of the linkages between services so that accurate and appropriate information was conveyed
- the need to acknowledge that family carers and the person being cared for were often the real experts on what was needed
- the difference that one individual carer's initiative, and something as simple as a hairdo, could make to the wellbeing of the person cared for – ideally, all health workers should be displaying this can-do attitude.

The Board noted the story as context for the remainder of the meeting.

132. PROGRESS REPORT ON HEALTH & WELL-BEING STRATEGY PRIORITY 2: SUPPORT OLDER PEOPLE TO BE INDEPENDENT, SAFE AND WELL

Received a report updating members on progress with the Health and Wellbeing Strategy Priority 2: Support Older People to be independent, safe and well. Members noted that there were two main elements being pursued by the CCG, Local Authorities and other stakeholders, namely the Older People and Adult Community Service Contract with UnitingCare, which offered a new model of integrated services and integrated teams; and the Better Care Fund (BCF).

From a CCC perspective, progress was being made towards the Transforming Lives programme, which included activity round getting advice to people when it was needed, achieving rapid crisis resolution, and developing on-going support. Work was being done around job descriptions for staff in Social Care to reflect this model, and around the structure of care teams on a geographical basis; this work was all being done in conjunction with UnitingCare, not as an individual organisation.

In the course of discussion, members

- in relation to delivery of UnitingCare's new service model of integrated teams, noted that the joint emergency team now covered the whole of Cambridgeshire and Peterborough, and had moved on 1 July 2015 to providing 24/7 coverage; neighbourhood teams were due to be implemented in September 2015, following the current formal consultation with staff on the new roles and how the teams would operate. The Executive Director: CFAS undertook to share the consultation with the Board **Action required**

- noted that existing services, such as district nursing, were continuing to operate meanwhile, and would be incorporated into the new neighbourhood teams in September

- enquired whether there were target dates for the expansion of OneCall beyond the initial phase of taking GP referrals. The Assistant Director, Improving Outcomes, Older People Programme Lead undertook to provide this information

- drew attention to the updates provided by UnitingCare for circulation to the Board. The Democratic Services Officer was asked to ensure that these were circulated consistently **Action required**

- asked how it was possible to reconcile preserving the confidentiality of records with the sharing of patient information with voluntary and community organisations involved in providing care. Members noted that this was a long-standing challenge; efforts were being made to join up different elements of NHS and social care records. UnitingCare were working on north and south voluntary sector collaborations, but this was dependent on patient consent. The CCG had contracts with non-NHS organisations, which were bound by the same regulations as NHS organisations with regard to confidentiality

- suggested that robust protocols were required to address the question in advance of how to reconcile family wishes with clinical intervention in a crisis situation. The Executive Director said that the approach described conformed to good social work practice, involving the individual and the family, and working to reconcile any differences between them; timeliness of intervention was key. The Assistant Director added that UnitingCare wanted to ensure good care plans were in place, ideally agreed with patient, family and carers, so that all knew what to do in a crisis

- noted that UnitingCare had looked at levels of deprivation and health care needs in each area when putting together the 17 integrated teams, and had checked with local GPs and others with local knowledge to see whether their plans for an area made sense for that area. Projected population growth had also been taken into account, but the number of teams could be changed if it proved necessary

- reflecting on the Person's Story, in which communication difficulties within one hospital had been described, suggested that people's views should be sought in a year's time on how well UnitingCare's efforts to improve connectivity were working.

The Director of Public Health reminded members that the Board had statutory duties to assess need and promote integration, and to consider if a Section 75 agreement was appropriate; there was such an agreement for the BCF, but Priority 2 was much larger than that. It was reassuring that Transforming Lives was working with

UnitingCare; the Board needed to assure itself that integration was being maximised to achieve the best outcomes for people.

The Board noted the update.

133. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ON LONG TERM CONDITIONS ACROSS THE LIFECOURSE

Received a report introducing the Cambridgeshire JSNA on Long Term Conditions (LTCs) across the Lifecourse. Members noted that this was the result of the efforts of a dedicated working group across a large number of organisations, and that stakeholders and voluntary and community sector organisations had been involved in its development throughout.

The focus of the JSNA was on people with adult-onset LTCs at high risk of poor health outcomes. It was accompanied by data supplements which were intended to be presented online; members were invited to give feedback on these [available at www.cambridgeshireinsight.org.uk/JSNA/LTCs-across-the-lifecourse-2015]. Rather than focussing on a single disease, this JSNA had taken a person-centred lifecourse approach to identifying and improving outcomes for people with LTCs.

Discussing the JSNA, members

- commended the document as excellent, thought-provoking and practical; it stressed the importance of self-management, targeted many important issues and demonstrated the extent to which mental health intertwined with almost all issues

- noted that the JSNA, which was a more technical document, was accompanied on the website by a set of ten slides summarising it, and a plain document in plain language for carers and service users

- drew attention to the high impact of deprivation on health, and stressed the importance of including economic factors in the Board's deliberations, such as wage levels and where business was being generated in Cambridgeshire; income was an important indicator of health

- noted that the importance of support at the point of diagnosis had emerged in the local views workshop; carers throughout the workshop had highlighted issues relating to the person cared for, not carer burden and stress

- in response to a question about the inclusion of the various types of immobility, such as of knees and hips, noted that the predictive modelling tool used on the limitation element had included pain and immobility

- described the JSNA as the most important piece of work the Board had seen for a long time, helping to explain what wellbeing was and how it crossed all services

- said that because of the scope for the strategic use of the JSNA, all providing services across the county should acknowledge its importance; a delivery plan should be developed so that use of the JSNA could be monitored

- in answer to a question about delivery routes for taking the JSNA forward, noted that UnitingCare had asked Public Health to identify high-risk populations, that another element was to support the Cambridgeshire Public Service Board's work

on the Healthy Lives JSNA, and that other options included reducing hospital admissions. Board members were invited to contribute further suggestions, and suggested that it might be appropriate to give presentations of the JSNA to various other groups, such as the CCG Governing Body and Local Health Partnerships.

In conclusion, the Chairman asked that members report any typographical errors they happened to notice to the Consultant in Public Health Medicine. He also asked that the Board receive updates at a future meeting on actions arising from the JSNA, He described the Long Term Conditions JSNA as a helpful and excellent report, which drew attention to the influence of deprivation, and treated Mental Health as a long-term condition of equal importance to physical conditions.

It was resolved unanimously:

- to approve the Joint Strategic Needs Assessment
- to note the findings and the areas highlighted for further work.

134. BETTER CARE FUND UPDATE

Received a report updating the Board on Cambridgeshire's Better Care Fund (BCF) plan, on national monitoring of the BCF, and on the associated projects; the BCF had also been covered under agenda item 7 (minute 132 above). Members further noted that in Cambridgeshire, the Fund was being used to support existing work and to promote targeted work. Attention was drawn to the first of the quarterly returns submitted to central government, which covered the last quarter of 2014/15, so related to the period before BCF had come into effect. The Chairman advised that, because the return had to be made by a certain date, he had given his approval to its submission, prior to reporting it to the Board at the present meeting.

Discussing the update, members

- welcomed the fact that the agreed target for reducing non-elective admissions had been accepted; the 1% reduction had been made against rising admission figures
- commented that data sharing had been an issue for some time, and noted that CCC was working with the UnitingCare model of a single view of a patient record; it was important to accelerate what UnitingCare was doing, and bring in more data from the social care system as it came online
- pointed out that, from personal experience, data sharing was not always functioning well at present, and sought assurance that this would improve. Officers advised that there were measures in place about data sharing in the UnitingCare contract which would be pursued through UnitingCare work on assurance; there were both factual measures of information sharing, and also proposed measures of how patients felt the information sharing was working, for example whether care team members are talking to each other.

The Board noted the update on the Better Care Fund monitoring and non-elective admissions targets.

135. UPDATING THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) SUMMARY REPORT

Received a report introducing an updated JSNA Summary Report. This summary had been developed by Wendy Quarry, the JSNA Programme Manager, and Helen Whyman, a public health information analyst. The Director of Public Health congratulated them both on producing the summary, which could be used as a map of JSNAs, and would be helpful to officers when they needed to produce a summary of a JSNA to a deadline, for example when putting together a funding bid,

Commenting on the summary report, members

- drew attention to the link given in the introduction; anybody interested in a particular JSNA could find details at www.cambridgeshireinsight.org.uk/jsna

- pointed out that percentage figures in table of Key Population and Health Statistics added up to rather more than 100%; the Programme Manager apologised and undertook to correct the error **Action required**

- noted that the summary report might be useful to the CCG Governing Body, as the summary brought together a number of reports that it had not received

- enquired whether there was any way in which the public could see what progress had been made in implementing key findings, and asked how new data was factored in to past JSNAs. Officers advised that a review of how the findings of JSNAs were being addressed had only recently been carried out; it formed an important part of JSNA work.

The Chairman thanked officers for the Summary Report.

The Board noted the updated JSNA Summary Report.

136. ADDRESSING THE FINDINGS OF THE TRANSPORT AND HEALTH JOINT STRATEGIC NEEDS ASSESSMENT

Received a report updating the Board on the proposed actions to take forward the findings of the Transport and Health Joint Strategic Needs Assessment 2015 (JSNA). Members noted that Appendix A set out opportunities to maximise the use and influence of the JSNA; the appendix was focussed on South Cambridgeshire at this stage, as this was the District that the author knew best.

The report invited members to suggest where each partner represented at the board could address the findings of the JSNA, and to suggest other opportunities for the JSNA not currently addressed within Appendix A.

In discussion, members

- pointed out that the JSNA had implications for authorities as they were developing their local plans; the current suspension of the Cambridge City and South Cambridgeshire local plan hearing provided an opportunity for those authorities to consider the implications

- stressed the relevance of the JSNA to the City Deal; as City Deal priorities were being set, it was important to see how the JSNA's priorities fitted in to various

projects being completed over the next few years. Members noted that officers had already brought this to the City Deal's attention

- commented that one of the reasons people were not adopting healthy commuting was infrastructure problems, and drew attention to the poor condition of some roads for example in the Wisbech area

- advised that Cambridge City now had its own Air Quality Action Plan, not a joint one

- noted that the CCG Director of Corporate Affairs had already shared the JSNA with the transformation team in the context of where and how to locate services; she also sat on the Cambridgeshire and Peterborough Workforce Partnership with Health Education East of England.

The Chairman recommended reading the JSNA, and asked whether it had been sent to the three leaders of the County Council, the City Council and South Cambridgeshire District Council as the three local authorities in the City Deal area. The Senior Health Improvement Specialist undertook to do this. **Action required**

The Board noted the progress to date on implementing the findings of the JSNA.

137. ALCOHOL AND DRUGS JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Received a report updating the Board on the proposed scope of the Alcohol and Drugs Joint Strategic Needs Assessment (JSNA). Members noted that it was planned that this JSNA would have a broad scope because of the wide impact of drug and alcohol issues. There were four priority areas being recommended for inclusion in the JSNA, with four shared themes in each area; this wide remit would involve a great deal of work with stakeholders in the county.

The Executive Director: CFAS expressed admiration for the ambitious scope of this far-reaching JSNA, and asked that it be made clearer that children and young people were included in its remit. The report author undertook to do so. **Action required**

Welcoming the proposed inclusion of the issue of legal highs, one member asked whether there might be value in the Chairman writing to the Secretary of State to ask for guidance. The Chairman said that he was willing to do so, but it would perhaps be better to wait until the JSNA had been completed and the relevant data was to hand. He pointed out that, while he too welcomed in the inclusion of legal highs, other activity was legal, such as the use of tobacco and alcohol. He stressed the importance of a whole lifecourse approach to the JSNA.

It was resolved unanimously:

to agree the proposed scope of the Alcohol and Drugs JSNA as outlined in Section 4 of the report before the Board.

138. LIBRARY SERVICES IN CAMBRIDGESHIRE: DEVELOPING OUR APPROACH FOR THE FUTURE

In preparation for this item, a paper from Councillor Jocelynne Scutt was circulated and time taken to read it [attached as Appendix A]. The Chairman confirmed that he would have allowed her to speak had she been able to attend; she had indicated that would have liked to attend but apologised that she had another commitment.

Received a report seeking the Board's views on key areas of collaboration in achieving the transformation of the Library Service. Members noted that the intention was to develop a library service that supported Cambridgeshire's communities by building community resilience; enabling more than delivering; maximising use of assets; and digital first. The Board's views were being sought on

1. Developing shared objectives and outcomes
2. Identifying opportunities for joint service delivery
3. Engaging with communities and helping to support vulnerable people
4. Working together to help deliver skills, employment and enterprise opportunities
5. Who in your organisation can we work with to develop and take this forward?

The Service Director: Infrastructure Management & Operations explained that the paper set out the transformation of the library services in the context of saving 40% on the current library budget; libraries were much valued local assets, and everybody involved was keen to see this as an opportunity to transform and work with partners across traditional organisational boundaries. Councillor Scutt's paper referred to the decision to rescind the earlier decision on the Enterprise Centre at the Central Library; officers had been asked to look at alternative solutions, but it was important to recognise that non-delivery of the Enterprise Centre proposals would result in the need for savings to be made elsewhere. Although initial consultation on the strategy had closed on 10 May, the dialogue continued, and the Board's comments on the transformation of the Library Service would be welcomed.

In the course of discussion, members

- reported feedback that it had been difficult to engage with the consultation because it was on a general and generic level

- pointed out that not all initiatives referred to in the report were new – the GP surgery in Cambourne had been established about ten years ago, for example, and the children's centre there had been opened in 2008

- in the context of libraries and their relationship with Health and Wellbeing, and bearing in mind Councillor Scutt's point that libraries were a very trusted brand, commented that one of the opportunities to reach people was when they visited a library. Libraries were well-placed to deliver information, and computer literacy, and help with completing forms to access services – the relationship between libraries and Health and Wellbeing was important and significant

- reminded the Board that, as part of the Making Assets Count programme, services had been combined at County and District level, both in Chatteris and more recently in Whittlesey; it was necessary to understand that unless libraries became an all-embracing information point, service providers would have to put their own personnel in at times in order to provide specialist advice

- suggested that any attempt to use libraries to deliver wider services would have to be carefully marketed, as some sectors of the population would immediately be put off at any mention of attending a library; in some more deprived parts of the county it would be necessary to provide points of contact more locally

- pointed out that it would be necessary to have people available to give advice, or some ready means of accessing advice; not everybody would be happy to use a help screen, for example

- expressed interest in the idea of libraries acting as signposts to help people get access to health services, commenting that digital inclusion now opened up more possibilities and access to the next tier of support in a way that would have been impossible ten years ago

- reported seeing skype-style screens in use in libraries elsewhere some years ago; people could have face-to-face contact remotely when seeking advice, and were also able to complete forms over the system. Adding the human dimension was likely to encourage older people to use a remote system

- in relation to Councillor Scutt's comments on dementia services, cautioned that what was being proposed for libraries was a dementia-friendly approach, not a treatment service but a place where people who were vulnerable by reason of dementia would be able to engage, which in itself was preventative

- sought assurance that Wisbech library would remain open delivering literacy and numeracy education with the long-term aim of helping people to find employment

- endorsed the ned to keep community facilities open for people, as many library users did not have ready access to information via the internet at home; this would also help remedy the divide in digital literacy.

In response, the Service Director said that
- he noted and understood the point about the vagueness of the consultation
- the intention was not to take a uniform approach across the county but to tailor services to local need and local governance, as for example at Clay Farm
- he would pick up the suggestion around the skype-style screen
- he could not give reassurance that any specific library would not close, but it was probably unthinkable to close a key library such as Wisbech.

The Board noted the report.

139. CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND CARE SYSTEM TRANSFORMATION PROGRAMME

Received a report updating the Board on the strategic aims and values of the Cambridgeshire and Peterborough Health and Care System Transformation Programme; on the strategic planning process; and on the NHS England second wave Vanguard applications for acute hospitals.

Members noted that the programme was currently in phase 2. Key elements of this phase were detailed analysis of the issues facing the health system; engagement with the public around key challenges; and getting feedback from the public. A series of engagement events was planned, including Saturday Cafes and Public Involvement Assemblies. In relation to becoming a Vanguard site for new models of acute care collaboration, it was reported that, following an unsuccessful application in January, the System Transformation Programme would be considering whether to apply for inclusion in the second stage, for which the application deadline was 31 July 2015.

In the course of discussion, members

- commented that the update did not make it clear whether the programme was on track, and that it ought to be known by now whether a second phase Vanguard application was to be made, as the deadline was so soon.

  The Chair of Healthwatch explained that she and the Executive Director: CFAS both sat on the system transformation board. A considerable number of its discussions, which included trying to identify potential funding gaps in the health and social care system, were held in confidence to avoid giving rise to widespread premature speculation; the result was that the update document was not very transparent, but for a reasonable reason. To help provide reassurance, the Executive Director offered to share the project plan with members

  Action required

- noted that there were a number of workstreams involved in implementing the transformation programme. Progress had been made, but it was a huge piece of work, and a great deal of research was required because some of what was being proposed were major system changes The programme did not hinge on the Vanguard application, and if it were unsuccessful, ways of delivering the work from the transformation programme's own resources would be explored.

- pointed out that local government, as well as the NHS, was being required to make extensive savings

- commented that people needed a level of understanding to participate effectively in public engagement sessions; a few examples would aid understanding. It was important to get the first stages right, as the proposals when they emerged were likely to be far-reaching

- suggested that it would be sensible to hold a public engagement session in St Neots, as it was a large conurbation. Members were assured that a Public Involvement Assembly was planned for St Neots as part of the extensive programme of engagement.

The CCG Director of Corporate Affairs offered to circulate the workstreams and public engagement documents; quite a lot of ideas were still coming forward, and ever suggestion led to more ideas. **Action required**

The Director of Public Health advised members that she had now joined the System Transformation Board to help with the focus on preventative work. For example, the Health and Wellbeing Board's Public Health Reference Group had developed a paper on evidence-based ways of reducing the impact of obesity.

The Board noted the contents of the report.

140. NHS CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (CCG) – CHOICE OF LOCAL QUALITY PREMIUM INDICATORS FOR 2015/16

Received a report asking the Board to signal agreement to two of the proposed local indicators which would form part of the Quality Premium for 2015/16. Members noted that national planning guidance required CCGs to submit two local indicators, which in

combination with the national set of indicators would form the basis of payment of the 2015/16 Quality Premium. The three local indicators proposed by the CCG were

- Antenatal assessment <13 weeks (i.e. by 12 weeks and 6 days of pregnancy)
- Prevalence of breast feeding at 6-8 weeks from birth
- Stroke patients admitted to stroke unit within 4 hours (of arrival at hospital).

Of these three, the CCG recommended the second and third to the Board.

Discussing the choice, members

- expressed the view that the stroke-related indicator should definitely be one of those chosen, as the other two both related to childbirth

- asked why stroke patients were being encouraged to go to hospital, when the general aim was to keep people out of hospital. It was explained that attendance at a specialist unit was for initial diagnosis and treatment, and did not necessarily mean that the patient was being admitted to stay in hospital. Outcomes for all strokes, including mild ones, were far better if treated quickly

- suggested that it would have been appropriate to include a target relating to Child and Adolescent Mental Health (CAMH) services, which were under great pressure. Members noted that the choice of local indicators had to be made from a prescribed list of options, which probably did not include CAMH

- expressed support for antenatal assessment as contributing to the reduction of health inequalities, because those who did not present for assessment within 13 weeks tended to have chaotic lifestyles, to be young, or to be newly-arrived in the country; this antenatal appointment could include promotion of breastfeeding. It was pointed out however that breast-feeding had long-term importance, including being associated with less obesity and fewer hospital admissions; that levels of breastfeeding were below in the national average in some parts of the county; and that antenatal assessments would take place with or without the target

- noted that three other Health and Wellbeing Boards covered by Cambridgeshire and Peterborough CCG had opted for stroke and breastfeeding, but commented that the choice could not be determined by the chance order in which boards met.

It was resolved unanimously

to agree

- Antenatal assessment <13 weeks
- Stroke patients admitted to stroke unit within 4 hours

as the Health and Wellbeing Board's recommendation for the local indicators which would form part of the Quality Premium for 2015/16.

141. ANNUAL PUBLIC HEALTH REPORT

Received a report inviting the Board to consider the information and opportunities for action outlined in the Annual Public Health Report, and the Board's potential role in supporting delivery against these. The Chairman described it as a very helpful report, and advised that it had been sent to all County Councillors.

Members of the Board noted that the report was an independent report of the Director of Public Health, a surveillance report looking at trends and inequalities in public health outcomes across the county.

Asked whether the report was discussed at local health partnerships, the Director of Public Health said that the report should have been sent to the partnerships' chairs. She would be happy to attend these and other forums to present the report on request. Members commented that the information in the report should be brought to the attention of a wider audience.

142. FORWARD AGENDA PLAN: THEMED MEETINGS

Received a report presenting the proposed structure of themed Health and Wellbeing Board meetings for 2015/16 for comment. The Chairman asked that Board members send any comments on this agenda plan to the Democratic Services Officer.

It was agreed to defer the election of the Vice-Chairman/woman to the next meeting, as several members had already left.

143. DATES OF NEXT MEETING

Noted dates of the Board's forthcoming meetings (all at 10am on Thursdays):

- 17th September, Bargroves Centre, St Neots PE19 2EY
- 19th November, Shire Hall, Cambridge CB3 0AP
- 14th January 2016, South Cambridgeshire Hall, Cambourne CB23 6EA
- 17th March 2016, East Cambridgeshire District Council, The Grange, Nutholt Lane, Ely CB7 4EE

144. FAREWELL TO RUTH ROGERS

Ruth Rogers, Chair of Healthwatch, said that this was her last Health and Wellbeing Board meeting, as she was retiring in July and moving out of the area. The Chairman thanked her for her constructive comments over very many meetings.

Chairman