HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 11 February 2016

Present:

Councillor David Jefferys (Chairman)
Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn, William Huntington-Thresher, Angela Page and Pauline Tunnicliffe

Stephen John, Assistant Director: Adult Social Care
Dr Nada Lemic, Director of Public Health
Kay Weiss, Director: Children's Services

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member-Bromley CCG
Dr Andrew Parson, Clinical Chairman CCG

Ian Dallaway, Chairman, Community Links Bromley
Linda Gabriel, Healthwatch Bromley

Also Present:

Annie Callanan, Independent Chair of the Bromley Safeguarding Children Board

Dr Agnes Marossy, Consultant in Public Health

16 APOLOGIES FOR ABSENCE

Apologies were received from Cllr Terence Nathan and Cllr Robert Evans.

17 DECLARATIONS OF INTEREST

There were no new declarations of interest.

18 MINUTES OF THE MEETING HELD ON 8th DECEMBER 2015

Section 8 of the previous minutes related to the presentation from MIND on the Working for Wellbeing Service. It was noted in the minutes that a suggestion had been made that the Borough Officers' meeting could be a useful network for the service. It was noted at the meeting that this had taken place as suggested.

RESOLVED that the minutes of the meeting held on the 8th December 2015 be signed and agreed as a correct record.

19 QUESTIONS TO THE BOARD FROM COUNCILLORS OR FROM MEMBERS OF THE PUBLIC

No questions were received.

20 WINTERBOURNE VIEW RECOMMENDATIONS VERBAL UPDATE

The Winterbourne View Recommendations update was given by the Assistant Director for Adult Social Services, Mr Stephen John.

It was noted that LBB currently had responsibility for 4 individuals where the Winterbourne View recommendations would apply.

Mr John informed the Board that a joint paper (LBB and the CCG) was being developed, and the update concerning this would be provided by Dr Angela Bhan as the next item on the agenda.

21 BRIEFING PAPER FOR THE TRANSFORMING CARE PROGRAMME

The briefing paper for the Transforming Care Programme was written by Sonia Colwill, Director of Quality and Governance from Bromley CCG; the update to the Board at the meeting was provided by Dr Angela Bhan (CCG Chief Officer and Consultant in Public Health).

The aim of the report was to provide an introduction to the Transforming Care Programme that was being developed by the Government and by NHS England. The Programme had been initiated subsequent to the events at Winterbourne View, and set out in the subsequent concordat. Dr Bhan informed the Board that there were a number of patients in long term care, and consideration was being applied as to how each person could be moved into a community setting to improve their lives—as this was one of the purposes of the Programme. Dr Bhan reiterated that a joint report would be presented at the next meeting.

It was noted that the briefing paper was coming to the HWB to follow best practice guidance from NHS England. The report was not directly related to the JSNA, but was in alignment with its strategic aims.

Attached to the report was a template action plan that outlined a suggested pathway of actions to enable the delivery of the shared goals that constituted the Mental Health Crisis Care Concordat. Most of the recommended actions had been initiated from April 2015.

In April 2015, Bromley CCG led on a mapping exercise to gain a better understanding of system pressures, and then GAP analysis was undertaken to examine the disparity between current provision and the concordat vision. (GAP analysis aids in identifying the gap between a current situation and the future state that you want to reach, along with the tasks that are needed to complete to close the gap.) From this analysis, local protocols were developed and the needs of individuals with learning difficulties and mental health issues were further

considered. It was also the case that a review of the pathways in place for frequent attenders with mental health issues at A&E Departments would be initiated in April 2015.

Also in April 2015, work was undertaken by Bromley CCG and Oxleas to ensure that there was an adequate liaison and psychiatry service that was accessible in A&E departments. In June 2015, the CCG reviewed out of hour's access for the range of mental health services in the locality.

The Board heard that in December 2014, a new Child and Adolescent Mental Health Services, (CAMHS) Wellbeing Service had been set up; this was a partnership venture involving LBB, the CCG and Oxleas. It was also the case that a review had taken place in May 2015 of the IAPT (Improving Access to Psychological Therapies) service model to ensure that adequate support was being provided into primary care.

The Board heard that in June 2015, Oxleas and LBB drafted a recruitment plan to recruit Approved Mental Health Professionals; it was now the case that all services were appropriately staffed. The Board were briefed that in June 2015, a programme was initiated to enhance awareness amongst clinical staff of the benefits of family interventions in both the EIP (Early Intervention in Psychosis) programmes, and the Home Treatment Teams (HTT) programmes.

In September 2015 Bromley CCG undertook work to ensure that locally agreed pathways and protocols were rolled out to all staff in services to improve responsiveness. The Board noted that 136 Protocols were being regularly reviewed and monitored to try and ensure that appropriate places of safety were used in a time of crisis, as opposed to the use of police stations.

Similarly the Board were informed of the Community Mental Health re-configuration that had taken place in October 2015. This had resulted in a new service model being in place locally, which provided improved responsiveness to individuals in crisis; this project had been led by Bromley CCG and Oxleas.

It was anticipated that by March 2016, service pathways and resources would be clearly identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP). Also in March 2016 it was anticipated that the role of the mental health link worker would be clarified and reviewed. This would be undertaken as part of the Service Development and Improvement Plan.

RESOLVED:

(1) that the briefing paper be noted

(2) that the Joint Paper being developed by LBB and the CCG on the Transforming Care Programme be presented to the HWB in April 2016

22 OUT OF HOSPITAL CARE IN BROMLEY--UPDATE REPORT

This report was written for the Health and Wellbeing Board, by Mary Currie, the Interim Director of Transformation for Bromley CCG and was brought to the HWB to provide an update on the proposed direction of travel for the plans concerning Out of Hospital Care in Bromley. The update at the meeting was provided by Dr Bhan.

The Chairman opened the item by expressing concern that a brake had been applied to the process. Dr Bhan responded that this was not the case, and that in her view, an accelerator was being applied rather than a brake.

The Board heard that the CCG had been engaging with key stakeholders and local providers to develop a draft Programme Implementation Plan (PIP) aimed at developing a more consistent quality of care for Bromley residents. To this end, a GP provider event had been held on the 19th January 2016 which further engaged GP's and other providers with the aim of co-designing and prioritising key elements of the work. The Board were informed that an extra-ordinary meeting of the CCG Membership Body was being planned for February 2016. The aim of this was to further engage with the membership, prior to final PIP approval being sought at the March 2016 CCG Governing Body meeting. A draft PIP was attached as an appendix to the main report.

The draft PIP document focused on the following areas:

- Governance
- System Readiness
- Service Redesign
- New Service Innovation
- Engagement with Key Stakeholders
- Services for Children and Young People

The Board noted the draft PIP, and that going forward the objective was to develop a model that was more focused on prevention and the proactive management of patients with growing health needs. The report outlined a five point strategy for redefining and fine tuning the PIP. The Board noted the varied work streams on the draft PIP, and Dr Bhan assured the Board that support would be provided to all providers, including third sector organisations. The revision of GP contracts (next item on the agenda) was part of the development process.

A Carers' Strategy was being developed. There would also be an attempt to reorganise acute and community services. It was envisaged that Geriatric Teams would be located in hospitals and the wider community. The aim was to improve services around patients to enhance their Health and Social Care experience. It was also hoped to reduce hospital admissions.

The Chairman asked if a timescale was in place for the establishment of a pilot. He also asked if a single Integrated Care Network (ICN) would be set up initially. Dr Bhan responded that there was not a definite timescale. She was not in favour

of commencing with a single ICN in isolation. She felt that it would be better if all of the ICNs started working at the same time, and that this would avoid confusion and the allocation of resources to just one geographical area. Structures would be put in place during 2016/17. Dr Bhan continued that many of the various strategies took time to develop properly, and that this was a gradual process; however she also expressed the view that progress was being made quickly.

The Chairman requested that a Gantt chart be provided so that members of the HWB would get a clearer understanding of the project schedule. Dr Bhan agreed to provide the Gantt chart along with some explanatory sentences. Dr Parson commented that a layered approach was best as contracts needed revising, and that levers were required. He stated that a meeting was being convened shortly with CCG members with the aim of endorsing the improvement plan. Mr John informed the Board that LBB, the CCG and IMPOWER were all working together to think about what ICNs were going to look like. Four days of meetings had been arranged with IMPOWER in the near future to take stock of the current position, and how to move forward.

The Board noted the proposed Governance Structure for the Out of Hospital Strategy which would be headed by the LBB Executive, the Joint Integrated Commissioning Executive (JICE) and the NHS Bromley CCG Clinical Executive.

The Chairman thanked Dr Bhan for her update, and noted that much good work was in progress.

RESOLVED:

(1) that a Gantt chart be provided to members of the HWB so that members would benefit from a clearer understanding of the project schedule

(2) that the Health and Wellbeing Board note the report, the proposed direction of travel, and the proposed governance arrangements to support the programme.

23 PRIMARY CARE CO-COMMISSIONING REPORT

This report was written by Jessica Arnold, the Head of the Primary and Community Care Commissioning Directorate from the CCG. The update to the Board on the day was provided by Dr Bhan, and by Dr Andrew Parson.

The report outlined the review and commissioning intentions of NHS Bromley CCG for the GP PMS contract from 2016/17, and plans for the equalisation of the GP GMS contract.

The report was brought to the attention of the Board as changes to the GP PMS contract would have an impact on primary care and would improve services, sustainability, and the integrated working of GP practices within the wider health and social care system. The HWB were being asked to note the contents of the report and to give their comments about the proposed commissioning intentions of the CCG for GP contracts.

It was explained to the Board that the PMS contracts required the delivery of extra services for which a premium would be paid. Most contracts in south east London were PMS contracts. However, in Bromley, there was a greater mix of contracts. PMS contracts were paid £11.00 to £12.00 more per patient. Dr Bhan briefed the Board concerning the two elements of the PMS contract that were current.

Dr Bhan outlined the new offer for Bromley PMS contracts. It was noted that there was a "London Offer" and a "Local Offer" that together formed Bromley CCG's commissioning intentions. The "Local Offer" had been developed subsequent to a wide range of engagement activities.

The "London Offer" was sub divided into two sections, namely KPI's and the "Additional use of Technology". The "Local Offer" was subdivided into two main sections which were "Local Priorities" and "Transformational Priorities". Dr Bhan informed the Board that under the umbrella of the "additional use of technology", the target would be that 50% of appointments would be available and cancellable online by 1st April 2017. This was considered a reasonable target and allowed for older people not being able to access IT. Dr Bhan spoke about the possibility of GP Practices offering electronic consultations. She acknowledged that there were issues around this, not least concerns around the privacy of personal data.

The Board noted that part of the local offer was for GP's to carry out bowel screening and suture removal, both of which would reduce the number of people going into hospitals. Dr Bhan acknowledged that GP practices were under severe pressure and that they would require resources to cope so that the ICN strategy could be developed. The detail of the new contracts was being worked through, and practices would have to deliver on all aspects of the new contracts.

It was explained to the Board that roughly 40% of the contracts were GMS contracts; therefore an "equalisation" process was required.

Linda Gabriel noted the reference to KPIs and "Patient Voice" which was part of the London Offer on the new contracts. She encouraged engagement with the Voluntary Sector and with Healthwatch to develop this. Dr Bhan referenced the previous report submitted by Healthwatch to the CCG on GP access. She made the point that GP Hubs had been put in place to improve GP access, but that further joint work would be undertaken in this area between the CCG and Healthwatch.

Cllr William Huntington Thresher put forward the view that improving GP access should not just focus on developing core hours, but should also encourage the development of flexible working. Dr Bhan responded that GP's were already working flexible hours. Dr Parson made the point that any consideration of increasing core hours would need to allow for the employment of other staff members in addition to GP's at the same time—this would be staff such as receptionists and nurses. Other enabling forces would need to be factored in such as the GP Alliance; all delivery models would present challenges.

Dr Bhan referred to the Local Offer concerning bowel screening and acknowledged that not all practices may wish to take this up. In these cases, it may be the case that the GP Alliance or the Federation of GP's could assist.

The Chairman asked Dr Bhan how outcomes would be measured. Dr Bhan explained that there were a variety of ways that measurement could take place:

- More patient contact
- More vaccinations
- Reduced incidence of the late diagnosis of bowel cancer
- Reduced mortality
- A better and interactive service

Cllr Tunnicliffe asked why there was still such a high percentage of GMS contracts in Bromley compared with other London Boroughs. The answer to this was uncertain. Cllr Tunnicliffe asked why it was expected that GMS Practices would change to PMS contracts now. Dr Bhan suggested a number of reasons why GMS practices would now consider changing to the new contracts:

- Newer GP Practices were more open to change
- Some practices would have transferred over previously if able
- Practices may previously have been concerned about the workload
- Now mores resources and support were available
- A different environment and approach now existed

Dr Parson felt that what was required was the removal of variability, which was made easier by a better understanding of the challenges facing GPs. GMS Practices were now keen to deliver. He expressed the view that in many cases the reality was that there was not much difference between many PMS practices and GMS practices.

Ian Dallaway referred to the potential cost of £1.5m that would be incurred if there was a 100% take up of PMS contracts, and asked where this money was coming from. Dr Bhan responded that this was new money to the CCG from the NHS.

The HBW noted the report, and the Chairman welcomed the initiative.

RESOLVED that the report be noted, and the initiatives around the development of the new PMS contracts be endorsed.

24 WORK PROGRAMME AND MATTERS ARISING

It was noted that the first two items on the report (BCF Updates and Primary Care Developments) had been on the report for some time, and could now be removed.

The third item that had been active for some time was the problem associated with CCG commissioning, as in some cases commissioners were also providers. An update on governance had been requested, and a document had been provided to the Board at the meeting to clarify governance arrangements. It was therefore the

case that this item could be regarded as completed.

It was agreed that the Matters Arising dated 08/10/15-Integration Update could be regarded as completed, as the HWB were continually being updated on the Integration Process. Similarly, it was noted that the Matters Arising relating to the update on PMS contracts and the draft JSNA could also now be regarded as completed.

It was agreed that an item on alcohol mis-use be listed for the April 2016 meeting. It was also decided that Dr Jenny Selway be invited to address the Board in April 2016 concerning issues around the mental health of children and young people coming into Bromley from other Boroughs.

RESOLVED that the report be noted, and the adjustments cited in the narrative above, be applied to the report going to the HWB in April 2016.

25 OUTLINE FOR THE CURRENT AND FUTURE HEALTH AND WELLBEING BOARD STRATEGY

Dr Nada Lemic presented the report on the direction of travel for the HWB Strategy. It was noted that in 2013 the highest priority areas were categorised as:

- Dementia
- Diabetes
- Children with Mental and Emotional Health Problems
- Obesity

Subsequent to publication of the Joint Strategic Needs Assessment, it was now time to consider what the strategic priorities should be going forward. The Board had to decide if new priorities were emerging.

Dr Lemic tabled a document consisting of 4 large coloured squares, providing a graphic visual display of which health areas were improving, and which were getting worse. It also showed which areas were considered as low and high burdens.

The areas of high burden that were improving were:

- Life Expectancy
- Coronary Heart Disease and Stroke
- Cancer
- Smoking

The areas of high burden that were worsening were:

- Diabetes
- Adult Obesity
- Alcohol Misuse
- Dementia

The areas of low burden that were improving were:

- Teenage Pregnancy
- Suicide in Adults
- Substance Mis-Use

The areas of low burden that were worsening were:

- HIV
- Self-Harm and Emotional Wellbeing in Young People
- Homelessness

The Chairman stated that he would like to have an outline discussion on the day, with the intention of considering the issues in greater depth at the next meeting. The Chairman felt that alcohol misuse needed a closer examination. He also felt that the issue of Carers and Carers' Health was an area that should be regarded as a possible priority. Another issue that he deemed as a possible strategic priority was "falls" in the aged. The Chairman expressed the view that the Obesity Sub Group should remain, and that the Dementia Sub Group should remain for the short term. Concerning Diabetes, the Board should consider if LBB should now move forward with the Bromley Diabetes Network. Cllr Ruth Bennett was of the view that this was the best course of action, and that there was no need for a parallel group.

Cllr Bennett enquired if the term "burden" was volume related or financial; it was clarified that this was quantitative. Cllr William Huntington Thresher considered that childhood obesity should be a strategic priority, and was not keen on the idea of alcohol misuse being classified as a strategic priority. Dr Lemic considered the level of childhood obesity to be plateauing. Cllr Page and the Chairman agreed that the remit of the Obesity Sub Group be extended to include childhood obesity. Mr Ian Dallaway asked if the data concerning alcohol mis-use could be provided, and Dr Lemic stated that she would provide the data for dissemination.

The Chairman was minded to incorporate an agenda item concerning alcohol mis-use at the next HWB meeting and Annie Callanan was interested in more detail being provided around the data showing an increase in the level of self-harm committed by young people. A question was asked concerning the mental health of young people coming into Bromley from other Boroughs. It was noted that Dr Jenny Selway had undertaken some work with other boroughs concerning this, and that it would be a good idea if she could attend the April meeting to provide an update to the Board.

Linda Gabriel expressed concern over the growing problem of homelessness. Her concern was that homeless people may not be getting proper access to GP services and medical care generally, including mental health services. Cllr Thresher noted that with respect to homelessness, the Board had to be clear about what they could provide. Annie Callan stated that as far as homelessness was concerned, it was prudent to focus on prevention. She expressed the view

that this was definitely an area worth concentrating on, due to the detrimental effects of homelessness on physical and mental health.

RESOLVED:

(1) that the outline report on the Health and Wellbeing Board Strategy be noted

(2) that the HWB Strategic Priorities be further discussed at the meeting in April 2016

(3) that the matter of alcohol mis-use be added as an item for the April agenda

(4) that the remit of the Obesity Sub Group be extended to include childhood obesity

(5) that data concerning alcohol mis-use be disseminated to the Board

(6) that Dr Jenny Selway is invited to the meeting in April to update the Board concerning the mental health of young people coming into Bromley from other Boroughs

26 SHORTAGE OF GP PROVISION IN BROMLEY TOWN CENTRE- VERBAL UPDATE

Dr Bhan updated the Board concerning the shortage of GP provision in Bromley Town Centre.

Discussions were ongoing with GP practices, including the Dysart Surgery. Dr Bhan expressed the view that Bromley was not understaffed in Bromley Town Centre, and that satisfaction levels were generally good. It emerged that the Dysart Surgery had taken on additional salaried doctors, but had a space problem. They had placed a bid to cover the cost of additional building works.

Dr Bhan stated that new GP Hubs had been opened across the Borough and that as a result, about 100 more appointments were being provided per day.

RESOLVED that the update be noted.

27 BROMLEY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

The Bromley Safeguarding Children Board ‘s (BSCB) annual report for 2014-2015 was tabled at the meeting, and Annie Callanan (the Independent Chair of the Board) attended to answer any questions concerning the report. The report summarised the work undertaken by the BSCB during 2014-2015 to protect and promote the welfare of children and young people in Bromley.

Ms Callanan apologised to the Board for the late submission of the report.

Meetings had recently taken place to assess performance issues. The focus would now be on practical work. Possible synergies with the Safeguarding Adults Board were being investigated.

The Board were referred to pages 4/5 of the report were the main achievements against the BSCB Business Plan were noted:

Ms Callanan outlined the reporting and governance structure of the BSCB, and it was noted that the BSCB now submitted annual reports to the HWB and to the Care Services Policy Development Committee. It was explained to the Board that a new sub group had been established and that was a "Policy and Procedures" sub group. There was now greater engagement with the CCG and the Police, and Ms Callanan expressed the view that the BSCB was strong. She then asked if the HWB had any questions relating to the report.

Cllr Ruth Bennett asked what measures were in place to safeguard children being educated at home. Ms Callanan responded that this was being looked at jointly by Social Services and the Education Department. The Director of Children's Services stated that every child in the Borough being educated at home, would be visited at least once a year. This was a matter that had been looked at by the Children's Board.

Harvey Guntrip raised the issue of what was being done to oversee tattoo and piercing establishments now that the definition of FGM had been extended to cover piercings of the female genital organs in tattoo parlours. There was some debate about whether or not this activity did come under the remit of FGM, although it was clear that persons under the age 18 should not be tattooed.
(Post meeting note—the NHS has adopted new guidelines after the World Health Organisation designated piercings of the female genital organs as FGM. Under the guidelines this would be classed as "Type 4" FGM, the definition of which is:

Type 4 – all other harmful procedures for non- medical reasons, including pricking, piercing, incising, scraping and cauterising the genital area.)

The Board were reminded that all healthcare professionals now had a duty to report all cases of FGM; this duty extended to midwives and health visitors, and there was also a duty to report FGM that had taken place outside of the UK. It was noted that FGM was also incorporated into the PREVENT agenda.

Cllr Thresher asked if bullying had been included in the BSCB annual report. The Director of Children's Services responded that it was not possible to include everything into the report, and that there were safeguarding protocols concerning bullying that were followed by schools.

The Chairman asked Ms Callanan if there were any areas of concern for 2015/2016. Ms Callanan responded that she was concerned about statutory central government issues. There was going to be review of LSCBs, and she had recently been contacted by a Select Committee and received a Ministerial Letter, all enquiring about issues in young people's front line services. Ms Callanan stated that priorities for next year would be very vulnerable children and domestic abuse.

Cllr Tunnicliffe asked if DV Advocates were still in place, and Ms Callanan stated that she would get back to the HWB with an update.

RESOLVED that the BSCB Annual Report for 2014-2015 be noted.

28 JSNA VERBAL UPDATE

The Health and Wellbeing Board considered the emerging issues and the priority actions as outlined in the JSNA draft document. A brief verbal update was provided by Dr Agnes Marossy who informed the Board that the Steering Group had reconvened recently.

29 NOMINATION OF MENTAL HEALTH CHAMPION

The Board discussed if it was appropriate to appoint a Mental Health Champion.

The Assistant Director of Adult Social Care commented that a briefing should be drafted to set out what would be expected from a Mental Health Champion. It was important that whoever was appointed was not being set up to fail, and that the required support would be provided.

Cllr Thresher queried if this was going to be an additional voluntary role; if this was the case, then a lay person should be appointed. The role needed to be defined first.

RESOLVED that the role of Mental Health Champion should be clarified, and the matter be discussed further at a future meeting.

30 UPDATES FROM SUB GROUPS

31 Obesity Sub Group

The Board noted the update report that had been incorporated into the agenda, and that the Obesity Sub Group had met earlier in the day. It was noted that the Healthy Weight Forum was going to meet during the week following this meeting, and that more information would be provided to the Board in April 2016.

RESOLVED that an update report be provided to the HWB from the Obesity Sub Group for the meeting in April 2016.

32 Diabetes Sub Group

RESOLVED that due to the formation and ongoing work of the Bromley Diabetes Network, the Diabetes Sub Group was no longer required and should be dissolved.

33 Dementia Sub Group

RESOLVED that the Dementia Sub Group be retained for the present time, with a review at the next meeting.

34 Children and Adolescents Mental Health Sub Group

RESOLVED that the Children and Adolescents Mental Health Sub Group be retained currently, with a review of the Group to take place at the April meeting.

35 VOLUNTARY SECTOR STRATEGIC NETWORK (ITEM FOR VERBAL DISCUSSION)

The Board referred to the letter from the Voluntary Sector Strategic Network (VSSN) requesting a seat on the HWB. Cllr Bennett wondered how the VSSN fitted in with Community Links. Ian Dallaway informed the Board that the VSSN was a large health related charity, and that it would be good if the VSSN could be accommodated onto the Board; this view was supported by Healthwatch.

The application for a seat on the Board was not supported by the majority of Board Members. The consensus view of the Board was that the current balance of stakeholders (reflecting the statutory requirements set out in the Health and Social Care Act) was correct. Adding new members at this time would make the Board too large at this stage of its development. The composition of the Board would be reviewed at a later date.

RESOLVED that the application from the VSSN for a seat on the Board be refused at this time, and that a letter to VSSN be drafted to this effect.

36 ANY OTHER BUSINESS

The agenda was adopted and there was no other business to consider.

37 CONSIDERATION OF AGENDA ITEMS FOR THE MEETING IN APRIL 2016

The consideration of future items for the agenda was not considered as a separate item.

However, some discussion around this had taken place when the Board was discussing matters arising, and in particular when discussing future strategic priorities.

These have been noted and will be added to the Work Programme.

38 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board was confirmed as April 21st 2016.

The Meeting ended at 3.35 pm

Chairman