Minutes of the Meeting of NHS Somerset Integrated Care Board (ICB) held at Wynford House, Yeovil, on **Thursday, 1 December 2022**

Present:	Paul von der Heyde	Chair
	Suresh Ariaratnam	Non-Executive Director (Chair of Primary Care and Direct Commissioning Committee)
	Dr Berge Balian	Primary Care Partner Member
	Dr Victoria Downing-Burn	Director of Workforce Strategy
	Christopher Foster	Non-Executive Director (Chair of Remuneration Committee; and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Safety and Quality Committee)
	Professor Trudi Grant	Director of Public Health
	Maria Heard	Programme Director, Fit for my Future
	Alison Henly	Chief Finance Officer and Director of Performance
	Jonathan Higman	Chief Executive
	Peter Lewis	Chief Executive, Somerset Foundation Trust (Trust Partner Member)
	Mel Lock	Director of Adult Social Care, Somerset County Council (Partner Member)
	Shelagh Meldrum	Chief Nursing Officer
	Grahame Paine	Non-Executive Director and Deputy Chair (Chair of Audit Committee)
	Alison Rowswell	Acting Director of Operations and Commissioning
In Attendance:	Charlotte Callen	Director of Communications and Engagement
	Dr Deborah Gompertz	Complex Care Clinical Lead at Yeovil District Hospital (to and including item ICB 023/22)
	Judith Goodchild	Healthwatch (Participant)
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant)
	Jade Renville	Director of Corporate Affairs
Secretariat:	Kathy Palfrey	Executive Assistant, ICB Board

ICB 017/22 WELCOME AND APOLOGIES

17.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB). Apologies were received from Maria Heard, who had been delayed, but would join the meeting as soon as possible.

ICB 018/22 PUBLIC QUESTIONS

18.1 **From Emma King, Member of the Public (in attendance):**

"Speaking on behalf of the Save Somerset's Community Services action group, we do not believe that the closure of St Andrew's ward has been properly considered. We understand that one of the reasons for the removal of this service from Mendip is because it is thought to be "too far from an A & E". I put it to you that this points clearly to a necessity for an A & E in the Mendip area as we are ALL too far from an A & E and people in St Andrew's ward are no more likely to need A & E services than anyone else. Considering, also, that in June most years, 250,000 people descend on Pilton for Glastonbury festival, with, of course, thousands working on the site both before and afterwards, a strong case could be made for the provision of an A & E in Mendip. Were

West Mendip Hospital adapted as an A & E, then St Andrew's would literally be on the same road and within 5 minutes of it, allowing also for use during the festival and for all of us in the Mendip area, and taking pressure off services in Yeovil and Taunton.

Another consideration would be to keep St Andrew's ward open and reopen Phoenix ward and use them in a slightly different way. We know, for example, that there is no eating disorders unit in Somerset currently. Another approach could be to use St Andrew's to take pressure off the other wards by admitting people there once they are on the road to recovery, but not quite yet well enough to go home. This would free up beds on other wards and reduce the chances of an admission to A & E being likely.

In order to keep St Andrew's ward open and provide vital services to Mendip and the wider Somerset area:

1) Can funding be applied for to upgrade West Mendip Hospital to include an A & E department?

2) Can St Andrew's ward and Phoenix ward be used as an eating disorders unit and/or as overspill wards to prevent bed blocking in Yeovil and Taunton for people on the road to recovery?"

18.1.1 Jonathan Higman thanked Emma King for her questions, which related to a decision made by Somerset Clinical Commissioning Group (the ICB's predecessor) in September 2020 to relocate the adult mental health beds from Wells to Yeovil. Responding to Ms King's specific questions:

It would not be appropriate for West Mendip hospital to become an A&E Unit. to run a safe A&E Unit, it must have the full surgical and medical facilities of an acute hospital district general hospital and this is a core standard requirement. For example:

- 24/7 consultant cover for surgery, medicine, trauma and orthopaedic care, anaesthetics, obstetrics and gynaecology

- 24/7 access to theatres and recovery, radiology diagnostics including CT scanning, onsite pathology

- specialist beds, including intensive care and coronary care beds

Without these services it is not possible to operate an Accident and Emergency Department and it is not feasible that an A&E unit is opened in West Mendip Community Hospital.

Prior to the public consultation being undertaken, a wide range of options were identified and explored further to assess their viability. An eating disorder unit, based in Phoenix was one of the options considered. Various reasons meant this option was not seen to be viable, not least that an eating disorder inpatient unit, more than any other mental health condition, is dependent on close proximity to physical health care support. Nationally, people with an eating disorder have a higher mortality rate than any other mental health condition. Often these patients are extremely frail, with complex physical health care needs, and on occasion, need re-feeding interventions in an acute hospital. Additionally, eating disorder units require highly specialised staff that would be very challenging to attract to work in an isolated unit when they are usually co-located on acute hospital sites.

In terms of using St Andrews as a step-down or overspill ward from the acute hospitals, the ICB's strategy is to get people home as soon as possible. We are working with Somerset County Council (SCC) to increase domiciliary care and capability around virtual wards, ie. to provide services in people's own homes. We do understand also that there are transport issues and we are again working with SCC to see if these can be resolved for patients, carers, and their families.

18.2 **From Beverley Anderson, Member of the Public (in attendance):**

"I am concerned with the current proposals to close St Andrews Ward and the reduction of inpatient beds in the Mendip & wider Somerset area.

Closure of St Andrews Ward means that Mental Health Services are being brought into a further crisis situation in the Mendip area, which is increasing instability, uncertainty and a damage to morale as well as undermining confidence in the mental health community, in addition, the ICB.

This question calls for the ICB to introduce a Moratorium on the implementation of these proposals pending further scrutiny and independent review, where campaigners, voluntary mental health services, veterans' mental health services, charities, providers, a team of counsellors and members of the ICB come together to consider how we can keep St. Andrews Ward open, fit for the future, with a purpose to provide mental health care, for the sustainable future of St. Andrews Ward. Keeping St. Andrews ward open as part of the long-term Mental Health aim of care in the community. The outsourcing of services and long-term strategy for critical care, patient groups, and the local community.

A moratorium in regard to St. Andrews ward closure should be implemented with immediate effect."

Mrs Anderson also related a personal story relating to her husband, a war veteran, and the lack of NHS services in the local area to support him.

18.2.1 Jonathan Higman responded as follows:

The issue of the relocation of St Andrew's to a safer, higher quality and sustainable site was explored over a number of years culminating in a formal Public Engagement and a Public Consultation, the full details of which can be found at:

Mental Health | A Healthier Somerset – Fit for my future (somersetics.org.uk)

At the end of the Public Consultation - which considered the views of patients, carers, clinicians, and strategic partners, including the Local Authority and NHSE/I - Somerset CCG's Governing Body made the decision to co-locate St Andrew's with an existing mental health unit, which was closer to a district general hospital, in Yeovil.

This relocation of inpatient beds is not a reduction in the number of beds nor any reduction in investment in them; rather, it is an enhancement of the quality and safety of these beds. Also, the inpatient aspect of mental health support in the county is a vital element of provision, but should be seen in the context of a significantly expanded and transformed community mental health service that has received national recognition as an exemplar. We are proud of our

community mental health provision across the whole county, including in Mendip, which has a strong emphasis on prevention of mental ill health, early intervention, is recovery focused and has partnerships with VCSE and social care providers. This enables a 'no wrong door' approach to accessing support, right through to community based crisis teams and crisis safe spaces across the county, including in Mendip. The whole purpose of these services is to seek to reduce where possible the need for people to be admitted to an inpatient unit, to improve the quality of care provided if they are admitted, and improved recovery and outcomes for all who access this support.

A rigorous, robust, and legally compliant Public Engagement and Public Consultation process was undertaken and completed. Refurbishment of the site in Yeovil has been commissioned and works commenced. Given the evidence that was gathered at that time, the due process that was undertaken, and the progression of plans to-date, Somerset ICB is confident in the decision previously made by Somerset CCG. There have been no material changes to the issues explored during the formal engagement and consultation processes. Consequently, Somerset ICB will not be considering a moratorium in relation to the implementation of the plans to relocate St Andrew's.

Referring to services for war veterans, Jonathan Higman confirmed there is a very specific commitment and each organisation is working to ensure that the standards as set out are met.

Peter Lewis offered to talk separately with Mrs Anderson about her husband's experience of NHS services, and this was accepted.

Action: Separate discussion to be held between Peter Lewis and Mrs Anderson.

18.3 **From a Member of the Public (in attendance):**

"Can the ICB confirm that they have done an equality impact assessment (EIA) especially for the needs of trans-people as trans-people suffer with mental health probably more than most?"

18.3.1 Jonathan Higman confirmed that for every significant change in service provision an Equality Impact Assessment is completed specific to the issue under consideration. Every EIA that is undertaken has a number of domains that are considered, including trans-people.

18.4 **From Mr Evans, Member of the Public (by email):**

"I am hard of hearing and classified as severely deaf. I wear a cochlear implant and have done so for over 3 years. A few years ago I was able to make appointments with my doctor by going online but the surgery stopped that facility and now you can only make an appointment over the telephone. I cannot hear properly on the phone and have to ask my wife to do this for me. When she was not available, I went to the surgery to make an appointment but was told to do it on the telephone. Surely this is an unfair system for the deaf and hard of hearing?"

18.4.1 Jonathan Higman advised that the ICB would not usually respond in public to questions relating to personal circumstance, but Mr Evans had asked that the point be made to the Board as he felt the appointing booking system to be discriminatory. Jonathan Higman invited Dr Bernie Marden to respond to Mr Evans' question:

18.4.2 Dr Marden stated that practices in Somerset take their equality duties seriously and we expect all practices to ensure that patients can access services equitably. Many practices, including College Way (Mr Evans' GP practice), are now offering a triage first service, rather than allowing patients to book face to face appointments directly in advance. This provides a more efficient use of limited clinical resource at a time of very high demand; it also helps patients to get their issues resolved first time. Online consultations are also available for all patients.

We have spoken to College Way Surgery and are assured that the practice takes pride in serving all patients well. Patients who are hard of hearing are usually identified by the reception team and their needs accommodated. On the occasion raised by Mr Evans this did not happen; he should not have been sent away and the practice is now reviewing training for reception staff to ensure it does not happen again. The practice sincerely apologises and would be happy to discuss the matter further with Mr Evans. Our PALS team would also be happy to help Mr Evans.

College Way Surgery performs well in the national GP patient survey. In the 2022 survey, 87% of patients rated their experience of making an appointment as good, compared with 61% for Somerset overall, and 56% nationally.

ICB 019/22 REGISTER OF MEMBERS' INTERESTS

19.1 The ICB Board received and noted the Register of Members' Interests, which reflected the electronic database as at 24 November 2022.

19.2 It was noted that the Interests of Peter Lewis were not included on the Register, and this would be investigated.

Action: Investigate and remedy the exclusion of the Interests of Peter Lewis (Kathy Palfrey)

ICB 020/22 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

20.1 Under the ICB's arrangements for managing conflicts of interest, any member making a declaration of interest can participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by the Deputy Chair.

20.2 There were no declarations of Interest relating to items on the agenda. The quoracy of the meeting was confirmed.

ICB 021/22 CHAIR'S INTRODUCTION/REPORT

21.1 Paul von der Heyde reported that he had attended the first meeting of the ICP and Health and Wellbeing Board meeting on 28 November, operating as a committee in common. The meeting had received and discussed:

- the draft health and care strategy
- a presentation on safeguarding
- expenditure against the Better Care Fund
- the Healthwatch Annual Report

21.2 Paul von der Heyde and Jonathan Higman had attended the ICS Network Conference on 22 November 2022. Discussions around "impactful integration" were encouraging.

21.3 Paul von der Heyde continues proactive dialogue with other Chairs and Chief Executives across the south west region, and recently visited Somerset Foundation Trust to meet with their Chair (Colin Drummond). Jonathan Higman and Paul von der Heyde also met the new Chief Executive of SCC (Duncan Sharkey) and the Leader of the Council (Bill Revans).

ICB 022/22 MINUTES OF THE MEETING HELD ON 29 SEPTEMBER 2022

22.1 The Minutes of the Meeting held on 29 September 2022 were approved as a true and correct record.

22.2 The accompanying action schedule would be updated to transfer ongoing CCG actions to the ICB.

Action: Action schedule to be reconstructed to reflect the ICB and discussed at a future Executive Directors' meeting (Kathy Palfrey/Jonathan Higman)

ICB 023/22 PATIENT STORY

23.1 Shelagh Meldrum introduced Dr Deborah Gompertz, a Complex Care GP based at Yeovil District Hospital (YDH).

Dr Gompertz set out the story of a 70-year old complex care patient who has Parkinson's disease, dementia and needs to take medication five times per day. The patient is at risk of falls due to a drop in blood pressure on standing up. His wife is deaf so may not be immediately aware when a fall has occurred. Due to his dementia, the patient was not always taking his medication correctly. It is not possible for the healthcare team to duplicate visits of five or more times a day – this would require a much bigger workforce. However, by working together as a system, and adopting a 'can do' approach on home visits, a good relationship has been developed between the patient, his family, the team of carers and with the hospital, to ensure that the patient has indeed taken his medication correctly.

23.2 The Board discussed the case, in particular, the excellent work that had been done to develop the complex care model in south Somerset; the greater support being provided at home to patients with long-term conditions; the better outcomes that are being achieved for patients and their families; and the cost savings to the system as a whole by the adoption of this model. The Board also discussed the need for complex care training across all services, the need for in-reach specialists, and for community geriatricians.

23.3 Trudi Grant asked if the number of patients in the population who would benefit from the complex care model is known, perhaps by GP practice? Alison Rowswell responded that we are looking at the numbers across Somerset with a view to levelling up. Jonathan Higman spoke about the pockets of good practice across the county, eg. in Frome, and the need to progress the roll-out of the model.

23.4 The Board generally agreed the need to roll-out a complex care model across the county, to provide equity of service, and understood that a level of

investment would be required in recruitment and training. It was generally agreed that the model must be patient-centred, with good continuity of care and strong leadership to provide and embed the necessary cultural change. The first step would be to form a small team to define the model – perhaps a hybrid of the south Somerset and Frome models – and to present a formal proposal to a future meeting of the Integrated Care Partnership (ICP) as the decision-making body.

Action: Work to be started to develop a county-wide Complex Care Model for patients with long-term conditions, to be brought to the ICB Board and ultimately the ICP for decision (Alison Rowswell)

ICB 023/22 CHIEF EXECUTIVE'S REPORT

23.1 The Meeting received and noted the Chief Executive's report. Jonathan Higman also reported on:

- the recent announcement of a £500 million hospital discharge fund, of which £6.4 million would be allocated to Somerset. The fund is to be channelled through the Better Care Fund, and the ICB is working in partnership with SCC on this
- at a recent Executive Directors' meeting, a presentation was provided about the position of SCC in 2023/24. Mel Lock would be providing a further presentation to the Board Development session on 22 December 2022
- at the ICS Network Conference on 22 November 2022, arranged by the NHS Confederation, discussion was held with the NHS England Chair, Richard Meddings, about the NHSE operating model.
- after many months, the Somerset operational system has de-escalated from OPEL 4 to OPEL 3 but remains under huge pressure.
- proposed RCN strike action will not affect Somerset in this phase. The Unison ballot closed on 25 November 2022 and the outcome is awaited
- the SEND inspection by CQC is currently taking place

23.2 Referring to the Chief Executive's written report, paragraphs 3.6 to 3.9, Grahame Paine expressed concern about the 'wordiness' of the statement relating to NHS Somerset's role within the Somerset ICS. Grahame Paine also noted that some previous papers have indicated that an interim health and care strategy was required to be published at the end of January, with a finalised strategy being published in March 2023: there is an opportunity for the Board to make a greater contribution.

23.3 Judith Goodchild, as an attendee of the ICP/HWB, expressed concern that the size of the committee. Responding, Trudi Grant said that the membership of the committee is being reworked.

ICB 024/22 SURGE PLANNING

24.1 The Meeting received and noted the Somerset System Surge Plan for 2022/23, together with a presentation delivered by Alison Rowswell. It was noted that the Surge Plan adopts a whole system approach across all partners, including:

- NHS Somerset

- South Western Ambulance Service NHS Foundation Trust
- NHS Somerset NHS Foundation Trust (incorporating YDH and MPH)
- NHS South, Central and West Commissioning Support Unit
- Somerset County Council
- E-zec Medical
- Meddcare

24.2 Priority areas of focus, not just for the Winter period, include:

- Mental health
- Primary care
- Adult social care
- E-zec (provider of dedicated non-emergency patient transport supporting patient discharges from MPH and YDH)

24.3 The detail of the Surge Plan and presentation is available on the NHS Somerset website https://nhssomerset.nhs.uk/publications/board-papers

24.4 We are mindful of proposed strike action and will take steps to mitigate as necessary.

24.5 Paul von der Heyde noted that three risks are red-rated at 20, and asked how these would be tracked and addressed: Alison Rowswell responded that the work is part of the Winter Resilience system, and a risk summit was recently held and actions put in place to mitigate. The risks are also reviewed by the A&E Delivery Board. Maintaining ambulance handovers will have a positive impact on patient flow.

24.6 Dr Berge Balian felt there was a lack of information within the Surge Plan relating to primary care, and that the current lack of locums in the run-up to Christmas would have an adverse impact.

24.7 Grahame Paine asked about availability of care home beds for step-down if hospitals are overwhelmed: Mel Lock confirmed that sufficient beds have been booked, but our priority is to get people home, which will require the right level of staffing to provide wrap-around support. Jonathan Higman confirmed that extra beds have been commissioned and are being tracked. The number of patients who have No Criteria to Reside has recently reduced.

24.8 Peter Lewis commented that we need to acknowledge that many people in hospital and community beds are not in the 'right' beds, and that we are currently not delivering the level of self-care and rehabilitation that is required. We must not miss the very significant risks while seeking the perfect solution.

24.9 The Meeting continued to discuss the various risks and mitigations, concluding that correct decision-making around patient discharge is of greatest importance, to ensure that sufficient capacity around staff and beds is maintained for patients being newly admitted.

ICB 025/22 SAFEGUARDING CHILDREN ANNUAL REPORT 2021/22

25.1 The Meeting received the Safeguarding Children Annual Report 2021/22. The report was a legacy of the CCG and had been considered through the Committee structure.

25.2 The Board approved the Safeguarding Children Annual Report for 2021/22.

ICB 026/22 CHILDREN LOOKED AFTER AND CARE LEAVERS ANNUAL REPORT 2021/22

26.1 The Meeting received and noted the Children Looked After and Care Leavers Annual Report 2021/22. The report was a legacy of the CCG and had been considered through the Committee structure.

ICB 027/22 SOMERSET SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22

27.1 The Meeting received and noted the Somerset Safeguarding Adults Board Annual Report 2021/22.

ICB 028/22 FINANCIAL REPORT APRIL-SEPT 2022

28.1 The Meeting received the Financial Report for the period April-September 2022 (first half financial year, ie H1). Alison Henly provided a verbal report, highlighting the following:

- the ICS has received an overall system allocation of £880 million for the nine months from 1 July 2022. This includes a £7.2 million surplus brought forward from the CCG, recurring adjustments to recognise pay increases and changes in employers' NI contributions totalling £9.2 million, and additional non-recurrent resources of £18 million made available in-year

- the system submitted a balanced plan for 2022/23, both on an individual organisation and system basis. The report shows:

  - a year-to-date overspend of £1 million relating to the cost of the additional bank holiday, GP direct access and forecast expenditure at SHS

  - that we are on track to deliver a break-even position for the end of this financial year

- the spend position against the agency control total: There is currently a £9.6 million variance, with a projection of £13 million at year-end. The biggest variances are currently in registered nursing, midwifery and health visiting staff, consultants, and trainee grades

28.2 Responding to Paul von der Heyde, Alison Henly advised that we are anticipating an improved position on CIP (Cost Improvement Programmes) to be reported at the next meeting.

28.3 Katherine Nolan commented that the voluntary sector is keen to be engaged and involved in the development of the Health and Care Strategy but no funding has been received - it is important that the efforts of volunteers are acknowledged and supported: Charlotte Callen responded that a Participation Fund is being discussed.

28.4 Christopher Foster noted the variation against agency costs and cautioned that we must be wary of under-estimating the total year-end costs: Alison Henly confirmed that agency costs are being kept under review, and that employee recruitment plans going forward are being considered.

28.5 The Board approved the Financial Report for the period April-September 2022.

ICB 029/22 SYSTEM ASSURANCE FORUM FEEDBACK: INTEGRATED BOARD ASSURANCE EXCEPTION REPORT AND PROVIDER SEGMENTATION

29.1 The Meeting received and noted the NHS Somerset Quality, Safety and Performance Exceptions Report for the period 1 April to 30 September 2022. Alison Henly, Shelagh Meldrum and Alison Rowswell provided verbal reports, including:

Urgent Care

29.2 Significant demand pressure continues. During 2022/23 there has been an increase in the proportion of patients facing delays leaving hospital due to waiting times for health and social care support. This picture continued in September and the report shows the impact on several urgent care metrics, including:

- an increase in ambulance handover delays
- a decline in A&E four-hour performance and the length of time patients spend in A&E departments
- an increase in the length of time patients stay in hospital, resulting in higher bed occupancy and more escalation beds being opened

Elective Care

29.3
- Despite the urgent care pressures, there continues to be significant improvement in treating the longest waiting patients.

- There has regrettably been a further decline in cancer waiting time performance, with the key drivers relating to increased demand and workforce challenges. This will be a key area of focus at the System Assurance Forum on 2 December, to understand the issues and the actions being taken to improve performance

- The backlog for diagnostics is reducing, with a significant improvement being seen in the echocardiology service

Mental Health

29.4 The report highlights performance against three of the key mental health performance indicators, which have been flagged in our Q2 segmentation assessment. Strong collaborative working arrangements have been developed with the regional team, with support being given to resolve the counting and coding issues.

Quality

29.5
- Care Homes: remains a fragile market with some closures. Discussions are taking place between the ICB and the Adult Social Care team.

- Burnham & Berrow Practice: the CQC rating of Inadequate indicates areas of learning for primary care generally, eg. around individual case reviews.

- We are reviewing areas where there may be potential for harm, eg. dermatology and skin cancer waiting times, where there has been a significant increase in demand.

- We are reviewing non-accidental injuries in children under two years of age in the community, together with the Early Help offers. This will be particularly important within the current cost of living crisis.

29.6 Referring to cancer two-week waiting times, where only 40% of patients are being seen within the timescale, Grahame Paine asked that the number of patients also be shown in the report, so that the 40% can be properly understood.

Action: Future performance reports to include the total number of patients waiting for diagnostics/treatment, so that percentages can be understood (Alison Henly)

ICB 030/22 ICB COMMITTEE MEETINGS: CHAIRS' REPORTS

30.1 The Chairs of the Somerset ICB Assurance Committees provided written and/or verbal reports of the most recent meetings, as follows:

- Finance Committee: items discussed included Local Authority spend.
- Audit Committee: as written
- Quality Committee: as written, with particular focus on children's health and wellbeing, non-accidental injury, and dermatology waiting times. Reports on dermatology, and excess deaths, will be brought to a future meeting
- Primary Care Committee: next meeting is scheduled on 6 December 2022

30.2 The Board discussed the issues relating to children and young people (CYP), including:

- the need for baseline data
- the lack of attention given to CYP
- the opportunity to work with schools
- that Healthwatch will have a particular focus on CYP during 2023

30.3 The Board also noted that SWAST is reviewing any patient harm that may have occurred due to ambulance delays.

ICB 031/22 ANY OTHER BUSINESS

31.1 Trudi Grant informed the Meeting that the Home Office has arranged for a hotel to be set up in Somerset for displaced persons seeking asylum. A good relationship has been developed between SCC and the hotel management, and support services are being provided at the hotel.

31.2 Katherine Nolan reported that 60 "Warm Welcome" hubs have opened across the county, for people who are struggling to heat their homes during the cost-of-living crisis. It is hoped they will be continued after the winter period.

Action: Signposting for Warm Welcome hubs to be communicated (Charlotte Callan)

ICB 032/22 DATE OF NEXT MEETING

32.1 26 January 2023, 9.30 am, at Wynford House, Lufton Way, Yeovil.

Chairman: Date: