



## Minutes of the Children and Young People’s Trust Executive Group Meeting held on 17 March 2016

### Present

#### Core Members

Brigid Reid (Chair)	Barnsley CCG, Chief Nurse
Mel John-Ross	BMBC, Service Director of Children’s Social Care and Safeguarding
Gerry Foster-Wilson	Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools
Sean Rayner	SWYPFT District Director Barnsley/ Wakefield
Nigel Middlehurst	Voluntary Action Barnsley, External Services Manager
Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Tim Innes	South Yorkshire Police Chief Superintendent (Barnsley Commander)

#### Deputy Members

Diane Lee	BMBC Head of Public Health (for Penny Greenwood)
Jayne Hellowell	BMBC, Head of Locality Commissioning and Healthier Communities (for Wendy Lowder)
Karen Markham	Barnsley College (for Jenny Miccoli)

#### Advisers

Richard Lynch	BMBC, Head of Commissioning, Governance and Partnerships
Julie Green	BMBC, Strategic Lead, Procurement and Partnerships
Anna Turner	BMBC, School Models and Governor Development Manager

#### In attendance

Rebecca Clarke	Public Health Specialist Practitioner (for item 7)
Amanda Glew	BMBC Organisation Development Manager (for item 9)
Carol Stringer (Minutes)	BMBC, Contracts and Relationships Officer

		<b>Action</b>												
1.	<p><b>Apologies:</b></p> <table border="0"> <tr> <td>Rachel Dickinson</td> <td>BMBC, Executive Director: People</td> </tr> <tr> <td>Margaret Libreri</td> <td>BMBC, Service Director for Education, Early Start and Prevention</td> </tr> <tr> <td>Penny Greenwood</td> <td>BMBC, Head of Public Health, Health protection</td> </tr> <tr> <td>Jenny Miccoli</td> <td>Barnsley College, Vice Principal Teaching, Learning and Student Support</td> </tr> <tr> <td>Wendy Lowder</td> <td>BMBC, Service Director for Stronger, Safer and Healthier Communities</td> </tr> <tr> <td>Denise Brown</td> <td>Governance, Partnerships and Projects Officer</td> </tr> </table> <p><i>The chair expressed that good wishes be communicated to Denise after her recent trauma on behalf of herself and TEG members.</i></p>	Rachel Dickinson	BMBC, Executive Director: People	Margaret Libreri	BMBC, Service Director for Education, Early Start and Prevention	Penny Greenwood	BMBC, Head of Public Health, Health protection	Jenny Miccoli	Barnsley College, Vice Principal Teaching, Learning and Student Support	Wendy Lowder	BMBC, Service Director for Stronger, Safer and Healthier Communities	Denise Brown	Governance, Partnerships and Projects Officer	
Rachel Dickinson	BMBC, Executive Director: People													
Margaret Libreri	BMBC, Service Director for Education, Early Start and Prevention													
Penny Greenwood	BMBC, Head of Public Health, Health protection													
Jenny Miccoli	Barnsley College, Vice Principal Teaching, Learning and Student Support													
Wendy Lowder	BMBC, Service Director for Stronger, Safer and Healthier Communities													
Denise Brown	Governance, Partnerships and Projects Officer													

		<b>Action</b>
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>Report for agenda item 12, Continuous Service Improvement Plan and DfE Review in April is to be treated as confidential and is not for further distribution.</p> <p>No conflicts of interest were declared.</p>	
3.	<p><u>Minutes of the Trust Executive Group meeting held on 5 February 2016</u></p> <p>The minutes of the meeting were approved as an accurate record.</p>	
3.1	<p><u>Action log/ matters arising</u></p> <p>Actions arising from 5 February 2016:</p> <ul style="list-style-type: none"> <li>• Item 4.1 – Briefing by Ray Powell, Prevent Coordinator, to be circulated to TEG members remains outstanding.</li> <li>• Item 4.2 – MJR confirmed that a letter had been sent to DfE highlighting concerns re. a lack of safeguarding checks for children educated at home, copied to the Chief HMI and Regional Ofsted lead.</li> <li>• Item 5.1 – Still births in Barnsley. Communities Directorate and developing Family Centres to be made aware of the risk factors during pregnancy, including smoking. To be taken into account when making commissioning decisions. This item was to be secured in writing.</li> <li>• Item 5.2 – Concern that the ‘smoking cessation’ service had been decommissioned to be relayed to commissioners’ remains outstanding. BD advised of a communication received from NHS England regarding Quarter 3 (Oct 2015 to Dec 2015) Statistics on Women’s Smoking Status at Time of Delivery, and would circulate this to TEG members.</li> <li>• Item 6.2 – Discussion as to how Healthwatch could extend its work into primary schools remains outstanding and GFW confirmed that this would be actioned during the summer term.</li> <li>• Item 7.1– re. Early Help model development, members to enforce the message that early help is everyone’s responsibility. This was discussed at the Safeguarding Board on the Friday the 11<sup>th</sup> March.</li> <li>• Item 7.2 – Early Help Steering Group to collect examples of early help in action; consider short video clips to illustrate examples of successful early help interventions; and join up early help effort. Nina Sleight is working on an action plan to address Early Help.</li> <li>• Items 14.1 and 14.2 – Joint TEG/BSCB Risk Register, MJR confirmed that Rachel and Mel were working on the Risk Register prior to it coming back to TEG.</li> </ul>	<p>Bob Dyson</p> <p>Keith Dodd</p> <p>Rachel</p> <p>Brigid</p> <p>Gerry /Carrienne Stones</p> <p>Margaret Libreri</p> <p>MJR/RD</p>
4.	<p><u>Child Health Programme Board (Diane Lee)</u></p> <p>The following items previously discussed at the Child Health Programme Board were highlighted:</p> <ul style="list-style-type: none"> <li>• Previously been agreed at TEG that this board would be stood down and 5 workstreams had been identified as needing to continue, Public Health have been looking to see where the work would naturally fit and if it could be captured by other groups. All the workstreams had been diverted as below, with the exception of ‘breastfeeding’: <ul style="list-style-type: none"> <li>- Childhood Obesity – Rebecca Clarke</li> <li>- Smoking in Young People – Diane Lee and Tobacco Control Alliance</li> <li>- Healthy Start – Will be picked up as part of the 0-19 commissioning arrangements.</li> </ul> </li> </ul>	

		<b>Action</b>
	<ul style="list-style-type: none"> <li>- Oral Health – Anita Dobson – this is a Public Health priority</li> <li>- Breastfeeding – still to be determined.</li> </ul> <p>DL agreed to provide more detail regarding the workstreams to ensure that the work is not lost.</p> <p>Discussion followed regarding allocating the breastfeeding workstream and it was agreed that Diane Lee, Jayne Hellowell and Sue Gibson would meet to look at the work that had gone before and consider how this can be picked up. Sean Rayner suggested that an appropriate representative should also join the meeting from SWYPFT and he would inform who. The outcome of this piece of work would be brought back to the TEG meeting on 17 June 2016.</p> <p><b>Post Meeting Note – SWYPFT nominated representatives:</b>  <i>Helen Mills for the Breastfeeding group</i>  <i>Emma Pye for the Teenage Pregnancies group.</i></p> <p><b>The Trust Executive Group agreed to:</b></p> <ul style="list-style-type: none"> <li>• Formally record that the Child Health Programme will stand down.</li> <li>• Endorse the approach to realign the workstreams within other groups with particular emphasis being applied to breastfeeding to ensure that work is not lost.</li> <li>• Receive an update to TEG alongside a report at the 17 June 2016 meeting.</li> </ul>	<p>Diane / Jayne/ Sue</p> <p>Sean Forward Plan</p>
5.	<p><u>Public Health Strategy</u> (Diane Lee and Rebecca Clarke)</p> <p>A report was previously circulated detailing the Healthier Happier Barnsley as the three-year Public Health Strategy for the borough. The Strategy demonstrates the commitment of the council to work with partners to actively improve the health of all people living in Barnsley.</p> <p>The report outlines the Public Health vision ‘children have the best start in life and everyone enjoys a happy healthy life wherever they live and whoever they are’ and includes four long term public health outcomes as well as three short term public health priorities supported by action plans:</p> <ul style="list-style-type: none"> <li>• Improving the oral health of children</li> <li>• Creating a smoke-free generation</li> <li>• Increasing levels of physical activity</li> </ul> <p>Diane informed that this was the first review and progress report after being through SMT, CCG and Health, SSDG, the H&amp;WB Board and was approved by Cabinet in December 2015.</p> <p>Rebecca Clarke, Public Health Specialist Practitioner, gave a presentation on the Public Health Strategy and the following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Differences in male life expectancy in Barnsley and the inequalities across the geographical areas of the Borough</li> <li>• Details of how the Strategy links in with the areas of Future Council</li> <li>• Next steps – communication and dissemination, responsibility for the delivery of the Strategy and further work to maximise links between other plans and workstreams.</li> </ul> <p>Thanks were expressed to Rebecca for the presentation and comments and questions were invited:</p>	



		<b>Action</b>
	<p>that there are safeguarding issues as the Government has lapsed governance arrangements around EHE</p> <ul style="list-style-type: none"> <li>• DW commented that child movement tends to be geographical and they move to other local schools. BR raised the issue of what would happen if the child was excluded again? DW said that this would need a little bit more sophisticated investigation and a separate piece of work would need to be picked up.</li> <li>• Concerns were expressed regarding academisation and that this problem could deteriorate rapidly as larger academy chains would draw the funding from the government.</li> <li>• BR asked if this had been taken to the Alliance Board as each pyramid is represented there and also the Safeguarding Board, as this is a safeguarding issue. It was suggested that a mission statement be taken to the Alliance Board with concerns regarding displaced children, SEND, Youth Offending young people etc to enable tracking.</li> <li>• MJR informed that PAQA are monitoring school exclusions and that a joint letter from RD and BD has been sent to the DfE in respect of our former policy which was challenged as illegal. It was agreed that RL would discuss with ML to ensure that this was tabled for Alliance Board consideration via the relevant sub-group (Behaviour and Attendance). This to be followed up at the next TEG meeting in April.</li> <li>• It was also suggested that there may be issues relating to funding and how this is following children around.</li> </ul> <p><b>The Trust Executive Group agreed to:</b></p> <ul style="list-style-type: none"> <li>• Note the raw data detailed as presented and recognise the implications which this may represent.</li> <li>• Escalate issues through the Safeguarding Board, sub-groups and Alliance Board.</li> <li>• Receive update reports at the next TEG meeting on 29 April 2016.</li> </ul>	<p>Mel/ Margaret/ Richard</p>
7.	<p><u>Reducing Teenage Pregnancies/under-18 conceptions</u> (Rebecca Clarke)</p> <p>Rebecca informed that last week the 2014 figures were released showing each areas detail and comparisons of authorities work to reduce teenage pregnancies and under-18 conceptions. Rebecca reported there had been a slight decline since 2013 when results showed 40.9 per 1000, this figure was now 36.3 per 1000 with the figure for Yorkshire and Humber being 26.4 and National 22.8. <i>(Please see attached revised report re. under-16 conceptions).</i></p> <p>While the rate is reducing and the gap with other authorities narrowing, this is to be applauded, but Barnsley is still much higher than other local areas. It was felt that a discussion was needed to establish what we are doing, what is working well, and what our priorities should be.</p> <p>Comments and questions were invited:</p> <ul style="list-style-type: none"> <li>• RL asked what is the evidence of the impact nationally and is it anything to do with what we have done or societal changes?</li> <li>• DL stated that we need to look further into the Strategy, do we have an ambition?</li> <li>• MJR suggested that our ambition should be much higher even with a 4.6 per 1000 reduction (that is 3 times the national reduction).</li> <li>• DL suggested that we may need to set up a task and finish group to do a piece of work to further investigate the figures to inform our priorities.</li> </ul> <p>Representation from the following areas was agreed:</p>	

		<b>Action</b>
	<ul style="list-style-type: none"> <li>- Midwifery – BR to make contact and identify rep</li> <li>- School Nursing – SR to make contact and identify rep</li> <li>- Schools – DW to make contact and identify rep</li> <li>- Youth Council – Angela Kelly be contacted to identify a rep</li> <li>- Spectrum – Corporate Public Health Team to make contact and identify rep</li> </ul> <ul style="list-style-type: none"> <li>• DW offered that there may have been a culture shift in aspirations and more recently young people aiming to go to university – this could be a link, but do not know.</li> <li>• BR asked how much would be an active choice? Failed contraception? Availability and knowledge of contraception? What pathway does a young person have? BR also felt that the less medicalised it is, the better and maybe a role for School Nursing? BR had also carried out some research and found a paper on ‘Empowering Young People through Effective PHSE and SRE’ and agreed to circulate this to the group.</li> <li>• RL stressed the importance of tackling issues holistically in relation to risk taking behaviours as issues often don’t present in isolation. The review of care pathways for vulnerable adolescents needs to link to this work.</li> <li>• GFW stated that the Wellbeing Centres were a ‘hub’ in schools for young people to drop in and access help/advice – does this still happen?</li> <li>• Karen Markham informed that the Barnsley College wellbeing centre is well used and actively publicised.</li> <li>• DL also said that the under-16s is a key area and also a safeguarding issue. Tim Innes also commented that understanding exploitation challenges is an issue with age inappropriate relationships, sexual offences, how does missing children link in? It was also suggested that we didn’t know enough and more qualitative data would be valuable to get behind the figures.</li> <li>• RU Different presented to TEG in December 2015. RU Different was offered to all secondary schools in Barnsley. It was an intervention programme using social norms to reduce young peoples’ engagement with risky behaviours.</li> <li>• Future in Mind Transformation Group?</li> </ul> <p><b>The Trust Executive Group agreed to:</b></p> <ul style="list-style-type: none"> <li>• Note the report of Reducing Teenage Pregnancies/ under-18 conceptions.</li> <li>• Support the time limited, multi-agency task and finish group to investigate the data further and inform action plans.</li> <li>• Receive a full report at the TEG meeting on 17 June 2016.</li> </ul> <p><i>(Sean Rayner and Tim Innes left the meeting at 3:45pm)</i></p>	<p>Brigid</p> <p>Mel</p>
8.	<p><u>Children and Young People’s Plan: Process for Monitoring Progress</u> (Julie Green)</p> <p>As detailed at the last meeting, Julie Green presented her thoughts and ideas on a process for monitoring the CYP Plan now that the Plan was in the final stages of production. Julie’s proposals were as follows:</p> <p>a) TEG Work Programme - Champions to report on the strategic priorities at TEG meetings where they can give a more in-depth report to include the difference that is being made for children and young people.</p>	

		<b>Action</b>
	<p>b) In addition Julie proposed, along with Denise Brown, to produce a progress monitoring template to be completed by TEG champions on a quarterly basis in June, Sept, Dec and March. The level of detail to be agreed with TEG. The template to be pre-populated with as much information from the directorate performance report as possible so it is not onerous for the TEG champions and Julie will produce a cover report with appendices to present quarterly to TEG.</p> <p>Julie invited comments and questions from the floor:</p> <ul style="list-style-type: none"> <li>• BR said that she was sure the Champions would welcome anything that was not too onerous, but RL stated that the Champions would need to provide some narrative, but we could pre-populate from other reports.</li> <li>• JG was conscious of the need to not duplicate work.</li> <li>• Cllr Bruff sought clarification that any urgent items would be brought forward.</li> <li>• BR asked where we were at with the Plan now and JG reported that Healthwatch and the Parent/ Carer Forum had provided comments and the plan was currently with young people at the College who were designing the graphic's. Proofs of the document were expected back this week.</li> <li>• RL reported that feedback from the Parent/ Carer Forum was that they felt that SEND (reforms, EHCP etc) was not really represented in the plan and proposed a 7<sup>th</sup> strategic priority. RL explained that his response had been that we do not single out groups, but felt that their concerns could be addressed through detail within the Action Plan.</li> </ul> <p>Discussion followed regarding distribution and how to ensure that the plan priorities were included in everyone's work. RL explained that we would need to contact our Communications Team working to ensure as wide a distribution as possible and maximise the impact. BR felt that she would also personally like to inform GPs herself to make it more personal to them.</p> <p><b>The Trust Executive Group agreed to:</b></p> <ul style="list-style-type: none"> <li>• Receive the proposals as noted</li> <li>• Template of progress reports to be developed and all materials to be shared.</li> </ul> <p>Thanks were expressed for this piece of work and acknowledgement made of the time taken to get the Plan to this stage of development.</p> <p><i>(Cllr Cheetham left the meeting at 4:05pm)</i></p>	
9.	<p><u>Improving Staff Skills to Deliver Quality Services</u> Children's Workforce Development (Amanda Glew)</p> <p>Amanda introduced the report which provides an overview of workforce development activity, including progress with Early Help and the development of actions for the 'Improving Staff Skills to Deliver Quality Services' priority within the Children and Young People's Plan 2016-2019. Amanda explained that work was now in a transition phase and working through the plan.</p> <p>As detailed in the report at the TEG meeting in December 2015, it was agreed to broaden the scope of the safeguarding workforce development group to include the wider workforce development needs. The terms of reference of the group are now being revised to incorporate this change. Amanda Glew (Organisation Development Manager) will attend future Workforce</p>	

		<b>Action</b>
	<p>Management and Development Group meetings to take forward workforce development actions and report progress and escalate potential risks/barriers to the Children's Trust Executive Group.</p> <p>AG gave a verbal update of progress and issues encountered so far and key points noted:</p> <ul style="list-style-type: none"> <li>• Angela Tracy previously reported on Early Help, but the current position is that there is no training being delivered on the Early Help offer.</li> <li>• The Early Help Plan is to be tabled at the Workforce Management Meeting in April 2016 highlighting a gap on training for completing the Early Help Assessment forms, previously carried out by Nigel Leeder, and looking at a 'Train the Trainers' approach.</li> </ul> <p>Comments and questions were invited:</p> <ul style="list-style-type: none"> <li>• BR felt that the multi-agency flavour of the training had been lost and suggested that a random sample of participants be approached to see whether they were engaged or not. BR felt the training could be more interactive and "needs real life examples to make it everyone's business". BR also stated that there is a need for the work to become tools for organisations to work with and this is where the 'live examples' would be an influence. Sometimes it is good to 'highlight what Early Help is not'.</li> <li>• AG informed that Karen Harrison is trying to thread Early Help through existing courses so that everyone understands the part they play and embed understanding of what Early Help means and AG is working with Sharon Galvin on the Action Plan.</li> <li>• MJR said that the sub-group under the Safeguarding Board support what is happening and assessments are reducing, but still talking about it and not much seems to have happened.</li> <li>• Jayne Hellowell felt that a fundamental cultural shift was needed and she would take it away and talk to Katie Beevers to see how impetus could be regained.</li> <li>• BR commented that going back a couple of years there was professional tenacity, courage and the ability to talk to young people and the workshop she attended didn't go that far. Maybe trying different ways and publicise who to contact etc to ensure that we capitalise on making Early Help everyone's business.</li> </ul> <p>Thanks were expressed to Amanda for her report.</p>	Jayne
10.	<p><u>Strategic Priority Themes Performance Highlights/risks to be escalated</u> (Theme Leads)</p> <p>No other performance issues or risks were highlighted</p>	
11.	<p><u>Barnsley Safeguarding Children Board</u> – highlights of meeting held on 11 March 2016</p> <p>A verbal update was given by Safeguarding Board members in the absence of Bob Dyson.</p> <p>Key Points noted:</p>	



		<b>Action</b>
	<ul style="list-style-type: none"> <li>• Discussion around CAF/CASS, national work and links to be made.</li> <li>• CSE Consultation – Home Office have changed the definition of CSE and in Working Together, now redefined as Child Abuse and the age range is now up to 18 years of age.</li> <li>• Operation Make Safe – implications for local hospitality and transport businesses.</li> <li>• Disrespect Nobody – 12-18 pre-cursor to reducing Domestic Violence.</li> <li>• Request for capturing escalations – positive feedback from secondary schools. Positive contacts making a difference.</li> </ul>	
12.	<p><u>Continuous Service Improvement Plan and DfE review in April</u>  <b>CONFIDENTIAL</b></p> <p>Mel John-Ross gave an update on the above plan and DfE review in Rachel's absence. Key points noted are as follows:</p> <ul style="list-style-type: none"> <li>• Multi-agency Officer Group meets next week – no actions flagged as red.</li> <li>• Following the joint day looking at a Joint Plan in SGB meeting – looked at Early Help Plan.</li> <li>• JH reported that the Adults Early Help Group was running parallel and synergy is needed between the two groups.</li> <li>• Universal information and advice not widely publicised – new eMarket solution to reduce social isolation eg Shop for Support (Barnsley solution).</li> <li>• Cost benefit analysis is needed – early help has cost benefits.</li> <li>• £60m from the government for lower level prevention around Domestic Violence – watch this space!</li> <li>• Notification/briefing paper – Ofsted is to roll out Joint Inspections from April 2016 and this will not be linked to poor performing authorities therefore we need to be ready.</li> <li>• Access to Therapeutic Support – 5+days in January. BR will circulate paper.</li> </ul>	Brigid
13.	<p><u>TEG Work Programme Review</u> (Julie Green)</p> <p>The Work Programme was reviewed and gaps of information identified. It was suggested to enter "TBC" where the gaps appeared until such time as these actions were implemented and timescales known.</p>	Richard/ Julie
14.	<p><u>Any other business</u></p> <p><u>Family Nurse Partnership Exit Strategy</u> (Kathryn Padgett)</p> <p>Sean Rayner presented the report to assure the Children's Trust Executive Group that an Exit Strategy has been completed by South West Partnership NHS Foundation Trust in relation to the de-commissioning of the Family Nurse Partnership Programme on 31 March 2016.</p> <p><b>Next Steps:</b>  South West Yorkshire Partnership NHS Foundation Trust have utilised clinically effective methodology to model safe effective transfer of care for clients from a high intensity programme to Universal Service provision within a timescale supported by the Family Nurse Partnership National Unit; April 2016 – September 2016.</p> <p>Key points noted as follows:</p> <ul style="list-style-type: none"> <li>• SWYFT are leading on the safe transfer to Universal Provision planned between April and September 2016.</li> </ul>	

		<b>Action</b>
	<ul style="list-style-type: none"> <li>An approved tool has been utilised to assess individuals' resilience, vulnerability and future requirements.</li> <li>Communication to partners is ongoing and SWYFT is providing the governance and assurance to its own Trust Board and Executive Management Team regarding the safe transfer of this client group.</li> <li>It was agreed to send this paper to Bob Dyson electronically due to paper copies being presented at the meeting.</li> </ul> <p>Comments and questions were invited and none were received.</p> <p><b>The Trust Executive Group agreed to:</b></p> <ul style="list-style-type: none"> <li>Note the content of this paper.</li> <li>Ensure that Bob Dyson receives an electronic copy of this paper.</li> </ul>	Julie
15.	<p><u>Proposed agenda items for the next meeting on 29 April 2016</u></p> <p>It was agreed that the key priorities for the next meeting are:</p> <p><u>For discussion</u></p> <ul style="list-style-type: none"> <li>SEND reforms compliance and self-assessment (Margaret Libreri/ Colette Gollcher). Invite a representative from the Parent/Carer Forum.</li> </ul> <p><u>Encouraging positive relationships and strengthening emotional health</u> (Brigid Reid)</p> <ul style="list-style-type: none"> <li>Behaviour support and emotional wellbeing</li> <li>Children and Young People's Plan, strategic priority theme: sub-group report and performance highlights.</li> <li>Local Transformation Action Plan</li> </ul> <p><u>Standard agenda items</u></p> <ul style="list-style-type: none"> <li>BSCB Minutes 11 March 2016 (Bob Dyson)</li> <li>Continuous Service Improvement Framework (Rachel Dickinson/ Julie Govan)</li> <li>Performance highlights and risks against CYP Plan priorities (strategic priority leads)</li> <li>TEG work programme review</li> </ul> <p><u>Updates on progress</u></p> <ul style="list-style-type: none"> <li>Early Help: update on progress and consider arranging a celebration event in August</li> </ul>	Julie
	<p><u>Attachments</u></p> <ul style="list-style-type: none"> <li>Item 6 – Exclusions Data 2015/16 – Secondary School Movement Period 1/914 to 21/7/15.</li> </ul>	

**Dates of future TEG meetings:**

Date	Time	Venue
29 April (Friday)	9.30 – 12.30	Westgate Plaza Boardroom, Level 3, Room 3
17 June (Friday)	13.30 – 16.30	Westgate Plaza Boardroom, Level 3, Room 3
*4 August (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3
6 October (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3

24 November (Thursday)

14.00 – 17.00

Westgate Plaza Boardroom, Level 3, Room 3