

## READING HEALTH & WELLBEING BOARD MINUTES - 9 OCTOBER 2015

### Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Sylvia Chew	Director of Children, Education & Early Help Services, RBC
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Wendy Fabbro	Director of Adult Care & Health Services, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Lovelock	Leader of the Council, RBC
Ishak Nadeem	Chair, South Reading CCG
David Shepherd	Chair, Healthwatch Reading

### Also in attendance:

Andrew Burnett	Interim Consultant in Public Health, RBC
Barbara Barrie	End of Life Lead for Thames Valley Strategic Clinical Network and Berkshire West CCGs
Andy Fitton	Acting Head of Early Help and Family Intervention, RBC
Jill Marston	Senior Policy Officer, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Sally Murray	Head of Children's Commissioning Support, Berkshire West CCGs
Melanie O'Rourke	Head of Adult Social Care, RBC
Caroline Penfold	Disability Service Manager (Adults & Children), RBC
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Capt Paul Woolman	Regimental Operations Support Officer, 7 Rifles

### Apologies:

Eleanor Mitchell	Operations Director, South Reading CCG
Jean O'Callaghan	Chief Executive, Royal Berkshire NHS Foundation Trust
Ian Wardle	Managing Director, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

### 1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 17 July 2015 were confirmed as a correct record and signed by the Chair.

Further to Minute 2 (a) of the meeting on 17 July 2015, it was reported that the full year data on Abdominal Aortic Aneurysm (AAA) screening in South Reading which had been expected to be ready in August 2015 was not yet available but was nearly ready.

Resolved - That the position be noted.

### 2. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Sarah Morland in accordance with Standing Order 36:

## Health and Wellbeing Strategy Development - Voluntary Sector Involvement

“Reading's current Health and Wellbeing Strategy covers the period 2013 - 2016. At the first Wellbeing Forum for the voluntary sector in June this year, Cllr Hoskin confirmed the importance of involving the sector in the development of the new strategy. Voluntary sector organisations can make a valuable contribution to the new strategy by representing the needs of their service users and as providers of services that support health and wellbeing.

Please can you give details of the Board's plans to involve voluntary sector organisations in the development of the new Health and Wellbeing Strategy, including the timescales and process for engagement and consultation?”

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

“I can confirm again my belief that the voluntary and community sector play a critical role in delivering improved health and wellbeing for the residents of our town. It therefore stands to reason that for our next Health and Wellbeing Strategy to be successful it is vital that we get a strong input from those groups in developing and shaping that strategy. This is more vital than ever in the face of massive government cuts to Reading Borough Council and the NHS facing substantial pressures.

The next Health and Wellbeing Strategy will be informed by a full Joint Strategic Needs Assessment which we expect to be completed for the March Health and Wellbeing Board. We will be developing a plan and a process for a new Health and Wellbeing Strategy and these will include details of how we will involve and consult all stakeholders including the voluntary sector in the next few months. “

### 3. END OF LIFE CARE

Melanie O'Rourke submitted a report on End of Life Care and Dr Barbara Barrie gave a presentation on the role of Health and Wellbeing Boards in Palliative and End of Life Care. Copies of the presentation slides were appended to the report.

The report summarised work around End of Life Care nationally, giving details of the “National Palliative and End of Life Care: A national framework for local action 2015-2020”, which had been launched in September 2015 and set out the following six ‘ambitions’ - principles for how care for those nearing death should be delivered at a local level:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

The report stated that Reading's Re-ablement and Intermediate Care teams provided high quality End of Life Care, which was often not included in re-ablement services. This provided a good basis on which the whole health and social care system could support high quality End of Life Care. At a local level, an infrastructure was in place to improve how End of Life Care was delivered, led by Dr Barrie. The report stated that the presentation would give key facts and information about End of Life Care, to

aid discussion on how the Reading locality could further develop care and support for those at the end of life.

The report proposed the formation of a Reading Locality Steering Group to do a stocktake on the current local End of Life Services and how this area of work was communicated, map the local offer within nationally-recognised frameworks, identify areas of development and bring an action plan to a future Health and Wellbeing Board. It proposed that the membership should include participants from Clinical Commissioning Groups, the Local Authority, Berkshire Healthcare Foundation Trust, carers and the voluntary sector. The report noted that, although many references to End of Life Care were centred around older people, people of all ages (from birth) would be included in the scope of the work.

Dr Barrie gave a presentation on key facts and information about End of Life Care, and showed a short film which looked at the experience of a local resident whose mother had passed away recently. The presentation covered a number of areas, including:

- A case study on one person's End of Life Care
- The national framework and its six ambitions for Palliative and End of Life Care, as well as other recently published documents on End of Life Care for the Board to consider
- Information about what was considered a good death from a national survey of bereaved people, which included:
  - dying in preferred place
  - having as much information as possible
  - choosing who makes decisions about care
- Various statistics on places of death, past and projected numbers of births and deaths, causes of death and loss of function prior to death
- Reasons why End of Life Care should be prioritised by Health and Wellbeing Boards
- Suggestions for actions for Health and Wellbeing Boards to carry out on assessing needs, assessing commissioning decisions and innovating and integrating in terms of End of Life Care, including designating a member of the Health and Wellbeing Board as End of Life Care Champion and forming an End of Life Working Group

It was suggested that it would also be important to involve others who had a role at the end of life, such as funeral directors, lawyers, the Alzheimers Society etc, and Dr Barrie said that it might also be useful to have a public meeting at some point, to involve such people in a public debate.

Resolved -

- (1) That the report be noted and Dr Barrie be thanked for her presentation;
- (2) That the creation of a Reading Locality Steering Group on End of Life Care be endorsed, with the membership proposed in the report;
- (3) That Councillor Eden be on the Steering Group and be the End of Life Care Champion for the Board;

- (4) That the Steering Group bring an action plan on End of Life Care to a future meeting of the Board.

#### 4. READING'S ARMED FORCES COMMUNITY COVENANT AND ACTION PLAN - MONITORING REPORT

Jill Marston submitted a report giving a six-monthly update on the progress against the actions outlined in the Armed Forces Community Covenant Action plan, which included a number of health related actions, and on the general development of the Covenant.

The report explained that a covenant was a voluntary statement of mutual support between a civilian community and its local armed forces community, and Reading's Armed Forces Community Covenant had been launched on 7 July 2012 at the Afghanistan Homecoming Parade at Brock Barracks. The aims of an Armed Forces Community Covenant were to:

- encourage local communities to support the armed forces community in their areas
- nurture public understanding and awareness amongst the public of issues affecting the armed forces community
- recognise and remember the sacrifices faced by the armed forces community
- encourage activities which help to integrate the armed forces community into local life
- encourage the armed forces community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement

The report stated that, although Reading did not have a large military 'footprint', with no regular forces stationed in the town, Brock Barracks was the headquarters for the Territorial Army unit 7th Battalion The Rifles and Reading was home to a large ex-Gurkha community. Reading's Covenant therefore focused on Veterans and Reservists and aimed to be proportionate in its scope to the size of the Armed Forces community in Reading.

Progress to date against the actions in the Covenant's Action Plan was shown in Appendix A to the report, which showed that several of the actions relating to health and wellbeing had now been completed, with some still ongoing.

The report explained that 7 Rifles were considering the best way for the Armed Forces to input into the Health & Wellbeing Board, if required. The Battalion's Regimental Operations Support Officer was present at the meeting and the report stated that the Battalion's Medical Officer might attend in future.

The report also gave details of a new Community Covenant grant fund which had recently been launched, with £10m of funding available each year. The current year's priorities were:

1. Community integration projects
2. The coordination and delivery of support to the armed forces community
3. Projects which addressed issues facing veterans in the criminal justice system

The report gave details of the application routes and deadlines for the fund and stated that 7 Rifles were interested in applying for funding for a public concert, to be organised by the Council with the band provided by the Armed Forces, under the priority of community integration. 7 Rifles would also like to bid for funding to produce some display boards to install outside Brock Barracks, showing the history of the Barracks, and a bid around mental health services for Veterans was in development.

A meeting of organisations working with the ex-Gurkha community had taken place in February 2015 with a view to starting to identify common needs that might be addressed through the Community Covenant fund. It had been agreed that a working group would meet periodically, organised by the main ex-Gurkha groups in rotation.

Resolved - That the progress against the actions set out in the Armed Forces Community Covenant Action Plan be noted.

(Councillor Stanford-Beale declared an interest in the above item, as she volunteered for the Southcote Gurkha Ladies Project.)

## 5. UPDATE REPORT ON COMPREHENSIVE CAMHS

Further to Minute 6 of the Health and Wellbeing Board meeting on 17 April 2015, Andy Fitton and Sally Murray submitted a report giving a six-monthly update on service development and improvement across the comprehensive CAMHS (Child and Adolescent Mental Health Services) system. Appendix 1 set out acronyms used in the report, Appendices 2 & 3 set out details of Tier 1-4 services and Appendix 4 set out details of progress to date against the Action Plan to Improve CAMHS Service Delivery.

The report also explained that, in August 2015, NHS England had published guidance on how Local Transformation Plans should be developed, assured and publicised, following the launch of the report of the Government's Children & Young People Mental Health Taskforce in March 2015 "Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing". There was a requirement for system-wide transformation over five years with plans to be signed off by the local Health and Wellbeing Boards before additional recurrent funding was released to CCGs.

The report explained that the Action Plan had been updated with current progress since April 2015 and it highlighted key points of progress, including the holding of a Children's Trust workshop in July 2015 which had focused on a partnership response to the Future in Mind document and had brought out some key partnership learning and commitments relevant for the coming months.

The report explained that the first draft of the Transformation Plans had had to be submitted by 18 September 2015. Feedback would then be provided by the regional team on the plans so that a final version could be submitted by 16 October 2015. Plans had to be signed off by Health and Wellbeing Boards as part of the assurance process, but due to Committee timescales, the report recommended that the Director of Children, Education and Early Help Services be authorised to approve the Reading Transformation Plan, in consultation with the Lead Councillors for Children's Services & Families and Health. It also recommended that the final Transformation Plan should replace the short term CAMHS Action Plan for future reporting on service improvements to the Board.

Resolved -

- (1) That the progress made in CAMHS in terms of strategic direction and service improvement be noted;
- (2) That the Director of Children, Education and Early Help Services be authorised to approve the Reading Transformation Plan for submission, in consultation with the Lead Councillors for Children's Services & Families and Health;
- (3) That the final Transformation Plan replace the Action Plan to Improve CAMHS Service Delivery for future reporting to the Board on service improvements in CAMHS.

## 6. UPDATE ON JOINT WORKING TO SUPPORT CHILDREN & FAMILIES

Andy Fitton submitted a report giving an update on joint working to support children and families.

The report explained that, on 20 September 2013, a report to the Health & Wellbeing Board had set out the opportunities identified across the Council's Children's Services and Public Health teams, the two Clinical Commissioning Groups and local health services to strengthen joint working to improve health outcomes for children and families. The Board had agreed that a sub-group should be set up to progress the opportunities and to report back regularly and the last report on progress had been given to the Board in January 2015, giving an update on the revised action plan.

The report gave details of progress to date made against the following key themes:

1. Improved access and knowledge of family services (across both Health and Reading Borough Council)
2. Education Opportunities and Support for Families
3. Increasing our quality and impact in specific areas (supporting breastfeeding/ uptake of immunisations/ reducing Post Natal Depression (PND)/ reducing obesity)

It stated that the sub-group now felt that its task and finish approach had come to an end as stronger professional relationships had been formed between partners and all recognised that children's health improvements were important. There were also now other places, most notably the Children's Centre Strategy Group and the emerging CAMHS Transformation Plan, which had partnership meetings and processes that would monitor the key issues and projects that the sub-group had been sponsoring. The report therefore recommended that the sub-group should end as a task and finish group.

Resolved -

- (1) That the progress made against the sub-group's three key themes in its action plan be noted;
- (2) That the sub-group be thanked for its hard work and the progress made;
- (3) That the sub-group end as a task and finish group.

## 7. READING'S AUTISM STRATEGY AND ACTION PLAN

Caroline Penfold submitted a report presenting the Autism Strategy Action Plan.

The report explained that Reading's Autism Strategy had been approved by the Health and Wellbeing Board on 17 April 2015 (Minute 7 refers) and an Autism Partnership Board had been established to progress the delivery of the Strategy through an Action Plan. The Autism Partnership Board had now developed an Action Plan, which was appended to the report.

The Action Plan aimed to present focused areas of work that were deliverable by partners on the Board, and would allow for progress against the following six priorities for improving support for people with autism in Reading identified in the Strategy:

1. Increasing awareness and understanding of autism
2. Improving access to diagnosis
3. Supporting better outcomes for people with autism
4. Supporting people with autism to live safely and as independently as possible
5. Supporting families and carers of people with autism
6. Improving how we plan and manage support

The report noted that the Action Plan had been developed in the context of reducing budgets and making the most of existing resources. There was no additional resource available to deliver the Action Plan and so the Plan was focused on how existing resources across partners could be used most effectively.

The Action Plan included information on what the impact of achieving the actions would be on the outcomes for people with autism and how this would be measured. Some of the actions referred to new services and approaches where an initial baseline measure would need to be identified. Further work would be carried out by the Autism Partnership Board to agree these measures and the way that information such as service user feedback could best be collected and analysed, which would be used to report progress on delivery of the Strategy, and the report proposed that yearly updates be brought to the Health and Wellbeing Board. The report stated that the Autism Partnership Board recognised that the Action Plan would need to be updated on a regular basis as progress was made to deliver the objectives set out in the Autism Strategy.

The Board discussed the membership and reporting lines of the Autism Partnership Board. It was reported that CAMHS (Child and Adolescent Mental Health Services), Adult Social Care, Children's Social Care, Education, people with autism and carers were represented on the Board, but it was suggested that possible political representation and the representation of the Health and Wellbeing Board on the Board should be considered, and that copies of agendas and minutes could be circulated appropriately. It was also suggested that how and where the Autism Partnership Board reported internally in the Council and into its decision-making structure, as well as to the Health and Wellbeing Board, should be considered further.

Resolved -

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- (1) That the Autism Strategy Action Plan, produced by the Autism Partnership Board and that set out areas for progress to deliver the Autism Strategy's key objectives, be noted;
- (2) That the Autism Partnership Board continue to progress work on the Action Plan and bring yearly updates to the Health and Wellbeing Board;
- (3) That the Autism Partnership Board be asked to review its membership and reporting lines.

(Councillor Stanford-Beale declared an interest in the above item as she was Chair of the Berkshire Autistic Society.)

### 8. READING HEALTH & WELLBEING STRATEGY ACTION PLAN - SUMMARY UPDATE

Andrew Burnett submitted a report giving a summary of progress made against the Reading Health and Wellbeing Strategy Action Plan and presenting the full Health and Wellbeing Strategy Action Plan update, attached at Appendix A to the report.

The report summarised what had been achieved against each of the following four goals in the Strategy, as well as what still needed to be done, and the full Action Plan gave further details, including a RAG status for each action:

- Goal One: Promote and protect the health of all communities particularly those disadvantaged: communicable diseases, immunisations and screening, BME groups
- Goal Two: Increase the focus on early years and the whole family to help reduce health inequalities: maternity, family support, emotional health, domestic violence
- Goal Three: Reduce the impact of long term conditions with approaches focused on specific groups: self-care, carers, learning disability
- Goal Four: Promote health-enabling behaviours and lifestyle tailored to the differing needs of communities: tobacco, drugs and alcohol, obesity

The report stated that the next iteration of the Reading Health and Wellbeing Strategy would be based on a full Joint Strategic Needs Assessment, which was expected to be completed for the March 2016 meeting of the Board. A plan and process for the new Strategy would be developed, which would include details of how stakeholders would be involved and consulted, including the voluntary sector, in the next few months.

Resolved - That the progress made on delivery of the Reading Health and Wellbeing Strategy Action Plan be noted.

### 9. READING JOINT STRATEGIC NEEDS ASSESSMENT POSITION STATEMENT

Andrew Burnett submitted a report giving an interim, high-level position statement on the health needs of the people of Reading. The report explained that a comprehensive Joint Strategic Needs Assessment (JSNA) for 2016-19 would be produced in the coming months. An initial data specification for this was set out in Appendix 1 and a proposed implementation plan for the JSNA was set out in Appendix

2, which showed that the final JSNA would be brought to the Board on 18 March 2016 and would then be taken to full Council for final sign-off.

The statement gave summary details of:

- Reading's population - age structure, changes and life expectancy
- Deaths from cardiovascular disease
- Diabetes
- Cancers
- Mental wellbeing
- Physical activity
- Social Care provision

It summarised the headline issues as:

- Reading's people generally experienced poorer health and more could be done to encourage and enable healthier lifestyles to reduce the risks of largely avoidable disease and disability - services needed to be targeted and tailored to reduce health inequalities in the borough;
- Most mental ill health had its origins in child and young-adulthood and, especially in view of Reading's proportionately younger population, it was important to ensure that all that was reasonable was being done, within available resources, to reduce the risks of people developing long-term mental health problems; and
- Reading would appear to be providing above-average levels of social care services; it was important to ascertain the reasons for this and that other service provision was appropriate for the composition of the local population.

The statement indicated that, pending the completion of the full JSNA for 2016-19, which would identify a wider range of issues, and in more detail, consideration should therefore be given to:

- Reviewing the current provision of assessment of need for, and the commissioning of, services intended to encourage and enable large numbers of people to live healthier lives and thus reduce the risk of avoidable disease and disability, especially to ensure that such services were appropriately targeted at those who could benefit most;
- Reviewing the levels of mental ill-health amongst children and young people and identifying whether more needed to be done, within the resources available, from a preventive perspective; and
- Reviewing the provision of social care services to ensure that these maximised opportunities to enable people to be as independent as possible for as long as possible, and to be able to provide appropriate care when needed within the resources available.

Resolved - That the position statement be noted.

## 10. INTEGRATION UPDATE

Melanie O'Rourke submitted a report giving an update on Health and Social Care Integration, acting as a half year progress report on the Better Care Fund (BCF) which had been in operational status since April 2015 and giving the opportunity to plan for the BCF 2016/17.

The report set out progress to date on BCF projects, noting that the Discharge to Assess service had enabled people to be discharged from care sooner, with time to consider their long term needs either in their own home or the Willows Independent Living Service. The scheme had reduced Delayed Transfers of Care and the number of people who needed to move into a long term placement in residential care and the report gave details of the numbers involved.

The report stated that the Reading Integration Board had met as a workshop on 19 August 2015, gave details of the session and explained that the key findings had been captured into an action plan. The report gave an overview of some of the key themes and future areas of work for the Integration Board in dealing with blockages and challenges, under the following headings:

- Lack of robust data sets to measure impact
- Improved access to services 7 days a week
- Neighbourhood Clusters
- Workforce

The report listed the following key imperatives necessary to enable successful integration locally:

- a) Ensure the efficient use of resources so that all schemes evidence value for money
- b) That we have a skilled available workforce
- c) That services are available 7 days a week
- d) Health and social care do not duplicate tasks
- e) Primary care and community services are central to care and explored fully before people need to use the acute hospital setting (Royal Berkshire Hospital)

It listed the performance indicators for the BCF, noting that there had been a reduction in both the number of people who were formally identified as being a delayed discharge of care and the amount of time people spent in hospital when they no longer needed to be there.

The report also gave details of future work on the BCF, noting that the size and scale of the BCF for 2016/17 was not yet known, with guidance expected to be announced in the Autumn Statement. It was reported at the meeting that this was now more likely to be a 'Winter' Statement. As it was possible that the next BCF submission would need to be made before the next Health and Wellbeing Board meeting, it was suggested that the Director of Adult Care & Health Services be authorised to approve the submission for the second year of the BCF, if necessary, in consultation with members of the Board.

Resolved -

- (1) That the current status of the Reading Integration agenda be noted;

- (2) That the blockages and challenges that needed to be remedied to enable a successful health and social care system be noted;
- (3) That the key imperatives for adult social care and health set out in the report be agreed;
- (4) That, if necessary, the Director of Adult Care & Health Services be authorised to approve the submission for the second year of the BCF in consultation with members of the Board and to report back to the next meeting of the Board.

## 11. REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS

Wendy Fabbro submitted a report on a proposal to carry out a review of the effectiveness and efficiency of the Health and Wellbeing Board in terms of delivering the aims and objectives of the Health and Wellbeing Strategy, through a Local Government Association (LGA) Peer Challenge.

The report explained the role of Health and Wellbeing Boards, which had been introduced by the Health and Social Care Act 2012 and whose aim was to improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experienced more 'joined-up' care, particularly in transitions between health care and social care. It stated that the Boards were also responsible for leading locally on reducing health inequalities, and explained how the Boards had a role in shaping the local public health landscape and helping Clinical Commissioning Groups to commission services in an effective and targeted manner.

It stated that Reading's Health and Wellbeing Board had now been operating in its formally constituted role for more than 18 months and proposed that it was timely to review the effectiveness and efficiency of the Health and Wellbeing Board in terms of delivering the aims and objectives of the Health and Wellbeing Strategy (which were set out in Appendix 1 to the report) and to support the development of the Board leadership. It proposed that the review should be undertaken collaboratively with the other two Health and Wellbeing Boards in the West of Berkshire, (Wokingham and West Berkshire Health and Wellbeing Boards) in order to identify any potential opportunities for future synergies or integrated working.

The report proposed that the methodology for the review should be the LGA Peer Challenge, which was a voluntary and flexible process commissioned by a council or partnership to aid their improvement and learning. The report gave further details of the process, which involved a team of peers acting as 'critical friends' spending time on-site in an area to reflect back and challenge in order to help the area to reflect on and improve the way it worked and made an impact. The report described the health and wellbeing peer challenge, which would be focused on enabling the leadership of Health and Wellbeing Boards to be in the driving seat of local system leadership, able to take on a place-based approach to commissioning Adult Social Care and health, and address the wider determinants of health.

In this context, the peer challenge would focus on the following elements:

- ensuring clarity of purpose of the Board

- building a model of shared leadership within the Board
- working with partners to develop the systems leadership role
- ensuring delivery and impact
- integration and system redesign

The peer challenge would focus on a set of headline questions (set out below) and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that made up a peer challenge. They would be discussed and tailored in the context of each council and Health and Wellbeing Board:

1. To what extent is the purpose and role of the Health and Wellbeing Board established?
2. How strong is work with key partners to develop system leadership?
3. To what extent is the Health and Wellbeing Board ensuring the delivery of the health and wellbeing strategy?
4. To what extent is there a clear approach to engagement and communication?
5. To what extent is the Health and Wellbeing Board enabling closer integration and the change to a cohesive and effective health system?

The report stated that the Peer Challenge would be fully subsidised by the Department of Health.

Resolved -

- (1) That the proposal for a review of the Health and Wellbeing Board's effectiveness and efficiency by LGA Peer Challenge be approved, to be undertaken collaboratively with Wokingham and West Berkshire Health and Wellbeing Boards, and the LGA be appointed to conduct an 'on-site' visit in early-mid March 2016;
- (2) That a Task & Finish Group be appointed to oversee the specific focus for the Peer Challenge questions and their programme of interviews and focus groups;
- (3) That members of the Board consider appropriate representatives to be members of the Task & Finish Group in (2) above, and send nominations to Wendy Fabbro.

## 12. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 22 January 2016.

(The meeting started at 2.00pm and closed at 3.58pm)