

Open Agenda

Education & Children's Services Scrutiny Sub-Committee

Wednesday 16 December 2015

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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Contact

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Date: 14 December 2015



EDUCATION & CHILDREN'S SERVICES SCRUTINY SUB-COMMITTEE

MINUTES of the Education & Children's Services Scrutiny Sub-Committee held on Wednesday 21 October 2015 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Jasmine Ali (Chair)
Councillor Lisa Rajan (Vice-Chair)
Councillor Sunny Lambe
Councillor James Okosun
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Kath Whittam
Martin Brecknell
Lynette Murphy-O'Dwyer
George Ogbonna

**OFFICER
SUPPORT:** David Quirke-Thornton, Strategic Director of Children's and Adult Services,
Rory Patterson, Director of Children's Social Care
Glen Garcia, Head of Pupil Access
Cara Jones, SIAS Manager
Julie Timbrell, scrutiny project manager

1. APOLOGIES

1.1 Kay Beckwith sent a message that she is no longer on the Headteachers Executive so a new representative will be found for the committee.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 Cllr Kath Whittam declared that her daughter makes use of the 'Local Offer'.

4. MINUTES

RESOLVED

George Ogbonna was accidentally left off the attendance list of the minutes of the meeting held on 15 September. This will be corrected, other than this the minutes were agreed as a correct record.

5. KIDS COMPANY

The chair announced that the committee will be looking at the demise of Kids Company, with a focus on the impact on local children. The select committee is currently also looking at the demise of Kids Company, but with more of a focus on the financial matters, and there is no intention to replicate that work. She proposed a focus group with randomly selected clients of Kids Company to get feedback on the support given by the council, as although there has been significant coverage of Kid Company the voice of young people has been seldom heard.

The Strategic Director of Children's and Adult Services, David Quirke-Thornton, presented the enclosed report.

The chair opened the question and answer session by remarking that the numbers of children, young people and families received by Southwark do not bear any relationship to the numbers publicised by Kids Company. She also remarked that whilst the Kids Company chair's comments about Southwark 'descending into savagery' clearly appear alarmist, there was a stabbing down her road and so the possible impact on young people is a paramount concern.

The following questions and comments were raised by the chair and committee members to the Strategic Director:

- Did he think that young people and families, whose details were not passed to Southwark, may have been driven underground? The Strategic Director responded that this was a possibility. He said when officers spoke to Kids Company they did identify 3000 people that they were working with who

were "without status". Kids Company refused to give officers those details because of the perceived obligation the council would have to report their clients to Border Control. He added the council did press them for these details as they may well be people who are vulnerable and in need, and who the council would have a primary duty towards. He said the council are very concerned about these people.

- What kind of need did the clients have that Kids Company identified ? There was quite a low level of need.
- Why did people attend? The open door policy of Kids Company offering food, emotional support, and money is attractive. I do not recognise the high level of need Kids Company identified and spoke of, however Kids Company said as they dealt with a London wide cohort, so it is possible that clients from other boroughs are not benefiting from the high quality universal services Southwark offers such as Free School meals and our welfare services.
- What extra support did you offer? One was benefits advice as some people were receiving on going financial support. We have also given extra support to prevent people turning to gangs for support. Also some clients have said that they were using funds for drugs, though we have no evidence Kids Company knew this. We have also up-scaled our Early Help universal offer so people can more easily self refer as we think this is one of the messages of Kids Company , as the open door policy was attractive.
- You mentioned people who may be off the radar. Have you seen a rise in Food Bank use, petty crime etc? Perhaps an amnesty on people 'without status' would be worth considering? We have not seen an escalation of food bank usage or crime. If people come to this county with 'no recourse to public funds' there is assistance - it is modest; shelter and subsistence. This is available for children and adults with disability. There is a danger by setting up a parallel system then people do not regularise their lives. However people did make themselves known to us we would have to report to Border Control.
- These people (without status) are surely very at risk for exploitation? Yes, for prostitution and other forms of exploitation.

- This must stress our policies on child sexual exploitation.
- I am immensely impressed that Southwark took the decision some time ago only to use services that are Ofsted registered. Yes, Southwark took a decision some time ago to only use Ofsted regulated premises so we did not use Kids Company.
- What about the support offered to unaccompanied minors - what do the council offer? The local authority where the unaccompanied minors arrive, which is often a county lying on the coast like Kent, undertake an assessment and are then young people are typically offered accommodation, and this may be by other boroughs. The care system is not necessarily geared to their needs as the service young people often want and need is accommodation and food, as frequently the young people are very resilient. They often go absent as do not need the care support. The granting of 'leave to remain' is a very long process even though 80 per cent successful. As cases take so long to process the 'no recourse to public funds' is often a long term situation for applicants.
- What lessons can be learnt? What monitoring took place? We didn't monitor as we had didn't fund or commission. The first line of responsibility is trustees. Other organisations invite challenge on safeguarding. There is important lesson on monitoring. Kids Company was acting in a blind spot as not subject to CQC or Ofsted.
- Was it possible there was double counting of the people they worked with? Yes I think there was, and we did see some of this, but it was most likely human error as people were using different services in different locations. There was however no evidence of the scale Kids Company referred to of 36,000 people worked with.
- Our School did use them for some years although we were uneasy so we stopped. In future would you advise about council concerns with providers to schools? Yes I can give you that assurance. We stopped using Kids Company not because of concerns but because of a policy decision not to use Ofsted registered providers.
- I commend Southwark Council on not using a regulated service. What lessons have we learnt about service

provision? We are working on developing clear simple information to assist in offering help. If people come forward then we are under obligation to report to border control. If we have a shadow system it does not support them - rather people need clear information on how to regularise their position.

- I recall when the council ceased to fund Kids Company and it was difficult time. In future I think it's important that this is communicated more widely. Yes, I can take this on board.

The chair summarised by saying that it is important that the committee talk to young people and as part of this we may get an idea of the young people flying under the radar and the issues around this, given this will be a particularly vulnerable cohort of young people .

RESOLVED

The scrutiny committee will talk to young people to get their views. A meeting will be scheduled with officers to assist this.

VIDEO LINKS TO LIVESTREAM OF KIDS COMPANY ITEM

Kids Company part one:

<http://bambuser.com/v/5868650>

Kids Company part two:

<http://bambuser.com/v/5868693>

6. LOCAL OFFER

The chair invited officers Cara Jones, SIAS Manager, and Glen Garcia, Head of Pupil Access, Children's and Adults' Services to present .

The chair thanked the officers and commended the work in getting feedback and then invited the committee to ask questions and make comment:

- What kind of choice is available for people and what is the take up of personal budgets? We are working to simplify the process for personal budgets and we do encourage people to attend the drop in advice sessions to help craft the letter for this. The Local Offer web site is very much a location that

pulls together all the available services. Frequently people approach in a time of crisis and our Local Offer and team work to support and empower families and enable people to know about and access services - it is a one stop service.

- How do you work with SENCO ? We go to various school events and conferences and do outreach. We also have an over 16 provider event
- Do you have anything for Governors? We did provide an update in the governor's bulletin and have provided training sessions - this is a good point and we need to keep repeating information.
- How are you dealing with an environment where services are diminishing? We do bring together a variety of services that continue so that people are aware of what is on offer.
- Much of this work is online, what about people who are not IT literate? We have drop in sessions where there are a variety of feedback methods. We also have open sessions with opportunities to feedback and we encourage professional enter in feedback on iPads.
- What have you doing to encourage take up? We have sessions at schools that pick up new arrivals. We encourage young people to ask other peers for feedback.
- Do you have links with social care services? Yes we link up to a variety of teams.
- My experience of helping my daughter transition to an EHS plans was not good, initially. I was given a leaflet to SIAS, but it was not immediately apparent how important this service was. Once I did access SIAS it was a much better service and I had a good experience. The Local Offer website often leads to dead ends - for example traineeships. There is also extraneous information from places such as Birmingham; although it is appreciated this website is a work in progress. I recommend outreach starts from year 9, rather than 11. Officers welcomed the feedback and said that outreach does now start at year 9.

VIDEO LINK TO LIVESTREAM OF LOCAL OFFER ITEM

Local Offer link:

<http://bambuser.com/v/5868764>

7. FGM REVIEW

Committee members fed back that the FGM Scrutiny in a Day went well, with a member saying how moving it had been. There was a discussion about involving education and health in the Action Research.

RESOLVED

A session will be held with Coventry University on action research on the afternoon of 11 November, with member, officers and FGM community leaders.

An interim summary report on work to date will be produced in January.

VIDEO LINK TO LIVESTREAM OF FGM REVIEW

FGM review – part one

<http://bambuser.com/v/5868821>

FGM review – part two

<http://bambuser.com/v/5868824>

FGM review – part three

<http://bambuser.com/v/5868827>

FGM review – part four

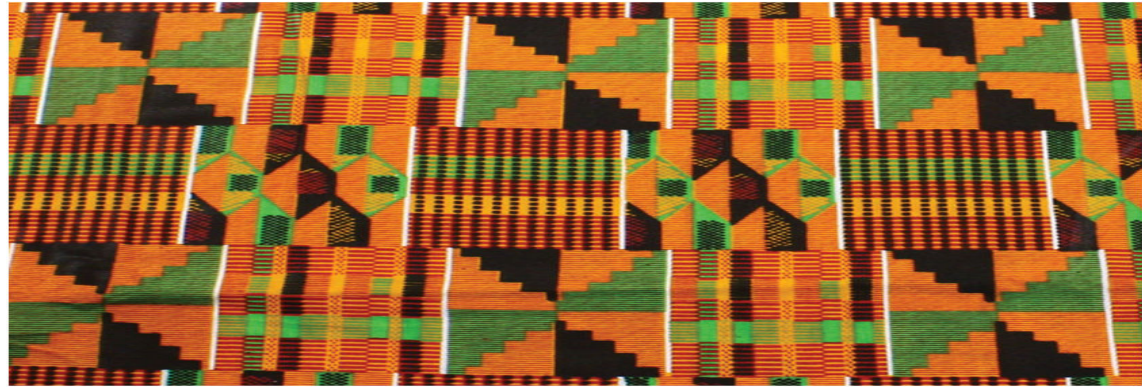
<http://bambuser.com/v/5868833>

8. WORK-PLAN

RESOLVED

The cabinet responses to the Adoption Review and Narrowing the Achievement Gap were tabled and will be circulated at the next meeting.

REPLACE 2



The REPLACE approach: supporting communities to end FGM in the EU

Meeting at Southwark Borough Council
11th November 2015
Prof Hazel Barrett & Dr Katherine Brown



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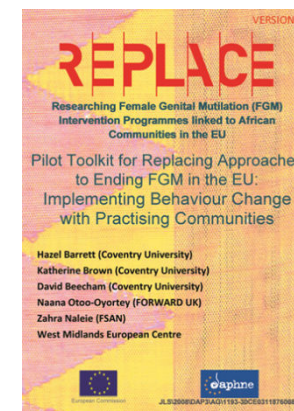
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Introduction to REPLACE2

REPLACE2

- Background
 - 35 years ago WHO called for end to FGM
 - 15 years ago WHO called for application of behaviour change approaches to address FGM
 - Leye (2005) concluded poorly understood
 - REPLACE (2010-2011)
 - Original REPLACE project explored existing applications of Behaviour Change to FGM
 - Worked with affected communities to explore belief systems – supported us in developing a theoretical framework based on behaviour change strategies



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Introduction to REPLACE2

- Aims and objectives of REPLACE2
 - Implement the REPLACE approach with 5 FGM affected African migrant communities in the EU
 - Evaluate our activities
 - Develop and update the REPLACE approach applying recent and relevant developments from behaviour change and behavioural science
- We'll be explaining the outcomes of this work today



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REPLACE2 partners and communities



- ▣ Coventry University, UK – lead partner
- ▣ FORWARD UK – Sudanese women based in London
- ▣ FSAN, Netherlands – Somali women in Rotterdam
- ▣ Gabinet d'Estudis Socials, Spain – Senegalese & Gambian men and women in Banyoles
- ▣ APF, Portugal – Guinea Bissauan men and women in Lisbon
- ▣ CESIE, Italy – Eritean & Ethiopian (Habesha) men and women in Palermo, Sicily
- ▣ ICRH, University of Ghent, Evaluation partner



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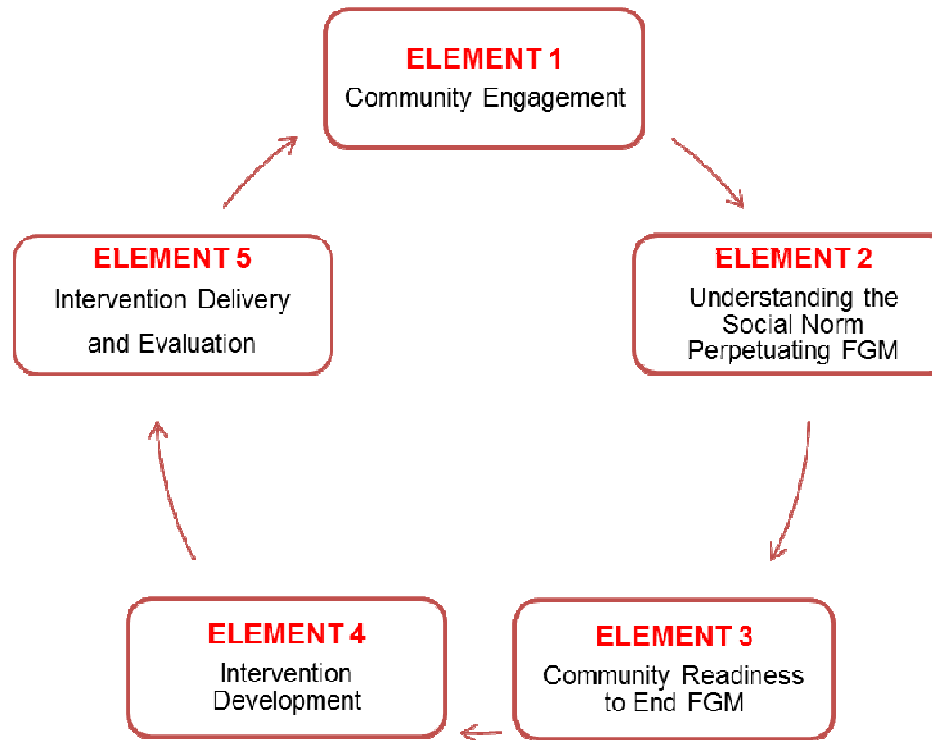
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Figure 2. The REPLACE Cyclic Framework for Social Norm Transformation in relation to FGM



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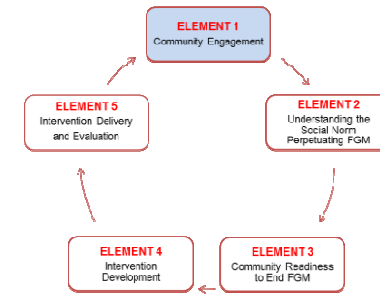


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Element 1: Community engagement

- Critical to the approach
- Not really a separate phase or step; as whole approached pinned on this
- Approach is about partnership with the community
- Aspire to reach community-led level of engagement
- Recognition that building trust and relationships takes time – the community engagement can build throughout the cyclic approach
- Helps to identify key people from the community to come with you on the journey through the cyclic framework



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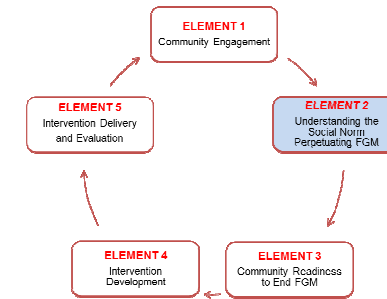
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Element 2: Understanding the Social Norm perpetuating FGM



- Recognition that different communities have different beliefs systems and social norms and that these change over time
- Can only design interventions whose content/messages align with those belief systems and norms
- Working to understand the community, the context, their beliefs and norms is critical to designing potentially effective interventions
- Recommend use of Community-based Participatory Action Research methods (CPAR)



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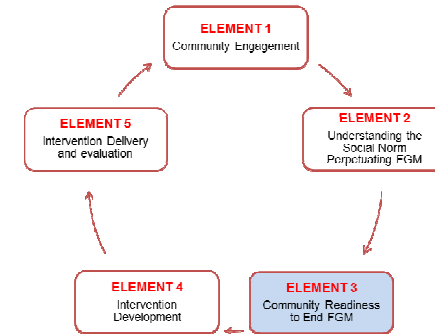


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Element 3: Community Readiness to End FGM

- Assessment of community readiness to end FGM
- 9 stages of readiness to change – adapted from the Tri-Ethnic Centre’s Readiness to Change model (Plested et al., 2006)
- Key informants discuss where the community lies on 6 dimensions of change, and independent raters assess data content for evidence of the stage of readiness to change
- Stages range from 1 ‘no community awareness of the issues associated with ending FGM’ to stage 9 ‘high level community buy in to end FGM’
- Identifying stage helps identify target actions or behaviours for intervention development



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Element 3: Community Readiness to End FGM

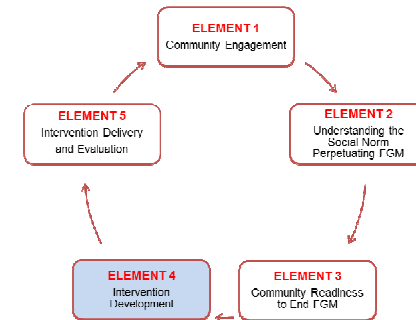
DIMENSIONS OF CHANGE	LOW (1-3)	MEDIUM (4-6)	HIGH (7-9)						
A. Community Knowledge Concerning FGM	L	M	M	M	H	H	H	H	H
B. Community belief systems and attitudes towards FGM	L	L	M	M	M	H	H	H	H
C. Community efforts to ending FGM	L	L	L	M	M	M	M	H	H
D. Community Knowledge of the efforts to end FGM	L	L	L	L	L	M	H	H	H
E. Community leaders and influential people's attitudes to ending FGM	L	L	L	M	M	H	H	H	H
F. Community resources available to support efforts to end FGM	L	L	L	L	L	M	M	M	H
	1	2	3	4	5	6	7	8	9
STAGES OF COMMUNITY READINESS TO END FGM	No community awareness	Community Denial/Resistance	Vague Community Awareness	Preplanning	Preparation	Initiation	Stabilisation	Expansion	Community Ownership
FOCUS OF INTERVENTION	INCREASING KNOWLEDGE OF FGM			CHANGING ATTITUDES AND INITIATING BEHAVIOUR CHANGE CONCERNING FGM			SUPPORTING BEHAVIOUR CHANGE NOT TO PERFORM FGM		
	<ul style="list-style-type: none"> - Building community cohesion - Increase knowledge of health impacts and illegality of FGM - Challenge belief systems supporting FGM 			<ul style="list-style-type: none"> - Identify and support community leaders/Peer Group Champions to end FGM - Support efforts to end FGM by developing appropriate interventions - Begin to harness community resources to end FGM 			<ul style="list-style-type: none"> - Reinforce community efforts to end FGM - Ensure community and other resources to ensure the abandonment of FGM 		
COMMUNITY/INDIVIDUAL EMPOWERMENT BALANCE	Community Empowerment			Individual Empowerment			Community Empowerment		
SOCIAL NORM CHANGE	SOCIAL NORM SUPPORTING FGM			SOCIAL NORM TIPPING POINT			SOCIAL NORM ABANDONING FGM		

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Element 4: Intervention Development

- Involves considering all of the possible **target intervention actions** that may help to move community to next stage of readiness to change and selecting those that are most feasible and acceptable to community but that will push community
- Then behavioural analysis using the COM-B model (Michie et al., 2014) is recommended to understand the barriers for individuals in engaging in the **target intervention action** and what support they need
- Work together to develop support to address their needs and draw on what is known about the underlying beliefs systems and norms (from element 2) to devise materials and content to help community members carry out the **target intervention action**



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Element 4: Intervention Development

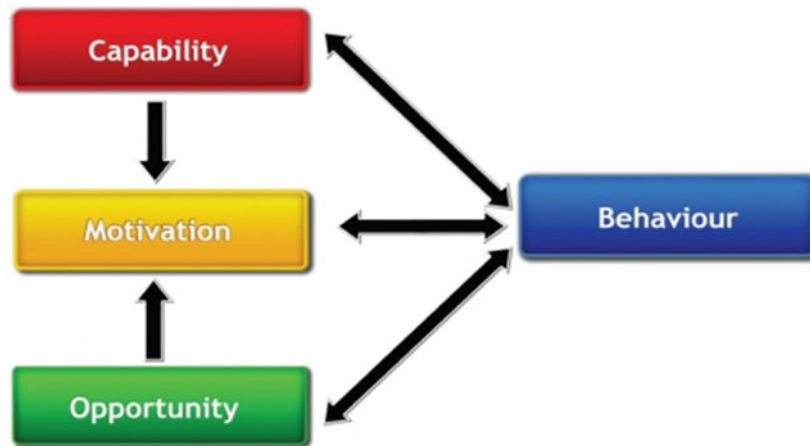
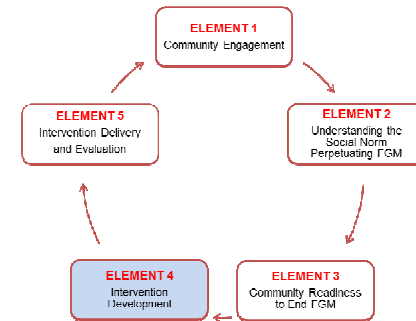


Figure 3. the COM-B model (Michie et al., 2014)



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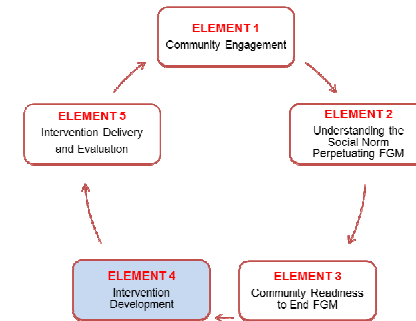


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Element 4: Intervention Development

- A REPLACE example
- Dutch Somali community identified as between community readiness stages 3 and 4 at project start: (3: Vague community awareness to 4: Preplanning)
- Target intervention action: Koranic school teachers to deliver lessons in Koranic school addressing the belief that FGM or 'little Sunnah' is not a requirement of Islam.
- COM-B analysis shows that Psychological Capability requires addressing – Koranic school teachers need support to know how to deliver such lessons
- Training and support provided including helping them to develop a lesson plan and asked an Islamic scholar to talk to them about the core arguments – see also [FSAN/REPLACE2 DVD](#)



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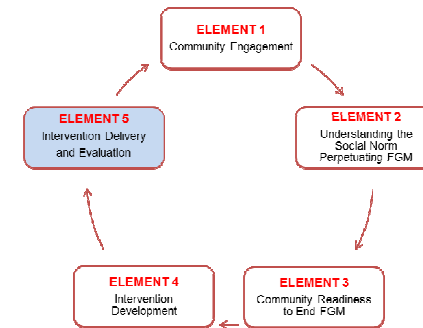


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Element 5: Intervention Delivery and Evaluation

- Evaluation has to be planned alongside element 4
- As the intervention is implemented, so is evaluation
- The REPLACE approach recommends a mixed methods approach that incorporates:
 - Pre-post community readiness assessment
 - Focus groups post intervention (and ideally pre and post FGs)
 - Questionnaires or scaled measures of beliefs that are targeted by intervention content
 - Records of instances of the target intervention action, numbers of people reached, numbers of new community members who want to get involved in future work based on engagement with each target intervention action



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Impact of REPLACE

- The impact of the REPLACE approach has been building steadily since the release of the original toolkit back in 2011
- A number of UK local government authorities and health authorities have drawn on the approach in working to address FGM: NHS Bristol and Integrate Bristol, Newham Council, Oxford, Liverpool, Southwark Borough Council, Welsh Government
- Prof Barrett was invited to speak at the UK Government's Girl Summit Conference in 2014 – REPLACE Community readiness to end FGM
- The REPLACE pilot toolkit was named as a promising practice in 'The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence' presented at the Istanbul convention.
- The REPLACE cyclic framework was used and cited as the basis for the EC CHANGE project 'Promoting change towards the abandonment of FGM in practicing communities across the EU'
- Several news articles (the Independent and the Guardian) and radio interviews
- Presented at conferences and invited seminars with to health professionals
- Involved in DH Task and Finish group on the FGM Care pathway



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Impact of REPLACE

- In the Netherlands in 2015 presented REPLACE approach at zero tolerance event on 6th February – attended by statutory professionals, Government officials including the minister of health and communities
- Approach has been carried out with Somali community in Rotterdam
- In Spain, nearly a sixth of the FGM affected population of Banyoles were reached by the intervention work on REPLACE
- Barcelona Municipality are particularly interested in implementing the approach: currently engaged in data collection with communities there.



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Impact of REPLACE

- In Italy, the project has built new links with FGM affected communities between East Africa and the project partner – they are now a trusted source of support for this largely transient community with huge potential for future work and impact
- In Portugal, the project was represented at a large cultural event that brought together over 200 people in the Lisbon area to celebrate cultural diversity but draw attention to issues including FGM and forced marriage.
- Important to promote the Toolkit and Handbook, supporting people to apply the approach and gaining feedback to further improve and develop



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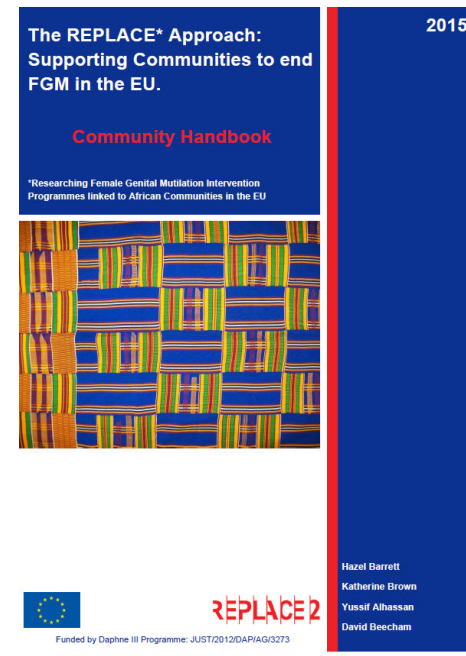
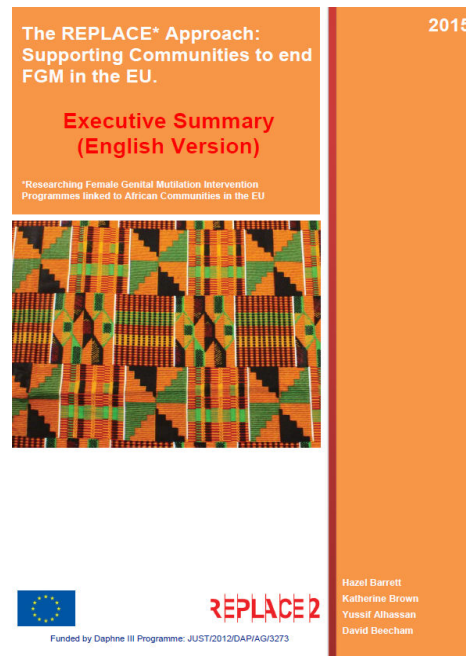
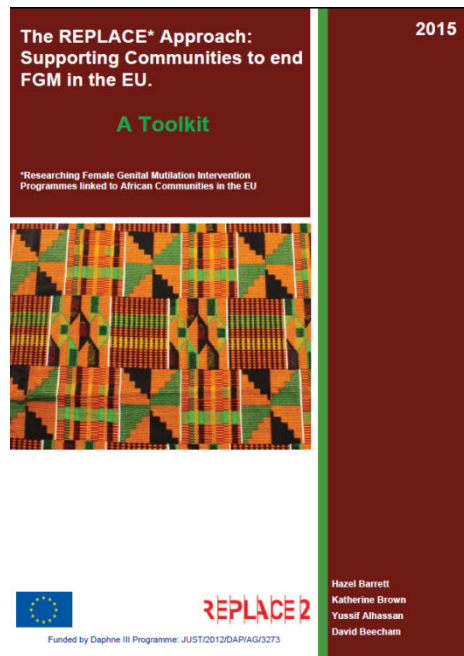


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REPLACE 2

REPLACE Toolkit and Community Handbook



REPLACE 2

REPLACE Toolkit and Community Handbook

- Toolkit – what’s inside?
- Executive Summary – for rapid overview
- 8 Sections
 - Section 1 : Background and context on FGM including definitions, classifications, terminology, prevalence estimates, what is known about why it is practiced, health impacts, the law and FGM as a social norm
 - Section 2: Introducing the REPLACE approach, overview, rationale/justification for why this is needed, introduction to core underpinning features and the REPLACE cyclic framework



REPLACE Toolkit and Community Handbook

- Section 3: Community engagement (Element 1) – central to the approach – some guidance and tips and examples from REPLACE2 including identification and recruitment of Community-based researchers
- Section 4: Understanding the Social Norm perpetuating FGM (Element 2) – recommendation to use Community-based participatory action research methods to collect data about belief systems and the social norm particular to your community – includes relatively detailed account of data analysis from REPLACE2



REPLACE Toolkit and Community Handbook

- Toolkit – what’s inside?
 - Section 5: Community Readiness to End FGM (Element3) – explaining the model, where it has been developed from and how it is used in the REPLACE approach in relation to FGM , with examples from REPLACE2 and the five communities we worked with
 - Section 6: Intervention Development (Element 4) – explanation of the need to use information and data from elements 2 and 3 to decide what the target intervention action(s) should be with the community members, and explanation about the application of the COM-B model to decide how to support the community members to implement identified target intervention actions with examples from REPLACE2



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REPLACE Toolkit and Community Handbook

- Section 7: Intervention Delivery and Evaluation (Element 5) – here we set out our recommended framework for evaluation, that can be drawn on and used by communities and NGOs to understand more about the effect of their activities, to help consider what may or may not be working. We also provide examples from some of the REPLACE2 community evaluations.
- Section 8: Conclusions – including recommendations which we pick up shortly



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REPLACE Toolkit and Community Handbook

- Community Handbook – what's inside?
- Intended as a briefer 'how to' guide – with less background/rationale and more specific detail about what to do and how to do it
- Section 1: Very brief introduction on how to use the handbook
- Section 2: Introduction to REPLACE approach and ethical considerations for its application
- Section 3: Step-by-step community engagement
- Section 4: Step-by-step community-based participatory action research
- Section 5: How to conduct a community readiness to end FGM assessment



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REPLACE Toolkit and Community Handbook

Community Handbook – what’s inside?... continued...

Section 6: How to identify target intervention actions and consider norms and belief systems in specifying them; how to conduct COM-B behavioural analysis and how to select some of the most useful behaviour change techniques to guide decisions about the content of interventions

Section 7: How to develop an evaluation methodology and implement this with the intervention:

- 1) community –readiness assessments
- 2) focus groups and interviews
- 3) questionnaires
- 4) recording numbers and instances of events and people engaged – evidence of increasing and sustained engagement

Building an on-line library of resources to support – all freely available



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Recommendations for policy and practice

REPLACE 2

- The value of community engagement cannot be underestimated: **practitioners** have to invest as much as they can in time, effort and resources to achieve genuine engagement; **policy-makers** must ensure that the EU approach to ending FGM appropriately balances legislative and policy-level activities with investment in helping communities create change from within – ensuring the community voice is heard
- **Practitioners** need time and resources to build interventions with communities
- Practitioners need to be aware of the ever changing nature of communities – they evolve over time and with new migration patterns



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Recommendations for policy and practice

REPLACE 2

- **Practitioners** should understand the value of engaging men, community elders (aged 60+) and community leaders – the more of these who speak out against FGM in affected communities, the better – the more brought on the cyclic framework journey, the better. We need to better understand what motivates these groups to get involved in working to end FGM and why they are reluctant to do so.
- Incorporate behaviour change and evaluation into intervention work
- **Policy-makers** need to simultaneously tackle the broader issues of unemployment, education, health provision, asylum status etc amongst FGM affected communities – this helps to ensure that other priorities do not dwarf the issue of FGM



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Q&A and Discussion

We welcome questions and comments from the audience and project partners

Please see the project website at www.replacefgm2.eu



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REPLACE 2

Buraanbur

Closing remarks from Neena Gill MEP



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Education & Children's Services Scrutiny Sub-Committee 2015-16

WORKPLAN

No of sub.	Date	Programme of work	Room	Time
1	Tuesday 30 th June 2015	<p>Reports:</p> <ol style="list-style-type: none"> 1) Work in place and planned to tackle FGM 2) An overview of the 'Youth Offer' 3) An update on the Autism Strategy <p>Draft Workplan</p>	G02b+c	7.00 – 10.00 p.m.
2	Wednesday 16 th September 2015	<p>FGM 'Scrutiny in Day' 9 am – 3:30pm</p> <p>Autism Draft Strategy</p>	Guy's	<p>9am – 3:30pm</p> <p>5:30 –6:30 TBC</p>
		Outreach Youth Offer		
3	Wednesday 21 st October 2015	<p>Local offer</p> <p>Overview of the Youth Offer - with a focus on Transition.</p> <ul style="list-style-type: none"> • A paper be provided with a copy of the recent service user survey, and a summary of the results . • Case studies of young people and how they have benefited from Youth Services will be provided, including examples of work with Looked After Children. 	G02b	7.00 – 10.00 p.m.

4	Wednesday 16 th December 2015	<p>Mental Health Review – in conjunction with Healthy Communities</p> <p>Autism Strategy – feedback on consultation</p> <p>Circulate cabinet response to scrutiny reviews into Adoption and Narrowing the Achievement Gap</p> <p>FGM update</p>	G02a+b	7.00 – 10.00 p.m.
5	Monday 18 th January 2016	<p>Cabinet member interviews – Cllr Mills & Cllr Wingfield</p> <p>Interview of Independent Safeguarding chair / Annual Safeguarding report , feedback on Child Sexual Exploitation recommendations , and Serious Case Review.</p> <p>Kids Company – views of young people</p> <p>FGM</p>	G02a+b	7.00 – 10.00 p.m.
6	Tuesday 23 rd February 2016	TBA	G02a+b	7.00 – 10.00 p.m.

Reviews

1. **Female Genital Mutilation (FGM)** using the 'Scrutiny in Day' methodology.
2. **Kids Company**
3. **Youth Offer**
4. **Autism Strategy & SEND** - with particular reference to the Autism Strategy being developed ; the Special Educational Needs (SEN) and Disability (D) provisions being implemented ; the Local Offer; and Further Education, apprenticeships, training and other support available for young people with SEND to progress post 16.
5. **Mental Health Review** - in conjunction with Healthy Communities scrutiny sub-committee

Other reports & strategies :

- a) School standards strategy
- b) Child Sexual Exploitation strategy going to cabinet
- c) Cabinet report back on last year's scrutiny review reports on 'Adoption' & 'Narrowing the achievement gap '.

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**EDUCATION & CHILDREN'S SERVICES
MUNICIPAL YEAR 2015-16**

AGENDA DISTRIBUTION LIST (OPEN)

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