

READING HEALTH & WELLBEING BOARD MINUTES - 13 MARCH 2020

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Councillor Brock Andy Ciecierski	Leader of the Council, RBC North & West Reading Locality Clinical Lead, Berkshire West CCG
Kate Reynolds	Director of Education, Brighter Futures for Children (BFfC)
Rachel Spencer	Chief Executive, Reading Voluntary Action
Councillor Terry	Lead Councillor for Children, RBC
Cathy Winfield	Chief Officer, Berkshire West CCG

Also in attendance:

Gwen Bonner	Clinical Director, Berkshire Healthcare NHS Foundation Trust (BHFT)
Ruth Evans	Associate Professor in Human Geography & Participation Lab Leader, University of Reading
Andy Fitton	Assistant Director for Joint Commissioning, Berkshire West CCG
Sarah Hunneman	Neighbourhood Facilitator, Public Health & Wellbeing Team, RBC
Deb Hunter	Head of SEND & Principal Educational & Child Psychologist, BFfC
David Munday	Consultant in Public Health, RBC
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Lewis Willing	Integration Project Manager, RBC & Berkshire West CCG
Theresa Wyles	Divisional Director. BHFT

Apologies:

Jon Dickinson	Assistant Director of Adult Social Care, RBC
Seona Douglas	Director of Adult Care & Health Services, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Councillor Jones	Lead Councillor for Adult Social Care, RBC
Tessa Lindfield	Strategic Director of Public Health for Berkshire
Bhupinder Rai	Reading LPA Commander, Thames Valley Police
David Shepherd	Chair, Healthwatch Reading

1. MINUTES

The Minutes of the meeting held on 17 January 2020 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following questions were asked by Tom Lake in accordance with Standing Order 36:

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a) Life Expectancy

Sir Michael Marmot's recent report highlights declines in life expectancy and healthy life expectancy especially for women in poorer communities. Please give the corresponding figures for Reading in as fine geographical grain as possible, eg by ward or Census LSOA.

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

Thank you, Mr Lake for your question. Sir Michael Marmot's report, 10 years on from his ground-breaking original review into health inequalities was profoundly depressing. Tackling inequalities in health outcomes in Reading is the overarching mission of this Health and Wellbeing Board as expressed in our Strategy. In my view inequalities in health are the worst inequalities of all and the widening gap between the health and life expectancies of the richest and poorest in England since 2010 is a scar upon our country. It literally condemns millions of our fellow citizens to many years of unnecessary poor health and earlier deaths.

Most alarmingly the causes of these worsening health outcomes and declines in life expectancy amongst poorer communities are likely to have a big impact for years to come. The effects of massive governments cuts to the public services such as Sure Start Children's Services, Youth Provision, the voluntary and community sectors, social care and public health are all likely to damage health in England for decades to come.

Reading, whilst a relatively prosperous town, is also the third most unequal city in England and so our focus on tackling health inequalities in the face of a national government making the problem worse is critical.

The following is the best data we have in health inequalities in Reading over this period.

Baseline:

Life expectancy at birth for people in Reading increased significantly between 2001-03 and 2008-10 as follows:

Male

	LE	LCI	UCI
2001-03	75.8	75.2	76.4
2008-10	77.7	77.1	78.3

Female

	LE	LCI	UCI
2001-03	80.9	80.3	81.6
2008-10	82.4	81.8	83.0

(Healthy life expectancy is not available for these time periods)

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Neither life expectancy nor healthy life expectancy at birth increased significantly for men or women between 2009-11 and 2016-18. Healthy life expectancy for women decreased from 66 years to 64.4 years.

Male

	LE	LCI	UCI
2009-11	78.2	77.6	78.8
2016-18	79.1	78.5	79.6

Female

	LE	LCI	UCI
2009-11	82.8	82.2	83.4
2016-18	83.1	82.6	83.7

Male

	HLE	LCI	UCI
2009-11	64.6	62.8	66.5
2016-18	65.1	63.0	67.2

Female

	HLE	LCI	UCI
2009-11	66.0	64.1	68.0
2016-18	64.4	62.1	66.7

Public Health Outcomes Framework, Indicators A01a and A01b.

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000008/ati/202/are/E06000038>
(Accessed 05/03/2020).

Life expectancy (LE) and Healthy Life Expectancy (HLE) are not published by Ward or LSOA as frequently as for larger geographical areas. The most recent statistical publication is from 2018 and is based on 2009-13 data. The table below shows differences in LE and HLE between wards. Indices of Multiple Deprivation (IMD) scores for each ward from 2015 and 2019 are shown on the right (higher score = greater deprivation).

Ward name	LE at birth 2009-13		HLE at birth 2009-13		IMD deprivation score	
	Male	Female	Male	Female	2019	2015
Whitley	75.5	80.1	59.0	58.9	32.3	31.1
Norcot	76.5	83.7	60.3	63.1	28.0	25.4
Battle	78.1	82.1	62.7	63.2	22.6	25.0
Church	77.4	81.4	61.7	62.6	24.6	24.6
Abbey	74.1	81.8	59.1	63.4	23.7	24.3
Katesgrove	77.4	85.1	61.8	64.8	21.0	22.8
Minster	75.3	79.8	61.7	63.1	21.8	21.7
Southcote	79.2	85.5	63.2	65.5	26.4	21.5
Caversham	78.1	83.8	64.8	65.4	17.2	18.1

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Ward name	LE at birth 2009-13		HLE at birth 2009-13		IMD deprivation score	
	Male	Female	Male	Female	2019	2015
Kentwood	78.4	80.3	65.2	65.7	17.7	17.4
Park	78.2	83.0	64.1	67.0	14.6	15.4
Redlands	78.5	84.4	64.1	66.9	14.9	15.3
Tilehurst	79.0	84.9	65.6	67.3	16.9	14.8
Peppard	81.5	86.3	68.7	70.6	7.6	7.0
Thames	82.3	86.0	71.0	73.0	4.0	4.6
Mapledurham	85.1	92.2	74.3	74.4	3.5	3.0

Health state life expectancy at birth and age 65 by 2011 Census wards, England and Wales, 2009 to 2013, ONS, 2018.

b) COVID-19 - Volunteer Support for Vulnerable and Elderly People in Self-Isolation

In preparation for widespread infection by COVID-19 could Reading Borough and NHS consider working with RVA to set up an effective telephone support tree/network working through volunteers for vulnerable and elderly people who are in self-isolation?

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

As advice and guidance from national government and Public Health England evolves, and looking at the progression of COVID-19 in other countries, it is clear that large numbers of people both in Reading and across the country are going to need to self-isolate.

Reading's Public Health Team has been ensuring that Reading Voluntary Action and other key voluntary sector partners are included in the dissemination of guidance and briefings. RBC's Chief Executive's Voluntary and Community Sector Sounding Board has been one forum where this has been done. In addition, those voluntary sector organisations currently working alongside Adult Social Care staff at the Adult Care Front Door have been involved in conversations about protecting vulnerable and elderly adults at this time as Adult Social Care business continuity plans have been updated.

Reading Voluntary Action has been proactive in disseminating information from the National Council for Voluntary Organisations to local voluntary sector groups. The advice which has been shared recognises that these organisations' service users or beneficiaries may be more at risk or highly concerned about the virus, and the role that volunteers can play in providing clear and updated information. This may be to raise awareness of prevention measures, such as handwashing, offering reassurance, and more specific advice for people living with particular long term conditions. Information has been shared which includes the latest guidance from Public Health England on responding to the emerging situation within health, social care and community settings as well as information from national charities with expertise in different areas of health vulnerability.

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The Berkshire Influenza Pandemic Response Plan is currently under review, aligned with emerging information about the spread of COVID-19. The Berkshire Response Plan includes a local communications strategy to ensure a consistent message is given across Berkshire - re-iterating nationally agreed public health messages and providing local information regarding availability of and access to services. Within the review of the local communications strategy, we will look to identify the most effective ways of continuing to partner with Reading Voluntary Action and other voluntary sector infrastructure organisations across Berkshire. This will include working with RVA and the third sector more broadly to support communication across our communities to help reduce the risk of transmission and infection by providing information, specific advice and communications covering infection control, risk, self-management and referral.

I hope I am wrong but in my personal opinion I am very concerned that the government is taking an alarmingly complacent approach to dealing with the biggest public health crisis to face us for a century. In my view the wanton cuts to public services by national government since 2010 together with a chronically underfunded NHS barely able to cope before the outbreak of COVID-19 leave the UK in a precarious position to deal with this pandemic. It is clear that the role of voluntary and community groups will be vital but, surely, even more vital will be the role of families, friends and neighbours looking out for each other. A crucial piece of work in the coming weeks will be to give Reading people the advice and support required so we can all look out for each other over what will be a very difficult time ahead.

3. REDUCING LONELINESS AND SOCIAL ISOLATION: UPDATE FROM THE READING STEERING GROUP

Janette Searle, Sarah Hunneman and Ruth Evans submitted a report which summarised the work of the Reading Reducing Loneliness and Social Isolation (LSI) Steering Group - a multi-agency partnership established in 2017 to deliver on one of the priorities of the Health and Wellbeing Strategy 2017-20 - and sought the Health and Wellbeing Board's endorsement of the current Action Plan and specific proposals regarding a Reading 'Safe Places' scheme. The report had appended:

- Appendix 1 Evans & Bridger (2019) - *Tackling Loneliness and Social Isolation in Reading, England* - University of Reading
- Appendix 2 Summary presentation: *Tackling Loneliness and Social Isolation in Reading, England*
- Appendix 3 Reading Loneliness and Social Isolation Action Plan - updated February 2020
- Appendix 4 Measuring the wellbeing impact: summary of Narrowing the Gap II monitoring (Social prescribing, Peer support and reducing social isolation for frail/elderly adults, and Peer support and reducing social isolation for adults who have experienced mental ill health) - February 2020

The report explained that the LSI Steering Group's work had included support for research to develop local understanding of loneliness and social isolation as an all-age issue. The report included the findings set out in the resulting report "*Tackling loneliness and social isolation in Reading, England*" published by the University of Reading in 2019 (Appendix 1), together with the Steering Group's response set out in

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the Reading LSI action plan (Appendix 3). Ruth Evans gave a presentation on a summary of the findings (Appendix 2).

The report stated that, although loneliness and social isolation were now more widely recognised as significant health and wellbeing issues, there was still a stigma around loneliness and some myths perpetuated around who was affected or at risk. As well as the need for greater general awareness and acceptance, there was also a need for targeted action to meet the needs of more vulnerable people or those at greater risk. Because so many factors could impact on loneliness and social isolation risk, there was a need for more joined up thinking at a policy level, for example to address infrastructure issues such as transport, and a specific group had been set up to address this issue.

The LSI Action Plan had recently been updated to add the development of a Reading 'Safe Places' scheme, aimed at adding to local support for people at particular risk of experiencing loneliness or social isolation by providing physical 'safe places' and information and training about how to access those places.

The Safe Places National Network had been created to break down barriers vulnerable people faced every day. The Preparing for Adulthood Team at RBC had become interested in this as a way of supporting young people with learning disabilities to become more independent as they entered adulthood, but the scheme could support any vulnerable adult, and the national Safe Places team encouraged a broader remit. The Dementia Friendly Reading Group (formerly the Dementia Action Alliance) was keen to support the initiative, as were Reading Buses, Autism Berkshire and Age UK.

By becoming a member of Safe Places, Reading would be able to access a range of resources to help teach people about keeping safe and how to locate a Safe Place whilst out and about. The aim was to encourage vulnerable adults to engage with their community. The report gave details of the resources and ways of accessing them, explaining that the LSI Steering Group would oversee the Reading scheme, with individual members supporting the scheme as most appropriate to their circumstances, such as offering venues or support in developing and delivering local training.

Copies of Safe Places registration packs and other materials were made available at the meeting and Health and Wellbeing Board members were invited to support the local scheme by helping with:

- offering possible Safe Place premises
- recruiting people with lived experiences
- delivering training
- making resources accessible, including videos
- promoting the scheme and getting people to sign up
- use of partner logos

The report stated that national indicators available to monitor progress in the area of LSI currently remained limited to those known to adult social care services, which was a small subset of the population, but this was about to change. Appendix 4 to the report included examples of work carried out by some Steering Group members to monitor the wellbeing impact of different local services aimed at reducing social

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isolation, which were provided as part of the Council's Narrowing the Gap II commissioning framework.

Resolved -

- (1) That the findings and recommendations contained in the University of Reading report *Tackling Loneliness and Social Isolation in Reading, England* (attached at Appendix 1 and summarised at Appendix 2) be noted;
- (2) That the Reading Loneliness and Social Isolation Steering Group's Action Plan (Appendix 3), and specifically the proposal to develop a Reading Safe Places scheme, be endorsed;
- (3) That the impact of the three *Narrowing the Gap* service areas summarised at Appendix 4 - social prescribing, peer support for elderly or frail adults, and peer support for adults living with mental health challenges - be noted.

4. REFRESHED FUTURE IN MIND (LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & WELLBEING)

Further to Minute 8 of the meeting held on 15 March 2019, Andy Fitton and Deb Hunter submitted a report giving an overview and seeking approval of the refreshed Future in Mind Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing, which had been published in October 2019 in accordance with national Future In Mind requirements and a copy of which was attached at Appendix 1. The LTP provided an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

The report explained that, like in most other areas of the country, demand for emotional health and wellbeing services had increased across the voluntary sector, schools and specialist services and the complexity of presenting issues was increasing, both of which were having an impact on waiting times. It gave details of key achievements in the area of children and young people's mental health and wellbeing, of areas of challenge and development and of priorities going forward.

The report gave further details of the success of the trailblazing multi-disciplinary Mental Health Support Team formally launched in January 2020, which provided a school-based mental health service to deliver evidence-based interventions for emerging mild to moderate mental health needs. The MHST covered 16 schools across the west of Reading and had so far received 80 referrals. The report also gave updates on the Schools Link Mental Health Team, secondary schools mental health hubs, Trauma-Informed Reading and the Therapeutic Thinking Schools Approach to behaviour management, adopted to reduce the risk of exclusions and dangerous or difficult behaviour.

In response to a query from Mandeep Bains about the waiting times for ADHD assessments and support to parents, Andy Fitton said he did not have the exact figures but could find this out. He confirmed that the waiting times had increased and explained that the process was a good but long one but access to other services was available in the meantime, the communication was being reviewed with the

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provider to ensure that parents were made aware of what was available, and it was also important that schools and other professionals took a needs-led approach for the children involved. It was noted that workforce training was helpful and the voluntary sector could also play a part in raising awareness and signposting parents to services and other support groups available; it was suggested that appropriate officers from RVA, BFFC and the CCG could meet to discuss this further.

Resolved -

- (1) That the refreshed Future in Mind Local Transformation Plan be approved;
- (2) That appropriate officers meet to discuss further the role of the voluntary sector in raising awareness of services and support groups available for children and parents whilst awaiting ADHD assessments.

5. MENTAL HEALTH STRATEGY 2016-21 - PROGRESS UPDATE

Further to Minute 7 of the meeting held on 15 March 2019, Gwen Bonner and Theresa Wyles submitted a report presenting an update on progress on the Berkshire Healthcare NHS Foundation Trust's (BHFT's) Mental Health Strategy 2016-21 (attached at Appendix 1).

The report gave an overview of changes since the last report, including key updates in national policy following the release of the NHS Long Term Plan, and highlighted the following points:

- Berkshire West had prioritised the reduction of out of area placements, and although good progress had been made in achieving the required trajectory, this work continued to present a significant challenge.
- Berkshire West had been successful in securing wave 2 funding for mental health support teams in schools, building on the wave 1 funding secured previously. This would strengthen early intervention for young people, which was very important given the continuing high referral rates into CAMH Services.
- Good progress had been made with the New Models of Care for forensic tier four CAMHS and Eating Disorder Services, which had seen the establishment of provider collaboratives taking responsibility for provision of care closer to home and effective management of resources across the whole care pathway. This had reduced the number of placements made outside the patch and also secured financial savings in forensic services.

Resolved - That the report be noted.

6. UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT MODEL

David Munday submitted a report giving an update on each of the three strands of the Joint Strategic Needs Assessment (JSNA) model.

The report explained that, on 12 October 2018 (Minute 7 refers), the Board had agreed to progress the JSNA in line with a new model which provided a more cohesive and efficient approach to assessing the needs of the local population. The new JSNA model had been developed to contain three strands:

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- A digital resource of data to describe the demography and wider determinants of health of the Reading population in a way that was user-friendly and configurable;
- A repository for detailed, service-specific needs assessments carried out by internal and external partners with support from Public Health and Wellbeing officers;
- Improved engagement with local research groups, focusing on qualitative and participatory research.

The report explained that an online data tool had been procured by the Shared Public Health for Berkshire Team for the six Berkshire local authorities, and this Berkshire Observatory had been launched in September 2019, holding over 9,000 data indicators on the local population in Berkshire, and was now being used internally and by external partners as a data resource, informing strategic service planning and decision making at the Council and in the wider community. Appendix 1 outlined the main functionality of the Berkshire Observatory data tool.

The second strand of the JSNA model focused on producing content in alignment with needs assessments that had already been undertaken or were in the process of being developed by staff in the Council and its partners as part of its strategic development and commissioning. An example of one of the needs analyses was attached at Appendix 2 (Berkshire Sexual Health Needs Assessment - Reading Summary - by Public Health Services for Berkshire).

The report stated that the final strand of the JSNA model looked to improve engagement with local research, especially qualitative and participatory research, that captured service users' voices. A working group had been established with local partners to develop a Local Research and Evidence Framework. The work had concluded on 27 January 2020, with agreement to hold an annual review meeting in February of each year, providing an opportunity to reflect on the panel process and agree changes where needed, and to promote and celebrate local research projects. Appendix 3 showed the process for including local research on the Reading Borough Council JSNA webpages.

David Munday said that the report author was available to visit partner organisations to give a live demonstration of how to obtain information from the Berkshire Observatory data tool.

Resolved - That the report and the progress made be noted.

7. CORONAVIRUS UPDATE

David Munday gave a verbal update on the latest situation regarding the recent outbreak of Coronavirus (COVID 19). The briefing covered points including:

- The Coronavirus was not a new phenomenon, but a novel strain of virus that was spreading globally and for which there was no existing immunity. It had been likened to flu in that it was transmitted by respiratory droplets and had some similar symptoms.
- Current numbers of reported cases in the UK were relatively low, but there were probably more cases than had had a positive lab test result. There was currently only one reported case in the Reading Borough Council area.

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- The Government had moved from a containment phase to a delay phase on 12 March 2020, in order to “flatten the curve” of cases to spread out the effect and move the peak of infection to the summer months where there would hopefully be less impact on the vulnerable, health services and society.
- There was close partnership working in Reading across all services through the Local Resilience Forum and careful reviews of business continuity planning were being carried out.
- Communication teams were following Public Health England messages in advice being given and Government guidance was being followed, for example in relation to not yet advising social distancing, cancellation of mass gatherings, school closures etc, as such changes would have a knock-on impact. Any such measures would have medical versus social and economic trade-offs and needed to be considered carefully.
- Changes were being made at GP surgeries in relation to moving to triage and phone or video appointments to avoid risk of patient infection and protect staff, and anyone with potential COVID 19 symptoms was being advised to self-isolate to avoid infecting others.
- Many people had already been in touch with RVA offering to volunteer and partners would be working together to coordinate and equip any volunteer response.

Resolved - That the position be noted.

8. DEVELOPING A BERKSHIRE WEST JOINT HEALTH AND WELLBEING STRATEGY - UPDATE

Further to Minute 12 of the meeting held on 12 July 2019, David Munday gave a verbal update on the latest progress on the development of a Berkshire West Joint Health and Wellbeing Strategy as part of the Berkshire West Integrated Care Partnership.

He said that a joint Task and Finish Strategy Development Group had now been established and some dedicated resource had been allocated to the Group, including programme management and some Public Health analytic support. An initial meeting of the Group had been held in the previous week and current tasks involved a desktop review of existing strategic documents and looking at previous public and patient consultations, to understand existing strategic commitments and partners’ priorities and to inform strategic development. A communication and stakeholder engagement plan would be developed and the Group would meet monthly. Some design principles had been agreed - that the strategy should be short and punchy and strategic at a high level, but supported by shared local implementation plans, in order to keep appropriate focus on Reading’s and other authorities’ local needs. The strategy would have a focus on prevention and would aim to secure integration both geographically and with all partners.

Formal reports on development of the Strategy would be brought to the Board as appropriate as the strategy was developed.

Resolved - That the position be noted.

9. INTEGRATION PROGRAMME UPDATE

Lewis Willing submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets for the financial year so far.

The report stated that, of the four national BCF targets, performance against one (limiting the number of new residential placements) was strong, with 51 placements made in nine months and a projected 68 placements for the financial year (against a target of 116 for the financial year). It stated that partners had not met the target for reducing the number of non-elective admissions (NELs) but the performance now included some of the winter pressure period and work against this goal remained a focus for the Berkshire West-wide BCF schemes and the Reading Integration Board work plan.

The target for reducing the number of delayed transfers of care (DTOC) had been met for 63% of the financial year, with improvement in performance in five of the eight months of the financial year for DTOC.

Progress against the target for increasing the effectiveness of reablement services remained in line with the decreased performance previously reported, but this was due to revised guidance around the methods of measuring their impact and did not reflect a drop in actual performance. Further activities were planned to align the reablement offer with emerging national best practice.

The report gave further details of BCF performance and gave details of items progressed since January 2020 and the next steps planned for March to May 2020.

Resolved - That the report and progress be noted.

10. HEALTH AND WELLBEING DASHBOARD - MARCH 2020

Janette Searle submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A), which set out local trends. The report therefore gave an overview of performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy.

The report summarised the performance against the eight priority areas in the Health and Wellbeing Strategy and paragraph 2.2 of the report set out details of updates to the data and performance indicators which had been included in the Health and Wellbeing dashboard since the last report.

Resolved - That the report be noted.

11. CARE QUALITY COMMISSION (CQC) REVIEW OF READING HEALTH AND SOCIAL CARE SYSTEM - ACTION PLAN QUARTERLY UPDATE

Lewis Willing submitted a report giving a quarterly update on the Action Plan developed following the Care Quality Commission (CQC) Review of the Reading Health and Social Care System that had been carried out by the CQC in 2018. The report had appended the updated Action Plan, which gave details of progress made on each area for improvement.

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Resolved - That the report be noted.

12. DATES OF FUTURE MEETINGS

Resolved - That the meetings for the Municipal Year 2020/21 be held at 2.00pm on the following dates:

- Friday 17 July 2020
- Friday 9 October 2020
- Friday 22 January 2021
- Friday 19 March 2021

(The meeting started at 2.00pm and closed at 4.21pm)