

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Wellbeing & Sport, Reading Borough Council (RBC)
Mandeep Bains	Chief Executive, Healthwatch Reading (substituting for David Shepherd)
Andy Ciecierski	Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG
Tracy Daszkiewicz	Director of Public Health, Berkshire West
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Ennis	Lead Councillor for Adult Social Care, RBC
Deborah Glassbrook	Director of Children's Services, Brighter Futures for Children (BFfC)
Gail Muirhead	Prevention Manager, Royal Berkshire Fire and Rescue Service
Rachel Spencer	Chief Executive, Reading Voluntary Action
Katie Summers	Berkshire West Vaccination Lead and Director of Place Partnerships, Berkshire West CCG
Councillor Terry	Lead Councillor for Children, RBC

Also in attendance:

Teresa Bell	Independent Chair, West of Berkshire Safeguarding Adults Board
Esther Blake	Strategic Partnership Manager - Berkshire West Safeguarding Children Partnership, BFfC
Pat Bunch	Healthwatch Reading
Gerry Crawford	Regional Director Berkshire West & Locality Director (Reading), Berkshire Healthcare NHS Foundation Trust (BHFT)
Rebecca Curtayne	Healthwatch Reading
Sanjay Desai	Interim Director of Primary Care, Berkshire West CCG
Jemma Durkan	Committee Services, RBC
Alison Foster	Programme Director, Building Berkshire Together - Hospital Redevelopment, Royal Berkshire NHS Foundation Trust (RBFT)
Richard Harrison	Chair, Reading Advice Network
Deborah Hunter	Head of SEN & Principal Educational Psychologist, BFfC
James Kent	Accountable Officer & Executive Lead, Bucks, Ox & Berks West Integrated Care System
Jill Marston	Senior Policy Officer, RBC
Eiliis McCarthy	Reading Locality Manager, Berkshire West CCG
Kathryn MacDermott	Acting Executive Director of Strategy and SRO for Recovery, BHFT
Amanda McDonnell	Media & Communications Manager, RBC
Sally Moore	Communications & Public Engagement Officer, RBFT and Berkshire West CCG
Catherine Mountford	NHS Oxford CCG
Councillor Mpofu-Coles	RBC
Paul Myerscough	Lead Governor, BHFT
Bev Nicholson	Integration Programme Manager, RBC
Becky Pollard	Consultant in Public Health, RBC
Christine Stannard	Wellbeing Programme Officer, RBC

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

Melissa Wise Deputy Director for Commissioning & Transformation, RBC

Apologies:

Councillor Brock Leader of the Council, RBC
Steve McManus Chief Executive, Royal Berkshire NHS Foundation Trust
Paul Illman West Hub Group Manager, Royal Berkshire Fire and Rescue Service
David Shepherd Chair, Healthwatch Reading

30. MINUTES

The Minutes of the meeting held on 8 October 2021 were confirmed as a correct record.

31. QUESTION IN ACCORDANCE WITH STANDING ORDER 36

The following question was asked by Francis Brown in accordance with Standing Order 36:

a) GP Appointments

Anecdotal evidence indicates that some patients are still finding great difficulty in obtaining GP appointments. Patients on certain continuing medications are periodically asked to attend a medication review appointment. However, some are finding that they either cannot get through by phone to their surgery at all or have to wait several weeks for such an appointment, during which time their medication is exhausted. The system of medication reviews is intended to reduce risk to patients - however if it entails long delays or complete abandonment of the medication, the risk to the patient may well be increased.

How can this paradoxical situation be sensibly resolved?

REPLY by Andy Ciecierski, Clinical Director for Caversham Primary Care Network and Clinical Lead for Urgent Care, Berkshire West CCG on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

No medication should stop just because a medication review has been missed at the expected date. The annual review is guidance of good practice, not a stop/go for medication being issued.

Frequently pharmacies will advise patients their medication review is due and cause patients a lot of stress that it has to be done otherwise the medication cannot be issued. That is poor information. The patients then get stressed they cannot get an appointment in time. Medication is not stopped because the medication review date has passed.

Some long-term medications need an annual review for blood tests to ensure safe ongoing prescribing. Some blood testing may have slipped past a year during the Covid pandemic due to reduced capacity of blood taking appointments. Recently, in August and September 2021, they were delayed due to blood bottle shortages. GP's have still prioritised bloods in those patients that need them,

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

especially Diabetic patients. All General Practice is working to catch up with these blood tests.

Many medication reviews can be done online via a request on the Practice website, via a text message consultation, or over the phone. They can be done by a Clinical Pharmacist, not just a GP.

In response to a supplementary question from Francis Brown about patients going to pharmacists as they were unable to get through to their doctors' surgery, therefore pharmacists were emailing GPs directly for a patient referral, it was reported that some community pharmacists offered medication reviews, could highlight to GPs any issues and pharmacists were able to assist in the medication review process. It was noted that medications were not stopped if they were on a repeat prescription and were ongoing.

32. IMPACT OF COVID-19 IN READING

Becky Pollard, Katie Summers and Deborah Glassbrook gave presentations and answered questions on the latest impact of the COVID-19 pandemic on Reading and how various services had responded.

The presentations included the following information.

Public Health information with up-to-date details of the latest data on COVID-19, which included:

- Data for Reading showed that there had been a rise in cases before Christmas and the New Year, but this had now decreased to 1206 cases per 100,000 head of population. However, it was noted that this was higher than neighbouring Local Authorities, the South East and England.
- Case rates in over 60-year-olds had dropped and were now highest in young adults aged 22 to 39.
- There was a rise in cases in primary school children and work was being undertaken with schools on how to manage outbreaks and to put controls in place.
- There had been no deaths due to COVID since mid-December and there were currently 82 people in the Royal Berkshire Hospital with COVID, which was a slight increase, but the figures remained stable.
- Nearly all cases were the omicron variant.
- Flu rates remained low.
- Self-isolation was mandatory for up to 10 days, however if people tested negative on day 5 and 6 with no symptoms, then they were able to come out of self-isolation.
- Face coverings in secondary schools were no longer mandatory.
- Working from home and COVID passes were no longer a requirement.

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

- Restrictions to care homes had eased, however, guidance was yet to be released on several issues.
- There was still pressure on schools with rising cases and work was being undertaken with head teachers on managing outbreaks.

It was noted that face coverings for the general population had eased but it was recommended to continue to wear these in closed areas and in healthcare settings for infection control. Current guidance for schools was if an outbreak was reported then head teachers had a 'toolbox' of interventions to employ. Some head teachers were instructing students and staff to continue to wear facemasks and risk assessments were being undertaken to help support the students and staff. Officers were waiting for clearer instructions from the Department of Education. Head teachers had managed schools in a positive way and were encouraged to make the right decisions for the individual schools and children. If any schools were concerned the Director of Public Health had statutory powers to override instruction from the Secretary of State if necessary.

Information on Vaccination Programmes:

- Information on COVID vaccination in Reading, noting that 48,165 people were unvaccinated, which was 24% of the 12+ population. Concentration was now on deprived areas and different cultures to help build vaccine confidence. PCNs had undertaken work to encourage vaccine uptake and GPs had contacted individuals 6-8 times. The Council was thanked for the support in targeting different cohorts to be vaccinated. Communication teams were working on a joint message to support schools and target the population to be vaccinated.
- A programme to provide the second dose of vaccinations for 12-15-year-olds had been undertaken and clinically vulnerable 5-11-year olds would be offered the vaccine once guidance had been confirmed. GPs would contact eligible children and school immunisation teams would be able to support and help children in special needs schools.
- Work had been undertaken to mitigate the risk from anti-vaccination campaigners, specifically on World Freedom Day, and Council staff had been available to provide information and build confidence in people regarding the vaccine.

Brighter Futures for Children - information on:

- Impact on Schools and the pressure on staff to manage COVID 19 in line with changing expectations. Also, children and young people being disenfranchised from school, the ongoing impact on mental health and falling behind.
- Impact on Children's Social Care and the increased complexity of work, key demands including poverty, family dysfunction and mental health, local placement issues, and dealing with Unaccompanied Asylum-Seeking Children (UASC) which now required a mandatory approach with the expectation to support 26 young people.

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

- Impact on Early Help & Prevention with 0-2-year olds not experiencing the same levels of socialisation as in the past. Serious youth violence and work being undertaken with the Berkshire West Safeguarding Children's Partnership looking at impact, issues and reporting on this in the future. The Education Welfare Service continued to work with schools to provide support. Also, projects undertaken in schools to support and identify children disenfranchised and struggling.

It was noted that the 0-2-year-old cohort could require additional support in the future and additional funding had been received from the Council to Brighter Futures for Children (BFfC) to support work in this area.

It was reported that, regarding serious youth violence, the police recognised the need to identify the cohort of children concerned and were working with BFfC to deal with issues and to signpost children for intervention and support. Details regarding the Mothers Union in Reading would be sent to the Police and BFfC to support the prevention of knife crime.

Resolved - That the presentations be noted.

33. HEALTHWATCH REPORT ON READING PEOPLE'S EXPERIENCE OF THE BERKSHIRE WEST URGENT COMMUNITY RESPONSE TEAM

Mandeep Kaur Bains submitted a report by Healthwatch Reading, which had been commissioned by Berkshire Healthcare NHS Foundation Trust (BHFT) and gave a presentation giving an overview of the experience of Reading residents referred to BHFT's Berkshire West Urgent Community Response (UCR) service. The UCR aimed to prevent unplanned hospital admissions by sending a team to people's usual place of residence within two hours of a referral for a crisis such as a fall, injury, or deterioration in health or within two days as part of a 'reablement' response. BHFT had sought patient experiences to find out what was working well and any areas for improvement and Healthwatch had carried out interviews in October and November 2021.

The presentation provided information on responses from 20 service users, all aged over 65, and findings from interviews with service users and their families. It was noted that most of the service users were very vulnerable but were very pleased with the support they had received. They had not previously been aware of the service and some did not know what the service was for, but most were satisfied with the quality of care they had received. Concerns highlighted were the function of the care system, the vulnerability of the service users, prevention, handover to other services and supporting unpaid carers. Overall the service was valued by the service users, but the system could work better together to support vulnerable people. The report set out the findings.

Kathryn MacDermott explained that, as well as BHFT using the report, the report had also recently been presented to the BOB Ageing Well Programme Board and communications support would be improved with patients. Work on the integration of urgent care with the wider community services would be undertaken to share information.

It was noted that the service had proved to be invaluable as a rapid response service. However, the two-hour service could take on more referrals and support the prevention

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

of people in crisis, such as those vulnerable to falls. Families and patients needed extra support or patients could be hospitalised. Some patients recovered better when looked after at home, but the learning from the survey had suggested that vulnerable and frail people in their homes required timely responses to support their general wellbeing.

Resolved - That the report be noted.

34. WINTER ACCESS FUND

Katie Summers provided a verbal update on the Winter Access Fund. It was reported that the fund was available from December 2021 to March 2022 and would provide resilience and improve patient access. Specifically, to improve access to urgent same-day primary care and provide resilience in the urgent care system during the winter months. BOB ICS had received applications from all Reading Primary Care Networks and was drafting a public document on the role of the Winter Access Fund and this would be circulated to the Board once finalised. It was expected that all Primary Care Networks in Reading would receive funding; most funding requests were to increase urgent and same-day access, and to increase staffing and training.

Resolved - That the position be noted and the document on the Winter Access Fund be circulated to the Board once finalised.

35. DEVELOPING OUR INTEGRATED CARE SYSTEM

James Kent gave a presentation providing an overview of the development of the new Integrated Care System (ICS). The legislation for the statutory body was currently going through Parliament with the aim to be finalised by July 2022. Copies of the presentation slides had been included in the agenda.

Governance would be shaped locally following guidance while strategically focussing on improving health outcomes, reducing inequalities, financial stability and improving social and economic development locally. The Integrated Care Board (ICB) would be formed of the current Clinical Commissioning Groups (CCGs) to help design strategy and resources. Above this the Integrated Care Partnership would be a system-level joint committee of the NHS and the five local authorities and the previous Berkshire West “Integrated Care Partnership” would become a “Place-Based Partnership”. This new system would enable collaboration rather than competition and create teams to consider services from beginning to end rather than handover of services.

Concerns were raised that the governance of the ICB Board did not include MPs or local councillors. It was suggested that the democratic representation would be in the Health and Wellbeing Boards and currently there was specific exclusion in the legislation in that Councillors and MPs were not able to be part of the ICB Board. There was also concern that the patient and public voice would be dissolved due to the complex nature of the new system and that there were only two non-executive directors listed on the Board. In response, it was noted that initially there would be a minimum of two independent members on the Board as per the legislation and this would be reconsidered following the development of the strategy over the first year. Also, discussions would take place on the role of Public Health as this was not clear in the current legislation. It was also suggested that the value that local authorities provided should be considered and Councils should be a prominent part of the new ICS.

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

In response to a question, James Kent explained that the aim would be to delegate down a vast majority of funding for services to place-based areas. Work would be undertaken to understand pressures and to learn from each other. Also, to understand the best use of funding using collaboration rather than competition and provide clear strategies to shape spending across areas.

Resolved - That the presentation be noted.

36. BERKSHIRE WEST SAFEGUARDING CHILDREN PARTNERSHIP (BWSCP) ANNUAL REPORT 2020/21

Esther Blake submitted a report presenting the Berkshire West Safeguarding Children Partnership (BWSCP) Annual Report for 2020/21, which was appended to the report. It was noted that this was the second annual report providing an account of the work and progress undertaken by the multi-agency partnership to promote the safeguarding and wellbeing of children in Reading, West Berkshire and Wokingham.

The report provided information on the work and progress made against the BWSCP priorities, case review work, plus updates from various sub groups. It recognised the impact of the COVID pandemic, and the work undertaken by staff across all authorities. It was noted that the report also provided reference to work undertaken specifically by Reading Borough Council in areas such as youth violence and adolescent risk and learning from these areas would be shared across Berkshire West and other local authorities.

It was noted that the partnership was progressing positively, but there would be challenges and continued work through the year. Further work would be undertaken on increasing Independent Scrutiny.

Resolved - That the report be noted.

37. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2020/21

Teresa Bell submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2020-21. The SAB Annual Report was appended.

The Annual Report provided information on achievements of the SAB during 2020/21 across Reading, West Berkshire and Wokingham. It included the safeguarding concerns, trends across the area, risk and mitigations, the impact of COVID 19, achievements, Safeguarding Adult Reviews, and key priorities for 2021/22.

Teresa Bell explained that work had been undertaken with representations from the voluntary sector including Healthwatch. Informal meetings had taken place to provide up to date information and to deal with issues between SAB meetings. The impact of the COVID-19 pandemic continued to be addressed and core partners had also met between SAB meetings to deal with risks and issues. The impressive work of partners to keep services on track during the pandemic was noted.

Teresa Bell also explained that she would be leaving her position as Chair of the SAB and said she had been pleased to be part of the partnership and wished everyone the best for the future.

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

Seona Douglas noted that a report regarding self-neglect and hoarding had been presented to the Adult Social Care, Children's Services and Education Committee on 19 January 2022. The issues of hoarding had increased during COVID due to the impact of isolation during this time. Also, the challenges around coming out of the restrictions from COVID-19 were recognised and work was being undertaken to support families around safeguarding.

Resolved - That the report be noted, and Teresa Bell be thanked for all her work as Chair of the SAB.

38. THE NHS HEALTHCHECK PROGRAMME

Christine Stannard submitted a report providing the findings from a Health Equity Audit of the NHS Health Check (NHSHC) programme in Reading.

It was noted that the NHSHC programme was a statutory public health function for local authorities to offer an NHS Health Check to individuals aged 40 - 74 years without existing cardiovascular disease, every five years. The NHS Health Check itself consisted of three components: risk assessment, communication of risk and risk management. This was a universal preventative programme.

Christine noted key points from the report which included:

- A Health Equity Audit (HEA) was a process that examined how health determinants, access to services and associated outcomes were distributed in relation to the needs of different groups.
- Usually the HEA would be a longer, comprehensive process undertaken by multiple stakeholders; however, during the pandemic this had become a desktop exercise.
- A health equity audit of the NHSHC programme within Reading GP surgeries had been carried out during August/September 2021 using Primary Care data over a five-year period from 2015/16 to 2019/20. Also, evidence from national studies regarding the health check programme had been included.
- The recommendations and findings had been used to help design a pilot programme of more targeted checks to prioritise those at greatest risk of cardiovascular disease and COVID-19.
- Due to the pandemic and winter pressures there had been significant impact on practices participating in the pilot scheme. However, one GP practice had confirmed their inclusion and a further three practices had shown interest in participation in the scheme.
- Development of the new service specification was being undertaken for the following year from April 2022. Meetings would be taking place with all the Primary Care Networks to share the draft documents and to discuss starting checks fully from April 2022.
- There was a growing body of national evidence that demonstrated the value of the NHS health check programme to enable early identification of risk factors and help with lifestyle modifications.

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

- The data had shown that around 80% of people who had had an NHS health check had their cardiovascular risk assessed, which provided opportunities for early prevention of health issues.
- Opportunities for community provision of health checks were being explored to be operated alongside GP practices.

The meeting discussed the report and comments made included:

- It was understood that there were pressures in primary care, but this was an important prevention programme and consideration should be given to strengthening the programme locally.
- There had been feedback from ethnic minority community groups regarding the communication of the health checks and that this needed to be improved. It was noted that having more resources available in appropriate languages and community support could help with the uptake in specific groups. There had been evidence that community champions could help to raise awareness and GP practices could support this with patient community champions.
- In response to a question it was noted that when considering services that offered community provision this could be directed at difficult-to-reach communities.

Resolved - That the report be noted.

39. READING'S ARMED FORCES COVENANT AND ACTION PLAN

Jill Marston submitted a report providing an update on progress against the actions outlined in the Armed Forces Covenant Action Plan, in particular the health-related actions, and on the general development of the Armed Forces Covenant, including national proposals to enshrine the Covenant in law and development of the pan-Berkshire Civil Military Partnership. The Action plan with details of progress made was appended to the report.

Regarding GP recording and infection status, there were currently 386 registered veterans, which was an increase on the previous year from 329. Also noted was the recent legislation that had been passed in December 2021 which placed a duty on public service providers to take due regard of the Armed Forces community when writing policy and making decisions in implementing that policy in relation to healthcare, education, and housing. In response to the new duty, the Council was adding the Armed Forces community to those considered as part of their equality impact assessments. Training was being undertaken with front line staff to consider potential issues for veterans.

A new pan-Berkshire Civil Military Partnership was being developed, with the first meeting having been held on 25th November 2021. The aim of the partnership was to bring about economies of scale, with shared action plans and joint initiatives, such as joint events for Armed Forces Week, joint MoD Covenant Grants, as well as wider but more focused support from the Military. A virtual launch would take place in spring 2022 and a possible in-person launch during summer 2022.

Resolved -

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

- (1) That the new legislation relating to the Armed Forces Covenant and the duty to pay 'due regard' to the Armed Forces community be noted;
- (2) That the development of the pan-Berkshire Civil Military Partnership be noted;
- (3) That the progress against the actions set out in the Armed Forces Covenant action plan, in particular the section on Health and Wellbeing, be noted.

40. BERKSHIRE WEST ICP UNIFIED EXECUTIVE - DECEMBER CHAIR'S REPORT

Andy Ciecierski presented a report giving an update from the Chair of the Integrated Care Partnership (ICP) Unified Executive on discussions and developments at the most recent meeting of the Unified Executive, that had been held on 9 December 2021.

The report addressed the following key points:

- James Kent had been appointed as the Chief Executive Officer Designate of the new ICS and Javid Khan had also been appointed as Chair Designate;
- Rapid Community Discharge;
- Update from the Urgent Emergency Care Workshop and Winter Plan;
- ICP Priorities.

Resolved - That the report be noted.

41. BETTER CARE FUND 2021/22 PLAN AND NARRATIVE

Bev Nicholson submitted a report on the Better Care Fund (BCF) 2021/22 Plan. The planning guidance had been released late, in October 2021, for the current financial year and, whilst this had been awaited, the BCF funded schemes had continued and were planned to continue for the remainder of the current financial year. The BCF 2021-22 Plan and the BCF narrative were appended to the report.

It was explained that the BCF acted as a vehicle to facilitate system integration of health and social care by providing targeted funding to promote joint working to achieving shared outcomes. It was noted that the BCF Plan and Narrative had been submitted by the deadline of 16 November 2021, South East regional assurance sign-off had taken place on 9 December 2021, formal delegated sign-off on behalf of the Board had been obtained by 16 December 2021 and the funding had received approval on 11 January 2022.

The Section 75 (of the NHS Act 2006) Framework Partnership Agreement, to pool funds from the CCG and the Council, had been considered by the legal team, and was currently with Berkshire West CCG for review, with the aim to sign-off by the end of January 2022.

Resolved -

- (1) That the contents of the Better Care Fund (BCF) Plan and Narrative for 2021/22, including the National Conditions and Metrics against which the BCF performance was measured, be noted;

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

- (2) That it be noted that the return had been formally submitted by the deadline of 16 November 2021, received South East regional assurance on 9 December 2021, and formal delegated sign-off on behalf of the Health and Wellbeing Board by 16 December 2021, in order to comply with national deadlines outside of the Board meeting cycle.

42. INTEGRATION PROGRAMME UPDATE

Bev Nicholson 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 as at the end of October 2021.

The report provided details of the five Better Care Fund metrics. These had been recently updated in the planning guidance for 2021/22 and would be adopted for Quarters 3 and 4 reporting (i.e. October 2021 to March 2022). The new metrics, were as follows:

- Number of avoidable admissions.
- Reduction in length of stay in hospital.
- Increase in proportion of people discharged home.
- Reduction in admission to residential or nursing homes.
- Effectiveness of reablement.

It explained that two of the five metrics had been met, proportion of people discharged home and admission to residential or nursing homes, based on the Reading Integration Board (RIB) Dashboard for November 2021 - reporting data to the end of October 2021. Further details were provided in the report.

In terms of local community measures, there were additional beds to support hospital discharge and plans to reduce the number waiting for discharge by 50% by the end of January 2022. The challenge to recruit care staff was noted but satisfaction rates for the community reablement service was at 100%.

The Health Inequalities-focused projects identified in the RIB Programme Plan were being aligned with the Health and Wellbeing Board Strategy Action plans and there was continued focus particularly in areas of deprivation.

Resolved - That the report and progress be noted.

43. HEALTH AND WELLBEING DASHBOARD - JANUARY 2022

Becky Pollard submitted a report giving an update on the Health and Wellbeing Dashboard (Appendix A) which set out local trends. The report gave an update on the performance and progress towards achieving local goals as set out in the 2017-20 Health and Wellbeing Strategy for Reading.

The report summarised the performance against the eight priority areas in the Health and Wellbeing Strategy and the progress of the 26 indicator targets below the priority areas and paragraph 2.1 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. It was noted that COVID had impacted delivery of some areas, but work would continue to address issues.

READING HEALTH & WELLBEING BOARD MINUTES - 21 JANUARY 2022

The report noted that the new Berkshire West Health and Wellbeing Strategy 2021-2030 had now been agreed and the Health and Wellbeing Dashboard would be revised to reflect the updated strategy. It was recommended that some existing indicators would be used in the new Dashboard to continue monitoring of specific areas.

Resolved - That the report be noted.

44. DATE OF NEXT MEETING

Resolved - That the next meeting be held at 2.00pm on Friday 18 March 2022.

(The meeting started at 2.00pm and closed at 5.00pm)