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MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE

Thursday 4th May 2023

09:00-11:00

MS Teams Meeting

PRESENT		
Name	**Initials**	**Title**
Catherine Free	CF	Chair – Acting Managing Director, GEH
Jenni Northcote	JN	Chief Strategy, Service Improvement and Partnerships Officer, GEH (Chair)
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Amar Kacchia	AKh	LMC Representative
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Blair Robertson	BR	Programme Director, UHCW
Claudia Williams	CW	Project Manager, GEH
Ryan Coffey	RC	Project Manager, GEH
Uju Okereke	UO	Public Health, Warwickshire County Council
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Asif Atta	AA	CovWarks Partnership
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Jack Foster	JF	Associate Chief Operating Officer – Out of Hospital
Jane Coates	JC	Public Health, Warwickshire County Council
Elizabeth Hancock	EH	Healthwatch
Lowri Foster-Davies	LFD	Warwickshire County Council
Sam Young	SY	Programme Assistant, Warwickshire North Place
Name	**Initials**	**Title**
Natalie Green	NG	Chief Nursing Officer, George Eliot Hospital
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Chris Lonsdale	CL	Director of Finance, ICB
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Rachael Tompkins	RT	General Manager, SWFT
Laura Nelson	LN	Chief Integration Officer, ICB

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Item No.	Notes
1.	**Apologies** As detailed above. **Welcome / Introductions** CF welcomed partners to the meeting.
2.	**Review of the Minutes and Action Log from the Previous Meeting** The minutes from the previous meeting were taken as an accurate record of April's meeting. **Action Log;** The action log was felt ot be up to date with no issues raised.
3.	**Matters Arising** There were no Matters Arising.
4.	**Child Accident Prevention – LFD** LFD explained how they had recently carried out an audit in Child Accidents with Public Health and was attending today's meeting to discuss the findings of the audit. LFD talked partners through a presentation of the findings with the main points being; • There is a worsening trend of child accidents within Warwickshire North • In terms of national policy and guidelines there is the healthy child programme which is a national which looks to give every child the best start in life and within that there are high impact areas which are evidence-based prioritisations for delivery of services. • There are two high impact areas in particular that embed child action prevention specifically within them, these being Early years high impact area five and the school high impact area two, this means that mandated contracted services, health visiting, and school nurses must embed child accident prevention within their service offers • In terms of a local work there is a programme from Warwickshire County Council which is making every contact count training which focuses on child accident prevention • OHID data suggests child hospital admissions due to unintentional injuries in Warwickshire overall are higher than our statistical neighbours and the England average. • There was an analysis of A&E attendance data using episode statistics and the criteria for this was children aged 0-14 and a resident in Warwickshire regardless of which hospital they attended and as the data in anonymous, it important to point it counts attendance at an A&E Department and not the number of individuals attending. • While Warwick and Stratford have the lowest rates of attendance at A&E in Warwickshire, maintained throughout the three years of data we have from a low of 193.5 in 2020/21 in Stratford to a high of 363.2 in 2018/19, by comparison Nuneaton and Bedworth have the highest rate, with a peak of 584.3 in 2018/19. North Warwickshire and Rugby have rates that sit just slightly above the Warwickshire crude rate. The rates dip universally in 2020/21 - this is possibly the effect of the COVID-19 pandemic on children's activity levels – through not attending school, playing with friends in communal areas that were now closed etc - as much as a desire to avoid healthcare settings in the early days of the pandemic due to fear of infection.

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- The conversion rate is lowest in North Warwickshire, with a low of 2.6% of A+E attendances in children 0-14 caused by injury then admitted to hospital. This can be interpreted in a few different ways. There may be large numbers of low-level/non-worrying injuries in children being brought to A+E, and therefore the vast majority are being discharged with no immediate care needs. Or it might be that the type of injuries present in North Warwickshire's children are instantly treatable or can be followed up as outpatients e.g. fracture clinics. Finally, it might be due to a tendency to present at a certain hospital by North Warwickshire residents, which may have a different threshold for admission to other hospitals in the area. It is important to remember here that the data looks at attendances at any hospital by a child of that postcode; i.e. the postcode of the hospital here does not affect the data directly. Stratford and Warwick have similarly low rates, with Nuneaton and Bedworth's rate around the Warwickshire average. Rugby has the highest percentage rate at 7% most recently in 2020/21, with a peak of 8.4% in 2018/19. During the time period, children from Rugby attending A+E were more likely to be admitted to hospital than children elsewhere in the county. Again, whether this is due to difference in injury pattern or hospital practice is difficult to identify, however further data on the types of injuries being seen in children across the county might shed some light on this.
- The distribution of injuries is largely similar across the two areas of Warwickshire North place; however, sprains and ligament injuries seem to take a greater proportion of A+E attendances in North Warwickshire vs Nuneaton and Bedworth. These are using data from 2020-21 alone as it is the most recent data available.
- The absolute numbers are higher in 2018/19 for admissions due to dislocations/joint injury/fracture/amputation, however with a conversion rate of 7.6% compared to 42.7% of poisoning. Soft tissue inflammation has a high conversion rate of 9.5% in 2018/19, although again with very low absolute numbers, and interestingly with later years having suppressed data due to low numbers. Alternatively, it may be that practice is to admit all patients with any overdose regardless of symptoms or even suspected overdose/poisoning for observation.
- From the current data, it is unclear what proportion of poisoning admissions are intentional, unintentional with no separation between poisoning and overdose. For intentional overdose, there may be an ongoing risk therefore the need for specialist mental health services mandating admission in the interim. From a parents' perspective, there is a lack of 'direct information' on poisoning prevention and it has been found the time of relaying this information is crucial with retention poor at the time of the child's birth for instance. Efforts such as the installation of home safety equipment in conjunction with safety messaging have shown to decrease the risk of unintentional injuries, as has improved partnership working.
- The ethnicity of those children attending A+E for injury in Warwickshire North. As seen, the majority are noted to be White British, however there are significant percentages of children with ethnicities documented as 'not stated' or 'not known'. Given the multifactorial nature of health outcomes, including presentation or seeking of healthcare support in the first instance, it is important to be able to identify whether ethnicity itself has an impact on injuries in children and their presentation to A+E. We would therefore like to suggest that ethnicity is documented as accurately as possible as children present to A+E.
- Key Messages;
    - Warwick and Stratford have the lowest rates of attendance at A+E in Warwickshire, and Nuneaton and Bedworth have the highest rate. North Warwickshire and Rugby have rates that sit just slightly above the Warwickshire

crude rate. The rates dip universally in 2020/21 - this is possibly the effect of the COVID-19 pandemic on children's activity levels.
    - This pattern is maintained for A+E attendances due to injury specifically rather than any other cause, with Warwickshire North demonstrating a higher rate than South Place and Rugby.
    - The rate of conversion from A+E attendance to admission to a hospital bed is lowest in Warwickshire North and highest in Rugby.
    - The highest numbers are for lacerations, contusions/abrasions, head injury, and dislocations/fractures/joint injury/amputation. There are small but important numbers of attendances for foreign body and poisoning (including overdose)
    - There is a clear need to investigate the links between deprivation and child unintentional injury, to allow identification of populations at greatest risk of unintentional injuries in children.
    - There is a need to understand pathways, signposting and education around healthcare access for parents and their children. There are many possible explanations for increased attendances which do not convert to admissions, including behaviour changes due to the COVID-19 pandemic.
    - Subcategorization of data collection in regard to poisoning and overdose would allow attainment of more information to determine the nature of these injuries, leading to devising targeted public health approaches.
- Recommendation
    - Communications and engagement - Improving reach of the Child Accident MECC course, Engagement with parents, GPs and pharmacies and Public health messaging
    - Data collection and analysis - Scrutiny into poisoning by further categorisation and in-depth data collection and Documentation of ethnicity
    - Collaborative working - hospital based audit of A&E attendances and admissions data and clear multiagency approach
    - Targeted Approach and targeting areas of high deprivation (IMD 1/2) for enhanced support

Questions/Comments

EJ was interested in the conversion rate figures and asked what commend LFD had in terms of the difference between Rugby and Nuneaton and Bedworth and other areas in terms of the provision in terms of paediatric beds and if the number of beds may affect the data to which LFD replied that it was something that was considered particularly thinking about the high conversion rates for things such as poison and suspect that is due to the required observation periods that are required to be observed and potentially looking at follow-ups.

LFD continued that in terms of the difference of conversion rate for North Warwickshire and Rugby, there were some suggestions as to why this might be, and beds was something that was mentioned; however, this is not looking at hospitals specifically as it's based on the child's post code.

AK asked if the data from the minor injury unit in Rugby has been included to which LFD wasn't sure. AK clarified that the purpose of the question was because a lot of the minor attendances coming over from Rugby will be moved out quite quickly and added that Stratford once had a minor injury unit which was still in effect during the dates the data referred to which would affect the accuracy of the data.

JN felt that that whenever the data is presented its always important to understand possible discrepancies as outlined by EJ and Ak to see if these are significant however from a Place perspective this is interesting in terms of what is happening in terms of presentation so therefore

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	what responses may be required to support particularly and is there more support that can be provided in terms of families and safe places to play etc. and where could the conversations around this be taken. AK completely agreed with JN and felt it was important to see what can be done in terms of support especially when you look at the data for deprived areas against the number of attendances. CF felt it raised a number of questions for all so there is something about what the structure of the pathways are because that will effect the data and felt that it must effect the data in terms of Rugby versus North Warwickshire as there aren't any inpatient provisions and that will determine how likely or unlikely you are to admit a patient depending on what is directly next to you so it is worth looking at the Minor Injury Units. CF continued that there is no doubt that depravation is linked to the number of child accidents reported in North Warwickshire and that's where we need to think about the services within Warwickshire. Finally, CF added that we know that from the JSNA data in North Warwickshire that we've got a higher rate of childhood mortality compared to the national average and some of that will be linked to things such as poor outcomes through either overdose or injury that are harder to measure so there is something about the provisions that are there in health but also what there is in terms of the community.
5.	**Director of Public Health Report - UO** UO explained that the purpose of this item is to provide a few exerts from the director of public report from last year and the focus was on the cost of living and impact on health in Warwickshire which covered the following topics; • Warwickshire Health Profile 2022 which showed the current health performance of the Warwickshire County and allows comparisons of performance between the districts and borough • A picture of Health and Wellbeing in Warwickshire North which compared life expectancy and healthy life expectancy with life expectancy at birth statistically better for bother females (81.3 years) compared to England (83.1) and males (Warwickshire 79.7 years, England 79.4 years) for 2018-2020, with these figures remaining stable fo the last five years • Healthy life expectancy at birth continues to decline for males in Warwickshire and has remained stable for females over the last three years. • The rising cost of living in Warwickshire o 1 in 3 disabled people who have seen rising living costs have spent less on visiting family and 1 in 5 feel lonely o 58% of people living in the most deprived areas are more likely to have reduced spending on food and essentials compared with 33% of those living in the least deprived areas. o 24% of people living in the most deprived areas are likely to make energy improvements to their homes compared to 35% of people living in the least deprived areas. o People have started to make changes to their lifestyles as a result of the rising cost of living. Of those who responded to the Opinions and Lifestyle Survey (November 2022) people reported their changes as 68% spending less on non0essentials, 63% using less gas and electricity in their homes and 41%reducing non-essential journeys in vehicles.

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- Recommendations - Key anchor organisations, including local authorities, NHS partners and universities focus expertise and capacity on building an inclusive, healthy and sustainable Warwickshire. To do this all partners should focus on;
    - Policy: adopting, and sharing learning from a health in all policies approach and using health equity assessment took (HEAT) to reduce inequalities in health
    - Surveillance: agreeing a single view of data and identifying emerging trends in order to support coordinated approach, targeted to those who need it most
    - Workforce development: through wellbeing support programmes that support staff during the rising cost of living and training and development opportunities.
    - Making every contact count: utilising every point of contact as an opportunity to support people through the cost-of-living challenges
    - Access to services: consider opportunities to increase accessibility to healthcare services for those who will experience the impact of the rising cost of living most acutely.
    - Housing: housing, planning and health leads work together to prevent ill health caused by poor housing and living conditions. This should include commitment to presenting new homes from being built with an Energy Performance Certificate rating of less than C and working with private and public landlords to ensure existing homes have an EPC of C or above, and are mould free
    - Food: to support children to have the best start in life, health and wellbeing board explore the feasibility of free school meals for all primary school children in Warwickshire, as research shows that children are able to learn better in school if they have a full stomach
    - Transport: transport planners and health partners work together to improve transport links for these living in areas with more rural isolation, deprivation and where rates of long-term conditions and access to transport are poor.

Questions/Comments

CF requested that SY circulates the Presentation used today as she feels it would be beneficial to partners to have a copy of this.

AK would like Public Health to write out to employers to say they need to support and focus on staff to make sure they are healthy, so they don't take time off work.

JC felt AK point is a fair one and is something Public Health have been looking at for the last 8-10 years and there have been a number of initiatives including letter writing to employers and it is a case of one size model of approach doesn't fit all and you need to have capacity to figure out ways of engaging with certain employers. JC informed partners that throughout Coventry and Warwickshire the Health and Wellbeing Board have been promoting through its member organisation the thrive at work programme which is effectively a west midlands model that replaced the old wellbeing kite mark that employers use to be able to apply for.

AK felt it would be useful to see data on how many people were sick following retirement as there are a lot of the population that spend their lives at work then once they retire, they have the time to focus on their health and issues they have been putting off.

JN wandered if there is something about taking the personalisation agenda into some of these workspaces and look at as part of that pre-retirement conversation that takes place a lot earlier. CF suggested joining forces with stagecoach and public health to look making GEH and Nuneaton a Hub for people to access services easier.

ACTION – UO to forward SY the presentation used for this item to be circulated to partners.

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7.	**Integrated Place Programme Report – RC** JN wanted to make partners aware that the report is in a slightly different style this month which they are testing out and will develop over time where they have the deliver detail of the usual reporting per programme in the appendices and what has been pulled out is more of a story in terms of the impact of some of the work that is happening as an area of focus and then picking out some of the key assurance highlights which we are taking as read. RC continued to provide some highlights on the programme report, with the highlights being; • The first Integrated WNP Delivery Group met on 19.04.2023, taking place face-to-face for the first time since the pandemic to maximise discussion and connections. The new expanded membership in attendance met other stakeholders for the first time, exchanged contacts and shared their areas of work to identify connections. There was a real enthusiasm in the room as partners made commitments to work together to address shared issues uncovered via the discussions and stories shared. • As mentioned above, each bimonthly WNP Delivery Group will focus on a theme from our new consolidated priorities • The first meeting focussed on one of the WNP consolidated priorities – Improving Access to Services • In the Delivery Group, we heard from Charles Barlow, Delivery Lead for Communities and Partnerships at Warwickshire County Council, telling the story of community engagement in WNP. This was a recent project linked to WN's Population Health Management (PHM) approach and used Connecting Communities Engagement Officers from the Public Health team to have unscripted conversations with local people to explore their health and experience of accessing services to improve it. • 167 members of the public were engaged with at a variety of locations within areas of WNP which fall within the top 20% of national deprivation, including food banks, supermarkets, fast food locations and community centres. • This discussion led into the group's second story, the Big Local in WN, delivered by Alison Thompson, WN Area Manager at CAVA, discussing the £1,000,000 provided to both Hill Top & Caldwell in Nuneaton and Arley & Ansley in North Warwickshire by The National Lottery Community Fund. The aim of this funding is to bring people in these areas together and make them better places to live using longer-term, resident-led changes. • Examples of things implemented by residents in Hill Top & Caldwell using these funds include creating a Big Local Hub, youth clubs, additional Citizens Advice outreach, play areas, affordable food and chargeless cash withdrawal machines. Residents in Arley & Ansley have invested in similar endeavours, also focusing on traffic calming and a sports pavilion. A key similarity across the two Big Local areas in WNP is the residents' focus on improving access to local services via the funds, such as children and young people's services and deprivation support services. • Long-term condition will be focussed on for June's Place Delivery Group **CVD Checks – CW** CW provided an update on the progress CVD checks, with the main highlights being; • Met with VCSE organisations – CAVA, Healthwatch, Community Engagement Officers, and WRCC (Warm Hubs) – opportunity identified to use mobile warm hub to support health check delivery. • Mapped potential venues for community outreach. • Mapping of clinical pathway interaction drafted – clinical lead to sign off following clarification of ECG, point of care and blood test details. • Agreement of required equipment in progress. • Patient experience questions drafted.

- Exploring option of using new HeatheIntent tool to support evaluation of project.
- Scoping options for remote monitoring – connected with AHSN on Docobo; exploring EMIS Community as a second option.

Clinical and Professional Partnership Group Update – JN

JN informed partners that the second meeting of the Clinical and Professional partnership Group Meeting took place on Thursday 20th April and focussed on the following areas;

- The development of the clinical strategy and the engagement process
- Winter Planning

JN added that Frailty and Ambulatory Care Pathways will be a focus of the meeting moving forwards.

PCN Update – EJ

EJ informed partners that a digital and transformation lead has now been appointed across all three networks so will help the three networks to work together to improve the visibility and ability to use data on a population level.

GP and Network – The big topic is the imposed new contract which will indicate a lot of need for change.

The access improvement plans for the networks are now going to have an extended period of time to the networks to agree their baseline data and what their plans are going forward regarding access and improvement plans.

Estates remain a massive issue in WN as they still don't have the capacity to provide services through the ARRS and existing staff and are trying hard to push the issue forward.

There has been some acknowledgment from Tim Sacks as Director of Primary Care, that there is in existence a very significant inequity of funding within Primary Care, and there has been some verbal reassurance that this will be addressed although no detail on how this will be achieved has been received.

Nuneaton and Bedworth PCN have started some walk and talk groups with the social prescribers.

There are some pilots for digital health work taking place, funding has not been achieved for this so far but will assess how to pilots are received and then resubmit the bid.

Each practice has to have a PPG meeting within the next two months in order to be able to be agreed for a significant chink of that access and improvement money.

Questions/Comments

JN thought it would be quite useful to gain some feedback on partners on the new reporting structure for this item and if they feel the new layout is preferable.

JN also raised a risk in terms of communication that has been agreed that funding that has previously been available to support engagement of Primary Care colleagues in local pathway development at Place ad local engagement at Place will no longer be provided by the ICB and if that is the case then this is a disinvestment in terms of Place which seems contrary to the agreed principles so this is a real concern as there is a lot of engagement needed with

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	Primary Care colleagues so it is important to understand the accuracy of this risk and recommend that as a Place the concern is noted and work together to liaise proactively with the ICB authors and care collaborative to understand the accuracies and intentions moving forward. AK confirmed that they are still trying to gain accuracy on this, another concern is that the ICB and their support of meetings at a Primary Care level are going to be reduced also so there was a concern about how many actions they are going to be able to move forward from there. EJ thanked JN for raising this risk as is going to potentially have a massive impact on the ability to help move things forward. CF feels its important to have all of the partners represented at Place and suggested that as a Place a letter is compiled to the ICB to address this. CF also requested that Bill Butler, who is one of the ICB's Non Executive Directors who has been buddied with acute providers and CF met with him to ask if he would buddy with WN Place rather than just GEH and felt it would be beneficial if he is included in the invitation for the WN Place Executive Meeting's moving forward. ***ACTION: JN and CF to compile a letter to address the risk identified in relation to funding for Engagement of Primary Care colleagues at Place and circulate this to partners for comment.*** ***ACTION: SY to include Bill Butler in the meeting invites moving forward for this meeting.***
8.	**Winter Planning - RS** RS informed partners that a Health and Social Care Board meeting had taken place in the previous month and from this various partners had presented their winter plans for last year and went through what worked/didn't work so the work now is to pull of these pieces of work together and synthesise that so there will be one Place based winter plan that can be used as a first draft for amendments over the coming months well ahead of winter. JN and RS have met and have a plan to have the first draft of the winter plan available to share with partners ahead of the next meeting. JN added that there are also on-going discussions through the Warwickshire Care Collaborative Consultative Forum about where the funding will be positioned in terms of the oversight for winter this year, and there's also discussions at system level in terms of how that funding can be delegated, potentially to each of the collaboratives and therefore how things will be prioritised. The initial synthesis on the winter plans will feed into those conversations taking place. BH informed partners that one of the items that was bought to the last consultative forum, was the elements of winter funding that the system will have for 23/24 and what the proposals are about how spend plans are pulled together for winter as part of that. The ICB has confirmed that the Warwickshire allocation for winter (capacity and demand) is approx. £5 million and the expectation is that partners within the collaborative will come together to review how the money was spent last year, the impact and then pull together proposals about the intentions of how the money will be spent for 23/24.

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	There has been a commitment from the ICB to provide resource to help support the work happening around winter with BH taking an action to pull together a working party to look at what was done last year, what was the impact, what do we want to do this year in terms of winter and should be in a position where we are able to get things mobilised in a more efficient way that gives notice to external providers also. The other element of funding is the better care fund and a discharge fund that is allocated to the local authority and the Integrated Care Board to support discharge with proposals and plans being pulled together in relation to how this money will be spent (approx. £5 million). **Questions/Comments** CF asked if there is any idea if the funding will be split into groups such as North Warwickshire allocation, South etc. or is there a an ambition to try and do something across Warwickshire that benefits everyone, and if this hasn't been agreed will there be a opportunity for Places to influence that to which BH responded is that her understanding is that this is still to be shaped and agreed and work out between everyone as partners how this is allocated. CF suggested asking Places to think about the schemes that they would want to put forward in terms of winter form a Place Perspective because often this goes into acutes that can generate these things with possibly a workshop between the Places to discuss their ambitions as Place. JN added that she agreed and felt that the first stage is the synthesis as a winter response rather than an organisational response, with details of gaps we identified and recommendations from lessons learnt regarding suggestions on what we would like to rerun as it worked last time, what we might want to do differently, what we think we didn't do but need to consider/do differently this time then we can look at where as a place, want to focus our joint efforts and any available funding. BH added that she will be writing out to each of the Places to, according to the ICB, detail what was spent last year along with the schemes that supported the winter funding and it would be useful for all of the Place partnerships to pull together a impact assessment around some of the things that were put in place and then bring this together into a workshop towards the end of June to sit down as Warwickshire partners to discuss how they would like to manage the allocation etc. ***ACTION - A synthesis to be put together as a winter response rather than an organisation response, with gaps that have been identified and recommendations from lessons learnt such as suggestions on what we would like to do as it worked last time and what we would like to do differently and what we didn't do last time but feel we need to do this time.***
9.	**Warwickshire Care Collaborative Forum – BH** BH talked through some of the main points that came out of the last meeting, these being; • The Care Collaborative at the moment is a decision making forum and at the last consultative meeting they talked through the high level plan about what is needed to be done as a system to move the Care Collaborative Consultative Forum to becoming a decision making subcommittee at the ICB and the plan is that will happen by January 2024. • There was also a discussion about how to start to delegate resource and budgets around those areas that are in scope for the Care Collaborative over the course of the next year or so.

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	• There is a lot of work that sits under mobilising this. • There are continuing discussions in terms of resource to be able to do all of the work. • There was also a discussion around the inequalities funding and it was agreed that they would start to move towards the care collaborative and the partners within the care collaborative taking more ownership over how the resources are allocated and as a care collaborative that WN will take the lead on this work for the county. • Discussion also have taken place on the five year forward plan that's been developed across the system in response to the integrated care strategy, one thing to draw out for WN partners is that the plan need to more effectively draw out wat is happening at Place and that the authors of that plan and document need to think about how they get the spotlight on Place across the priorities as at the moment its quite generic. • Continuing healthcare was also discussed in terms of the work that is in train around the review and redesign of that. • A paper around proposals to extend the integrated and urgent care and out of hours service provision and contract which is due to end in June 2023. JN confirmed that WN will lead the work on the health inequalities funding work supported by public health and a small working group has been put together initially to start discussions with Duncan Vernon. There were no questions or comments from partners following this item.
10.	**AOB – All** AK wanted to add a risk in terms of the Clinical Safety Officer for Primary Care as this is needed to sign off things such as procurement before anything can be done to which CF suggested AK contact Sid Singh at GEH who may be able to assist in terms of working together. JN made partners aware of a piece of work around the out of hospital contracts and the discussions that are taking place around this and will provide updates at future meetings.
	Date of Next Meeting: Thursday 1st June 2023 09:00 -11:00 Microsoft Teams Meeting