


MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE**Thursday 3rd November 2022****09:00-11:00****MS Teams Meeting**

PRESENT		
Name	Initials	Title
David Eltringham	DE	Chair - Managing Director, GEH
Jenni Northcote	JN	Chief Strategy, Service Improvement and Partnerships Officer, GEH
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Rachael Tompkins	RT	General Manager, SWFT
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Catherine Free	CF	Medical Director, George Eliot Hospital
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Asif Atta	AA	CovWarks Partnership
Ryan Coffey	RC	Project Manager, GEH
Uju Okereke	UO	Public Health, Warwickshire County Council
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Suzanne Gray	SG	Senior Programme Manager, GEH
Laura Nelson	LN	Chief Integration Officer, ICB
Jack Foster	JF	Associate Chief Operating Officer – Out of Hospital
Karen Higgins	KH	Programme Manager, Personalisation, ICB
Sam Young	SY	Programme Assistant, Warwickshire North Place
Name	Initials	Title
Blaire Robertson	BR	Programme Director, UHCW
Sharon Binyon	SH	Medical Director, CovWarks
Chris Lonsdale	CL	Director of Finance, ICB
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital
Jane Coates	JC	Public Health, Warwickshire County Council
Natalie Green	NG	Chief Nursing Officer, GEH
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Amar Kacchia	AKh	LMC Representative

Item No.	Notes
1.	<p>Apologies</p> <p>As detailed above.</p> <p>Welcome / Introductions</p> <p>DE welcomed partners to the meeting.</p>
2.	<p>Review of the Minutes and Action Log from the Previous Meeting</p> <p>The minutes from the previous meeting were taken as an accurate record of October's meeting.</p> <p>Action Log;</p> <p> Enc 2 - WNPE Ongoing Action Log -</p> <p>5.10.1 – Atherstone Hub Action – This has been recheduled due to the programme of business and will be discussed at December's meeting. JN asked that this action be left on the action log.</p> <p>9.8.3 – Progression of the ARRS roles – JN informed partners that a conversation has now taken place between PCN leads, CWPT and the ICB by which a positive conclusion was reached.</p>
3.	<p>Winter Planning</p> <p>DE invited RS to provide an update as he is the chair of the A&E Delivery Board, the main points being;</p> <ul style="list-style-type: none"> • The winter plans for all organisations are well developed and there has been a discussion around winter funding via the ICB and that is now being concluded and all stakeholders have been given an allocation of the funding. • Acute Trust – there is a large focus on the admission avoidance work and trying to assess patients more efficiently and effectively to keep them out of hospital and to get them home and also working with system partners across Place through to expediting discharges in a safe and appropriate way. • Schemes in order to promote early supportive discharge are ongoing; <ul style="list-style-type: none"> ○ Virtual ward which is now starting to gain momentum, over 6 months ago there were zero patients on the virtual wards and as of today there are now 20 patients on the virtual ward which is a significant number and a game changer in terms of the ability to be able to maintain flow through the acute trust but also maintain care to those patients in the community and with their families and friends. ○ Rapid response services are working well in terms of increasing numbers. ○ The conversion rate into from ED attendance to admission is being maintained and are able to turn patients round efficiently. ○ The combining of the complex discharge teams on site and they are now working together in the same office to enable them to work closely together.

Questions/Comments

DE asked if the WN Winter Plan has been signed off by the Urgent and Emergency Care Delivery Board to which RS said this was scheduled to be signed off at the next meeting.

DE asked if this would be presented to both WN Place partners and the Coventry and Warwickshire Urgent and Emergency Delivery Board to which RS confirmed this would be.

DE also asked if partners from around this forum are involved in those conversations to which RS confirmed that it is his understanding that they are at various levels.

EJ confirmed that Racheal Davies has been keen to get more involved in these conversations.

CF informed partners that the GEH winter plan was discussed at the Clinical Opportunities Group which Racheal Davies is involved in.

DE feels its important that people from the partner organisations are involved in the Urgent and Emergency Care Board and it's really important conversations are happening in terms of a collective plan as well as individual organisation plans.

RS added that the conversations are taking place and individual organisations have been working on their individual plans and they are now at the position where they will start to pull those individual plans together into one collective Place Plan.


RS also added that in relation to the change in structure to the Gold Meetings, there was a directive was issued for ICBs to work on a model that was similar to the Kent and Medway Model that was put in place last year, around the way in which the systems structure themselves through a command-and-control structure which is in progress and there have been conversations with the Kent and Medway Teams.

EJ suggested that AK be invited to join those conversations as this is a key thing that ties in with some of the network activity going on in terms of improving the pathways.

JN added that there are a number of initiatives currently taking place from a local authority perspective these being things such as Winter Wellness advice which has gone out to every household and there are also ongoing conversations on how that support can be utilised within some of the every contact counts opportunities that there are for more vulnerable clients and they are working with Public Health in terms of how they might do that and also where there is an opportunity to do that as part of the vaccination hubs in terms of giving people advice more generally around winter wellness around care and welfare issues so they are trying to make that broader connection from a Place perspective.

SMY asked if they are talking about developing plans for the winter and what the definition of "winter" is as currently it is winter so therefore asked if they are currently behind with the plans to which RS responded that each of the organisations have been working on their winter plans, they have been submitted by the ICB in order to pull them all together so as an ICB system there is a winter plan template that has been co-ordinated. Each organisation should have their individual plans already signed off but it is now about pulling them together into one collective plan across Place.

RS assured partners that the individual organisation plans do link together and have not been done in isolation.

	<p>ACTION - Partners to have sight of the collective system winter plan ahead of the next meeting to provide assurance to partners and ensure they are sighted on this and are behind the plan - RS</p>
<p>4.</p>	<p>Place Delivery Group Report – JN/RC</p> <p> Enc 3 - Place Executive 03.11.22 - D</p> <p>JN informed partners that the following additional items have included within the report;</p> <ul style="list-style-type: none"> • Communications considerations • The SRO's for each programmes <p>RC provided a summary of the report with the main points being;</p> <ul style="list-style-type: none"> • The long-term conditions workstream is under review • The risk log is included and any risks of 12 or above have had detailed discussions at the WN Place Delivery Group. • Progress Updates - Wider Determinants of Health <ul style="list-style-type: none"> ○ A discussion with the ICB is taking place to understand the availability of the new Health Inequalities Programme Manager to support with this workstream in WN ○ The Learning Disabilities Cancer Screening project is working with CWPT to navigate information governance requirements around sharing Community Learning Disability Team caseloads with GEH for hospital record alerts to be added. A contact at GEH has been identified to support this ○ The System Cancer Prevention, Early Diagnosis and Screening working group had their first meeting in September ○ Opportunity to pilot the recently published Learning Disability and Autism Cancer Screening Health Improvement Framework ○ Prostate awareness sessions have taken place in primary care • Long-term conditions <ul style="list-style-type: none"> ○ As previously reported, supportive meetings have recently taken place with the new workstream colleagues for Long Term Conditions following personnel and portfolio changes which led to a lack of progress reporting. In the most recent reporting period, a full workstream review has taken place with the new System lead for Long Term Conditions in order to identify current priorities for WN and offer assurance for future progress reporting. The changes of that review are as follows for approval; ○ Diabetic Foot Clinic – Closed to Business as usual ○ COPD Remote Monitoring - Reported via Community Capacity and Rapid Response workstream in Telehealth – remove from this workstream ○ Addition of a new project for Pulmonary Rehab ○ Addition of a new project for Long Covid • Community Capacity and Rapid Response <ul style="list-style-type: none"> ○ Assurance against Hospital Discharge Policy and High Impact Change Model completed ○ Hospital Discharge model for domiciliary care to support winter readiness identified and costed ○ Discharge to Assess Home rebranded as Home-Based Therapy ○ Discharge to Assess bed review underway to identify winter and longer-term requirements

- Winter resilience plan for commissioned services and Warwickshire County Council pathways is underway
- Community Hospital Options Appraisal almost complete, following a stakeholder event in September which informed this
- Docobo WN rollout complete – 44 homes active
- Focus on usage, support and updates for remote monitoring
- Evaluation survey write-up has been completed for Docobo
- Reminders sent to Learning Disability Homes to complete wellness checks
- Frailty selected as WN focus cohort for Anticipatory Care programme, with criteria of frail patients with two acute conditions, approved at Place Executive, Delivery Group and Clinical Opportunities Group
- **Unscheduled Care**
 - Urgent response recruitment has been successful and new staff are due to commence soon
 - Community Services Data Set (CSDS) uploads are much improved and now closely match local reporting, with some minor discrepancies being worked through
 - More detailed urgent response reporting has been developed for local use, and further development is underway to support ongoing service development
 - Monthly data quality reports are being used to improve urgent response recording, and a demo has been shared with teams
 - Triage criteria has been refined following a test and challenge session, with a focus on falls response planned to make criteria more explicit
 - Catheter referral process has been improved, with changes live in September and a further iteration being developed
 - Alternative pathways work has continued with West Midlands Ambulance Service and GEH colleagues to explore opportunities within Same Day Emergency Care (SDEC), initially focusing on paramedic referral, contact and conveyance
 - 111 call assessor pathway pilots are in the process of being agreed, and will enable non-clinical referral from 111 call assessors into SDEC instead of the Emergency Department (ED) for some conditions.
- **Mental Health**
 - Two voluntary and community sector stakeholder workshops to engage on model for core redesign have taken place
 - Mental Health Community Enablement models have been scoped and compared nationally including Hackney, Solent, Barnett & Leicester
 - This scoping has led to a provisional model being proposed which will focus on early intervention, where complex psychosis is expected to form 85% of caseload
 - Out of area beds continue to be zero
 - Refresh of urgent and acute projects taking place
 - Wave five of children and young people programme in Nuneaton and Bedworth progressing
 - Roll out and allocation of practitioners and teams to school settings is continuing, with a further roll out to four schools in September
 - Work continues with special educational schools to develop a supportive offer
- **Enabling Workstreams – Improved Health Programmes**
 - Work continues via the Non-Specific Symptoms Cancer Pathways (NSCP) project
 - Total of 90 referrals received from April to mid-October
 - Eight referrals received in the first 12 days of October
 - 33% increase in referrals from August to September
 - One new GP surgery referred into the pathway in September

- 17 of 26 surgeries currently referring into pathway
- Secretarial support secured to write clinic letters
- Enabling Workstreams – Primary Care
 - PCNs have put together winter planning proposals to support the ICB via unspent ARRS roles money
 - Looking at opportunities with GEH to utilise staff registered to NHS Professionals for ARRS roles such as Paramedics, Pharmacists and Nursing Associates
 - New Paramedics started in October, so all PCNs will have one in place
 - Care Coordinators are being recruited in all PCNs
 - Physicians Associate interviews took place in October across WN
 - Ongoing recruitment of Pharmacists and Pharmacy Technicians
 - North Arden PCN working with Sycamore for support offer for young people's mental health
 - North Arden looking at Green Agenda with plan to become a Green PCN, with an initial focus on transport and recycling of medication such as inhalers
 - Primary care is looking at non-prescription routes for patients via a Health and Wellbeing Coach
 - Appointed staff health and wellbeing champions
 - Sleep Station app is available to patients free of charge, with a view to improve sleeping patterns and reduce prescribing of hypnotics
 - All licences now given out for Gro app
 - Care Coordinator completing personalised care plans for dementia patients
 - Working with local fire service to carry out safe home checks
 - Health and Wellbeing Coach is going into primary schools to discuss healthy lifestyles, nutrition, diet and mental health
 - Primary Care Board agreed, to take place monthly and alternate with one monthly Primary Care Development Group
- Enabling Workstreams – Volunteering
 - Joint communications plan being developed with local voluntary community transport groups, Warwickshire CAVA and GEH to jointly recruit volunteer drivers, target local employers and identify employees who are close to retirement and may be interested in volunteering
 - Health Inequalities funding application bid submitted for clinical leadership to embed the project clinically – this was successful
- Enabling Workstream – Communications
- We continue to work across the partners to share communications to support patient care and information across Warwickshire North. The Communications Teams meeting regularly for discussion.
- There is a meeting scheduled with the ICB discussing WN presence on a system level.
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Questions/Comments

Partners agreed the proposed changes detailed under the long-term conditions workstream.

SMY asked a question in relation to page 17 of the Place Delivery Group Report, where it says that Yasser Din moved positions from June with the narrative being that recruitment is on-going and asked if the narrative should be changed to say that recruitment is not on-going as despite previous assurances that Yasser would be replaced, he isn't going to be replaced and therefore SMY felt this would effect the risk rating.

SMY also raised that the dashboard was raised at a previous meeting and asked if that would be covered going forward by this item to which JN responded that this is a delivery content report and that the work that is done here they would hope to ensure impacts on those higher

	<p>level dashboard matrices that have been agreed and they did say they would run with the existing framework at the test phase rather than try to continually evolve and adapt it and there was a cycle that they said they would bring this back quarterly for a status report.</p> <p>SM confirmed that they have been working with the team to ensure all partners can access it as this currently sits on the GEH intranet but they now have the ability to create a PDF version which will go into circulation with the report until the link is working. The evaluative discussion that they want to have around the Dashboard will be scheduled in January.</p> <p>DE picked up on a point made by CB, within the chat box section, on figuring out where the leadership on patient and public engagement now sits on the importance of checking in with communities and people and felt this was a important point to which JN responded that this is partly the conversation they wanted to pick up with the ICB as there is a framework developed by the ICB as they feel this has been developed at a system level rather than Place upwards.</p> <p>CB added that it was discussed at the Integrated Care Partnership meeting and it seems the Integrated Care Strategy of which the Engagement Strategy is part of, is due to be signed off in December and CB felt that this was slightly disjointed at the moment and doesn't feel like the approaches to engagement are consistent across Place and at system level never mind further down at local level so felt there was a little way to go and made this clear at the meeting.</p> <p>LN felt the updates within the Wider Determinants of health were useful and within this there were talk around communications with patients etc. and something that was raised to her at the ICS F&P committee was around some of those patients with higher inequalities or from more deprived areas and where there waiting longer for certain access to certain care and what is being done about that and she just wondered if that was something that has been considered particularly as part of that programme.</p> <p>LN also wanted to check if things such as the waiting well etc. detailed within the enabling workstream, was feeding into the outpatient transformation programme.</p> <p>LN also asked about sustainability and where this is being considered within the delivery workstreams and where this is evidenced.</p> <p>DE felt that that for him this brings them back to the connection between what's happening in system and what's happening at Place and feels to him that they have got on in good faith and done stuff, the ICB was then established on the 1st of July and is finding its feet but no one is really clear about the lines of sight and the governance arrangements and he would appreciate some clarity around this.</p> <p>ACTION - JN and the team to look at the timings of the programme reporting and the dashboard as it would make sense to see these together.</p> <p>ACTION - JN/LN to have a conversation in relation to the patient and public engagement piece within the integrated care strategy which was raised by CB as he felt this was disjointed and doesn't feel like the approaches to engagement are consistent at Place level or system level.</p> <p>ACTION - JN/LN to provide some clarity in relation for the governance arrangements for the ICB/ICS so this can be used to think about how we operate at Place.</p>
<p>5.</p>	<p>NHS Operating Framework –JN</p>

	<div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p>Enc 4 - Operating Framework Briefing.d Enc 4.1 - Appendix One_nhs-providers-c</p> <p>The papers distributed prior to the meeting were taken as read.</p> <p>JN went onto explain that the Operating Framework is the national framework for the NHS and has come out in the context of the recent changes relating to Health and Social Care act in response so does have a specific NHS focus but does make the link back to how that operating framework sits in a wider context, one of the key considerations is that it is an NHS framework and therefore how does that link across to other frameworks from other partners particularly when looking at integration.</p> <p>Key points;</p> <ul style="list-style-type: none"> • The framework is intended to re-focus on specifically on what the NHS value add is in terms of how they work as a partner within the broader system and a particular focus on those accountabilities and the areas that should be focussed on. • The framework sets out several priorities which helps shape the thinking of the key themes that, from a Place perspective, need to be aware of and check that links in with the work currently being undertaking, this assessment has been done against the current programme plans and there is a clear alignment between the priorities at Place and the key priorities for the framework. • There are some technical points within the framework • A key thing for this group is the leadership values that are identified within the document with one of the recommendations suggested by JN being that they give consideration to the thinking about whether they utilise those leadership behaviours as a way of assessing to what extent, as a partnership, they are living those core values and can demonstrate that in the work that is undertaken by this group and building that into the Place OD work. <p>Questions/Comments</p> <p>DE asked if the diagram on the last page of the document could be shared with partners following the meeting</p> <p>ACTION - SY to share the Framework Diagram featured on the last page of the document.</p> <p>DE felt that it was a different presentation of a operating framework from NHS England this year and not very much referenced to constitutional standard which is where it is normally focused and much more interested in values and behaviours and felt that the suggested we use some of the things set out in the framework was valuable and was happy for JN and the team to go down this route.</p> <p>Support was given by partners to proceed with JNs suggestions.</p>
<p>6.</p>	<p>Primary Care Update – EJ</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p>3344A5E6-F655-41E F6559A82-406C-499 E-AACA-CE373DA482 6-8DA1-2977A15F97</p>

EJ provided an update from a Primary Care update with the main points being;

- There will be a monthly primary care board meeting and every quarter there will be an opportunity for member practices to attend.
- They are looking at options of how to resource this meeting.
- In order to accommodate this meeting, the primary care delivery groups will take place less frequently.
- The meeting will clash with the current Opportunities Group held with GEH colleagues which means they will be unable to attend this.
- There are some additional care co-ordinators that are being put in place and recruited for a paramedic has taken place
- They are looking at developing their green agenda in terms of inhaler projects



CF clarified if it was an issue with the timing of the current opportunities group or the meeting itself to which EJ confirmed that it was the timing to which it was agreed the meeting would be moved to accommodate PCNs.

ACTION - EJ/CF to reschedule the dates for the NW Clinical Opportunities Group to accommodate all and to continue to develop the Clinical and Professional Partnership Group.

EJ provided partners with some feedback in relation to the ICB primary care collaborative group and had circulated a presentation prior to today's meeting and she encouraged partners to look through this as PCNs were keen to use the framework and develop this with the next steps being;

- The Stocktake report itself and the King's Fund evidence review offer each ICS a clear vision in terms of integrating primary care and a 'toolkit' to drive that vision.
- In terms of the approach that needs to be taken in relation to implementing the Stocktake report locally there are a couple of key messages:
 - **The Stocktake report is about system change not primary care change so implementing it must be and be seen as a system effort not a primary care effort.**
 - As they presented the Stocktake report to the NHS England Board on 19 May 2022 Amanda Pritchard observed that implementing Fuller presents "a real moment for [systems] to get around primary in a different way." Dr Claire Fuller emphasised that the change that needs to happen is "bigger than primary care".
 - **Systems need to take a 'with' not 'to' approach to working with primary care on implementing the Stocktake report.**
 - The Stocktake report is clear that primary care leadership must be embedded throughout every ICS and, more specifically, primary care leaders must be enabled to play a key role in driving the implementation of Fuller. Developing a primary care forum at system level is one of the identified actions in the **Framework for Shared Action** – in Coventry and Warwickshire we began working with leaders from within general practice on the formation of a system-wide Primary Care Collaborative during the spring of this year. The new Collaborative met for the first time in July.

KH asked where this activity would be taking place in the first instance to which EJ confirmed that the system has committed to looking into the implementation of this, in terms of the delivery the contents of the fuller report is talking about how networks are key building blocks in terms of developing change and working at a Place level would be more of an effective way of making sure any changes are tied together.

	<p>EJ also circulated a second document prior to the meeting in relation to the importance of the primary/secondary care interface which contains some key recommendations which she feels may be worth reviewing and agree if it would be worth adopting these recommendations at Place.</p> <p>EJ confirmed that following the meeting with CWPT there has been an agreement that they would put together some advertisements for five band 7 mental health link workers across WN and five band 4 positions and five mental health link workers which will enable recruitment for two more social prescribers and care co-ordinators.</p> <p>EJ informed partners that there are a lot of innovations currently available and felt it was important to know the right place to take these conversations to ensure the right things are procured in order to unlock everything to work across barriers.</p> <p>ACTION - SY to re-circulate the documents discussed by at the meeting by EJ.</p> <p>Questions/Comments</p> <p>There were no questions or comments from partners.</p>
<p>7.</p>	<p>Personalisation – KH</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Enc 5 - WN Place Executive Personalisat</p> </div> <div style="text-align: center;">  <p>Enc 5.1 - Coventry and Warwickshire ICS</p> </div> </div> <p>The papers circulated before the meeting were taken as read.</p> <p>KH explained to partners that the personalisation strategy outlined the ambitions and approach for the programme and this is about engaging with each of the Place partnerships and the ask from the group would be endorsement of the strategy and for thought to be given to an area of work in the priorities where there is an opportunity to embed personalised care and the programme will then support and facilitate through that exercise and by taking one of the priorities begins to apply the principles of personalised care to a particular priority and the third area is the ask of having a Personalised Care Champion that could be nominated to act as a point of contact for the programme.</p> <p>Questions/Comments</p> <p>DE went through each question with partners;</p> <ol style="list-style-type: none"> 1. Endorsement of the strategy from partners – partners endorsed the strategy. 2. Identify a Programme of work to be used to embed Personalised Care – It was agreed that this would be identified through the WN Place Delivery Group and then recommended back to WN Place Executive Partners. 3. It was agreed the Personalised Care Champion would be decided based on the workstream that is chosen by the WN Place Delivery Group. <p>ACTION - The personalised Care Strategy was endorsed by partners, and it was agreed that this would now go to the WN Place Delivery Group for them to identify and recommend a workstream and nominate an appropriate Personalisation champion.</p>

8.	<p>AOB – ALL</p> <p>It was agreed that a Joint Commissioning Board update would be sent to partners after the meeting.</p> <p>Care Collaboratives Update – JN</p> <p>JN informed partners that there has been a system discussion regarding where we go next and how to feed into the Warwickshire Care Collaborative.</p> <p>It has already been reported (through this group) that the pathfinder work that is ongoing from a WN perspective (which is about the relationships and what governance arrangements) might best fit that partnership and this work is continuing, this is now a formal part of the WN Care Collaborative work programme so sits there.</p> <p>There has been ongoing conversation in relation a primary care representative which JN believes Mehwish Qureshi has now been identified for this.</p> <p>It is still early days for Care Collaborative but JN wanted to make partners aware that they are continuing to ensure there are to correct links into this.</p> <p>Warwickshire Transformation Programme Update – JN</p> <p>JN informed partners that there have been a number of delays in this programme but they are in the position now where they are getting some initial data set that will be available for review. In the first instance, the data sets are around the community overlaid with the acute data as there is still conversation with primary care around the appropriate DPIA requirements in order to be able to access the data.</p> <p>Some specific areas of focus have also been identified which do link back to the WN Place Plan so it is all aligned to that and there is also a deep dive focus into Frailty which again links in which the priorities.</p> <p>Introductions</p> <p>Uju Okereke introduced herself to partners as she is a consultant for Public Health working across the ICS and Warwickshire County Council and will be attending the WN Place Executive Meeting regularly.</p> <p>Front Runner Bid - SM</p> <p>SM wanted to make partners aware that there has been some discussions with NHS England in relation to the discharge integration front runner bid towards the end of September around how the bid could be adapted to respond to the intermediate Care Programme and there has been confirmation that the Discharge Integration Front Runner process has been paused but it did move into the Intermediate Care Programme quite seamlessly and Warwickshire have been selected to be one of three pilot areas and it is a piece of work that the Warwickshire Care Collaborative will be leading across the three places so this will be connected into future reporting going forward.</p> <p>Health and Wellbeing Partnership Meetings - DE</p> <p>DE raised a question in relation to the reset of the Health and Wellbeing Partnership Board as he knows there were a number of logistical issues that were getting in the way.</p>
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Enclosure 1

	<p>Date of Next Meeting: Thursday 1st December 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite</p>