

## **HEALTH AND WELLBEING BOARD**

Minutes of the meeting held at 1.30 pm on 25 November 2021

### **Present:**

Councillor David Jefferys (Chairman)

Councillors Gareth Allatt, Yvonne Bear, Mary Cooke,  
Kira Gabbert, Diane Smith and Gary Stevens

Richard Baldwin, Director: Children's Social Care  
Kim Carey, Director: Adult Social Care  
Dr Nada Lemic, Director: Public Health  
Sean Rafferty, Adult Services

Christopher Evans, Community Links Bromley  
Lin Gillians, Healthwatch Bromley

### **Also Present:**

Jonathan Lofthouse (King's College Hospital NHS Foundation  
Trust)

## **15 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Judi Ellis, Councillor Robert Evans, Teresa Bell, Rachel Dunley, Jim Gamble, Harvey Guntrip and Dr Andrew Parson.

Apologies were received from Councillor Kevin Kennedy-Brooks, Dr Angela Bhan and Marzena Zoladz, and Councillor Vanessa Allen, Sean Rafferty and Lin Gillians attended as their respective substitute.

Apologies were also received from Councillor Mike Botting, Executive Assistant for Adult Care and Health and Jacqui Scott (Chief Executive – Bromley Healthcare).

## **16 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **17 QUESTIONS**

No questions had been received.

**18 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 23RD SEPTEMBER 2021**

**RESOLVED** that the minutes of the meeting held on 23<sup>rd</sup> September 2021 be agreed.

**19 UPDATE ON THE BROMLEY MENTAL HEALTH AND WELLBEING STRATEGY**

**Report ACH21-056**

The Board considered a report providing an update on the Bromley Mental Health and Wellbeing Strategy 2020-25. The Chairman noted that the agenda item on 'Children and Young People's Mental Health' had been incorporated into this update.

The Associate Director – Integrated Commissioning, NHS South East London CCG (Bromley) ("Associate Director – Integrated Commissioning") informed Members that the Bromley Mental Health and Wellbeing Strategy (BMHWS) 2020-25 set out a five-year delivery plan to make improvements across mental health and wellbeing services in the borough. At the heart of the BMHWS were the voices of patients and service users who relied on good mental health services in Bromley. In the coming years, as the strategy was delivered with partners, no matter what area of mental health was involved, the Council and NHS were committed to ensuring that patients and service users were at the forefront of designing their own service offer in Bromley.

The BMHWS set out a joint vision to support communities and individuals to have improved mental health and wellbeing. The strategy set out an approach in which the Council and CCG would work together with partners to prevent children and adults reaching a crisis point through the provision of a strong prevention and early intervention offer. It also put in place a joint plan for the provision of a number of important services for people with mental health challenges, including good advice and information, talking therapies and counselling, employment and training schemes, mental health support in schools and supported housing. The BMHWS was led by the Bromley Mental Health and Wellbeing Partnership Board, which was made up of senior representation across Bromley mental health services. The specific actions for children and young people's services were being taken forward by the CAMHS Partnership Board. The Council and CCG provided oversight to this work through the Integrated Commissioning Board (ICB) and there was also broader partnership ownership of the work through the One Bromley Executive.

With regards to children and young people's mental health emergency and crisis cases, the BMHWS highlighted the need to develop stronger preventative and early intervention mental health and wellbeing services for children and young people in the borough. This priority was in part borne out of a recognition that the number of children and young people's mental health emergency and crisis cases had been increasing, year on year, since 2013/14. This issue was an area of focus of the Health and Wellbeing Board and Bromley Safeguarding Children's

Partnership prior to the COVID-19 pandemic. A deep dive exercise looking at the children and young people attending A+E with mental health issues had been considered in detail by the Bromley Safeguarding Children's Partnership and SEND Governance Board in September 2021. There had been a number of interesting correlations with regards to areas of the borough and certain schools, and work would be undertaken to provide additional support and monitoring.

Within the framework of the BMHWS, the following immediate actions in relation to children and young people's emergency and crisis cases were being taken: a new joint approach around crisis cases between Bromley Y/Oxleas CAMHS, with links into education and other partners as needed; and work with the Bromley Safeguarding Partnership Board on the next steps. This work would continue to be highlighted to the Bromley Health and Wellbeing Board as part of broader updates on the BMHWS.

The Associate Director – Integrated Commissioning said that since September 2020 the numbers entering children and young people's mental health services in Bromley had increased by 30%, which was a picture seen nationally. The children and young people were presenting with more challenging and complicated needs – they were staying in services longer and required more specialist support. It was noted that although they were looking to hire specialists, it had not been possible to recruit the full complement. It was highlighted that this cohort was limited, and a number of organisations were trying to recruit to these specialist post all at the same time. Waiting times for children and young people's mental health services were rising and for the first time in Bromley the 18-week target was not being achieved. The average waiting time was 25-weeks, which was better than some neighbouring boroughs, and the lists were managed based on risk. The focus would be on prevention and working with children and young people before they reached a level of challenge.

A Member enquired how reduced waiting times could be achieved, particularly for children and young people's mental health services. The Associate Director – Integrated Commissioning said that this was a huge challenge nationally. Not all children needed to access NHS services, and could be provided with support from elsewhere, such as the voluntary sector. However it was noted that this work was happening in other areas but waiting times had not been affected. Partners at Oxleas focussed on those presenting in crisis however there were lots at the other end of the spectrum that needed support in relation to loneliness and social isolation.

In response to questions, the Associate Director – Integrated Commissioning said that 48 primary and secondary schools in Bromley had taken part in the mental health support team (MHST) pilot. This was a long-term solution that helped ensure the resilience of Bromley schools to manage mental health challenges, in partnership with other mental health and wellbeing services. This support would shortly be rolled out to another group of schools, which would see the MHST delivered to 75% of the schools in Bromley. It was agreed that a list of the schools involved could be circulated to Board Members following the meeting. With regard to recruitment, the South East London CCG and NHS England were looking at the workforce and the development of a high-level strategy across the region. This

would consider whether other practitioners could do more if a clinical-based approach did not need to be taken.

A Member highlighted the importance of the wider support infrastructure for the families of those suffering with their mental health. The Associate Director – Integrated Commissioning emphasised that Children’s Social Care provided support to families. It was intended that this support would be further increased during 2022/23 with the introduction of more joined-up services.

The Director of Children’s Social Care said that he was pleased to see that prevention and early intervention was front and centre in the strategy. Work would continue to build on the initiatives mentioned, with Wellbeing Champions being launched in schools and families signposted to Bromley Y and other voluntary organisations. With the support of the Anna Freud Centre, the ‘Your Choice’ initiative would also be launched and to build interventions at every level. The data indicated that there were clusters of particular issues in the 13–17-year-old age group, and discussions would take place with staff to target this cohort.

With regards to adult mental health, the Associate Director – Integrated Commissioning said that overall, it was considered that the 5-year Action Plan was on target. However they would not be complacent and were aware that not all services were perfect – key deliverable had been achieved during year one, but there were now significant challenges in terms of recovery following the impact of the COVID-19 pandemic. Plans included the introduction of more digital and online services for children, young people and adults – another big change would be the Adult Mental Health and Wellbeing Hub which would be fully open from January 2022.

A Member highlighted that the strategy stated that ‘BAME community groups are over-represented across all types of severe mental health needs’, however there was no mention of an Equality Impact Assessment (EIA) having been undertaken. The Associate Director – Integrated Commissioning said that this had been an area of concern – the presenting challenges were very different, and this needed to be looked into further. An EIA had been completed for the strategy but as the document was so large, it may not provide as much detail as the Member would like to see for each point. It was noted that the Adult Mental Health and Wellbeing Hub would have an Equalities Officer and part of the role of the new Bromley Y youth ambassadors would look at whether services represented the borough as a whole. There was more work to do in terms of talking with community and church leaders, and these conversations would continue going forward. The Assistant Director for Integrated Commissioning advised Members that the draft strategy had been presented to the Adult Care and Health Policy Development and Scrutiny Committee last year, and an EIA had been included. The Chairman suggested that updates on the strategy could be provided to the Board on an annual basis, with information included on the EIA’s undertaken. In response to a question from another Member, the Associate Director – Integrated Commissioning advised that a dashboard was in progress to monitor how mental health services were performing in relation to the strategy and could be reported on in the next update to the Board.

The Chairman noted that this was great work, which looked at a multi-disciplinary approach to prevention and early intervention. Councillor Diane Smith, Portfolio Holder for Adult Care and Health thanked the Associate Director – Integrated Commissioning for his work in creating the strategy. This was an important subject, and the work was on the right track, however there was still more to be done, particularly in relation to children and young people’s mental health services. It was agreed that updates on the strategy would be provided at future meeting of the Health and Wellbeing Board.

**RESOLVED that the progress to deliver the Bromley Mental Health and Wellbeing Strategy (2020-25) be noted.**

## **20 BROMLEY WINTER PLAN UPDATE**

### **Report ACH21-055**

The Board considered a report providing an update on the planning and actions being taken by the ONE Bromley partnership to respond to winter demands.

The Associate Director – Urgent Care Hospital Discharge and Transfer of Care Bureau (“Associate Director”) informed Board Members that the ONE Bromley Winter plan brought together all actions being taken by ONE Bromley organisations in order to respond to additional pressures on the health and care system during winter. The plan was based around 5 pillars:

1. Increasing System Capacity
2. Data Sharing and Escalation
3. Single Point of Access and Discharge Arrangements
4. Admissions Avoidance
5. Communication and Engagement

Increasing system capacity would involve additional workforce to respond to the demand on services. This included Rapid Response Advance Nurse Practitioners (ANPs), Rapid Access to Therapy therapists, Care Managers (adult social care), brokerage and Moving and Handling Risk Assessors. There would also be additional service capacity, with over 500 extra Primary Care Access Hub appointments over the Christmas and New Year period to compensate for the opening hours of other services. Assistive Technology (AT) was also being used in creative ways across the borough to allow residents to remain at home whilst they received care.

With regards to pillar 2, data sharing and escalation, the Associate Director advised that a data dashboard would be mobilised to identify pressure on the system in terms of workforce challenges and extra demand. A Clinical and Professional Advisory Group had already been launched to break down operational and organisational boundaries and ensure that consistent messages were being heard by residents and patients. A Clinical Monitoring meeting was used to share current clinical pressures and information that would help the system to be responsive.

The Bromley Single Point of Access (SPA) and Discharge Partnership were now fully established. Capacity had been further increased by providing access to Bromley Rapid Access to Therapies (RATT); Hospital@Home for children and young people; and the Bromley Community Covid Management Service and Long Covid clinics. The Assistant Director for Integrated Commissioning chaired a Demand and Capacity meeting, which would continue to maintain system oversight of pathways and capacity, ensuring sufficient access to resources throughout the winter period. This year, in addition, a community in-reach offer would be delivered to reduce inpatients length of stay in hospital and an Enhanced Community N/AB short course would be offered to enable early supported discharge and admission avoidance. Integrated models of care would be used in relation to admissions avoidance, including the Community Respiratory Pathway, and the provision of dedicated St Christopher's Capacity into care homes (in line with the successful model delivered during the COVID-19 pandemic) to support rapidly deteriorating patients post discharge.

The Associate Director highlighted that communication and engagement would be undertaken to ensure that the same messages were being relayed to both the health care workforce and general public. The winter PR campaign 'Together Through Winter' had been launched and would support a system-wide communication and engagement plan, maintaining and providing 2-way communication on winter pressures, updates on winter schemes and capacity, and supporting the workforce. A leaflet had been distributed to households, providing information on what services could be accessed, and when, enabling residents to choose which service was right for them. In response to a question, the Director of Adult Social Care said that colleagues in Finance were putting plans in place, including signposting for residents, and would distribute the Housing Support Grant as required.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites, King's College Hospital NHS Foundation Trust ("Site Chief Executive") informed Members that he had recently taken over the role of chair of the ONE Bromley Executive Board. There had already been a large swathe of winter monies into the SPA, and last week a further £2.5m of winter funding had been secured and would be brought into the system. It was considered that the system response was as well placed as it had ever been, going into what would be a difficult and challenging winter period.

In response to a question, the Site Chief Executive advised that across London the system was seeing pressures escalating. The PRUH had already used, and would continue to use, escalation processes to galvanise extra levels of response – this meant that they were asking more and more from health and social care workers. The Site Chief Executive informed Members that the London Region had recently refined guidance relating to ambulances presenting at A+E departments and the offloading of patients. It was noted that this was a challenge at the PRUH and South Sites due to the physical design of both the site and the A+E department. Three weeks ago, a pilot had been initiated to redirect the postcode boundaries for ambulances. The London Ambulance Service (LAS) had acknowledged that as the PRUH was in outer London there was nowhere else for ambulances to go and had therefore altered the postcode definition for the five hospitals on the most extreme curtilage. It was highlighted that there was a defined LAS protocol, and patients

aged over 65, children, and those already known to the hospital would still be directed to the PRUH.

In response to a question, the Site Chief Executive said the previous day, performance of the National Four Hour Standard stood at 77% for the PRUH – this was below the required 95%, but within the tolerance level. It was noted that the performance for our Type 3 patients, seen and treated within the Urgent Treatment Care (UTC), was significantly higher, at above 90%. There were three markers in terms of ambulance handover and drop-off – handover in 15 minutes, 30 minutes and 1 hour. Within the last 24 hours, there had been less than 10 handovers in the last two categories and the hospital was averaging 82 ambulance handovers per day. The Site Chief Executive said he would be happy to provide further statistics relating to this following the meeting.

A Member enquired if the LAS communicated with hospitals with regard to waiting times. The Site Chief Executive said that the LAS used an ‘intelligent conveyance’ level of technology, which allowed vehicles in the fleet to assess algorithms across London. However, it was highlighted that if one hospital was busy, it was extremely likely that its neighbouring hospitals would be in a similar position. Another Member enquired if the tracking of ambulances could be provided to the general public, allowing them to see where queues were building up. The Site Chief Executive said that he was not aware of any service that offered that level of information. It was emphasised that when there were ambulance handover delays, patients were kept in the vehicles and received clinical assessments and care from nurses and/or doctors – each patient was triaged and received pain medication if required. The Site Chief Executive confirmed that any patients waiting in ambulances were provided with the appropriate welfare, nutrition and hydration, depending on their circumstances. In an escalating situation, all patients would continue to be treated with dignity and respect. The Chairman considered that the Health Scrutiny Sub-Committee could request an update from the LAS at a future meeting.

In response to a question, the Site Chief Executive informed Members that COVID-19 was currently having less of an impact on the PRUH, as it became an endemic situation, which was lived with in society. At this time last year, there had been more than 300 positive cases of COVID-19 – however in comparison, as of that morning, there were 23 patients across the PRUH and South Sites with a confirmed inpatient diagnosis of COVID-19, and these numbers were not causing operational distress.

In response to a question from the Chairman, the Director of Public Health advised that the number of cases of flu was currently low, both in Bromley and nationally – however it was noted that the flu season had not yet fully started. A Member noted that countries, such as Austria, had made COVID-19 vaccinations compulsory and enquired if this may be implemented in the UK. The Director of Public Health said there was a requirement for social care staff to be double vaccinated, and this would soon be extended to medical and clinical staff – however she was not aware that this requirement would be introduced for the general public.

The Chairman thanked the Associate Director for her excellent presentation to the

Board and enquired if there was anything further that Members could do to support the system. The Associate Director said it would be useful for everyone to be giving the same message in terms of keeping well and getting vaccinated. It was agreed that a copy of the 'Together Through Winter' leaflet could be circulated to Board Members for onward dissemination.

**RESOLVED that report be noted.**

## **21 BROMLEY BETTER CARE FUND PLAN 2021-2022**

### **Report ACH21-054**

The Board considered a report setting out the Bromley Better Care Fund (BCF) 2021-22 Plan and sought approval for its submission to NHS England.

The BCF programme supported local health and social care systems to successfully deliver the integration of health and social care in a way that supported person-centred care, sustainability and better outcomes for people and carers. The BCF encouraged integration by requiring clinical commissioning groups (CCGs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.

In support of BCF receipts from government, all local areas were required to have a BCF Plan. The last Bromley BCF Plan had been for the period 2019/2021 with the requirement to update plans in 2020 suspended due to the COVID-19 pandemic. Despite being past the mid-year point for the year it was a requirement to submit a BCF Plan for 2021/22 as part of the assurance arrangements for receiving the BCF grant. The BCF 2021-22 planning requirements, published on 30<sup>th</sup> September 2021, set out conditions for implementing the government's Policy Framework for the Better Care Fund programme for this financial year. This framework set out national conditions, metrics, and funding arrangements for the BCF programmes in 2021 to 2022. As the BCF was one of the government's national vehicles for driving health and social care integration, a key theme of local plans was the designing and delivery of integrated care across health and social care systems.

The Assistant Director for Integrated Commissioning advised that with the approval of the Chairman of the Health and Wellbeing Board, Portfolio Holder for Adult Care and Health, and agreed jointly with the Chief Executive of South East London CCG, the draft BCF Plan had been submitted to NHS England in time to meet the deadline of 16<sup>th</sup> November 2021. The BCF guidance allowed for an arrangement whereby the Plan may be submitted to NHS England in advance of the formal approval of the local Health and Wellbeing Board.

A Member noted that it would be helpful to have a summary chart listing the outcomes of the BCF work. The Assistant Director for Integrated Commissioning advised that the BCF Plan itself only allowed the inclusion of a limited number of indicators, however further information relating to the outcomes of the BCF was provided in the Information Briefing to the Health and Wellbeing Board – item 1 –

'Better Care Fund and Improved Better Care Fund Performance Update – Q2 2021/22'. It was noted that a summary chart could be considered for inclusion in the next BCF Plan submission.

In response to a question, the Assistant Director for Integrated Commissioning highlighted that admissions avoidance was a key priority of the Plan, with support given to people in their homes and care homes. The London Ambulance Service were involved in terms of wider practice or capacity discussions but not recipients of BCF funds. The London Ambulance Service did have greater involvement in the discharge planning arrangements outlined in the Bromley Winter Plan.

In response to a question from the Chairman, the Assistant Director for Integrated Commissioning said that funding of £42m was received specifically to spend on creating integrated care and health arrangements.

**RESOLVED that the submission of the BCF 2021-22 Partnership Plan to NHS England be approved.**

## **22 BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP - ANNUAL REPORT**

### **Report CEF21-042**

The Board considered the Bromley Safeguarding Children Partnership (BSCP) Annual Report 2020/21.

The annual report of the BSCP covered the period from April 2020 to March 2021 and was a transparent assessment of the effectiveness of safeguarding and the promotion of child welfare in Bromley.

The BSCP Partnership Manager advised that it was a statutory requirement for safeguarding partnerships to publish this report under Working Together 2018. In line with statutory guidance and best practice, the report would be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner, Chairman of the Health and Wellbeing Board, Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care.

This had been the first full year of the BSCP under new multi-agency partnership arrangements. These had been put in place in response to the Children and Social Work Act 2017 and Working Together 2018 and replaced Local Safeguarding Children Boards (LSCB). Safeguarding partnership arrangements had been improved to form the BSCP and its subgroups. The work of the partnership this year had inevitably been dominated by the COVID-19 pandemic – since March 2020, Partnership Board and Executive meetings had concentrated on the direct and indirect safeguarding impact of the pandemic. In order to do so they had focused on the health and wellbeing of children and young people, their families and the partnership workforce, as well as emerging safeguarding themes, individual and collective practice, and how to develop and support innovative responses.

The Chair's Foreword highlighted the achievements and challenges of the year:

- the governance and accountability arrangements for the BSCP. This provided information about the structures in place that supported the BSCP to do its work effectively, as well as the roles of partners, including designated professionals and lay members.
- the context for safeguarding children and young people in Bromley. This highlighted progress made by the partnership across a range of areas (e.g. Early Help, Private Fostering, child exploitation and the work of the Local Authority Designated Officer), as well as the challenges going forward.
- the lessons that the BSCP had identified through its Learning and Improvement Framework, including Learning Reviews and multi-agency audits. This section also detailed the actions taken to improve child safeguarding and welfare as a result of this activity.
- the range and impact of the multi-agency safeguarding training delivered by the BSCP (this year all training had been held virtual due to the pandemic).
- progress against the BSCP pledge four key areas: health and wellbeing of the workforce; understanding vulnerability; a focus on getting the basics right; continuous improvement.

The BSCP Partnership Manager informed Board Members of a number of activities undertaken by the BSCP:

- the Contingency Oversight Group (COG) meeting had been introduced to ensure that partners could collectively address issues linked to the health and well-being of the workforce, identify emerging safeguarding trends, and early critical interoperability issues;
- a COVID-19 survey to help provide oversight and scrutiny of partners' response to the pandemic;
- in response to the increased threat of online harms highlighted by national agencies, the BSCP had rolled out the Safer Schools App to schools, parents and carers, free of charge; and
- the establishment of a new Children's Scrutiny Board and a MASH Strategic Group; the latter resulting in a review of capacity and capability across the partnership.

In response to a question, the BSCP Partnership Manager said that during the periods of lockdown there had been a reduction in the number of referrals received from schools, however the number of referrals received from the police had increased. Once pupils had returned, there was a surge in the number of referrals received from schools. The education sector was doing all that it could to ensure that no one "slipped through the net" and there was a lot of work taking place in relation to this.

The Chairman led Board Members in commending the Independent Chair of the BSCP and BSCP Partnership Manager for the work undertaken during 2020/21.

**RESOLVED that the Bromley Safeguarding Children's Board Annual Report 2020/21 be noted.**

**23 JSNA PRIORITY AREA - IMPACT OF COVID-19**

**Report ACH21-057**

The Director of Public Health informed Members that a brief summary had been provided in relation to updates on the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

The Demography Chapter of the JSNS had been refreshed and was published on the Council's website. It was noted that this chapter would be refreshed again when the Census data was released next year.

The Director of Public Health advised that a chapter had been drafted on COVID-19. This JSNA chapter assessed and summarised the impact of the COVID-19 pandemic on the population of Bromley and inequalities across the population. The chapter examined the issues across the life-course and highlighted the inequalities that had been exposed and exacerbated by the pandemic. It was noted that final comments and data needed to be fed into the document, which would be brought to the Board in February 2022. The Public Health Intelligence Team had also planned to produce the Mental Health JSNA chapter in 2021, to support the commissioning of Mental Health Service.

The Director of Public Health noted that the Health and Wellbeing Strategy was due to expire in 2023. In light of the COVID-19 pandemic, and changes that had occurred as a result of it, it was suggested that the Health and Wellbeing Strategy be reviewed in 2022, with a particular focus on inequalities.

**RESOLVED that:**

- i.) The update on progress towards the JSNA chapter updates be noted; and**
- ii.) The plans proposed for updating the Health and Wellbeing Strategy be noted.**

**24 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING**

The Health and Wellbeing Board Information Briefing comprised 4 reports:

- Better Care Fund and Improved Better Care Fund Performance update – Q2 2021/22
- Pharmaceutical Needs Assessment Updated Timeline
- Changes to Public Health England
- Healthwatch Bromley – Patient Experience Report Q2 2021/22

**RESOLVED that the Information Briefing be noted.**

## **25 WORK PROGRAMME AND MATTERS ARISING**

### **Report CSD21125**

The Board considered its work programme for 2021/22 and matters arising from previous meetings.

A number of items were added to the forward rolling work programme for the Health and Wellbeing Board as outlined below:

- Update on the Bromley Mental Health and Wellbeing Strategy / Children and Young People's Mental Health (31<sup>st</sup> March 2022)
- JSNA – Impact of COVID-19 (3<sup>rd</sup> February 2022)

The Chairman informed Board Members that the Long Covid item scheduled for the meeting had been deferred and would be presented on 3<sup>rd</sup> February 2022. The Director of Public Health advised that updates on the JSNA priority area of obesity would be presented to Board Members in the New Year.

**RESOLVED that the work programme and matters arising from previous meetings be noted.**

## **26 ANY OTHER BUSINESS**

There was no other business.

## **27 DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 3<sup>rd</sup> February 2022.

The Meeting ended at 3.05 pm

Chairman