

# Public Document Pack

## North Yorkshire County Council Health and Adult Services - Executive Members & Corporate Director Meetings

Friday, 10 March 2023 / 1.30 pm

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### A G E N D A

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- 1 **Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Exclusion of the public from the meeting during consideration of item 6 on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended by the Local Government (Access to information)(Variation) Order 2006**

#### **Items for Corporate Director decision**

- 4 Cessation of Trailblazer Initiative (Pages 3 - 6)
- 5 Extension and variation to the Community Mental Health Services Contract (Pages 7 - 10)
- 6 Proposed Shared Lives Operating Model (Pages 11 - 18)
- 7 Minutes of previous meeting held on 10 February 2023 (Pages 19 - 20)
- 8 Date of next meeting 14 April 2023 at 13:30

#### **Circulation:**

**Executive Members**  
Michael Harrison

**Officer attendees**  
Richard Webb

**Presenting Officers**  
Anton Hodge  
Sally Anderson  
Abigail Barron  
Joanne Waldemeyer

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**North Yorkshire County Council**  
**Health and Adult Services Executive**  
**10 March 2023**

## **CESSATION OF PARTICIPATION IN THE ADULT SOCIAL CARE**

### **CHARGING REFORM TRAILBLAZER INITIATIVE**

#### **1.0 Purpose of Report**

- 1.1 To note that the government has formally ended the Trailblazer project.
- 1.2 To note that some work which began as part of the project will continue, where appropriate and within existing budgets, to ensure that lessons learned during our participation can help to deliver value for money in service provision.

#### **2.0 Background**

- 2.1 In 2021, the government published proposals to change how much people would have to pay for social care. These would have meant that anyone with assets of less than £20,000 would not have had to pay anything towards the cost of care either at home or in residential care from October 2023. The proposals also noted that people with more than £100,000 in assets would pay all such costs until they reached a maximum of £86,000. Those with assets of £100,000 or less would pay a means-tested proportion towards their care costs, again until they reached a maximum of £86,000.
- 2.2 North Yorkshire had agreed to be one of six “Trailblazers” for the new proposals and has been working with those other councils and the DHSC to look at the impact of the proposals.
- 2.3 On 19 April 2022, the Executive of the County Council agreed to:
  - (i) Approve North Yorkshire County Council’s participation in the Trailblazer Programme, and
  - (ii) Delegate authority to the Corporate Director for Health & Adult Services in consultation with Corporate Director Strategic Resources and Executive Members for Health & Adult Services & Finance to consider and exercise any opting out at the appropriate stages should it be deemed appropriate.

- 2.4 On 17 November 2022, as part of the Autumn Statement, the government announced that it was delaying the implementation of the changes for at least two years.
- 2.5 The Department of Health and Social Care (DHSC) has subsequently formally stood down the Trailblazer project. Funding allocated to NYCC as a Trailblazer in 2022/23 will not have to be returned but there will be no further allocations for now.
- 2.6 Within the Council, although we do not have to implement the changes in the immediate future, we have taken stock of the work we had already undertaken and will continue to pursue some aspects of this to bring about improvements and efficiencies in our services. This will include progress towards more digital self-service models – where appropriate.

### **3 Financial Implications**

- 3.1 Trailblazers received funding for the additional costs that the council incurred in preparing for implementation, including recruitment of staff and IT system change.
- 3.2 Although funding already received to cover costs in 2022/23 will not be required to be repaid, we and other Trailblazers have pointed out the ongoing costs of staff already appointed in support of the project and we continue to pursue that aspect. However at this stage the DSHC has refused to consider any contribution towards these and therefore any continuing costs will have to be consumed within existing budgets.

### **4 Equality Impact Assessment (EIA)**

- 4.1 The Department had published its own Impact Assessment and this can be found at: [Adult social care charging reform: public sector equalities duty impact assessment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/adult-social-care-charging-reform-public-sector-equalities-duty-impact-assessment)
- 4.2 The Council's own EIA was attached to the original Executive report on 19 April 2022. Any future changes as part of the ongoing work will require updated EIAs.

### **5 Legal Implications**

- 5.1 The Council entered into a Memorandum of Understanding (MOU) with the DHSC, which, although not legally binding, outlined the expectations for both participants during the Trailblazer initiative. On the 1 February 2023, the DHSC wrote to NYCC to note that as the government was formally standing down the Trailblazer initiative, that “the requirements and expectations set out in the

Memorandum of Understanding between Trailblazer local authorities and DHSC are no longer applicable.”

### **Recommendations**

1. The Executive Member is asked to note the ending of the Trailblazer programme, following the decision made by the government.
2. To note that some work initiated as part of the project will continue, where appropriate and within existing budgets, to ensure that lessons learned during our participation can help to deliver value for money in service provision.

Report author: Anton Hodge, Assistant Director, Strategic Resources.

Date: 28 February 2023

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## North Yorkshire County Council

### Health and Adult Services

### Executive Members Meeting

10 March 2023

**REPORT TO** Corporate Director of Health and Adult Services (HAS) in consultation with the Executive Member for Health and Adult Services

### Provision of Community Mental Health Services

#### 1.0 Purpose Of Report

Seeking approval to extend the Community Mental Health contract for an additional 24 months – to 30 September 2025 and begin work as soon as possible to explore the re-procurement of a new service, including considering a public engagement exercise

#### 2.0 Background

In 2018, NYCC commissioned six providers to deliver Community Mental Health services across North Yorkshire. The initial term was for 3 years and there are 2 provisions to extend for terms of 2 years. The first of the two extension periods ends on 30 Sept 2023.

The main objectives of support delivered through the Contract are:

- To help prevent people from developing mental health issues.
- To support people with mental health issues to recover and stay well.
- To act as a local point of contact for people with mental health issues or concerns and their carers and family members.
- To support people with mental health issues or concerns to be able to access the support they need.
- Provide brief interventions on practical support for people with mental health issues or concerns.
- Provide social support and support social inclusion for people with mental health issues or concerns; and
- To promote self-management of mental health conditions

This service has 6 LOTS with different providers:

- Darlington Mind – covering Hambleton and Richmondshire.
- Next Steps – covering Ryedale
- Scarborough Survivors – covering Scarborough and Whitby
- Mind in Harrogate – covering Harrogate
- Pioneer Projects – covering Craven
- Horton Housing – covering Selby

Almost 4000 people with mental health needs were supported during Oct 21 to Sept 22 (the latest full year of the contract). Referrals are accepted from any source, including self-referrals and referrals from family members and carers, and professionals.

### **3.0 Issues**

The Covid pandemic has had a significant impact on the mental and emotional health of people throughout North Yorkshire.

- People with mental health problems reported an increase in the severity of the challenges they faced.
- Health and economic / social inequalities appeared to increase
- Adults reported an increase in loneliness and feelings of isolation

The services have responded positively and made some successful changes since Covid which include

- more 1:1 support rather than group support where requested.
- Reduced numbers in each group activity
- Increased telephone support

Use of the services has improved since lock-down eased. Across all the providers – activity levels have improved and some state that they are busier than ever. Support continues to be delivered in ways that are responsive to users needs – providing a range of group and activity support including community café's and supporting individuals with issues such as housing, finances, referral to specialist services.

During Covid there was a lighter touch contract management oversight which ensured that contractual obligations were met and monitoring reports were received. Formal contract review meetings will restart in March 2023 to ensure that there is opportunity to explore further any service development issues and provide narrative to the figures and reassurance about delivery.

### **4.0 Policy Implications**

North Yorkshire's Mental Health Strategy Hope, Control and Choice is under review alongside the JSNA – as part of the overall review of strategies co-ordinated by Public Health, following the recent Public Health re-alignment of portfolios.

### **5.0 Financial Implications**

Four of the Six LOTS are jointly funded between NYCC and the Humber and North Yorkshire Integrated Care Board (ICB). Continuation of funding for Scarborough, Ryedale and Harrogate, Hambleton and Richmondshire has been confirmed and agreed for 2 years (1 October 2023 to 30 September 2025) by the ICB.

The total annual investment is £246,778.26 (including ICB contribution of £39,905.42). As part of contract monitoring meetings discussions will be held about financial stability and delivery for the duration of the extension.

The Contract Manager has not identified any financial risk association with the continuation of this contract as outlined in recommendations above. A financial assessment has been completed for the suppliers as part of the procurement governance (Gateway 4)

### **6.0 Legal Implications**

The extension is permitted within the contract terms and conditions and is permitted in accordance with Regulation 72 (1) (a) of the Public Contracts Regulations 2015.



## **7.0 Risk Management Implications**

The Mental Health landscape is changing, and Health are piloting some options. A 2-year extension could prevent joint commissioning, though there is the option to terminate. Risk can also be mitigated by ensuring that there is flexibility within the current contract; including any relevant contract variations.

## **8.0 Impact on other services/organisations**

A recent change of Service Development governance has brought the community mental health contracts within the prevention portfolio. Some of the community mental suppliers are part of partnership arrangements to deliver the new Stay Healthy, Independent and Connected grant programme from 1 April 2023. As this is a new form of delivery, there is positive value in maintaining continuity of mature suppliers as this new programme is implemented.

Extending the existing provision for a further 24 months is likely to have a positive impact on the voluntary sector, ensuring that they are more tender-ready and able to compete for NYCC contracts on a level playing field with other service providers.

## **9.0 Equalities Implications**

An EIA is not required to extend the existing service for a further 24 months. However, it is likely that an EIA will be required in advance of service user consultation and design of the new service specification.

## **10.0 Conclusion and reason for recommendation/s**

The most cost-effective method of continuing the service is to extend within the current contract for the 2 years. This offers a continuation of the current delivery of the service with no disruption to individuals accessing the support. NYCC will continue to monitor, review and develop the services until the full Mental Health Review is concluded and new care models and specifications are available for procurement.

The Service Area wish to begin work as soon as possible to explore the re-procurement of a new service, including considering a public engagement exercise and they wish to continue explore collaborative commissioning opportunities with Health. The Service area will require a generous amount of time to explore the future of mental health support services in North Yorkshire and therefore it is recommended that a re-procurement exercise start as soon as possible to ensure a continuation of community mental health support post September 2025

### **14.0 Recommendation/s**

Extend the Community Mental Health contract(s) for an additional 24 months – to 30 September 2025 and begin work as soon as possible to explore the re-procurement of a new service, including considering a public engagement exercise.

**Sally Anderson – Strategic Service Development Manager – Prevention**

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## North Yorkshire County Council

### Health and Adult Services Executive Members Meeting

10<sup>th</sup> March 2023

#### Procurement of a Shared Lives Scheme for North Yorkshire

**REPORT TO** Corporate Director of Health and Adult Services (HAS) in consultation with the Executive Member for Health and Adult Services

<b>1.0</b>	<b>Purpose of Report</b>
1.1	To seek approval for the procurement of the North Yorkshire Shared Lives Scheme on the open marketplace, accompanied by a new placement evaluation tool and refined payment terms for Shared Lives Carers.

#### **2.0 Executive Summary**

- 2.1 This paper sets out the proposed future operating model for an effective Shared Lives service in North Yorkshire - a model that achieves excellent outcomes for people and communities, and adds value to the supported accommodation pathway.
- 2.2 Shared Lives is a scheme whereby an adult or young person from the age of 16 who needs long-term support spends time with a host family and shares family life. It offers an effective alternative to traditional care options, such as residential or domiciliary care.
- 2.3 The current agreement with Avalon Group to deliver a Shared Lives Scheme in North Yorkshire commenced on 1st November 2013. No expiry date was included within the original contractual agreement, and it is vital that the service is re-procured on the open marketplace to ensure best value, as well as a refreshed, outcomes-driven approach.
- 2.4 A decision was taken at NYCC Executive July 2022 to re-procure the Shared Lives Scheme. Notice has been served to the current Scheme provider and the re-procurement process is due to commence in Spring 2023.
- 2.5 Since the decision at NYCC Executive, further engagement has been undertaken with the market. Whilst the Council's proposals were warmly received, it was felt that there could be some additional improvements / enhancements embedded within the new Shared Lives Operating Model; namely
- Clearer definitions of the levels of care and support offered to people within the Shared Lives Scheme, based on a person's strengths and abilities.
  - A simplified payment model for Shared Lives Carers; and
  - The introduction of a defined level of Short Breaks built into the service (and guaranteed payment to Shared Lives Carers when the person is taking a break).

The above proposals have been welcomed by the council's social care practitioners, the incumbent scheme provider and by Carers themselves (although it is proposed to contact

all Carers to ensure that they are fully aware of the proposed terms and conditions of the new Scheme).

- 2.6 HASEX is asked to consider the content of this report and agree to the proposed Option as identified in 1.1 above.

### 3.0 Background

- 3.1 As identified in 2.1 above Shared Lives is a scheme whereby an adult or young person from the age of 16 who needs long-term support spends time with a host family and shares family life. It offers an effective alternative to traditional care options, such as residential or domiciliary care. People receive safe, personal care and support, in a place which feels like home. The service currently supports 68 people with an assessed care need.
- 3.2 The incumbent provider's role primarily involves recruitment and training of Shared Lives Carers, matching young people and adults in need with an appropriate Carer family and offering ongoing support to the Carer family and the person in need.
- 3.3 The scheme has historically supported older people and adults with a learning disability. However, Shared Lives can also benefit other people including care leavers, people fleeing domestic abuse, people with mental health issues or chaotic lifestyles and those who are homeless or seeking move-on from temporary accommodation. It is anticipated that the re-procured service will reach out and engage with a wider range of individuals.
- 3.4 The refreshed scheme will be **Visible, Accessible** and deliver **Meaningful Outcomes** for the Shared Lives Carer and the Person
- 3.5 In summary the re-procured scheme will;
- Promote independent living and self-reliance within the safety of a family home,
  - Be personalised to each person who uses the service, enabling co-produced care which is tailored to them,
  - Enable people to stay in touch with their family, friends and communities while they receive support; and
  - Be safe, of a high quality standard and carefully monitored by social care colleagues and the Care Quality Commission.

### 3.6 Proposals

The new service specification will be Outcomes focused, ensuring it meets the needs of individuals. Market feedback has indicated that the Scheme could be further enhanced through introduction of the following:

#### **Introduction of a new Placement Evaluation Tool**

- The introduction of a new Shared Lives Placement Evaluation Tool as part of the re-procured Scheme will help to better understand individuals' strengths and abilities as they enter the service, ensuring that the service builds on those strengths – and that the person achieves more meaningful outcomes through their Shared Lives placement.
- The tool has been designed by the Shared Lives Steering Group, drawing on national best practice.

### **A Simplified Payment Model for Shared Lives Carers**

- The current payment process for Shared Lives carers is complex and confusing, with multiple payment levels for different tasks. Care and support colleagues, and carers themselves, find the model difficult to understand.
- The proposal is to simplify payments to Shared Lives Carers.

### **Paid Carer Breaks**

- In many other authorities the long-term carer is typically paid (in full or in part) when the cared-for person is staying in short break provision.
- Shared Lives carers in North Yorkshire currently receive no payment when the person is in short break provision.
- The proposal is to allow each Shared Lives Carer to be paid for up to one break-week. (Carers are not currently paid for any time off from their caring role).

## **4.0 Issues**

### **4.1 Impact on people:**

#### **Key Benefits of proposed model**

- Simplifies and standardises the current payment model so it is easy for carers, practitioners and the new Shared Lives provider to understand and apply consistently.
- Ensures payments are more directly aligned to the cared for person's assessed needs, ensuring fairness, equity and transparency.
- Introduces a paid carer break of one week.
- Ensures Shared Lives remains significantly less expensive than other forms of accommodation with care; and
- Will help to recruit more Shared Lives Carers.

#### **Proposed Implementation**

- All Carers will be transferred to the new model as of 1<sup>st</sup> November 2023, when the new contract commences.
- Existing Carers would be transferred on the new banding that most closely aligns with their current rate. Our assessment is that none of the existing Carer cohort are disadvantaged by this approach.
- We will write to all Carers in advance of the change being implemented to inform them of their new payment, and provide details of how it has been calculated. If they disagree with their new payment, they will be able to request a review for the person they care for.
- Bandings will be reviewed as part of the cared-for person's annual review.

### **4.2 Impact on the market:**

- 4.2.1 There is likely to be interest from regional and national providers in the procurement exercise. Recent market testing has demonstrated an interest from a range of providers. This will be further enhanced by the proposed amendments to the new operating model as identified in this paper.

### 4.3 **Impact on the Local Authority:**

4.3.1 The care market is facing unprecedented issues related to cost increases and workforce pressures. The proposal will benefit the authority by expansion of a model that harnesses the strengths and assets of local communities, and offers an outcomes-focused, and cost effective alternative to traditional models of accommodation with care / residential care.

### 5.0 **Performance Implications**

5.1 The future vision for the service has been developed based on extensive research and engagement undertaken with Carers, people accessing the scheme and the provider marketplace. A new outcomes-focused service specification will ensure the scheme is visible, accessible and will deliver meaningful, personalised outcomes for both the Shared Lives Carer and the Person. It will also ensure support can be offered to include a wider range of people within the community who may benefit from the service.

### 6.0 **Policy Implications**

6.1 This procurement is in line with the intentions set out within the Council Plan and the Health and Adult Services 2025 vision and priorities. The service has been developed in line with national policy and legislation.

A dynamic and successful Shared Lives Scheme will make a significant, meaningful contribution to the vision set out in the NYCC Council Plan 21-25; a vision that every adult has a longer, healthier and independent life, and in particular that;

- People have control and choice in relation to their health, independence and social care support.
- People can access good public health services and social care across our different communities.

The HAS 2025 Vision and the adult social care Market Position Statement reinforces this vision, focusing in greater depth around the person and their outcomes, and ultimately reducing the need for health and social care services. Recurrent themes include;

- The person remaining as independent as possible and living in a place they can call home for as long as possible.
- Spending much more on prevention and alternative provision for complex needs and switching away from residential homes and nursing beds.

The refreshed, outcomes-focused Shared Lives Scheme will attract new carers of all ages and backgrounds, and (in line with LGR priorities) focus on supporting a far wider range of people e.g.

- Care Leavers and Young People in Transition
- People who are homeless or vulnerably housed.
- People with Mental Health issues
- Victims of Domestic Abuse
- Victims of Modern Day Slavery
- Parents with Learning Disabilities
- Older People
- NHS patients

- The service will alleviate pressure on the wider care market, harnessing the power of people and communities to deliver care which is far more cost-effective and personalised than residential and supported living provision. Year-on-year stretch targets for expanding access to the service from a broader range of people (as identified above) are built into the refreshed service specification.

## 7.0 Options Considered

7.1 HASLT has carefully considered the following three options for the payment of Shared Lives Carers as part of the new service model:

1. Keeping payments precisely as they are.
2. Introducing a more radical approach which pays Carers a single sum per week; and
3. Refining and simplifying the current model, without making radical changes.

It was felt that Option 3 would remove some of the more confusing elements of the existing payment model, without financially disadvantaging carers – and at the same time allowing a two-week break to be built into their support offer.

### **The preferred option refines the current payment model by:**

- Merging the Carer's base fee and their weekly night responder payments into a single base rate or weekly payment. (Retaining an additional, standalone responder element where there is a clear likelihood that the carer will need to offer support at night).
- Introducing four care bands to accommodate a wider range of people and needs as identified in 6.1 above (as based on a more rigorous assessment via the new Placement Evaluation Tool).
- Introducing a simplified day break services model i.e. When the person goes to home of another Shared Lives Carer for a day i.e. a single payment rather than multiple payments.
- Introducing a simplified respite service model i.e. When the person stays at the home of another Shared Lives Carer for a short break i.e. a single payment rather than multiple payments.
- The overall costs of this approach are set out in Appendix A.

### **Financial Impact – Carers**

- We currently have 47 Shared Lives carers, providing either long term or short stay support to 68 people.
- We have applied the new costing model to all existing packages, which has enabled us to calculate an estimated net impact on current Carers. This is summarised in the table at **Appendix A**.
- Our assessment is that payments for all existing carers will increase between 0.2% and 13.6%. The amount of increase will be dependent on individual care and support plans. The increased cost will be found from within existing budgets to avoid higher costs from different types of provision.
- The maximum increase will be £3,751 per annum. The minimum will be £39.63 per annum.

## **8.0 Financial Implications**

- 8.1 The current shared lives contract includes a relatively high management fee. It is proposed that the new procurement seeks to reduce management fee/central overheads so that funding can be redirected to Carers.
- 8.2 The new model will be delivered in budget. Furthermore, Shared Lives remains significantly less expensive than other forms of accommodation with care. The new proposed model simplifies and rationalises the current, highly complex, payment process – and will help to make the service more attractive to new carers.

## **9.0 Legal Implications**

- 9.1 Due to the likely value of the contract, the procurement process will be undertaken in accordance with the Public Contracts Regulations 2015 and the Council's Procurement and Contract Procedure Rules.

## **10.0 Consultation Undertaken and Responses**

- 10.1 Extensive engagement has been undertaken with Shared Lives carers and cared-for people, gathering information on their lived experiences of the service via a mixture of digital questionnaires and face-to-face engagement sessions. Engagement with the provider marketplace has also been undertaken, in partnership with the Council Procurement Team.
- 10.2 Five providers responded to the Market Engagement Exercise, ranging from large providers managing multiple Shared Lives Schemes to smaller social enterprises and Community Interest Companies. All providers submitted thorough responses and identified examples of innovation and good practice from elsewhere in the country.

## **11.0 Impact on Other Services/Organisations**

- 11.1 It is anticipated that the re-procured scheme will work alongside the Council's Children and Young People Services Directorate and local Integrated Care Systems to ensure a seamless, joined-up approach to supporting adults and young people in need.
- 11.2 The pathways into the Shared Lives service are being considered as part of the wider supported accommodation opportunities in the Housing Local Government Review workstream.

## **12.0 Risk Management Implications**

- 12.1 Any risks associated with the scheme will be regularly reviewed and managed, with mitigations and controls put in place to minimise the likelihood and impact.

## **13.0 Equalities Implications**

- 13.1 Consideration has been given to the potential for any equality impacts arising from the procurement of the Shared Lives Service, the Equality Impact Assessment Screening Tool is



attached at Appendix C. It is the view of officers that the proposals should not have significant adverse impact on any groups of people with protected characteristics identified in the Equalities Act 2010.

#### **14.0 Environmental Impact**

- 14.1 A Climate change impact assessment has been completed and is attached at Appendix D. No significant change is expected as a result of the procurement, however it is acknowledged that the wider adult social care transformation programme will provide further opportunities to make improvements.

#### **15.0 Recommendation(s)**

HASEX is asked to note the contents of this report, and to approve the procurement of the Shared Lives Scheme on the open marketplace, accompanied by a new placement evaluation tool and refined payment terms for Shared Lives Carers as identified above.

Richard Webb  
Corporate Director – Health & Adult Services (HAS)  
County Hall  
Northallerton  
10 March 2023

Report Author – Adam Gray  
Report Presenter - Joanne Waldmeyer

Appendices:  
Appendix A – Summary Finance Table  
Appendix B – Shared Lives Placement Evaluation Tool  
Appendix C – Equality Impact Assessment Screening Tool  
Appendix D – Climate Change Impact Assessment



## North Yorkshire County Council

### Meeting of the Health and Adult Services Executive

#### Minutes of the meeting held on 10 February 2023

Richard Webb, Corporate Director, Councillor Michael Harrison

**Officers present:** Rachel Bowes, Anton Hodge, Chris Jones King (via Teams)

NO.	ITEM	For Note/ Action
	<p><b>Declaration of Interests</b></p> <p>None</p>	
1	<p><b>Harrogate and Rural Alliance (HARA) Contract Extension</b></p>	
	<p>The purpose of the report was to consider and agree a further extension of the existing Section 75 County Council/NHS commissioner and provider agreements for the integrated community health and social care services in the Harrogate district. Previously, these agreements were extended by one year in March 2022.</p> <p>A formal consultation was undertaken as part of the process for the approval of the Section 75s in 2019, which included the options to extend with the Section 75s.</p> <p>The purpose of the further extension is to allow HARA to continue to operate whilst we continue to work on HARA's future operating model. We have developed draft proposals for the future of HARA and these will be shared at a future meeting.</p> <p><b>Approval/agreed:</b></p> <p>Approval was given for an up to 12 month extension (on a six plus six month basis) to the Commissioner and Provider HARA Section 75 Agreements.</p> <p>That further proposals for future development of the service and any revisions to the Section 75 Agreements are brought back for consideration within the extension period, to enable any decisions and public consultation to take place with respect to longer-term arrangements being agreed beyond the period of this extension.</p>	

<b>2</b>	<b>Notes of previous meeting held on 25 January 2023</b>	
	Reviewed and agreed.	

DRAFT