

## Adults and Health Committee Minutes

Date: Thursday 24 June 2021

Time: 10:00am – 15:00pm

Venue: The Cambridge Corn Exchange, Wheeler Street, Cambridge, CB2 3QE

Present: Councillors David Ambrose Smith, Chris Boden, Steve Corney Adela Costello Mark Goldsack, Anne Hay, Claire Daunton, Lorna Dupré, Philippa Slatter, Susan van de Ven (Vice-Chair), Graham Wilson, Gerri Bird, Nick Gay, Richard Howitt (Chair).

### 1. Notification of the appointment of the Chair and Vice-Chair

Having been appointed at Full Council on 18 May 2021, it was noted that Councillor Howitt had been appointed as Chair, and Councillor van de Ven appointed as Vice-Chair for Adults and Health Committee for the municipal years 2021-2025.

The Committee were also introduced to the new Director of Public Health, Jyoti Atri.

### 2. Apologies for Absence and Declarations of Interest

Apologies were received from Councillor Reynolds and District Councillor Healy. No declarations of interest were received.

### 3. Co-option of District Members

The following co-opted members were appointed onto the Committee to represent their district councils:

South Cambridgeshire - Councillor Corinne Garvie

East Cambridgeshire - Councillor Lis Every

Cambridge City - Councillor Mairead Healy

Fenland - Councillor Sam Clark

Huntingdonshire - Councillor Sarah Wilson

#### 4. Minutes – Adults Committee 18 March 2021, Health Committee 11 March 2021, and Action Log

The minutes of the Adults Committee meeting held on 18 March 2021 and the Health Committee meeting held on 11 March 2021 were agreed as a correct record. The action log was noted.

#### 5. Petitions and Public Questions

No petitions or public questions were received.

#### 6. Impact of Covid-19 on Residents and Communities

The Committee received a report detailing the Council's response to the coronavirus pandemic, including the second wave and lockdown, and provided the Adults and Health Committee with an overview of the significant impact it has had on residents and communities across Cambridgeshire and the County Council. The report also noted partner responses.

In particular, the reporting officers highlighted:

- That surges had occurred in autumn and winter. Numbers had fallen following the introduction of the vaccine and then had increased with the easing of restrictions particularly in Cambridge City.
- Major long-term impacts of Covid-19 on residents and communities: The exacerbation of health inequalities in areas of deprivation and in black and ethnic minority groups; and the increase of unemployment, especially in the younger generation.
- That services had adapted to the pandemic using technology and alternative response solutions.
- That work was ongoing to provide care, support and secure employment for those vulnerable or most at risk, including traveller communities, vendors, and those self-isolating.
- Vaccination statistics reported on the day of meeting:
  - Cambridgeshire: First dose, 72.4%, Second dose 58.1%
  - England: First dose, 81.6%, Second dose 59.9%
- The disparity between Cambridgeshire and England vaccination numbers. This was explained by the pre-existing pressures on primary care networks. To resolve this, the Clinical Commissioning Group (CCG) aimed to increase the number vaccinated to 90% by mid-July by various means including a vaccination 'super weekend' 11<sup>th</sup>-

12<sup>th</sup> July. Vaccination workforce support would be provided by the Royal Papworth Hospital.

- Individuals were reminded of the importance of taking both vaccination doses and self-isolating if tested positive or lived with someone who has tested positive.

Member's suggested:

- Using venues hosting the England football game during the 'super weekend' to increase vaccination uptake.

Three amendments to the report recommendations were proposed:

Amendment One, proposed by Councillor Hay and seconded by Councillor Boden.

- The Committee resolves to ask the Director of Public Health to give urgent consideration to initiating a targeted Cambridgeshire campaign to promote COVID vaccination (including second vaccinations) and to ask that appropriate information be made available to all County Councillors so that they may promote the take up of vaccinations in their own division.

In putting the amendment to the vote, the amendment was passed unanimously.

Amendment Two, proposed by Councillor Goldsack and seconded by Councillor Boden

- Following a five-week consultation, the Government recently announced its intention that all care home staff should be vaccinated against COVID-19. The Committee requests that a report be presented to its scheduled meeting advising how this requirement is expected to affect care homes in Cambridgeshire. **Action.**

In response to the amendment, Members:

- Expressed that this was the responsibility of NHS England, not Cambridgeshire County Council.

In putting the amendment to the vote, the amendment was passed unanimously.

Amendment Three, proposed by Councillor Boden and seconded by Councillor Goldsack.

- The Committee regards the worsening of health inequalities in Cambridgeshire, as detailed in the report, to be a serious and unwelcome development, although it is fully accepted that this is far from unique to Cambridgeshire but is reflected nationwide.
- Health inequalities within Cambridgeshire were already stark and of great concern before the pandemic. The position is now worse.

- The Committee requests that a report be presented by the next scheduled meeting detailing key health inequalities within the County, explaining the varied timing for, and sources of, published data relating to health inequalities, and proposing how a matrix of key indicators may be established and maintained which eventually, through calculation of an overall single-figure index, health inequalities may inform and empower the Committee through understanding of our direction of travel towards, or away from, a reduction in the level of health inequalities in the County.  
**Action.**

In particular, the proposing Member raised:

- The health inequalities based on area, including the enduring high levels of diabetes in Wisbech. It was noted that the 2.9, Figure 11 location shows a 100% difference in all deaths.
- Stated that the data had different origins and was often old and that resolving this problem may help track health inequalities.

Member's noted that:

- The combined health and social care in Health and Adults Committee should aid data amalgamation.
- The Health and Wellbeing Board would also contribute to this work.
- Proposed an alteration to the amendment to remove the wording 'by the next scheduled meeting'.

on being put to the vote the alteration was carried:

In favour: 7                  Against: 6                  Abstentions: 0

In response to Members' questions on the report, officers:

- Reassured Members that data polls had been initiated to discover individuals with mental health problems exacerbated by the pandemic.
- Showed concern with high rates amongst 18-24 year olds in Cambridge City and stated that this might be exacerbated by movement from South Cambridgeshire into the City following the re-opening of venues.
- Noted enduring transmission rates in Fenland and the Government's response to this which can be found in the [Health Committee Minutes, 11 March 2021](#), Minute 370. A bid of £2.6 million over three months had been granted to reduce enduring transmission rates in Fenland, Peterborough and South Holland. This fund would be used primarily to provide lower paid workers with income security through the pandemic.
- That vaccination provision for traveller communities was occurring through mobile vaccination centres and bulk testing.

In putting the amendment to the vote, the amendment was passed by a majority.

It was resolved unanimously to:

- a) Note and comment on the strategy and approach to date in responding to the impact of Coronavirus on Cambridgeshire's residents and communities:
- b) Ask the Director of Public Health to give urgent consideration to initiating a targeted Cambridgeshire campaign to promote COVID vaccination (including second vaccinations) and to ask that appropriate information be made available to all County Councillors so that they may promote the take up of vaccinations in their own division.
- c) Request that a report be presented to the Committee's next scheduled meeting advising how this requirement is expected to affect care homes in Cambridgeshire.
- d) Request that a report be presented detailing key health inequalities within the County, explaining the varied timing for, and sources of, published data relating to health inequalities, and proposing how a matrix of key indicators may be established and maintained which eventually, through calculation of an overall single-figure index, health inequalities may inform and empower the Committee through understanding of our direction of travel towards, or away from, a reduction in the level of health inequalities in the County.

## 7. Realising the potential of the Integration of Health and Social Care

The Committee received a report providing an overview of opportunities that would further integrate service delivery and create a more joined up services to residents close to where they live. It considered how the development of an Integrated Care System would support these opportunities and drive focus on prevention and early intervention. The desired outcome for which was reported to be increased opportunities for prevention and early intervention and a more seamless approach to meeting the needs of people supported by health and social care.

In particular, the reporting officers highlighted:

- Current Integrated arrangements - That the NHS remained a commissioning body and would still provide a range of health and social care services including occupational therapy and learning disabilities; and that many pre-existing joint services would not require a legal change.
- Next steps and opportunities ahead – That the integration would be influenced by the previous integration trial in 2012 and build upon pilot programmes and forward learning disability arrangements; the integration of the health and care record; public health arrangements; the removal of health inequalities.

Members raised:

- Concerns regarding the success of integration based on the size of the health system and the history of integrating the service.
- The need to rebalance acute and primary care resources in order to prevent the escalation of manageable health problems and high costs associated with that.
- Councillors' ability to identify underequipped locations where the Neighbourhood Care System could be utilised in collaboration with pre-existing services.

In response to Members' questions, officers clarified:

- That Think Communities was designed as an approach and set of principles for both adult and children's services.
- That co-ordinated public sector resources would be needed in order to spread Neighbourhood Cares Project countywide.
- Children's Health would belong in the People and Communities directorate.
- That funding of the Integrated Care Providers (ICPs) was still under development but the current understanding was that a budget allocation would be provided with the expectation that the ICPs would deliver agreed outcomes.

It was resolved to:

- a) Note and support the further integration of services.
- b) Note the national and local context and the opportunities presented by the establishment of an Integrated Care System (ICS).
- c) Support the proposed focus on developing a neighbourhood-based approach and to explore the opportunities in more detail going forward as a Committee and with ICS partners

## 8. Renewing Homecare Support for Hospital Discharge

The Committee received a report detailing the requirement of recommissioning a £10 million block homecare provision on a five-year basis. This would be used to fulfil the Council's statutory duty to support people to return home and regain independence in a timely manner upon discharge from hospital as a result of immediately available homecare capacity.

In particular, the reporting officers highlighted:

- That improvements to the previous service were required to reduce the number of individuals waiting beyond six weeks to leave hospital; and increased provision for those requiring two carers.

- That environmental aims could be met by investing in hybrid or electric cars and ensuring neighbourhood-based care. However, the officer stated that this was a new approach to the market and additional investment may be required depending on the response from the market to the tender.
- This sat as part of the overall strategy to move towards a more placed based approach to delivering homecare across the County

Individual Members raised:

- Concerns about the reliance on volunteering and what was being done to monitor this.

In response to Members comments, officers:

- Stated that, as a result of coronavirus, more individuals were discharged from hospital with higher needs and requiring increased care. Given the level of need, this service was not reliant on volunteers.
- Clarified that the underspend in 2.13 had been budgeted for incentivising providers to achieve improved outcomes for people

It was resolved to:

- a) Approve the recommissioning of the block homecare provision to support hospital discharge on a 2+1+1+1 year basis at a value of £10,120,280 over 5 years.
- b) Delegate approval of award and extension periods to the Executive Director of People and Communities.

## 9. Independent Living, Princess of Wales Development – Outline Business Case

The Committee received a report detailing actions of the Committee required in order to proceed to a full business case next year which would enable further preparations and detailed design work for constructing the Council's own independent living service for older people who require care and support.

In particular, the reporting officers highlighted:

- That consultation had shown that service users desired self-contained, digitally enabled homes for life, for those with high levels of need.
- That there were 700 tenants using similar services in Kent; and that the NHS was seeking similar approval for hospital development work.

Members commented:

- That work would need to be done with the Combined Authority to secure transport links in addition to the work planned within the project.
- That there was concern over the financial risks of rent and service provision.

In response to Members' questions, officers:

- Noted that information regarding the sensitivity analysis would be brought to Strategy and Resources Committee, but that in future financial material could be added in appendices. **Action.**
- That local consultation work would take place building on work done by the NHS. In due course, this would support a planning application submission to the local district council.

It was resolved to:

a) Give approval to:

- The proposed design principles employed for independent living services as set out in paragraph 2.2.3;
- Put in place a formal agreement between NHS, CCC and a housing management provider about ways of working;
- The benefits case at this outline business case stage which affects Adult Social Care operating budgets;
- The general procurement approach for a contract value of £72.6m, and to procure and sign agreement with a housing management provider and a care provider; and
- Delegate the award of the new contract to the Executive Director of People and Communities.

b) Note and comment on:

- The plan to invite the Strategy and Resources Committee to approve:
  - Recommended option as set out in paragraph 2.5.6 and its financial and social justification;
  - The overall capital investment case and in particular elements which affects land and property and the monies required for the next stage;
  - An addition capital provision into the 2021/22 Business Plan as set out in paragraph 1.8



- Delegate approval and sign-off of the inter-authority agreement and the non-binding Heads of Terms to the Chief Finance Officer and Commissioning Service Director; and
  - Prepare and submit Planning Application for the construction works.
- The final financial investment forecast including the initial land valuation and plan to refresh both;
  - Revised timetable; and
  - Preparations on concept and detailed design, and co-production and consequently move towards full business case.

## 10. Procurement of Housing Related Support Services

The Committee received a report detailing the approach taken to procure future Housing Related Support Services for homeless adults with support needs; information on the timescales for the planned procurement; and which sought approval from Committee to proceed with the proposed procurement approach.

In particular, the reporting officers highlighted:

- That the housing being created responded to a 2018 review of housing related support services, and was in collaboration with a member reference group, providers, partners and clients.
- The new hub and spokes model would include mixed accommodation of differing sizes for individuals, individuals with reducing needs, and community groups.
- That priority would continue to be for those who are multi-disadvantaged and struggle in a hostel-housing setting.
- That procurement would be for City and South, and Fenland. Noted an error in 2.16 the report: Funding from Cambridge City Council would go to Lot 2, rather than Lot 1.

Members' noted:

- That moving from hostel accommodation to person-centred accommodation should reduce rough sleepers by meeting individual's needs.

In response to Members' questions, officers stated:

- That the seven-year contract would be broken into (3+2+2) to allow for evaluation and evolution.
- That Fenland District Council was not contributing financially as it does not have existing funding provision.
- That Lot values were based on existing need and therefore Fenland and Cambridge City and South were prioritised. Per Member request, a future report would consider Huntingdonshire for housing provision, following an increase in rough sleepers.

### **Action.**

- Funding : That the Young People tender had partnership bids from existing local providers; the Countywide service provision, P3, would continue to support adults at risk of homelessness and settle into new properties; and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) was and would continue to be commissioned for the dual diagnosis street partnership.

It was resolved to:

- a) Agree the proposed Procurement Approach.
- b) Approve the recommissioning of Housing Related Support services for homeless adults with support needs for a contract period of 7 years and total value of £11,069,695.
- c) Agree to delegate the responsibility to award the contract to the Executive Director of People and Communities.

## **11. Healthy Weight**

The Committee received a report which described the impact of obesity and the need to engage organisations from across the system to support the strategic framework for a healthy weight. The Healthy Weight Strategic Framework was previously supported by the Health Committee.

In particular, the reporting officers highlighted:

- That over 60% of the Cambridgeshire population have an unhealthy weight, with a larger proportion found in areas of deprivation.
- That a multifaceted system-wide approach was required to prevent and manage Healthy Weight. The integrated care system would help to encourage collaboration in future.

Members raised:

- Concerns that other weight problems such as anorexia and the need to look at these in future. **Action.**
- Suggested opening discussions with District Councils over approaching Healthy Weight in schools and prohibiting fast food joints nearby.
- Suggested exercise be given more space in the whole-system approach chart.
- The work of commercial practitioners and virtual offers in promoting healthy weight.
- The need to be able to measure success.

In response to Members comments, officers stated:

- That public health used evidence judiciously to determine commissioning and work going forwards.

It was resolved to:

- Endorse the outline Strategic Framework for Healthy Weight.
- Endorse a time-limited review of the barriers and enablers for addressing Healthy Weight locally.
- Support engaging system leaders in adopting the Healthy Weight framework and the learning from the review.
- Support the delivery of an immediate programme of awareness and campaign targeting those most at risk of the poor outcomes from COVID-19 that are associated with obesity.

## 12. Additional Grant Funding for Drug and Alcohol Treatment Services

The Committee received a report detailing the benefits that high value drug and alcohol service funding will bring to service users and establishing the need to commence the additional services as quickly as possible. Specifically, the report referenced two short-term grants: The MHCLG/PHE Rough Sleeping Drug and Alcohol Treatment Grant (Cambridge City only), and the PHE Drug Treatment Crime and Harm Reduction Funding (Countywide).

In particular, the reporting officers explained that a Chief Executive decision was required as, once the grant value was clarified, funders required the Council to move quickly.

Members:

- Raised concerns regarding the governance for the urgent decision.

Officers stated:

- That the break clause could be used, but the officer expressed confidence in the provider, Change Grow Live.

It was resolved to note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council.

### 13. Infection Control Funding

The Committee received a report summarising the allocation of the Infection Control and Rapid Testing Grants from central government which aimed to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes, support wider workforce resilience and the roll out of lateral flow testing

In particular, the reporting officers highlighted:

- Grounds for urgent decision: That there were mandatory requirements for the money to be distributed to providers by 30<sup>th</sup> June, before the meeting.

It was resolved to note the decision made under emergency powers by the Chief Executive of Cambridgeshire County Council to allocate the discretionary elements of the Infection Control and Rapid Testing Funds provided by central Government.

The Chair used his discretion to defer the Finance Monitoring Report until after the Agenda and Training Plan were noted.

### 14. Appointments to Outside Bodies and Internal Advisory Groups and Panels

Proposed by Chair and seconded by Vice Chair, the Committee resolved to

- a) review and agree the appointments to outside bodies as detailed below:

Cambridge University Hospitals NHS Foundation Trust Council of Governors -  
Councillor Gerri Bird

Cambridgeshire and Peterborough NHS Foundation Trust – Councillor Claire  
Daunton

Cambridgeshire and Peterborough Sustainability and Transformation Partnership  
Board - Deferred

North West Anglia NHS Foundation Trust Council of Governors – Councillor Tom Sanderson

Royal Papworth Hospital NHS Foundation Trust Council of Governors – Councillor Philippa Slatter

b) review and agree the appointments to Internal Advisory Groups and Panels, as detailed below:

Adults Safeguarding Board – Councillor Richard Howitt

Care Suites Member Reference Group – Deferred with a request for more information. **Action.**

c) delegate, on a permanent basis between meetings, the appointment of representatives to any vacancies on outside bodies, groups and panels, within the remit of the Adults and Health Committee, to the Chief Executive in consultation with the Chair of Adults and Health Committee.

## 15. Adults and Health Committee Agenda Plan and Training Plan 2021

It was resolved to note the report and send any comments to the reporting officers.

## 16. Finance Monitoring Report – May 2021/22

The Committee received a standard report explaining the overall financial position of each service and the key drivers of any budget variance. In the last financial year (2020/21), Adults overspent by £6m due to the impact of Covid-19 on savings delivery and the need to provide support to care providers. This was partly offset by an underspend on Older People's services as expenditure on residential and nursing care did not grow in line with the budget provision for growth. In 2020/21, Public Health underspent by £1.7m due to reduced activity in some Public Health services because of the pandemic, as well as the pandemic interrupting spending plans for Public Health Grant increases.

In particular, the reporting officers highlighted the end-May forecast an underspend of £518,000 across the Committee services: £220,000 in Adult services and £290,000 in Public Health services.

Members noted that the report covered only two months and that they looked forward to more substantial budget variances that would occur after more time.

It was resolved to review and comment on the report.

The Chair announced that the Committee would adjourn and reconvene following a thirty-minute lunch break.

## 17. Overview of Health Scrutiny 2020-21

The Committee received a report detailing previous Health Scrutiny activity (impacted largely by the pandemic); the scheduled quarterly liaison meetings; and information to aid development of the Adult and Health Committee's scrutiny work programme.

In particular, the reporting officers explained that:

- NHS quality scrutiny was a statutory responsibility of the Committee and occurred formally through the Adults and Health Committee and informally through quarterly liaison meetings.
- Scrutiny work with the NHS had been halted in early 2020 as a result of the pandemic but had restarted.
- That reports had been requested from Addenbrookes Hospital, the Children's Hospital and the Cancer Research Hospital; and that dental services had been invited to attend the September meeting of the Adults and Health Committee.

In response to the list of appointments, Members requested contact numbers be distributed to appointed Members following the meeting. **Action.**

In response to Members comments, officers:

- Explained that it was a statutory requirement for the NHS to consult the Adults and Health Committee regarding NHS developments. That recommendations made by the Committee required a written response from the service and that the Committee was also able to refer recommendations to the secretary of state.
- Stated that past Health Committee papers were available on the Council website and that a link to this would be circulated after the meeting. The link to the reports can be found [here](#).
- Recommended scheduling an integrated care system development session.  
**Action.**

It was resolved to:

- a) Note the scrutiny activity during 2020/21.
- b) Appoint four members to each of the quarterly liaison meetings for 2021/22 (See Appendix B):

Cambridge University Hospital NHS Foundation Trust (Addenbrooke's Hospital) Liaison Group –

Councillor Gerri Bird

Councillor Susan van de Ven

Councillor Richard Howitt

Councillor Philippa Slatter

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Liaison Group –

Councillor Susan van de Ven

Councillor Claire Daunton

Two vacancies

Cambridgeshire Community Services (CCS) –

Councillor Susan van de Ven

District Councillor Garvie

Three vacancies (suggested filling with Children and Young People Committee Members)

Clinical Commissioning Group and Cambridgeshire Healthwatch Liaison Group –

Councillor Richard Howitt

Councillor Susan van de Ven

Two vacancies

Royal Papworth Hospital Trust Liaison Group –

Councillor Richard Howitt

Three vacancies

North West Anglia NHS Foundation Trust (Hinchingsbrooke Hospital) Liaison Group –

Councillor Tom Sanderson

Councillor Philippa Slatter

Councillor Susan van de Ven

- c) Appoint two members to participate as liaison councillors in the Cambridge Cancer Research Hospital engagement board. (See Appendix B):

Cambridge Cancer Research Hospital Engagement Board –

Councillor Lorna Dupre

Councillor Susan van de Ven

## 17. The Work of Healthwatch Cambridgeshire

The Committee received a report summarising the online work of the local Healthwatch to gather community views on health and care services. Projects have included: Your care during Covid-19; giving GP websites a check-up; and leaving hospital during Covid-19.

The presentation slides are available [here](#).

In particular, the reporting officers highlighted:

- That coronavirus had resulted in the successful increase of virtual services, with a negative impact on the digitally excluded. However, this offer increased face-to-face appointment capacity.
- That coronavirus had negatively impacted the service: creating appointment delays, delayed demand, additional stress and an inconsistency of appointment availability county-wide. However, communities had understood that those with the greatest needs would be prioritised.
- That themes found in a Cambridgeshire-wide survey done in-between waves showed health inequalities had exacerbated for the digitally isolated, marginalised and rural communities.
- That the pandemic had had a largely negative effect on the mental health of others including those with disabilities and children. A report developing health and care experience profiles for young people had been published as a pilot for NHS



England. This raised concerns regarding the unmet needs of those with Eating Disorders.

- That Healthwatch and Clinical Commissioning Groups had provided services to reduce confusion over which services had stopped, shielding and vaccinations.
- That countywide research had been conducted on GP websites to help remove place-based inequalities in the GP service. A review of the resulting work would take place in the autumn.
- Qualitative interviews with hospital leavers, backed by quantitative research from Healthwatch England, evidenced a need for transportation, community equipment and increased information provision for leavers. This was being followed up by the Local Transformation Programme and resulted in an exit-leaflet campaign by Cambridgeshire County Council.
- That the social care premises patient experience programme had been put on hold as a result of the pandemic, but that it would likely be restarting in autumn in line with government guidelines.
- That areas for scrutiny in future would be: using the integrated care system to reduce the fragmentation of services (especially for hospital leavers); NHS dentistry especially in Fenland and Wisbech.
- Encouraged Members' to refer individuals to the service.
- Encouraged Members to sign up to the Healthwatch news bulletin [here](#).

In response to Members comments, officers:

- Stated that vaccination services were targeting individuals with English as a foreign language with translated services, and homeless or housebound individuals with pop-up clinics.
- That dentistry privatisation was a national issue and huge challenge, especially as they were able to offer competitive salaries to qualified East England employees. Cambridgeshire could reduce the problems found in Dental services by bringing innovation in the south of the county to the north.
- That the increased delay in leaving hospital was an enduring problem resulting from a mismatch between demand and commission. This was increased by re-patriation required because of specialist provision in Cambridgeshire resulting in cross-county admissions.

A contract with the Clinical Commissioning Group (CCG) had been extended targeting this area; but councillors could also help reduce the leavers' backlog by setting up community transport services in their villages.

- That NICE guidelines on shared decision making could be used to increase self-management of long-term health conditions.
- That GP practice and Local Authority boundaries were not co-terminus, resulting in cross-service referrals being lost. More effective CCG collaboration could help resolve this problem.
- That Integrated Care System collaboration should increase focus on patient experience and encourage transparent conversations.

It was resolved to note the report.

## 17. Health Scrutiny Training Programme 2021-22

The Committee resolved unanimously to note its Agenda Plan.

Chair