

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 10 July 2024 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Gerry O'Brien, Committee Chair, Non-Executive
Tim Allison, Director of Public Health
Ann Clark, Non-Executive Director and NHSH Board Vice Chair
Cllr, Muriel Cockburn, Non-Executive
Pam Cremin, Chief Officer
Julie Gilmore, Assistant Nurse Director on behalf of Nurse Director
Joanne McCoy, Non-Executive
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Neil Wright, Lead Doctor (GP)
Elaine Ward, Deputy Director of Finance
Mhairi Wylie, Third Sector Representative

In Attendance:

Rhiannon Boydell, Head of Strategy and Transformation
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Arlene Johnstone, Head of Service, Health and Social Care
Ian Kyle, Chair of the Integrated Children's Services Planning Board
Fiona Malcolm, Executive Chief Officer for Health and Social Care, Highland Council
Jill Mitchell, Head of Primary Care
Ian Thomson, Head of Service, Adult Social Care
Stephen Chase, Committee Administrator
Amanda Johnstone, member of the public

Apologies:

Philip Macrae, Diane Van Ruitenbeek, Jo McBain.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate and no declarations of interest were made.

1.2 Assurance Report from Meeting held on 8 May 2024 and Work Plan

The draft minute from the meeting of the Committee held on 8 May 2024 was approved by the Committee as an accurate record.

The Committee

- **APPROVED** the Assurance Report
- **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

The Chair noted that recruitment for to the two unfilled lay member posts had been unsuccessful and was in the process of going out to advert again with the expectation that the posts would be recruited in time for the next committee meeting.

The Chair also noted that there would be a development session for the Committee to be held on Wednesday 24 July at 1pm on the theme of Strategy.

The Chair noted that items 2.1, 2.2 and 3.1 would be discussed together due to the close relationship between the items. The items were taken in the order given below of 2.1, 3.1 and 2.2.

2 FINANCE

2.1 Financial Position at 2023/24 Year End

The Deputy Director of Finance noted that the annual accounts for NHS Highland had concluded following auditing and had been submitted to Scottish Government. The position was unaffected during the audit and no adjustments were required. There had been an expected a gap of £68.7m, however during quarter one, Scottish Government announced significant additional funding to support the overall financial position and therefore an underspend of approximately £300,000 was delivered at the year end.

- Sustainability funding had been received in June at just over £8m as was support from Scottish Government to meet the pay award for Adult Social Care. Additional allocations from the New Medicines Fund of £6.6m had been received and a supplemental allocation for pay of over £6m. At the approach of the year end there was a significant allocation for health consequentials received from UK government in addition to some sustainability funding which took the Board to a position of nearly £35m of unanticipated additional funding.
- Taking into account some short-term cost reductions and slippage in allocations of £18m and a brokerage value of £29.5m, there was a year-end surplus of £265,000. This was split across operational areas within the HHSCP.
- Argyll and Bute IJB delivered a break-even position by using its flexibility as an IJB to take any underspend to reserve.
- The significant level of allocations received towards the latter part of 2023-24 did not impact the financial position, however this has created some uncertainty into the 2024-25 year.
- The HHSCP position showed an overspend driven by the use of supplementary staff in both agency nursing and medical locums within primary care. There was an element of overspend for drugs costs which reflected an increase in drug volume and drug pricing.
- The presentation showed the breakdown across the different service categories and the spend on agency nursing within in-house care homes.
- Work is at an early stage with Highland Council to agree a quantum position for 2024-25 with the expectation that this will improve the position for 2024-25.
- The supplementary staffing position was an ongoing issue: a number of schemes within the cost reduction/cost improvement programme for 2023-24 had related to reducing supplementary staffing, agency nursing and medical locums. Spending over 2023-24 was £7.8m higher than in 2022-23 and work was continuing to try and address the issue into 2024-25 to bring costs down.

During discussion, the following areas were addressed,

- It was confirmed that at present the trend towards an overspend in Learning Disability Services was continuing with a forecast overspend of nearly £2m at the end of the financial year. A number of high-cost packages were contributing to the overspend. The Head of Service noted the split between delivery via the specialist Mental Health services sat within Health Services budget and services delivered via Adult Social Care. It was noted that there was very little in-house support provision within NHSH for adults with learning disabilities with the majority delivered from commissioned support. There had been seen an increase in individuals with complex care needs requiring high levels of support.
- The Chair noted the need for the Board to deliver 3% recurring savings target which assumed that the Adult Social Care position would deliver a break-even position and that this also assumed delivery against operational budgets.
- The Deputy Director of Financial Services noted that currently there was a forecasted overspend within Adult Social Care £16.2m to the end of 2024-25. This assumed delivery of 5.71% of value efficiency schemes within Adult Social Care. Current messaging from Scottish Government was clear that it would not be acceptable to have an overspend within Adult Social Care impacting on the overall health position. A large amount of work is currently focussed on this area.

3.1 Transformation Plans 2024/25 and beyond

The report noted that Highland HSCP were taking forward an extensive work plan of transformational change to develop safe, sustainable and affordable services across the region. The work sits within the NHS Highland performance and governance structure and its work streams interconnect with Acute transformation work streams to address whole system challenges. Transformational work streams were being taken forward under the strategic direction, and in delivery of, the HHSCP joint Adult Services Strategic Plan 2024-2027. The work was extensive and the risk presented by limited leadership and management capacity to deliver was being managed by the Senior Leadership Team Transformation Group. Organisational collaboration had been ensured through the NHS Highland performance governance structure.

- The Head of Strategy and Transformation gave a slide presentation which provided an overview of the pieces of the transformation work in its totality that the HHSCP was undertaking. All of the transformation work had been developed under the guidance of the Joint Strategic Plan which the committee had seen in depth and signed off and would take the partnership from 2024 through to 2027. The focus in the strategic plan was around enabling independent living as close to home as possible, ensuring that services were efficient effective, equal, affordable and sustainable. A strategic charter ('Home is Best') had been developed to implement the Joint Strategic plan and ensure that localities are properly engaged.
- District Planning Groups had all had their first meetings and had given their first reports to the Strategic Planning Group. The first meetings shared the Joint Strategic Plan and the strategic charters and some of the transformation work that had already been undertaken. The meetings also addressed use in order to encourage the groups to address local issues and gaps that had been identified. The process of movement from Driver Diagrams into work plans for urgent and unscheduled care were shown to give a sense of the detail involved at the decision

making level and how this fed back into the strategy .

The NHS approach to performance and efficiency would from the 2024-25 period onward be informed by two structures: the Strategic Transformation Assurance Group (STAG), who would address longer term redesigns, scoping, and strategic needs analysis for organisational choices; the Value and Efficiency Accountability Group (VEAG) form the second structure and is concerned with shorter term, within year outcomes, particularly based around savings.

The Chief Officer noted that the district planning groups were key to improving delivery through working with the population and partners across the strategic planning partnership to ensure good community engagement using the available data to discuss services and how people want to receive services in their area. The Chief Officer also noted that there were a number of value and efficiency work streams addressing workforce efficiency. However, it was noted that there were significant workforce challenges across Highland. It was felt that technology provided a good opportunity to streamline services to in order to support the workforce to better manage staff time and to release staff back into operational service.

2.2.1 Adult Social Care Cost Reduction Plan

The Chief Officer gave a slide show presentation regarding the Adult Social Care cost reduction plan. It was noted that HHSCP was spending more on Care Homes with significant costs for in house services and Care at Home services. The variation of spend across urban and remote and rural areas was noted.

- NHS care homes were using a notable amount of supplementary staffing with high agency costs which increase in more remote and rural areas. The Chief Officer noted the need to change the model to address these issues. Value and Efficiency targets had been identified for specific programmes to meet the 3% target for Adult Social Care with £3.6m of savings identified. Some of this work had already begun in terms of managing staffing and income maximisation. There was an active programme underway to address increased service user contribution to care home costs. In House services were undergoing a redesign with a commissioning approach to change the model. The Chief Officer noted that some of the action to support a change in the model involved a hold on all vacancies in order to engage with the external sectors and enable them to recruit a workforce to be the primary providers of Care at Home and avoid the current competitive recruitment market.
- Certain areas were out of scope for savings as agreed with Highland Council, such as non-residential care and specialist areas of care such as that for younger adults.
- The Chief Officer commented that there would be a twin-track commissioning approach to reduce in-house spending and provision, and to increase work with the wider sector to ensure robust commissioning process. It was felt that there were very good relations with the wider sector and market understanding.

In discussion, the Chair and committee members noted that several of the issues outlined formed a good basis for the development session scheduled for the Committee on 24 July, especially in terms of governance arrangements and understanding the relationships between the different groups from district to Board level.

- It was felt that issues raised of staff retention (in addition to recruitment) would be better addressed by the Staff Governance Committee and that issues of quality and patient safety around moving and handling would also be addressed by the SGC. The importance of suitable levels of staffing for Day Care Services was noted, especially in the context of moving and handling, and quality and patient safety.
- It was noted that recently qualified nurses from UHI were largely keen to remain in the region but that opportunities were likely to take them away elsewhere as this was a wider structural issue for Scottish Government in terms of the cost of living and attracting recruitment.
- The Chief Officer noted that she would be developing the agenda for the JMC with F Duncan, the Chief Executive Officer for Highland Council.

2.2 Year to date Financial Position to month 2 for 2024/25

The Deputy Director of Financial Services provided an overview of the position for the partnership and noted the four trajectories which were plotted on a monthly basis.

- At the end of month two, there was an overspend of £17.4m within NHS and this was forecast to increase to about £67m.
For HHSCP there was a £4.764m overspend reported to date and it was forecast that this will increase to just under £24m by the end of the financial year.
- The breakdown against the individual service categories and the breakdown of agency nursing costs within care homes was shown. There was significant agency spend within three homes with a high reliance on bank staff within the remainder. This was explained as a positive move due to the need to focus supplementary staffing away from agency staff and towards bank workers to reduce costs.
The quantum had still be formally agreed with Highland Council, but it was anticipated that this could improve the position by about £3m to £3.5m, and it was hopeful that this would be resolved by the time for month three reporting.
North Highland communities showed a forecast overspend in most of the geographic areas with an overspend to date of £1.6m which was forecast to increase to just over £17m by the end of the year.
- Regarding Mental Health spending, the split between Health and Adult Social Care budgets was noted, with most of the overspend coming through Health Services.
- A built-in pressure was noted for pain drug costs of £900,000.
- Primary Care showed a current overspend of £796,000 with a forecast increase to £2.9m by the end of the year. Much of the pressure was seen to be coming from prescribing in terms of volume and rising drug costs. Vacancies in Primary Care management and within Dental services had been mitigating overspend in other areas. Scottish Government allocations for Primary Care were yet to be determined when the report was written, however there had been a number of allocation letters received in the past week in order to have allocations ready for quarter 3.
Argyll and Bute had seen a significant increase in spending over month one, but it was expected that they would move into balance overall.

During discussion, the following areas were raised,

- The Chair noted some of the worrying trends of expenditure but noted the need at this early stage in the year to deliver on operational budgets.
- The Chief Officer provided assurance that the transformation fund held by the Highland Council on behalf of the HHSCP had a process by which the partnership request monies and that there was joint engagement about how the funds should be spent in relation to strategic transformation aims. The fund is to cover the next three years, and is not to be used for just the current year in order to focus attention on larger strategic transformation change projects.

The Chair requested that more information be provided regarding the process for

reaching agreement or not reaching agreement.

The Committee:

- **NOTED** the report detailed in items 2.1, 2.2 and 3.1 above and the savings plan, and that work was underway to confirm the plan which would be brought to the August meeting.
- **ACCEPTED limited** assurance from items 2.1, 2.2 and 3.1 above in light of the ongoing financial challenges and ongoing work with Scottish Government to approve the financial position.
- **AGREED** that an update on the process for reaching agreement around the HHSCP Transformation fund be provided to the September meeting of the Committee.
- **AGREED** that details of LD spend in 2023/24 and how this will roll forward into 2024/25 be circulated to the Committee.
- **AGREED** that an update be provided concerning when the process by which the £20m reserve allocated for ASC transformation will be approved and implemented.
- **AGREED** that an update on numbers around health checks for people with Learning Disabilities be provided to the committee.

3.2 IPQR for HHSCP

The item would be presented to the next meeting.

The Committee took a comfort break from 2.45pm to 2.55pm.

3.3 Learning Disability Services Assurance Report

The Head of Service provided an overview of the position and noted that within Highland, there were approximately 1,034 people with a learning disability known to Adult Social Care services within the HHSCP area. This was in line with the population data but it was noted that not everyone with a learning disability would be known to the services or in receipt of services. Work was ongoing with Scottish Government about how to record data more effectively. It was clarified for the Committee that Learning Disability Services were delivered both within Health teams and Social Care teams, therefore learning disability spend within Adult Social Care was attributed within the partnership and not to Mental Health Services spend.

The paper followed on from earlier reports relating to the provision of care and support to individuals with a Learning Disability in Highland. The paper presented focused on the delivery of Health Checks, and work with independent sector support providers to commission support for individuals and to create opportunities to enable ordinary living and the ongoing risks relating to the work to achieve the recommendations of the Coming Home Report. The committee was asked to note the progress achieved in delivering Annual Health Checks to people with a Learning Disability, to support the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings, and to note the risks associated with the provision of support to individuals with complex needs and the recruitment and retention difficulties being experienced by the support sector.

In discussion, issues of employability and the time it takes to place clients in suitable work were commented on. It was noted that a piece of work led by Scottish Government was beginning in which Highland would participate to ensure that people with a disability were offered opportunities of employment and how best to support this via the relevant services and partner organisations.

- Regarding health checks, it was noted that Scottish Government funding had been allocated via the NRAC formula and that there was further work to be undertaken to address imbalances by linking up with community learning disability teams in each of the localities. For those clients already known to the community and disability nurse it was likely that the nurse would carry out the majority of a health check with a staff practitioner

to address the specialist elements. It was felt that by the autumn figures for the number of health checks undertaken would be available especially in relation to clients in cluster housing which research had shown to be the most efficient way of delivering individualised care in community settings, and that this could be reported back to committee. It was commented that clients with learning disabilities were more likely than other areas of the population have additional long-term conditions which were likely to be addressed on an annual basis by GPs and that this could help to focus the study of health checks.

- It was commented that there were 58 people currently on the Dynamic Support Register. The tool had been developed at a national level with input from Highland and had enabled teams to identify which individuals should be prioritised when resources were limited in order to inform strategic discussions about commissioning.

The Committee:

- **NOTED** the report and recommendations.
- **ACCEPTED moderate** assurance from the report.

3.4 Primary Care Services Update

The Head of Primary Care introduced the report which had been circulated in advance of the meeting.

- It was noted that the Community Glaucoma service had completed staff training and was currently engaged on development work with community and Acute colleagues, and was working to have IT equipment implemented and have the pathway up and running alongside the Stroke pathway. Governance visits across Argyll and Bute and North Highland were back on track on a rolling 3 year programme, and there had been development around foundation training offered by NIS as well.
- Access to Dental services displayed a mixed picture with three practices offering NHS dental registrations, however, there had been a recent practise closure in Kyle, and other practices in remote and rural areas were struggling to recruit. The SDI Grant Assistance Scheme had been welcomed in Highland, and one application to the scheme was taking new registrations.
- Responses to the Dental payment reforms received by NHSH's dental providers had been largely positive.
- There were ongoing recruitment issues within the PDS service. It was noted that this reflected a shortage of dentists across the country and that there was work underway at a national level to consider the options around skill mix.
- The comprehensive list of Board-managed GP practices, had recently been updated which included a couple of practice mergers in Caithness and in Loch Allen. Recruitment remained a challenging issue with vacancies across remote and rural areas and a reliance on locums.
- Two pilot sites for a quality improvement project around asthma care had been identified and work would be reported to a future committee meeting.
- Work was progressing on a revised set of enhanced service specifications with discussions active with Highland Local Medical Committee. Agreement had been reached on five service specifications to be implemented over coming months. The remainder of service specifications were due to be signed off by the end of July.
- The Primary Care Improvement Plan 7 tracker document was completed and submitted to Scottish Government in May and provided information about the primary care workforce, the services being delivered by these staff and related financial information. A new section was included inviting reflection on the top three achievements during the 2023/24 year, and also any persisting barriers to work to be overcome. The tracker will form the basis of the update to the September meeting.
- Notification was awaited of the PCIF allocation for year 2024/25 and it was felt that this was unlikely to be received until after the election on July 4. Current indications were that the payment to Boards would be made in a single tranche.
- Regarding the Pharmacotherapy Workstream, a total of 16 GP practices were receiving support from the Inverness-based Pharmacy Hub. Positive recruitment levels have been

observed for the Inverness base, and the employment of Trainee Pharmacy Technicians was contributing to the development of the workforce. A live dashboard detailing the allocation of resources to GP Practices from the Pharmacotherapy service would soon be accessible via the NHS intranet.

- The First Contact Physiotherapy service had successfully achieved a full staffing establishment and a total of 22 out of 30 FCPs now held a NMP qualification with 26 out of 30 FCPs having completed their joint injection training.
- The contract retendering process for Community Link Workers was complete and correspondence issued to practices advising that the current service provider would continue in place. The service will extend to all GP Practices from August 2024. The CLW year two annual report was being compiled and would include patient input and an evaluation based on data from when the service commenced. Referral rates into the service had remained high with the main reasons for referrals unchanged, which included mental health and well-being, loneliness and social isolation. The majority of referrals were from female patients aged 35 to 65, and the three most commonly prescribed therapies were Listening Ear, Highland Council welfare support, and Decider skills.
- Childhood vaccination data from Public Health Scotland (PHS) had identified that NHS is tracking below the Scottish national average due to operational constraints and significant resource pressures affecting capacity to provide additional clinics. PHS conducted a peer review in June 2024 and an action plan was in development.
- A Community Treatment and Care (CTAC) Rural Options Appraisal SBAR was submitted to Scottish Government along with the PCIP 7 tracker in May 2024. Feedback had been received which would be submitted to SG for discussion with the GMS Oversight Group in August 2024. Transitional payment arrangements to GP Practices would continue during 2024/25.

During discussion, it was noted that in cases where someone cannot register with their local GP, as in the Culloden case above, the Board signposts the person to other practices or allocates an appropriate practice where the person can register. It was commented that this is a dynamic process of ongoing work.

The Committee:

- **NOTED** the report.
- **ACCEPTED moderate** assurance from the report.

3.5 Adult Support and Protection

Due to technical difficulties the Director of Adult Social Care provided an overview of the findings of the report and I Thomson re-joined the meeting to receive questions.

The Director of Adult Social Care commended the work done around the report and noted that it provided a comprehensive review that described the context, duties and processes required for Adult Support and Protection. The Committee's attention was drawn to the increasing number of incidents such as large-scale investigations in care homes and the amount of work and reporting involved and the potential impact in cases where this goes wrong. Regarding the recent inspection of services, it was commented that this had been approached as a learning and development journey from the previous inspection carried out five years previously. The view of the inspectors was that whilst there were areas for improvement, there was a level of robustness and assurance that could be taken from the changes that had been implemented. A series of recommendations and areas of work would be taken forward through the vehicle of the Adult Support and Protection Committee. The Director of Adult Social Care noted that it had been gratifying to see the extent to which health services had embraced the work of Adult Support and Protection

The Chair commended the report and noted that it had been presented for the Committee's awareness and understanding of Adult Support and Protection. The discussion noted the hard work that had resulted in considerable improvement.

- Assurance was requested regarding a recent independent review of a particular case that had been recently published, and it was noted that the actions arising from that particular review would be taken separately from those of the inspection referenced in the main report. The findings would be incorporated into the improvement action plan as part of an ongoing learning review.

The Committee:

- **NOTED** the report.
- **ACCEPTED substantial** assurance from the report.

3.6 Chief Officer's Report

The Chief Officer provided an overview of the report to the Committee which noted,

- That the fire upgrade and in patient ward and out patient redesign plan had been agreed for Ross Memorial Hospital in Dingwall and work was due to start in the autumn.
- A national Collaborative Response and Assurance Group (CRAG) had been set up to provide weekly oversight to the Cabinet Secretary for NHS Recovery, Health and Social Care to take forward intensive, focussed activity with the aim of achieving material and sustained reduction in people in delay to discharge.
- An internal audit had been undertaken of Adult Social Care Services Multi-Disciplinary Planning For Discharge Across Community and Acute Services, and for Care at Home Review & Systems. The audit findings were disappointing and found confusion among staff about their role in discharge planning and a lack of SOPs or training which staff felt was causing more delay. Areas for urgent improvement in six areas were set out in the Chief Officer's report to address these concerns.
- There had also been undertaken an audit of the Governance Arrangements for Complex Care Packages for younger adults with improvement recommendations in three areas to address clearer policies and procedures for the development and approval of complex care packages; an analysis of need and availability of resource to ensure appropriate oversight of all packages in the context of the entire service model; and work to monitor and report on the packages in place to management and the governance structure with any issues being escalated in a timely manner. Both Audit Reports and their Improvement Plans will be submitted to the next HHSCC Meeting in September.
- A weekly NHS Highland Vaccine Improvement Group (VIG) had been set up to determine the most appropriate future delivery model to ensure Highland citizens can access safe high quality immunisation services within their local community. Senior GPs and the Board had agreed that a Short Life Working Group (SLWG) should report to the VIG to help compile a general practice options appraisal assessment informed by vaccination uptake and delivery rates, vaccine accessibility, quality and patient safety, and capacity and workforce. The development of a questionnaire to survey GP practices will be the first stage in assessing general practice ability. The SLWG will hold its first meeting on 4th July.
- Details of the agenda items presented to the JMC were given.
- Five new contracts for Enhanced Services had been developed and were in the final stages of negotiation with Highland LMC, with a further four which were being progressed.
- Inaugural District Planning meetings regarding the Joint Strategic Plan had taken place for every district. A meeting of the Strategic Planning Group took place on Thursday 20th June.
- The National Care Service (NCS) Bill was currently at stage 2 in progressing through the Scottish Parliament. Draft amendments had been published by the Scottish Government and the NCS Stage 2 list of draft amendments was available to view at www.parliament.scot. It was anticipated that the new arrangements would not come into force for at least another 18-24 months, providing time for legal and other implications to be worked through. The Highland Council and NHS Highland will work closely with the Scottish Government to assess what assistance may be required to deliver transition to the new model. The Chief Officer suggested that the HHSCC may wish to consider a

more detailed paper or hold a development session on the proposed arrangements for the NCS amendments and any implications for health and social care delivery.

During discussion, it was noted that the Scottish Government would visit each integration authority to discuss issues around Delayed Discharges and the interventions that could be addressed. Work between the Chief Officer and the Head of Strategy and Transformation was underway in preparation. It was unclear at present if it would be possible to negotiate the trajectory with the Minister, however detailed feedback had been provided to COSLA and the Scottish Government in June intended to provide necessary and consistent context for the strategic challenges faced by the organisation such as those particular to the remote and rural geography of much of the region.

- Regarding vaccination delivery it was noted that the Clinical Governance Committee would be discussing a paper on vaccination delivery the next day. In addition, the Chief Officer offered to bring figures regarding the increased level of delivery across the different vaccination programmes. Regarding implementation of the options appraisal of the new district model by the SLWG before winter, it was felt that this was a longer-term piece of work than the proposed autumn timeline. It was commented that due to the small business model of most GP practices there was a need to see that the delivery model was sustainable to assist with employing the appropriate level of staffing. It was also suggested that work should continue to move outward aware from central organisation to a community-led model.

The Committee:

- **NOTED** the report.
- **AGREED** to review the Audit Reports and associated improvement plans for the audit of Complex Care Packages at the next HHSCC Meeting in September.
- **AGREED** that a report on Vaccination Improvement Plans be taken to the September meeting.
- **AGREED** that an update on People experiencing delay be provided in the next Chief Officer report.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 4 September 2024** at **1pm** on a virtual basis.

A development session for the Committee on the theme of Strategy will take place on **Wednesday 24 July 2024** at **1pm** on a virtual basis.

The Meeting closed at 4.15pm