MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 3 March 2022 at Council Chamber, Woodhatch Place.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 23 June 2022.

Elected Members:

* Nick Darby
* Robert Evans
* Chris Farr
  Angela Goodwin (Vice-Chairman)
* Trefor Hogg
* Rebecca Jennings-Evans
  Frank Kelly
* Riasat Khan (Vice-Chairman)
* David Lewis
* Ernest Mallett MBE
* Carla Morson
  Bernie Muir (Chairman)
* Buddhi Weerasinghe

(*=present at the meeting)

Co-opted Members:

* Borough Councillor Neil Houston, Elmbridge Borough Council
* Borough Councillor Vicki Macleod, Elmbridge Borough Council
* Borough Councillor Darryl Ratiram, Surrey Heath Borough Council

9/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Frank Kelly. Bernie Muir and Angela Goodwin attended remotely. Riasat Khan chaired the meeting.

10/22 MINUTES OF THE PREVIOUS MEETINGS: 20 OCTOBER 2021, 16 DECEMBER 2021 AND 14 JANUARY 2022 [Item 2]

The minutes were agreed as a true record of the meetings.

11/22 DECLARATIONS OF INTEREST [Item 3]

Trefor Hogg declared a personal interest as a community representative for Frimley Clinical Commissioning Group.

12/22 QUESTIONS AND PETITIONS [Item 4]

None received.

13/22 UPDATE ON THE IMPLEMENTATION OF COMMUNITY MENTAL HEALTH TRANSFORMATION [Item 5]

Witnesses:

- Professor Helen Rostill – Deputy Chief Executive, Surrey and Borders Partnership
- Georgina Foulds – Associate Director for Primary and Community Transformation, Surrey and Borders Partnership
- Ane Sosan – Community Mental Health Transformation Programme Manager, Surrey and Borders Partnership
- Patrik Wolter – CEO, Mary Frances Trust
- Immy Marwick – Mental Health Lead, Independent Mental Health Network

Key points raised during the discussion:

1. The Deputy Chief Executive introduced the report and noted that the programme had a multi-agency approach. The programme was built through co-production with those who had lived experiences of mental health services. The witnesses shared four videos of personal stories with the Select Committee, which can be accessed using the following link: Adults and Health Select Committee - Thursday 3 March 2022 10.00am - Surrey County Council Webcasts (public-i.tv) (from 7 minutes 15 seconds). The Deputy Chief Executive explained that a lot of progress had been made, but there was still work to do. The Associate Director emphasised the complexity of the programme and noted that there were still a number of years until completion. It was highlighted that they would continue to listen to experiences of where they had not got it right yet and continue to reflect and learn.

2. A Member asked about how the programme was supporting young people transitioning into adult mental health services, as well as the accessibility of transition packs. The Member also asked about the link to health inequalities. The Deputy Chief Executive responded that the programme worked closely with

Mindworks Surrey and the alliance programme to support those in transition. The Reaching Out service targeted all young people over 17 who were transitioning into adult services, which tried to bridge the journey for them. The transition packs were co-designed and developed with the Young Adults Reference Group, to try and improve the process around transition. The transition packs helped to guide conversation and listen to young people's needs and ambitions. The Deputy Chief Executive explained that because the conversations were guided, it enabled staff to tailor the conversation appropriately. Recovery Colleges supported young people and their families through transition and were open to anyone who wished to attend. They offered a running programme of courses which had been codesigned. The Associate Director added that the Reaching Out service was to go live in the spring. In six to nine months, it would be appropriate to evaluate the work. The Deputy Chief Executive explained that work was also underway to develop a number of initiatives for young people with eating disorders to improve the service offer, including early intervention.

3. A Member raised the issue of a lack of continuity between services when transitioning, which often led to long waiting times and having to change counsellor. The Associate Director responded that the ambition was that the Reaching Out service would address these sorts of issues. The Deputy Chief Executive agreed that a challenge of transition can be moving from a trusted relationship with one professional to another. The Reaching Out service would offer consistency that was missing currently and enable the young person to settle into a new relationship. This was an area of continued focus and any feedback would be listened to. Evidence could be provided in the future, once the service had gone live.

4. A Member asked about any lessons learnt from the initial rollout of the programme and how these had been incorporated into the second phase. The Associate Director explained that there had been significant learning as it was a new model and they needed to ensure it was meeting service user needs. The programme was set up during the pandemic and work was being completed to embed consistency of practice and adherence to the original vision of the model. It was crucial that the model was resilient. The Associate Director noted they had struggled returning to GP surgeries and accessing space due to the pandemic. There had been challenges around the information sharing arrangements in place and ensuring that the digital systems related to each other. There would be investment in existing teams whilst continuing to roll out the new programme. The Deputy Chief Executive highlighted the importance of working with partners.

The CEO of Mary Francis Trust agreed that it was crucial for partners to work together. It was noted that information sharing continued to be a challenge; there was work underway to find solutions, but this was time consuming and would not happen immediately. The CEO emphasised the importance of locally embedded help which could direct people to the support available in a certain location. The model was combining medical and social approaches, and voluntary sector partners were crucial to this.

5. In response to a question on the structural limitations regarding transitions, the Deputy Chief Executive explained that there were plans to expand the age group considered under the transition service offer, but they were not there yet. A challenge was that practitioners would often feel that their training and skillset was either specialised for children and young people or adults. The workforce needed to be adapted to ensure that skillsets enabled practitioners to work across age groups whilst maintaining expertise. The Associate Director added that staff were being recruited from a range of backgrounds and that the new model would bring in a new skillset.

6. A Member queried what plans were in place to support recruitment and sought assurance that any secondment of staff would be sustainable. The Associate Director responded that their concerns a year ago were largely around recruitment and workforce challenges. This provided an opportunity to work differently with current establishments and think about the new skillset that was needed. It was important to think differently about what posts were needed and to move away from traditional roles, when bringing together new and current teams. The NHS had introduced a number of emerging new roles nationally and Surrey and Borders Partnership (SABP) could be embracing these roles more. This was a system facing programme where close working was required with all partners. The Associate Director explained that there was a desire to increase the workforce of people with lived experiences. When potential secondments would come up, there was great consideration of the impact of staff being moved and they would not be moved if it would result in destabilisation. The CEO of Mary Frances Trust reassured members that the approach towards workforce was changing, whereby there was a holistic approach rather than just clinical roles, and a greater focus on upskilling.

7. The Mental Health Lead of the Independent Mental Health Network asked for clarity of the role of a mental health

pharmacist, specifically in terms of medication management. The Associate Director explained that they would offer one session a week and would complement what was already available in Primary Care Networks (PCNs). They would provide specialist advice and consultation, as well as providing assistance to GPs about mental health care. There would also provide medication reviews. The Associate Director noted that they needed to have pathways and structures in place to handle that care safely and carefully.

8. A Member raised concern that the programme was short in staff for a number of roles and questioned how these staff would be recruited if they were already paying high salaries. The Associate Director explained that the table reflected the total establishment needed for the full rollout and the rollout was being phased. Therefore, it did not reflect the current recruitment challenges for the existing teams of the current rollout. The Associate Director explained that data could be provided to show the current teams in operation, the teams that were about to go live, and future need. The Community Mental Health Transformation (CMHT) Programme Manager confirmed that this was the case. There was a rolling recruitment programme aligned with when each team was planned to go live. The Deputy Chief Executive acknowledged that there were recruitment challenges in Surrey due to the proximity to London and the additional weighting in salaries offered there. There had been a long-standing problem with SABP, and the NHS more widely, to attract and retain staff.

9. Responding to a question on the outcome of NHSEI (NHS England and NHS Improvement) funding, the Deputy Chief Executive explained that they had not received the award letter yet, but they had received conditional approval and had been told to continue the rollout. The Member also asked about the working arrangements with colleagues from Adult Social Care (ASC). The Associate Director noted that ASC were a key partner within this programme and the governance structure. In terms of the workforce, there had been conversations about working together more and the reablement pilot was a good example of that. The aim was to have integrated models of working. The Member asked whether the partnership work was going well. The Deputy Chief Executive responded that partnership working was embraced, and the transformation programme provided an opportunity to improve and cement ways of working together. The CEO of Mary Frances Trust agreed that partnership working was developing, and the system

had never worked closer. Although, there were challenges such as improving culture and relationships.

10. A Member asked whether the GP Integrated Mental Health Service (GPimhs) was on target for rollout and how it was working with the Mental Health Improvement Plan. The Associate Director added that rollout plans were on track, and the financial mapping had support bringing the plans forward slightly, although they remained cautious because of recruitment. There were four new teams to go live in next couple of months (April/May 2022). There had been recruitment outside of Surrey and they were at a relatively good place considering the challenges. The Deputy Chief Executive explained that the programme was incorporated into the Mental Health Improvement Plan and addressed issues in the Plan. The Mental Health Partnership Board monitored progress and received reports from the programme. The Member asked whether they continued to work closely with Healthwatch Surrey and other third sector partners. The Associate Director assured the Member that they worked closely with those partners and listened to people's experiences.

11. In response to a question on the Pathway Forum, the Associate Director explained that there was weekly call with individuals who had been signed by GPimhs and could opt to step up or down, as well as colleagues from secondary care, ASC, community connections, ICAS providers, GPimhs colleagues. It was only taking place in Epsom at the moment but they were keen to roll it out further.

12. A Member asked what funding was still required and the confidence of acquiring it. The Deputy Chief Executive explained that they had 18 months of funding for the next stage of the enablement pilot and rehabilitation programme. The funding from NHS England was to come to an end at the end of the 2023 financial year, however, the funding would be included in the CCG baseline to enable continuation. The impact of the enablement pilot would need to be evidenced for it to continue. NHS England would keep the CMHT programme under tight scrutiny.

13. A Member asked about information sharing being a barrier for the third sector. The Associate Director explained that they were still working to untangle the legal complexities of using clinical record systems, it was no longer an issue due to unwillingness. The CEO of Mary Frances Trust agreed that it was moving forward and formal processes were being developed.

14. A Member queried the higher index of need for Surrey Heath and Guildford North and asked what work was being done to address it. The CMHT Programme Manager explained that it was an exercise to understand how to appropriately spread the GPimhs or MHICS teams across PCNs. This was based on a range of data including: GP registered population, mental health service activity, Single Point of Access Referrals, the percentage of patients with a new diagnosis of depression. There was the equivalent of two MHICS teams for the Surrey Heath PCN and one GPimhs team for Guildford North because it had a smaller population.

Recommendations:

The Select Committee:

1. Notes the significant work underway to fully implement the new integrated model of primary and community mental health across Surrey by 2023/24.

2. Recognises the role of the Adult Community Mental Health Transformation Programme in delivering Priority 2 of the Surrey Health and Wellbeing Strategy.

3. Requests the following reports at future meetings:
    i. Individual Placement Support (IPS) – Employment support and collaboration with local businesses to support their own staff,
    ii. Update on progress and impact of community mental health transformation in 12 months' time.

Actions/request for further information:

1. The Associate Director/CMHT Programme Manager to provide data on recruitment with reference to the current teams in operation, the teams about to go live, and future need.

2. The Associate Director to provide more information on the Pathway Forum and the ambitions for the potential future rollout of the Pathway Forum.

14/22 ADULT SOCIAL CARE DEBT [Item 6]

Witnesses:

- Sinead Mooney – Cabinet Member for Adults and Health

- Toni Carney – Head of Resources (Adult Social Care)
- Pamela Hassett – Lead Manager (Financial Assessment and Income Collection)
- Clare Burgess – CEO, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Head of Resources introduced the report and highlighted key points included. It was noted that the upcoming funding reforms would have significant impacts and a future report should come to the Select Committee on that topic.

2. A Member asked whether there had been a delay introducing the new financial system. The Head of Resources confirmed that the new system was due to be introduced in December 2021, but it was delayed and was now due to be introduced later this year (2022).

3. Responding to a question about what plans were in place to prepare for the funding reforms and national insurance changes, the Head of Resources explained that the Area Director for North West Surrey was leading on a working group on the reforms and there were several streams to the working group about processes that would need to be introduced. The regulations had not been published yet, but a consultation document was expected in next few weeks. The Head of Resources told the Select Committee that the impact of the reforms on the workforce, residents and finances should not be underestimated.

4. A Member questioned the use of the text messaging service in this context and the security of the process, as well as the amount of outstanding debt in relation to the income. The Head of Resources explained that the debt was spread over a long period, it was not a direct proportion of income this year and a significant proportion was not yet due. The text messaging service was a secure gov.uk service. Security checks were completed to ensure the right number was on the system before sending a text message regarding debt. It had not been used for recovery, but to remind people of an upcoming financial assessment or the online assessment tool. The Head of Resources explained that they had received positive feedback from the trial. If it was to be used for debt recovery, it would need to be done carefully to ensure people did not feel bombarded by texts. It would be used as a prompt rather than be part of core system and if it did not work, they would revert to the current approach.

5. A Member asked about the percentage of payments collected by direct debit and whether this was considered a good figure. The Head of Resources responded that this had been the figure for many years, despite efforts to try and maximise direct debit. People were always encouraged to use direct debit. Those who experienced static levels of charges were more likely to sign up. The Head of Resources did not expect the percentage to get significantly higher.

6. The CEO of Surrey Coalition of Disabled People asked whether the offer of independent advocacy was made to people and if mental health support was included in the letters as well. The CEO additionally asked how the mental health breathing space policy was communicated to practitioners and those accessing services. The Head of Resources explained that the reminder process was not strictly followed and often the second reminder could be a conversation with the individual. Independent advice was suggested and information was provided about relevant agencies. The Lead Manager added that the breathing space was applicable for anyone in debt. They worked closely with the mental health team to devise a referral process. The ASC debt team thought that it was better for an individual to conclude mental health crisis treatment first. The breathing space policy stopped recovery from all sources. Practitioners were aware of the process as they would have to provide evidence. It was important that all staff and residents know about the policy. The individual would have protection for the duration of their treatment and there was no limit to the scheme.

7. A Member asked about the impact of the end of discharge to access. The Head of Resources explained that discussions were ongoing with health colleagues. The funding arrangements would be continued for a further three months and thus, there would be no significant change for residents over the next three months. This time would provide the opportunity to work with health colleagues to refine the model. The Head of Resources noted that there was an informal briefing on discharge to access for Select Committee Members soon.

8. A Member asked about the potential to use Judge and Priestley for further work. The Head of Resources noted that they tried to be as cost effective with debt recovery as possible. When the cost of doing work was low risk, it was cost effective to use Judge and Priestley. They would be used for further work in the future if possible.

Recommendation:

The Select Committee requests that a detailed report on the funding reforms is brought to a future meeting of the Adults and Health Select Committee.

The meeting was paused at 11:48am. The meeting reconvened at 12:04pm.

15/22 PRIMARY CARE ACCESS [Item 7]

Witnesses:

- Nikki Mallinder – Director of Primary Care, Surrey Heartlands
- Giselle Rothwell – Associate Director of Communications and Engagement, Surrey Heartlands
- Nina Crump – Communications and Engagement Lead, Surrey Heartlands
- Rich Stockley – Head of Research, Surrey County Council & Surrey Heartlands
- Dr Charlotte Canniff – Clinical Chair, Surrey Heartlands
- Dr Pramit Patel – Primary Care Network Lead, Surrey Heartlands
- Maria Millwood – Board Director, Healthwatch Surrey
- Clare Burgess – CEO, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Clinical Chair introduced the Surrey Heartlands report. It was noted how primary care access had changed since the pandemic and in some ways, it had changed for the better. The changes that were already planned pre-pandemic were accelerated. Many service users liked the digital form of access, and many conditions could be managed in this way. It was important to recognise now that some conditions were better dealt with face to face, therefore, primary care needed to be flexible about the types of access for conditions and patient preferences, especially for vulnerable communities. There was continued work with the 104 GP surgeries in Surrey Heartlands to address the issues from residents.

2. The Chairman asked about the use of KPIs to monitor progress in practices. The Director of Primary Care explained that KPIs measured the impact and delivery of GP surgeries. Surgeries were registered with the Care Quality Commission and the

Primary Care Commissioning Committee oversaw the delegated authority for Primary Care, including the performance. A demand and capacity tool was used locally to monitor the delivery of services, such as face to face or digitally. Support was provided to surgeries by visiting each surgery and talking to them about best practice and how to improve inconsistencies. The Access Improvement Programme was a national piece of work and 23 of Surrey Heartlands' GP surgeries were part of this programme, with 17 already completed. The programme helped to improve quality of access.

3. A Member enquired about the number of hours a doctor provided to each surgery. The Director explained that a contract was held by the partners in the surgery, and there was a workforce tool which showed the totality of the workforce. There were around 530 FTE GPs, which meant that they provided eight or more sessions into the surgery. The Clinical Chair added that contractually the surgery had to offer a service from 8am to 6.30pm. The Primary Care Network Lead clarified that a session was 4 hours and 10 minutes, but between sessions there would be other work to complete due to the complexity of the role. The Member asked for any information about hours worked to be shared with the Select Committee. The Clinical Chair responded that they should be able to share the number of FTEs and their contractual hours.

4. A Member raised concerns about the waiting times on the phone to contact a GP surgery. The Director explained that telephony had never been invested in in general practice. The NHS had just started to invest in cloud-based telephony. There had only recently been enough money to upgrade all PCNs' telephony system. There had been some issues in how this was done in multiple occupancy buildings. The Clinical Chair added that the hope was that digital access had opened up the phones for those unable to use digital services. The issues were usually due to the number of calls and a lack of space within a surgery to hire more staff. The Primary Care Network Lead added that a cloud system would open up access and reduce congestion. The Director shared that it would take around a year to get all providers onto the new framework.

5. In response to a question on issues regarding the availability of GPs, the Director shared that over 6.5 million appointments were delivered in a year, of which 3.1 million of those were face to face. Surrey Heartlands were the first to engage with the community about co-design. The system had been under a lot of pressure, especially due to delivery of the vaccination programme.

6. A Member thanked those involved for their hard work over the pandemic. The Member asked about the impact of the pandemic on health inequalities and the work being done to ensure consistency and avoid a 'postcode lottery'. The Clinical Chair responded that they were aware that the pandemic had affected the most vulnerable communities more and they had learnt from the vaccination programme that they needed to approach these communities in different ways. This work would continue into practice more generally. The Communications and Engagement Lead added that they were engaging with these communities in ways that had not been done before. There were contacts within some of the groups who had been impacted by health inequalities with which they would continue to work and codesign. This was a new and evolving process. The Clinical Chair highlighted the challenge of recruitment of GPs which had been ongoing for at least five years and continued to get worse. The Primary Care Network Lead explained that in 2019 there was a target to deliver 50 million more appointments nationally and to increase the workforce. The target to recruit allied healthcare workers was likely to be met, however, the challenge was to recruit 6,000 new GPs nationally. Many GPs were in the final few years of their career and due to the complexity of the job, it became difficult and unsustainable. Due to the long waiting times in general practice and hospitals, patients were more unwell by the time they would get an appointment with a GP. There needed to be multi-disciplinary teams to support patients with complex needs and to create a more resilient and sustainable workforce.

7. A Member asked whether there had been consideration of extending opening hours for GPs. The Clinical Chair explained that the new contract had been introduced which meant that a service had to be offered until 8pm from Monday to Friday and from 9am to 5pm on Saturday. Surrey Heartlands had already been providing this offer. The Primary Care Network Lead added that from 6.30pm to 8pm not all 104 surgeries remained open, instead appointments were offered collectively during that time. The Clinical Chair explained that there was a shared record between surgeries.

8. The Board Director of Healthwatch Surrey acknowledged the positive approach taken by Surrey Heartlands in understanding the impact of primary care access on the public but noted that there were still issues around navigating the total triage system. Receptionists were often seen as a barrier and having a lack of understanding. Healthwatch were working closely with Surrey Heartlands and the co-production was positive.

9. The CEO of Surrey Coalition of Disabled People queried whether there was two-way SMS contact for community members who were hard of hearing and/or had speech and language difficulties. The CEO noted that when the digital system would get 'turned off' it could make it inaccessible. The CEO also shared an experience of a resident with sensory issues who had huge difficulties accessing a GP. The Clinical Chair stated that the experience of the resident was not acceptable and noted that there was no surgery that was not trying to see as many patients as possible.

Ernest Mallett left at 12:57.

10. A Member asked about plans in place to help to recruit new staff. The Member noted that the public needed to understand that the GP might not always be the appropriate person to deal with their issue. The Primary Care Network Lead explained that they had been set a target to recruit 540 additional roles, but recruiting GPs was difficult. Surrey was in competition with other areas, including London, however, the headcount per population was higher than in other parts of the south east. The outcomes for patients were better when they could see the most appropriate colleague for their issue, and it allowed GPs to focus on high complex patients. The Clinical Chair agreed with the Member that this was a communications exercise. It was relatively recent that the workforce in GP surgeries had become so diversified. It would be useful if Councillors could have that conversation with their residents.

11. A Member asked about training for staff to support those with accessibility needs. The Director explained that as a commissioner, they had to ensure that services met accessibility standards. The first phase was focused on accessibility for those with sensory difficulties. The next phase was directed at those with sensory difficulties and those with learning difficulties. The Associate Director of Communications and Engagement highlighted that they needed to ensure training was conducted regularly and there needed to be a cultural piece of work across the system to understand accessibility issues. The Communications and Engagement Lead added that there was a tool available for surgeries to use, which allowed them to review best practice. The Member also asked how Surrey Heartlands were working with Frimley Health Foundation Trust. The Director shared that there was a good peer network across the south east who shared best practice.

12. A Member raised concern around issues with receptionists and a lack of continuity between 111 and GP surgery telephone services. The Director acknowledged that receptionists had a difficult job. The individual GP surgery provided some training to their own receptionist staff. Surrey Heartlands were planning to conduct a refresh of customer service training for receptionists. The 111 Service had the ability to pass a patient directly from their system into the GP telephone system. The Clinical Chair added that the correct use of language by the 111 operator and understanding by the patient was crucial.

13. Speaking about plans for citizen co-design and the involvement of a wide variety of residents, the Communications and Engagement Lead explained that there had been engagement with groups to understand their access needs, and they would come back to them afterwards to ensure those needs had now been met. There needed to be a focus on the service users that had experienced challenges. The Member also asked whether GP surgeries had reached out to patients that they had not heard from for a while. The Primary Care Network Lead explained that the vaccination programme highlighted the need for outreach to those communities. Surgeries had started to develop relationships with those communities that they did not have before.

14. A Member asked whether there were any plans to introduce advance booking. The Director explained that advance booking was paused during the pandemic. From April, advance booking would be reintroduced for appointments that did not need to be triaged first.

15. A Member thanked the witnesses for their hard work over the pandemic. The Primary Care Network Lead thanked the Member for their comments and invited Select Committee Members to visit a GP surgery in the future if they would like to.

Recommendations:

1. The Select Committee urges Surrey Heartlands to:
    - Ensure that the total triage model and investment in cloud telephony is delivered concurrently across all of Surrey Heartlands to ensure all citizens can access an equal level of care and avoid a “postcode lottery” in service availability

    - Work closely with the Surrey Coalition of Disabled

People, Sight for Surrey and the Surrey Minority Ethnic Forum to ensure the new cloud telephony system is accessible for all

- Regularly deliver training to all members of staff to ensure they are able to fully support people with accessibility needs

- Provide the Select Committee with an update report on the above recommendations later in the year

2. The Select Committee agrees to explore how it can best share information about this work with citizens as and when relevant, helping to promote the associated engagement and co-design activity. The Surrey Heartlands team will link in with the Surrey County Council Communications team to help facilitate this.

Actions/request for further information:

1. Surrey Heartlands Primary Care team to provide an updated infographic on the delivery of services.

2. Surrey Heartlands Primary Care team to provide further information on the contractual hours worked by GPs across Surrey.

3. Arrange a visit for Select Committee Members to a GP Surgery,

16/22 UPDATE ON THE HEALTH INEQUALITIES TASK GROUP [Item 8]

Key points raised during the discussion:

1. The Chair of the Task Group provided a short update on the recent work of the Task Group and explained that another update would be provided to the Select Committee in June 2022.

2. A Member asked whether Select Committee Members who were not members of the Task Group could attend witness sessions. The Chair of the Task Group explained that they could and asked if they could communicate this in advance of the witness sessions.

17/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Key points raised during the discussion:

None.

Recommendation:

The Select Committee noted the Recommendation Tracker and Forward Work Programme.

18/22 DATE OF THE NEXT MEETING [Item 10]

The next meeting of the Select Committee will be held on 23 June 2022.

Meeting ended at: 1.29 pm

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Chairman