

## HEALTH AND WELLBEING BOARD

7 April 2022

Present:-

Councillors J McInnes (Chair), Y Atkinson, R Croad, A Leadbetter, A Saywell

D Crump, Joint Engagement Forum  
Councillor B Deed (District Council representative)  
J Drew, Healthwatch Devon  
J Fraser, Deputy Chief Officer for Children's Services (DCC)  
T Golby, Director of Integrated Adult Services (interim) (DCC)  
T Henry, Deputy Director of Public Health  
L Howell, Devon & Somerset Fire & Rescue Service  
Dr P Johnson, CCG

Apologies:-

Councillors S Brown

\* **45**      **Minutes**

**RESOLVED** that the minutes of the meeting held on 13 January 2022 be signed as a correct record.

\* **46**      **Items Requiring Urgent Attention**

There were no items requiring urgent attention.

\* **47**      **COVID-19 Update**

The Deputy Director of Public Health updated the Board on the current position relating to the Coronavirus.

Free Covid testing had ceased on 31 March and so the pattern of testing had changed. Devon still had high levels and were currently above the England rate, with 1 in 11 people who may currently be impacted with Covid.

There were now few restrictions in place and the focus now was on protecting those most vulnerable and ensuring that eligible people were tested accordingly. Vaccinations were now available for the 5-11 age group.

Hospital numbers were still high, but were coming down, with numbers in high dependency units low. Covid was now being treated the same as other respiratory infections. Any new strains of the virus would be tracked closely.

The message had changed to stay at home if you had symptoms, which could be flu or Covid, and not to mix with others who were vulnerable.

Discussion and questions included:

- Vaccination rates and the focus on communication campaigns to encourage uptake;
- Measures remained quite consistent across other countries and valuable learning from best practice.

The Board were referred to the following online data:

[DCC Covid-19 Dashboard: Coronavirus dashboard and data in Devon](#) - Coronavirus (COVID-19)

[National Coronavirus Tracker](#): Daily summary | Coronavirus in the UK (data.gov.uk)

[National Coronavirus Interactive Map](#): Interactive Map | Coronavirus in the UK (data.gov.uk)

\* 48 **Devon Joint Health and Wellbeing Strategy: Priorities and Outcomes Monitoring**

The Board noted the Report of the Director of Public Health on the performance for the Board, which monitored the priorities identified in the Joint Health and Wellbeing Strategy for Devon 2020-25.

The indicator list and performance summary within the full report set out the priorities, indicators and indicator types, and included a trend line, highlighting change over time.

The latest Health and Wellbeing Outcomes Report, along with this paper, was available on the [Devon Health and Wellbeing website](#).

The Report monitored the four Joint Health and Wellbeing Strategy 2020-25 priorities, and included breakdowns by local authority, district and trends over time. These priorities areas included:

- Create opportunities for all
- Healthy safe, strong and sustainable communities
- Focus on mental health
- Maintain good health for all

The following indicators had been updated since the last report to the Board as follows:

### **Alcohol-Related Admissions (Narrow), 2020/21**

The alcohol related admission rate per 100,000 in Devon was 424.3. This was statistically better than the England rate of 455.9. East Devon, Mid Devon, South Hams and West Devon were all statistically better than the England average and Exeter and North Devon were statistically worse.

### **Cancer Diagnosed at Stage 1 or 2, 2019**

The proportion of cancer diagnosed at stage 1 or 2 rate for Devon was 57.8%. This was statistically better than the England value of 55.1%. However, most areas in Devon were statistically similar to England, with only East Devon and Exeter performing statistically better.

### **Emergency Hospital Admissions for Intentional Self Harm, 2020/21**

The rate of emergency hospital admissions for intentional self harm in Devon was 211 per 100,000, which was statistically worse than the England rate of 181.2. Exeter, Mid Devon, North Devon and Torridge were all significantly worse than the England rate and only West Devon was statistically better.

### **Injuries Due to Falls, 2020/21**

The rate of injuries due to falls in Devon was 1662.4 per 100,000. This was statistically better than the England rate of 2023.0. Almost all areas in Devon were statistically better than the England rate except for North Devon and West Devon which were statistically similar.

### **Reablement Services (Effectiveness), 2020/21**

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services in Devon was 67%. This was statistically significantly worse than the England proportion of 79.1%. All local authority areas in Devon were also significantly worse than the England rate.

### **Self Reported Wellbeing (Low Happiness Score), 2020/21**

The percentage of people self reporting low happiness was 7.2% for Devon. This was statistically significantly better than the England proportion of 9.2%.

Discussion and questions covered:

- A masterclass on the navigation tools available on the JSNA web pages was offered to those Board Members requiring assistance in obtaining information.
- It was noted that an update on Self-Harm would be provided to the next Board meeting in July.

\* **49**      **Better Care Fund - Update**

The Board received the Report from the Interim Director of Integrated Care (Devon County Council and NHS Devon Clinical Commissioning Group) on the Better Care Fund, which covered latest performance.

The Better Care Fund (BCF) was the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brought together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and funding paid to local government for adult social care services. The Health and Wellbeing Board had oversight of the BCF and was accountable for its delivery.

The Report set out the latest performance for the following BCF metrics:

- Avoidable Admissions
- Length of Stay
- Discharge to Normal Place of Residence
- Residential Admissions
- Reablement

Nationally, Government had indicated its intention to continue with the BCF for 2022/23 and in that year to introduce further development of the BCF for future years; and the national announcement of Planning and Reporting Guidance for 2022/23 would be published in May.

Discussion covered voluntary sector investment and close working in cluster areas to develop community services.

**RESOLVED** that the Board note the latest performance data and national requirements.

\* **50**      **Annual Health Protection Assurance Report 2020/21**

The Board received the Health Protection Committee Annual Report 2020/21, which provided a summary of the assurance functions of the Devon, Cornwall and Isles of Scilly Health Protection Committee and reviewed performance for the period from 1 April 2020 to 31 March 2021. Due to the time lag in reporting data for 2020/21, the report contained some information in relation to activities undertaken in 2021/22, to provide a more timely picture of progress.

The report considered the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance

- Emergency planning and response.

The aim of the Health Protection Committee was to provide assurance to the local Health and Wellbeing Boards that adequate arrangements were in place for prevention, surveillance, planning and response to communicable disease and environmental hazards, to protect the public's health.

Priorities agreed by Health Protection Committee members for 2021/22 were to:

- 1 Maintain response to COVID-19 and ensure preparedness and resilience to respond to future pandemics or health protection emergencies. As part of this, lead efforts to target vaccination inequalities
- 2 Recover screening and immunisation programme delivery, coverage and uptake
- 3 Embed and strengthen community infection management services to prevent and respond to infections throughout the community
- 4 Work to reduce the incidence of healthcare associated infections and to tackle antimicrobial resistance across our communities
- 5 Focus efforts to address health inequalities, in particular health protection pathways for migrant and homeless communities
- 6 Maintain a focus on local action to address the climate emergency.

**RESOLVED** that the Health Protection Committee Annual Report 2021/22 be noted and accepted

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**Devon Voluntary, Community and Social Enterprise (VCSE) & Public Sectors: Creative Collaboration in a Pandemic**

The Board received a presentation from representatives from Devon Communities Together, Devon Voluntary Action and Public Health Devon entitled Devon VCSE and Public Sectors Creative Collaboration in a Pandemic.

The presentation covered:

- Context
- How has the VCSE sector worked together differently?
- How have the sectors worked together differently?
- How have we communicated differently?
- What have we done differently together?
- DCC Perspective
- What have we learned? Together is better!
- Next Steps

The development of a new Devon, Plymouth and Torbay VCSE Assembly model was being looked at to pilot and develop new ways of working that would benefit communities.

Members' questions and comments included:

- The pandemic had affected the number of volunteers coming forward, but it was hoped that with the help of campaigns on social media, numbers would improve.
- Welcome the voluntary sector coming together collaboratively to improve working in the community.

The Chair thanked Officers for the presentation.

**RESOLVED** that an update be provided to the Board in six months' time.

[A copy of the presentation is attached to these Minutes.]

\* **52**      **Alcohol Specific Admissions in under 18s in Devon**

The Board received a Public Health draft overview of the available data on alcohol use and harm among those under 18 years of age in Devon, including:

- Risk factors
- Prevalence
- Hospital admissions
- Deprivation
- Treatment
- Referral routes
- Needs and Outcomes
- Summary

Members' questions covered:

- Although the use of cannabis had been referred to, it was not within the scope of the paper, but could be followed up by the Public Health specialist.
- Whether there was any Scottish data on the minimum unit pricing for alcohol which, again, could be followed up.

\* **53**      **GP Strategy Review for Devon**

The Board received a presentation from the Director of Commissioning at NHS Devon CCG on the Devon General Practice Strategy, Refresh for 2022.

Learning from the pandemic had shown how different primary care could and should be and, with increased pressure on the system, it was now time to revise the strategy, taking into account learning from experience.

The presentation covered:

- Background
- Progress to date
- Why a Refresh?
- Approach
- Three Phases

It was anticipated that the refreshed strategy would go to the CCG's Primary Care Commissioning Committee in July 2022.

In discussion, Members' questions covered:

- Surveys had gone out to every patient and member of the public to ensure engagement with everyone (e.g. the vulnerable and unpaid carers); and it was suggested that ambassadors to unpaid carer groups could be contacted;
- Workforce issues was an important issue, and key in the strategy would be looking at viable and robust models for the future.

[A copy of the presentation is attached to the Minutes.]

\* **54**      **CCG Update**

The Board received the report of the Chair of the NHS Devon Clinical Commissioning Group which provided an update on CCG business, Devon-wide and national developments within the NHS. It was intended to provide the Board with summary information to ensure Members were kept abreast of important developments affecting the NHS.

The Board noted the updates, including:

- The Integrated Care Board would come into being on 1 July 2022, following the passing of the new legal framework, to be chaired by Dr Sarah Wollaston.
- The digital GP Locum Service, enabling GPs to be located anywhere in the UK to carry out online consultations to patients across Devon.
- The engagement programme involving online focus groups set up to listen to local people on waiting lists.

The Chair wished to acknowledge the pressure that the NHS and Adult Social Care was under.

\* **55**      **References from Committees**

Nil

\* **56**      **Scrutiny Work Programme**

The Board reviewed the Council’s Scrutiny Work Programme in order to avoid any potential duplications.

\* **57**      **Forward Plan**

The Board considered the contents of the Forward Plan, as outlined below (which included any additional items agreed at the meeting).

<b><u>Meeting dates</u></b>	<b><u>Matter for Consideration</u></b>
<b>14 July 2022</b>	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC JSNA/ Strategy Refresh (June) Self-harm in Children &amp; Young People update Homeless Reduction Act: 12 month update Integrated Care Systems CCG Updates Self-Harm in Children &amp; Young People</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>
<b>20 October 2022</b>	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC CCG Updates Adults Safeguarding annual report (September / December) Devon Voluntary, Community and Social Enterprise (VCSE) &amp; Public Sectors: Creative Collaboration in a Pandemic - update</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters</p>



	for Information
<b>19 January 2023</b>	<p><b><u>Performance / Themed Items</u></b> Health &amp; Wellbeing Strategy Priorities and Outcomes Monitoring Theme Based Item (TBC)</p> <p><b><u>Business / Matters for Decision</u></b> Better Care Fund - frequency of reporting TBC CCG Updates Joint Commissioning Strategies – Actions Plans (Annual Report – Dec)</p> <p><b><u>Other Matters</u></b> Scrutiny Work Programme / References, Board Forward Plan, Briefing Papers, Updates &amp; Matters for Information</p>
<b>6 April 2023</b>	
<b>Annual Reporting</b>	Adults Safeguarding annual report (September / December) Joint Commissioning Strategies – Actions Plans (Annual Report – December) JSNA / Strategy Refresh – (June)
<b>Other Issues</b>	Equality & protected characteristics outcomes framework Pharmaceutical Needs Assessment

**RESOLVED** that the Forward Plan be approved, including the items approved at the meeting.

\* **58**      **Briefing Papers, Updates & Matters for Information**

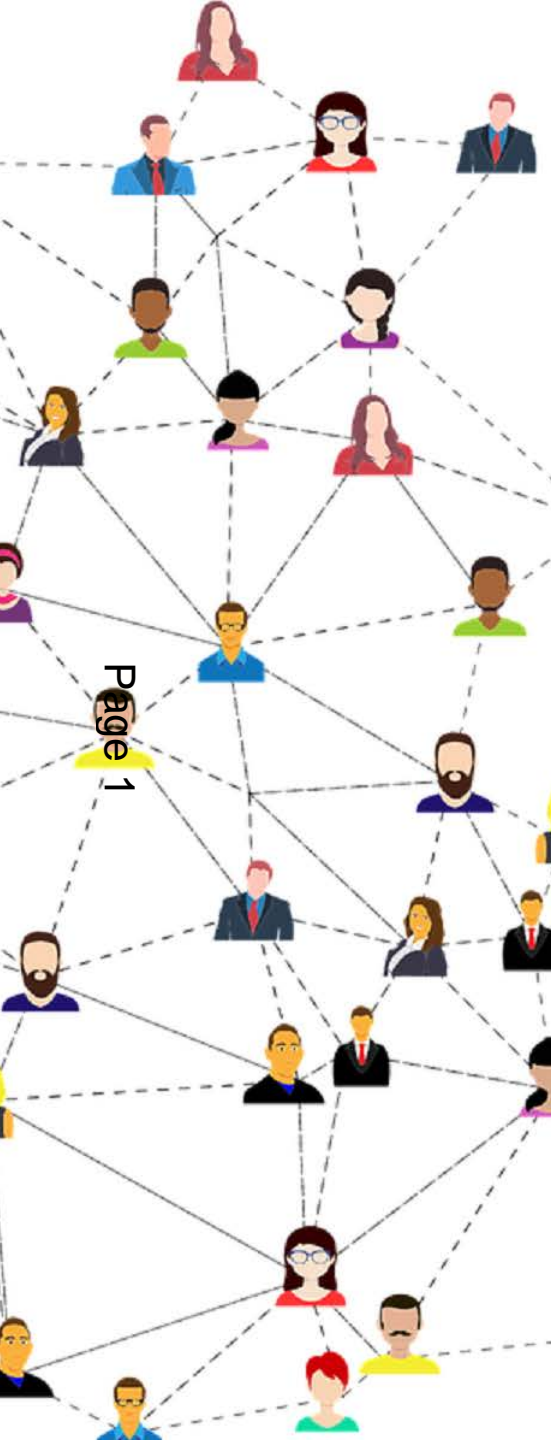
Members of the Board received regular email bulletins directing them to items of interest, including research reports, policy documents, details of national/ regional meetings, events, consultations, campaigns and other correspondence. Details were available on the [Devon Health and Wellbeing website](#).

No items of correspondence had been received since the last meeting.

\* **DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 2.15 pm and finished at 4.37 pm





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# Devon VCSE & Public Sectors Creative Collaboration in a pandemic

Health & Wellbeing Board

Thursday 7<sup>th</sup> April 2022

Nora Corkery, Karen Nolan & Martin Barnard

Minute Item 51

# Context



- Covid 19 – A unique challenge – immediate & focused
- A clearly communicated national challenge & a common understanding of the issues/needs of individuals and communities.
- Conditions created in public sector to work differently acting more like the voluntary sector – agility & flexibility
- Public sector relaxed processes and procedures to enable fast response - Emergency empowered individuals to think creatively
- VCSE flexible – adaptable – connected – infrastructure support aided and assisted community based voluntary action
- Existing VCSE networks were able to reach local communities quickly and provide effective support
- Communities rose to the challenge to help neighbours and residents – response/ recovery funding available
- Strong partnership working with public sector key service providers – co-ordinated response – with common aim and objective

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# How has the VCSE sector worked together differently?

Devon Local Response and Devon Recovery VCSE sub - group  
(Devon Recovery Co-ordination Group)

- Funded by VCSE sector and DCC Tactical Management Group.  
4 Work Streams: Communications; Strategic Engagement; Capacity & Need Mapping; Social Value & Impact
- Mapped over 6,000 VCSE organisations contributing to our economy, environment and the health of our citizens
- Agreed on need for a collaborative, solution based, whole system VCSE/ Public Sector joint leadership approach
- Actively challenged the assumption that public services alone can solve problems & enable active citizenship and thriving communities



# How have the sectors worked together differently?

- Devon Adult Social Care Service invited VCSE participation in daily cell emergency response meetings
- VCSE included in Team Devon LOEB meetings
- Devon Recovery Co-ordination Group - VCSE/ Public Sector co-design and co-facilitation of a series of 8 themed covid data impact workshops during the summer of 2021

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## “Seeing the Bigger Picture” Report

- 42 presentations combining public sector data with VCSE data & “lived experience” attended by over 100
- The data collated will contribute to the Devon Recovery dashboard.

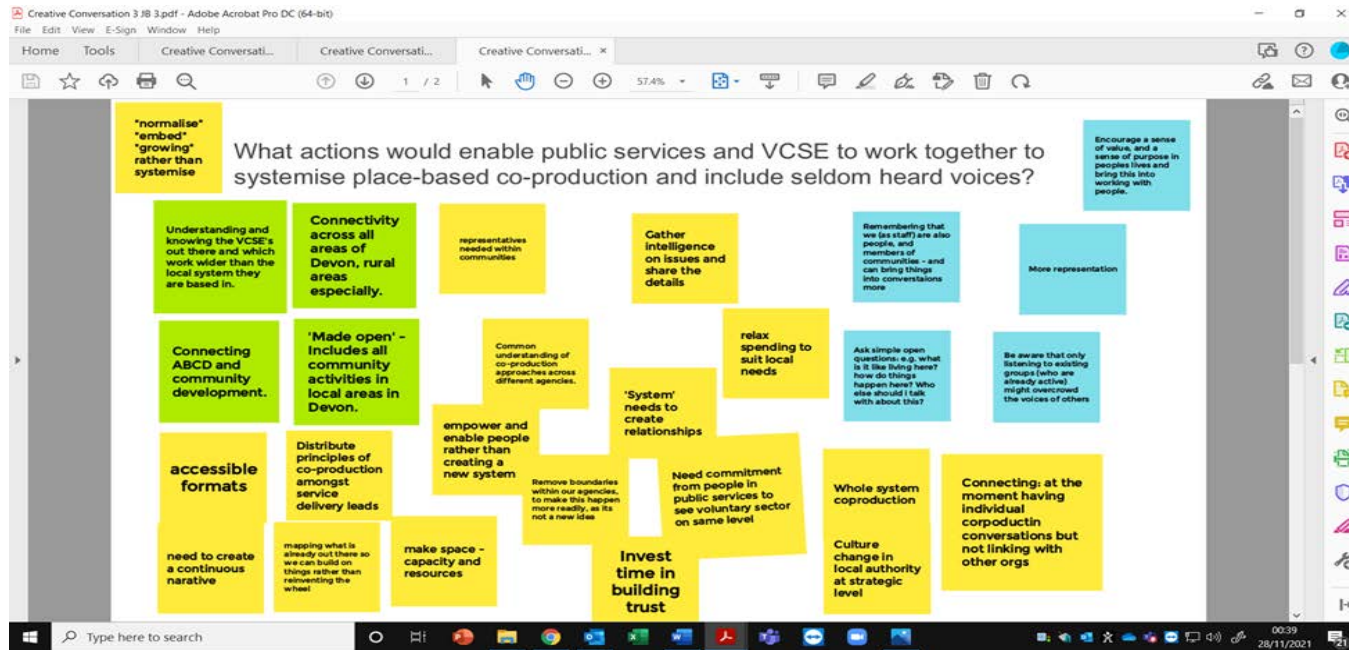


# How have we communicated differently?

## ‘Creative Conversations’ Autumn 2021

- Built collaborative thinking - 3 strategic cross sector “Creative Conversation” endorsed by Public Sector Leaders focused on collaborative commissioning; social value & community wealth building and co-production.

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# What have we done differently together?

Devon Public Health/ VCSE  
Contain Outbreak Management  
Partnership Approach



- VCSE have collaborated on **3 different levels**- working with individuals/ partnership between organisations & at a strategic level
- VCSE posts **seconded** to join Public Health Test & Tracing Team & **referral pathways** established to VCSE
- COM Self- Isolation & COMF **Community Grant Funding Schemes** Collaboration - Joint Grant Awarding Panels
- Joint VCSE/ CCG NHSX funded **community insight** programme researching barriers to accessing remote medical appointments
- Allocation of over **£1 million** Public Health COMF funding to a Devon VCSE Alliance November 2021 – March 2022 – Increased Trust & risk appetite





# DCC Perspective

- The value of VCSE DRCG R&R Group
  - A 'known' place to go to,
  - Enabled coordination for vaccine volunteering requirements,
  - Enabled data impact of covid work,
  - Has helped develop coordination in the sector – steps to the assembly,
- Self-isolation support,
  - Secondments to jointly set-up and administer practical support – grant and contact tracing,
  - VCSE perspective key in relationships and making informed panel decisions,
- COMF allocation to VCSE sector
  - Sector taking ownership and lead for delivery,
  - Has helped develop the 'trusted partner' relationship,
  - VCSE understanding of sector essential for delivery,

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# What have we learned? Together is better!

- Developed better **relationships**
  - Built more **trust**
  - Improved understanding of expectations and pressures across sectors
  - Engendered joint sense of ownership of outcomes
- More **collaborative working** from a position of mutual **respect** & greater recognition of **VCSE expertise, adaptability & professionalism** led to
  - More **creative** and **flexible** solutions
  - Potential for sharing roles and innovative cross sector working
- Needs nurturing and investment to continue
  - Engaging all levels
  - Open and transparent

Communities benefit!



# Next Steps



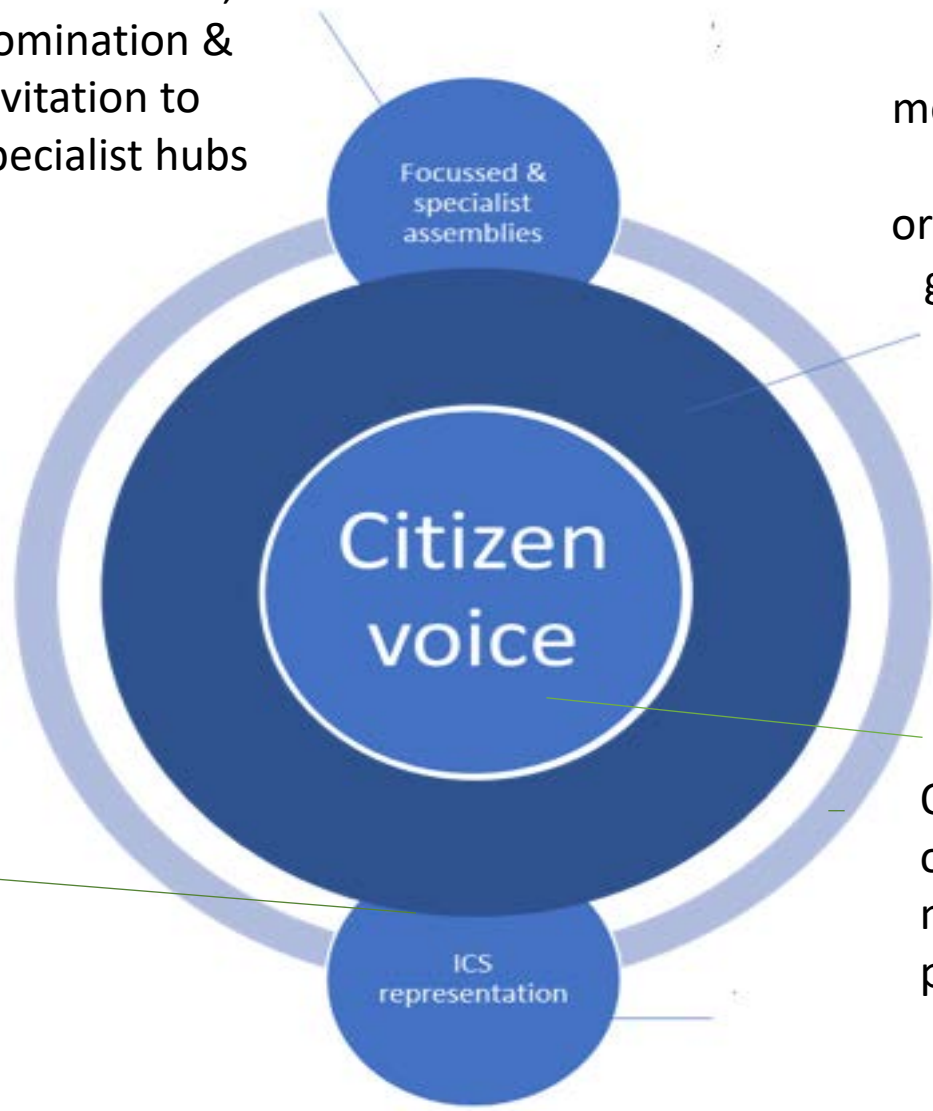
- **VCSE infrastructure investment** to influence strategic, people centred and place- based policy & service development to enable positive change
- Grow **VCSE/ public sector collaboration** to improve local community outcomes including – health & social care; wellbeing; economy; community wealth building; affordable housing, community resilience, digital inclusion; transport, inequalities & climate change
- Develop **system change dialogue** on creating culture shift and improved outcomes through **Joint Leadership** & social value based collaborative commissioning to support a new way of working.
- Continue evidence – based approach through a shared **VCSE sector asset map data-base** of activity and social value adding **insight & intelligence.**
- Development of a new **Devon, Plymouth & Torbay VCSE Assembly** to pilot and develop new ways of working that benefit communities



**VCSE General Assembly**

Self selection, nomination & invitation to specialist hubs

Open membership. any organisation/ group can join.



The appropriate number of seats on the ICS statutory Partnership Board that reflects the size & diversity of the sector:

- 3 consistent seats (Devon, Plymouth & Torbay)
- 2 seats for focused / specialist input

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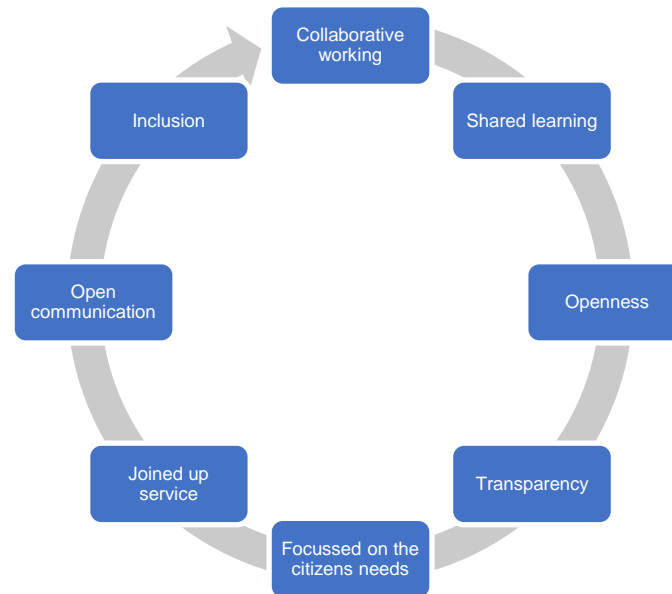


# VCSE ASSEMBLY VALUES

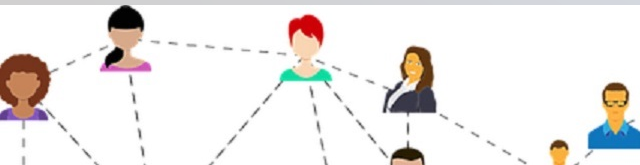
Page 11  
 There is a co-designed shared mission & set of values. This will be honed as we develop the model

## Vision of successful partnership

What does good look like? What would it feel like?

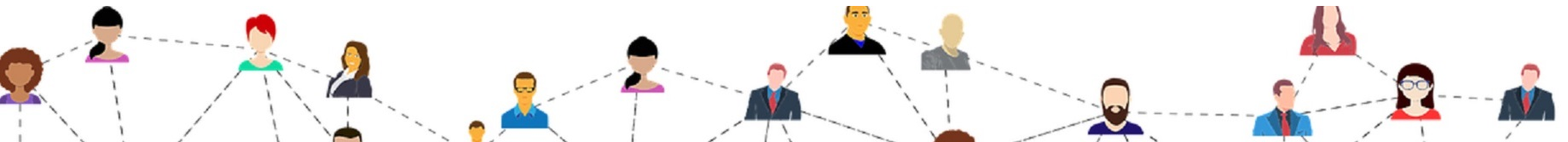


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**Thank you**

**Any Questions?**





Devon

Clinical Commissioning Group

# Devon General Practice Strategy

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Refresh for 2022

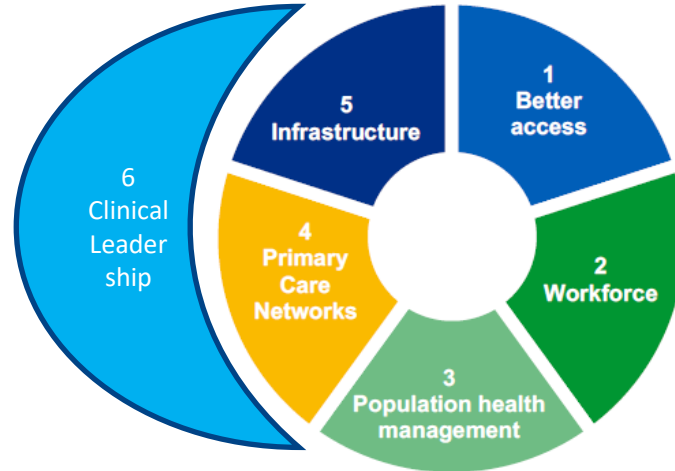
Devon Health and Wellbeing Board

Minute Item 53

# Background

- Devon CCG published a five year strategy for general practice in 2019, which featured a set of priorities and objectives for the CCG to undertake and to support general practice.

## Six pillars



We will improve patient **access** to care through technology

We will develop and retain an agile and engaged **workforce**, with a focus on multi-disciplinary teams

We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities

We will develop **Primary Care Networks** to provide more joined-up care close to home

We will modernise our **estates and infrastructure** to support and enhance services

We will **develop** and **support** our clinical leaders



# Progress to date

<b>Better access to care through technology</b>	<ul style="list-style-type: none"><li>• All practices now have access to eConsult and video consultations</li><li>• Significant changes to remote working, shared practice systems and access to laptops and IT throughout pandemic</li><li>• Extended Access commissioned across the county</li><li>• Improved patient satisfaction survey results, including 70% patient satisfaction for online consultations</li><li>• High levels of registrations for NHS App (37% of aged 13+ in Devon)</li><li>• Additional staffing sessions as part of the Winter Access Fund. We have supported 27,000 additional hours for primary care between December 21 and March 22</li></ul>
<b>Workforce</b>	<ul style="list-style-type: none"><li>• 335 whole time equivalent people recruited to additional roles and reimbursement scheme (ARRS) e.g. pharmacists, physio, community paramedics and social prescribing link workers</li><li>• Flexible workforce bank in primary care. This was originally set up to support vaccine delivery but is being extended for longer term benefits</li><li>• Digital locum pilot, which has seen early good progress, will become part of the overall bank offer in February once pilot concludes</li><li>• Workforce Improvement Group established to agree priorities for investment including wellbeing and practice manager training</li><li>• Recruitment successes e.g. working with British Medical Journal (BMJ)</li></ul>
<b>Population health management</b>	<ul style="list-style-type: none"><li>• Devon system population health management programme underway for the system (although temporarily paused owing to system pressures)</li><li>• Data sharing has started between some practices</li><li>• Enhanced understanding of concepts and opportunities</li></ul>

<p><b>Develop primary care networks</b></p>	<ul style="list-style-type: none"> <li>• All practices are in a primary care network (PCN) and are progressing along a maturity matrix</li> <li>• Closer working with local care partnerships (LCPs)</li> <li>• Delivering the vaccination programme and business continuity arrangements have really brought PCNs together</li> <li>• Work progressing to agree PCN development plans</li> <li>• Utilisation of additional roles reimbursement scheme (ARRS)</li> <li>• Establishment of and recurrent funding provided for Collaborative Board engagement with LCP processes</li> <li>• GP ownership of system level issues</li> </ul>
<p><b>Infrastructure – Modernise Estates and infrastructure</b></p>	<ul style="list-style-type: none"> <li>• Locality plans becoming more embedded within LCPs</li> <li>• Local projects have progressed/are progressing, including new build practice premises in Crediton (Redlands Primary Care) and Plymouth (West Hoe) and priorities such as the West End Health and Wellbeing Centre in Plymouth progressing well</li> <li>• Working with Section 106 teams to maximise opportunities for funding for primary care</li> <li>• Full utilisation of Minor Improvement Grant budget</li> <li>• ‘Covid proofing’ GP sites</li> <li>• Significant security upgrades to practices with identified challenges</li> </ul>
<p><b>Clinical leadership</b></p>	<ul style="list-style-type: none"> <li>• Dedicated funding for clinical leadership development</li> <li>• Clinical voice is part of primary care workplans</li> <li>• Nurse strategy agreed</li> </ul>



# Why a refresh?

- Learning from the pandemic has shown how different primary care can, and should be
  - Increased pressure on the system and asks of general practice means it's now time to revise the strategy, taking in to account learning from experience
- The strategy refresh will take place between now and June 2022
- It will be co-designed with patients, GPs, stakeholders and healthcare professionals
- It will describe how we will provide sustainable general practice across the Devon system, but at the same time deliver high quality services for patients in a changing world

# Why a refresh?

- The revised strategy will challenge current conceptions about what general practice is and how it is delivered if general practice is going to survive the combined challenges of demand and workforce over the next decade

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Although, we currently have a very real challenge in Plymouth, we need to refresh the strategy for all general practice in Devon

NHS England and Improvement are currently undertaking a stocktake of primary care commissioning and provision. The final report from this is due around March 2022 and Devon will seek to ensure that future strategy reflects the key findings of that review.

- A review of integration and our Long Term Plan is underway and this will factor in to the refresh of the GP strategy



# Approach

The strategy refresh will consider:

- the impact of the General Practice 5 year forward view (2016)
- the existing and future workforce and demographic pressures which may impact on current and future access to GP services.
- the role of GP Practices, Primary Care Networks in the developing Integrated Care System
- areas of good practice (both national and international) in relation to -
  - workforce pressures and skill mix
  - delivery of primary care in urban (and rural areas)
  - recruitment and retention at start and end of career
  - access, quality and resilience
  - additional services to support primary care
- the role and responsibilities of local authorities in supporting GP services at a place and neighbourhood level

# Three phases

- There are three phases identified in the work programme
  - **Phase 1:** Reference group sessions with key stakeholders, e.g., GP practices, Healthwatch, the Local Medical Committee, Collaborative Board Chairs, Local Care Partnerships, Healthwatch, providers, elected representatives, diverse communities and patient participation groups
  - Research, literature review, exemplar/case study models, best practice review, internal refresh
  - **Phase 2:** Collation of all content from phase 1 into a draft strategy document
  - **Phase 3:** Consultation on draft strategy with groups from phase 1
- Engagement sessions are already underway with partners and public
- It is anticipated that the refreshed strategy will go to the CCG's Primary Care Commissioning Committee in July 2022

