

ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 22 March 2022

Present:

Councillor Gareth Allatt (Chairman)

Councillors Kim Botting FRSA, Aisha Cuthbert, Ian Dunn, Judi Ellis, Robert Evans, Kevin Kennedy-Brooks and Will Rowlands

Roger Chant, Vicki Pryde and Rona Topaz

Also Present:

Councillor Mike Botting, Executive Assistant for Adult Care and Health, Councillor Diane Smith, Portfolio Holder for Adult Care and Health, Reverend Roger Bristow (*via conference call*), Councillors Nicky Dykes, Kate Lymer and Stephen Wells

65 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor David Jefferys and Francis Poltera, and Councillor Will Rowlands and Rona Topaz attended as their respective substitutes.

In respect of item 4, apologies were received from Councillor Christine Harris.

66 DECLARATIONS OF INTEREST

Co-opted Member, Vicki Pryde declared that she now had paid roles with Bromley, Lewisham and Greenwich Mind and Oxleas NHS Foundation Trust.

67 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

68 BROMLEY HEALTHCARE COMMISSIONER ASSURANCE

The Chairman welcomed Members of the Children, Education and Families Policy Development and Scrutiny Committee, and the Portfolio Holder for

Children, Education and Families, to the meeting for consideration of this item. A copy of the presentations received from the Assistant Director for Integrated Commissioning and Jacqui Scott – Chief Executive Officer, Bromley Healthcare (“CEO – BHC”) and Michael Nutt – Chairman, Bromley Healthcare (“Chairman – BHC”) had been provided in the published agenda pack for the meeting.

The Assistant Director for Integrated Commissioning provided an update in relation to commissioner assurance arrangements. Members were advised that the Care Quality Commission (CQC) had published a report on 4th February 2022 stating that Bromley Healthcare (BHC) had been rated overall as ‘Requiring Improvement’ following an inspection between August and September 2021. Three service areas had been inspected: Inpatient (‘Good’), Adults (‘Requires Improvement’) and Children, young people and families (‘Requires Improvement’). Across the five inspection domains BHC had been rated as ‘Requires Improvement’ for being Safe, Effective, Responsive and Well led, and rated as ‘Good’ for Caring.

BHC had held initial discussions with key stakeholders regarding their response to the CQC report and a high-level presentation and action plan had been shared with the Clinical Commissioning Group (CCG), along with a more detailed list of actions. BHC had produced a CQC Action Plan, which had been submitted, and responded directly to the CQC directions ‘must do’ and ‘should do’.

Members were informed that BHC had established additional Governance around the action plan, including a CQC Assurance Board sub group, which would include representatives from the SEL CCG and Local Authority. As other neighbouring local authorities also commissioned services from BHC, they would have representation on the Commissioner Assurance Board in order to agree a single assurance process, which would be led by Bromley. It was noted that the Board would be time limited and would report on a quarterly basis to the Bromley Local Care Partnership Board and, as part of the CCG reporting, the Council’s Health Scrutiny Sub-Committee. There would be a link between the oversight Board and BHC CQC Assurance Board via the CCG representative.

In relation to the Commissioner Assurance Board, a Member enquired if it was intended for there to be a single point of contact across the named local authorities, or if various issues would be split across the group. The Assistant Director for Integrated Commissioning said that the finer details were still being worked through with the neighbouring local authorities. There were common themes across the organisation, and in order for services to focus on making improvements they wanted to avoid having lots of individual meetings. It was anticipated that the finalised scheme would be in place from April 2022 – the Board would be time limited but would remain in place until they were satisfied that BHC was meeting all requirements.

The CEO – BHC informed Members that the CQC Inspection had consisted of on-site visits across community bases and the bedded rehabilitation unit; staff,

senior leaders, patients and families were spoken to; records and feedback cards were reviewed, along with a range of documents, policies and procedures; adult and child consultations were observed, along with handovers, clinics and MDT meetings; and an online staff survey across BHC was also conducted. It was noted that this had been BHC's first inspection conducted under the NHS Trust regime. Several areas of good practice had been identified and it was highlighted that the CQC had not taken any enforcement action. BHC would continue to meet with the CQC every two months to confirm the work undertaken. The Portfolio Holder for Children, Education and Families asked that the outcomes of these meeting be relayed to the Portfolio Holder for Adult Care and Health and Director of Adult Social Care in order for them to be aware of how the progress being made by BHC was deemed by the CQC.

The CEO – BHC advised that in response to the CQC Inspection, governance across the organisation had been strengthened by the appointment of two new non-executive directors with backgrounds in community services integration and clinical immunovirology. They had also looked to strengthen the governance levels below, with three divisions established (UCR, Adults and Children) with triumvirate leadership teams in place (Clinical, Nursing and General Management). In response to a question, the CEO – BHC advised that this would allow more scrutiny of the leadership team and would separate the operational and quality elements. More meetings with service and operational level leads would take place to allow them to discuss the support required. It was noted that a Head of Safeguarding, combining adults and children, had been appointed. In response to questions from a visiting Member, the CEO – BHC advised that this was a new role, in addition to the Head of Adults Safeguarding and Head of Children Safeguarding roles, which would be involved with other agencies. It was highlighted that the CQC had not raised safeguarding as an area of concern, however they had taken the opportunity to strengthen it further.

Members were advised that BHC had moved to Committee and Board arrangements – all actions would be signed off by the relevant Committee and regular updates would be presented to the Council's Health Scrutiny Sub-Committee. There would also be internal scrutiny and challenge in relation to performance and the 'deep dive' process. The BHC Programme Management Office (PMO) ensured that there was a standardised, repeatable, defined and measurable process for all projects and programmes. As the sole repository of information relating to the projects being undertaken, or considered within BHC, it gave oversight, visibility and assurance that projects were being managed, delivered on time, on budget and achieved their goals.

A summary of the CQC Action plan 'must do' and 'should do' themes was provided, which contained background on the recommendation and an update on the work that had been undertaken. An example related to the 'must do' theme of 'oversight of 2-year checks and deferred visits' – there was a live dashboard for the 0 to 4 mandated checks, which highlighted if any of the required information was missing. The Chairman – BHC reemphasised that they would address the issues honestly and transparently. The dashboard

process had been developed during the COVID-19 pandemic to demonstrate that work was being carried out effectively and was constantly being refined. It was noted that several of the key issues raised by the CQC had been on the BHC Risk Register – they were disappointed with the outcome of the CQC inspection but took it seriously and needed to respond.

A visiting Member considered that the plan was excellent and demonstrated that systems were in place to internally audit processes and methods to ensure that the same situation would not happen again. In response to a question, the CEO – BHC advised that a plan had been in place, which they had been working through, to address the key issues on their Risk Register. This had included the health visiting dashboard being made available and KPMG undertaking an internal audit to give external assurance. It was noted that the governance changes implemented would also be subject to an external review.

A Member noted that one of the ‘should do’ themes was for BHC to continue to work towards a medium- to long-term strategy and asked for clarification of the refresh of values that was underway with staff. The CEO – BHC said that the organisations three key values were no longer felt to be representative and therefore work had been undertaken via surveys and focus groups to consider a refresh. The ‘top five’ suggestions had been identified and further work was underway to finesse and embed them into everything the organisation did.

A visiting Member enquired as to how the tangible impact on frontline services would be measured. The CEO – BHC advised that they were currently reviewing how to best obtain patient feedback and were also looking to use more text messaging and surveys, where appropriate. BHC were considering how feedback relating to district nursing could be collated and services were also reviewed through Healthwatch Bromley. It was hoped that opportunities for public and patient engagement across the One Bromley system may also be possible. The Member noted that there were lots of active families and groups across the borough who would be able to provide insight on the improvement being made.

In response to a question, the CEO – BHC said that the district nursing team had been on the frontline throughout the pandemic and had continued to see patients face-to-face. A number of staff from other services had been redeployed into this team, and strategies had been put in place for the future. It was noted that during this time, the Rapid Access Therapy Team (RATT) and other specialist services had been established, which had fared well. With regards to the community health services for children and young people it was highlighted that BHC had taken on an additional service just 8 weeks prior to the inspection, which would have impacted the inspection.

A Member noted that the organisation had reported higher than usual sickness/absence levels and enquired if the right systems were in place to get staff to return to work. The CEO – BHC said that the organisation’s sickness levels pre-pandemic had consistently been at around 3%. Since the pandemic

this figure had risen, however staff had reported COVID-19 infections via a specialist COVID line which provided advice around isolation and had returned to work as soon as they were well enough to do so. During the first wave of the pandemic, staff had been referred into the BHC COVID Management Service to receive further support. The organisation also had a strong HR team which supported services in relation to sickness and an e-rostering system was in place to monitor periods of absence. In response to a question from another Member, the CEO – BHC said that during the first wave of the pandemic there had been many unknowns – national guidance had been followed and around 30% of staff had been redeployed into different roles. Virtual meetings had been held with all services to gain an understanding of what had, and had not, worked to help inform the response to the second wave. External assurance had also been provided by KPMG reviewing the organisation's response to the pandemic. There was a clear plan for how services would continue to recover and well as escalation plans, if required. The Member further noted the vacancies within the district nursing service and enquired if it was an issue to attract staff into this area. The CEO – BHC acknowledged that this had been an issue, however it was hoped that the revisions to the career pathway would offer more opportunities and the acquisition of the care agency would provide another route for staff to move into this role.

A Co-opted Member highlighted that the CQC Inspection had taken place in the midst of the COVID-19 pandemic. From personal experience he was aware how stretched health care staff had been and considered that leniency and understanding should be shown. Staff had worked hard to continue to provide services. The Chairman – BHC noted that the report was a snap shot of a certain point in time and was not a reflection of the team's performance across the pandemic. A Member expressed that they had been surprised to see the outcome of the CQC Inspection as they were aware of the high standards that BHC held their staff to. The organisation's mission statement appeared to have slipped and it was important for BHC to return to where they had been previously. These comments were echoed by another Member who considered that the organisation needed to bring the culture back to where it had been before – a shining example of health care provision. The CEO – BHC said that within district nursing, Band 7 leads had been appointed for each team – they would spend lots of time with their team and provide support. When Band 5 nurses joined the team, expectations would be set out and signed-off once they were met. Record keeping would be part of the probationary period, and during 1-2-1 sessions managers could see who was completing their updates on time. The leadership team were determined to turn the recommendations around and deliver the best service. The Chairman – BHC said that he was proud of the work undertaken by staff, particularly over the last two years – it was testament to the culture of the organisation and staff were fully engaged with the improvements to be made going forward.

RESOLVED that the presentations be noted.

Reverend Roger Bristow and Councillors Nicky Dykes, Kate Lymer and Stephen Wells left the meeting after consideration of this item.

**69 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE
MEETING HELD ON 27TH JANUARY 2022**

The minutes of the meeting held on 27th January 2022 were agreed and signed as a correct record.

70 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD22040

The Committee considered a report setting out matters outstanding from previous meetings and the proposed work plan for 2022/23.

The Chairman requested that the Director of Adult Social Care consider when updates on the Bromley Healthcare CQC Action Plan should be scheduled into the work programme for the year ahead.

RESOLVED that the report be noted.

71 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE

The Director of Adult Social Care gave an update to Members on work being undertaken across the Adult Social Care department.

The Director of Adult Social Care noted that as this was the final meeting of the fiscal year, she wanted to reflect back on the last 12 months and share her thoughts on priorities for the next year. This year had been another year of change and disruption with a number of significant losses and change for all. The Director of Adult Social Care said she wanted to recognise the impact of this on the team and put on record her thanks to them for their continued hard work and support to the vulnerable population in Bromley. As the return to the workplace began, staff faced another period of adjustment and change, whilst acknowledging that sadly the pandemic remained a part everyone's lives.

Members were advised that there had been a number of staff changes within the Directorate. A number of new staff had been welcomed, including the arrival of Nikki Gage to complete the senior team, and goodbyes said to some long-standing colleagues, most notably Ruth Wood, who left a few weeks ago after many years working for the Council. The Director of Adult Social Care said she was also very pleased and relieved to share with Members that John Harrison was about to return to work, following his extended period of absence.

The Director of Adult Social Care highlighted that as they headed into the new fiscal year the Directorate had a number of priorities to respond to, as well as delivering their statutory services. Importantly, they were now well placed to introduce the long awaited for Information Sharing agreement and practice across health and social care, which was something that the Director of Adult Social Care said she had been working towards for many years and never thought would be possible. The governance was just being concluded to introduce this in Bromley, aligning practice with all other boroughs in south east London. This was an important tool to enable improved integrated working and removed a number of the barriers to effective joined up working.

Members were advised that the Directorate was currently working to fully understand the implications of two government White Papers, the first of which introduced a major change in the way they worked with the public and care providers to reduce the gap between the fees that the Council paid and those charged to private payers. This was known as agreeing the 'Fair Cost of Care'. There was also a need to develop new systems to enable the introduction of the 'Lifetime Care Cap', ensuring that they were sighted on progress that individuals made towards this and could monitor the financial impact on the Council. To respond to these priorities, the Directorate planned to form a small, short life team, to ensure that the required deadline of 2023 for the introduction of these changes could be met. The team would be funded from the grant given next financial year for this purpose.

The Director of Adult Social Care advised that the team were also working with health colleagues to respond to the Integration White Paper, which built on the success of their joint working locally. This shared history and practice also left them well placed for the structural changes in health with the introduction of the Integrated Care System from July 2022.

The team were making good progress in their preparations for the re-introduction of the inspection of services and were aligning the Transformation Programme on the priority areas going forward. They were also working with colleagues across the Council to ensure the appropriate support was given to all individuals arriving in Bromley from the Ukraine. In response to a question, the Director of Adult Social Care advised that the service had not yet been provided with the finer details of what the CQC inspection of adult social care would cover. However it was assumed that inspections would look at the delivery of the whole service including how budgets were managed; how carers were supported; how they were planning for the future; how the market was being managed; and use of Assistive Technology. It was anticipated that the inspection would also cover a walkthrough of the whole process and consider whether the workforce could meet demand.

The Director of Adult Social Care thanked Members of the Committee for their challenge, debate and support over the last year and wished them all well with the upcoming local election.

RESOLVED that the update be noted.

72 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS

The Committee considered the following reports where the Adult Care and Health Portfolio Holder was recommended to take a decision:

A CAPITAL PROGRAMME MONITORING - QUARTER 3

Report FSD22031

On 9th February 2022, the Executive received a report summarising the current position on capital expenditure and receipts following the 3rd quarter of 2021/22 and agreed a revised Capital Strategy for the five-year period 2021/22 to 2025/26.

The Head of Finance for Adults, Health and Housing advised that the remaining budget for planned capital expenditure had been re-phased into the 2022/2023 budget.

RESOLVED that the Portfolio Holder be recommended to note the current position in respect of Capital Schemes agreed by the Executive on 9th February 2022.

B BUDGET MONITORING 2021/22

Report FSD22023

The Committee considered a report providing the budget monitoring position for 2021/22 for the Adult Care and Health Portfolio, based on activity up to the end of December 2021.

The Head of Finance for Adults, Health and Housing advised that there had been some issues with the migration of data from CareFirst to LiquidLogic, as well as the creation of Business Object reports, which meant the data could not be relied on for budget monitoring purposes. Care package projections had therefore been based on data from CareFirst as at 20th October 2021, which added some uncertainty. The current position was a projected underspend of £113k on the controllable budget, which was a reduction from the figure quoted in the quarter 2 report.

The Head of Finance for Adults, Health and Housing advised that £1m of COVID grant funding from the un-ringfenced Contain Outbreak Management Fund had been legitimately allocated to offset much of the pressures identified. It was noted that in November 2021, the South East London CCG confirmed they had allocated one-off financial support to the six local authorities to help maintain a robust social care offer over the remainder of the financial year. From this funding, £920k was being used to help offset some of the additional care packages and other pressures during the pandemic, with Assessment and Care Management, Learning Disabilities and Mental Health all having an increased spend. The Head of Finance for Adults,

Health and Housing advised that the full year effect going into 2022/23 was £6.4m, with £4.5m included for growth and additional pressures.

A Member enquired as to why the £1m COVID grant funding was reported separately and not incorporated into the overall figures. The Head of Finance for Adults, Health and Housing said that was to highlight the underlying pressures and ensure that they were not masked. Another Member noted that the grants received would not necessarily be sustained for future years – this indicated that the Portfolio would be running at an overspend and should be a consideration for next year's budget. The Head of Finance for Adults, Health and Housing said that this was linked to the full year effect – the draft budget had been based on figures from quarter 2, but pressures had since increased. It was noted that additional grant funding would be received, but it was not guaranteed that it would cover all the pressures identified. The Director of Adult Social Care highlighted that during the pandemic the directorate had been required to operate differently, including discharging people from hospital more quickly – the grants received had reflected the need to change in order to protect the NHS. It was hoped that they would soon return to a more natural practice and that these demands would begin to reduce.

A Co-opted Member highlighted the general increase in financial burdens and enquired why there had been an increase in the re-assessments of client contributions. The Head of Finance for Adults, Health and Housing said he believed that these re-assessments were likely to have been made at the request of the clients, and as the projected underspend had reduced these contributions were likely to have been reviewed downwards.

A Member noted the reference made to the savings from the Shared Lives service being revised down to £200k. The Head of Finance for Adults, Health and Housing advised that these savings were not expected to be made specifically within the Shared Lives service and reflected the savings being made from other schemes in progress.

A Member noted the transport credit of £235k due to the reduction in day care services during the pandemic and enquired if these savings were likely to continue. The Head of Finance for Adults, Health and Housing said that the use of transport may increase and therefore this underspend may be a “one off”. The Director of Adult Social Care noted that they were seeing fewer clients choosing to return to traditional day service and therefore there may be less reliance on transport going forward.

RESOLVED that the Portfolio Holder be recommended to:

- i.) Note the projected underspend of £113k on controllable expenditure based on information as at December 2021; and,**
- ii.) Agree the release of amounts carried forward to 2022/23 as set out in section 3.7 of the report.**

73 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

The Committee considered the following report on the agenda for the meeting of the Executive on 30th March 2022:

A AWARD OF CONTRACT: PRIMARY AND SECONDARY INTERVENTION SERVICE (PART 1)

Report ACH22-007

The Committee considered a report seeking Executive approval to award the Primary and Secondary Intervention Service (PSIS) contract, scheduled to commence on 1st October 2022, to the successful bidder. The request to award followed on from the approval by Executive on the 30th June 2021, for commissioners to re-tender the PSIS contract to enable the commencement of a new service contract from 1st October 2022. The Service was jointly commissioned by the London Borough of Bromley (LBB) and South East London Clinical Commissioning Group (SEL CCG), with LBB as the lead commissioner for the service.

The Assistant Director for Integrated Commissioning advised that the report set out the results of the tendering process for the provision of the PSIS contract, which resulted in negotiated dialogue with the sole bidder and recommended the award of contract. It was noted that the report should be read in conjunction with the Part 2 award report.

RESOLVED that the Executive be recommended to:

- i.) Approve the award of contract for the provision of the Primary and Secondary Intervention Service as detailed in the accompanying Part 2 Report. The proposed contract will commence on 1st October 2022 for the period of five years plus the option to extend for up to two years; and,**
- ii.) Delegate authority to the Director of Adult Services to apply the 2-year contract extension, subject to agreement with the Portfolio Holder, the Director for Corporate Services, the Director of Finance and the Assistant Director, Governance and Contracts as determined by Contract Procedure Rules.**

74 TACKLING LONELINESS STRATEGY - ACTION PLAN

Report ACH22-008

The report presented provided an update on the delivery of the Tackling Loneliness Strategy Action Plan which was approved in November 2021 and launched at the end of 2021. At that time Members were advised that an Action Plan would be brought to the Adult Care and Health PDS in March 2022 with evidence of progress made in order not to delay delivery.

The Strategy Officer advised that the action plan, which was a four-year living document, had been populated to reflect the work being undertaken by the Council and its partners relating to the three key priorities:

- Priority One: organisation and services.
- Priority Two: community infrastructure that empowers social connections.
- Priority Three: building a culture that encourages strong social relationships.

The Strategy Officer noted that accessing information about local community groups, activities and support services for loneliness had always been an issue. To help address this, Community Links Bromley had been funded to update their Simply Connect e-directory resource to hold information about local groups, activities and support services which could be accessed by all. Work would also continue to produce the Adult Care Services Directory and Children's Early Help Directory, for which consultation feedback had highlighted the need for printed and digital materials.

Another action would be to look at the physical resources available across the borough, including consideration being given to maximise the usage of the Mottingham Community and Learning Shop and the Cotmandene Community Resource Centre as community resources. It was noted that the Council's Guide to Accessible Transport was currently being updated and libraries were working hard to re-establish programmes of activities.

The Strategy Officer advised that a communications campaign was being developed to help raise awareness and reduce the stigma of loneliness and in June, a month-long campaign around Loneliness Awareness Week would be carried through social media. A mapping exercise was also underway to give an understanding of access to activities across the borough and identify any gaps in provision or coverage.

Councillor Cuthbert emphasised that the action plan was an important tool to monitor the objectives of the strategy, and she expressed her thanks to the Assistant Director for Strategy, Performance and Corporate Transformation and the Strategy Officer for their work in relation to this. Thanks were also extended to Members for their assistance in publicising the strategy. It was highlighted that the number of organisations listed on the Simply Connect e-directory had increased from 80 to 177, with a total of 382 activities. Members were encouraged to view the e-directory and advise if they were aware of any other organisations that were not already included.

In response to a question from a Co-opted Member, Councillor Cuthbert said that the objectives of the strategy were currently included in the action plan. Officers had undertaken research of what was already in place and new actions would come out of other requirements identified – for example, if it was felt that a requirement could not be met, consideration could be given to commissioning services. The Strategy Officer noted that other sections of the Council were also looking at their services and how they could help towards tackling loneliness in borough. As the strategy was promoted, further work

would be identified, and a meeting would be taking place with Mytime Active to discuss any programmes that could be taken forward.

With regards to suggestions made by a Member, Councillor Cuthbert agreed that Resident Associations were key community hubs, and it was important to get them involved in this work. It was noted that Clarion Housing were running a scheme promoting intergenerational living whereby residents could open up their homes and offer a spare room to young people, and the Tackling Loneliness Strategy had been promoted in their newsletter. It was highlighted that the strategy spanned all age ranges – Bromley Youth Council had been represented at the stakeholder group when the document was being developed, and any initiatives they had would be a welcome addition to the action plan.

The Chairman congratulated Councillor Cuthbert and officers for the work undertaken to produce the Tackling Loneliness Strategy and Action Plan.

RESOLVED that progress in delivering the Tackling Loneliness Strategy Action Plan 2022-2026 be noted.

75 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1)

Report ACH22-006

The Committee considered an extract from the February 2022 Contracts Register of contracts with a whole life value of £50k or higher, which was presented to Members for detailed scrutiny. The report was based on data as at 19th January 2022 and presented to the Executive, Resources and Contracts Policy Development and Scrutiny Committee on 7th February 2022. The Contracts Register contained in Part 2 of the agenda included a commentary on each contract to inform Members of any issues or developments.

The Assistant Director for Integrated Commissioning noted that there were two Public Health contracts flagged as 'red' and two Extra Care Housing contracts flagged as 'amber'. Members were advised that these four contracts had since been either extended or awarded and were now flagged as 'green'.

RESOLVED that the report be noted.

76 CHAIRMAN'S ANNUAL PDS REPORT - FOR NOTING

The Committee noted the Annual Scrutiny Report detailing the work of the Committee during the 2021-2022 municipal year. The Annual Scrutiny Report was included on the agenda for the Executive, Resources and Contracts Policy Development and Scrutiny Committee and would be presented to a future meeting of Full Council.

RESOLVED that the Chairman's Annual Scrutiny Report be noted.

**77 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE
LOCAL GOVERNMENT (ACCESS TO INFORMATION)
(VARIATION) ORDER 2006 AND THE FREEDOM OF
INFORMATION ACT 2000**

RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

**The following summaries
Refer to matters involving exempt information**

**78 PRE-DECISION SCRUTINY OF EXEMPT EXECUTIVE
REPORTS**

The Committee considered the following reports on the Part 2 agenda for the meeting of the Executive on 30th March 2022:

**A AWARD OF CONTRACT: PRIMARY AND SECONDARY
INTERVENTION SERVICE (PART 2)**

The Committee noted the Part 2 information within the report.

**79 CONTRACTS REGISTER AND CONTRACTS DATABASE
(PART 2)**

The Committee noted the Part 2 information within the report.

The Meeting ended at 8.59 pm

Chairman

This page is left intentionally blank