

**PRIMARY CARE COMMISSIONING COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 25th JUNE 2021.**

MS Teams Meeting

PART 1

PRESENT:

Voting Members:

J Stamp, NHS Hull CCG (Lay Representative) Chair
J Crick, Hull City Council (Consultant in Public Health Medicine) deputising for J Weldon
Hull City Council Director of Public Health)
I Goode, NHS Hull CCG (Lay Representative)
K Marshall, NHS Hull CCG (Lay Representative)
Dr D Roper, NHS Hull CCG (Chair of NHS Hull CCG)
E Sayner, NHS Hull CCG (Chief Finance Officer)

Non-Voting Attendees:

Dr B Ali, NHS Hull CCG (GP Member)
Dr M Balouch, NHS Hull CCG (GP Member)
P Davis, NHS Hull CCG (Strategic Lead - Primary Care)
Cllr G Lunn, (Health and Wellbeing Board Representative/Elected Member)
M Harrison, Healthwatch (Delivery Manager)
S Lee, NHS Hull CCG (Associate Director of Communications and Engagement)
Dr J Moulton, NHS Hull CCG (GP Member)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
Z Norris, LMC, (Medical Director, Humberside LMC)
Dr A Oehring, NHS Hull CCG (GP Member)
H Patterson, NHS England & NHS Improvement, (Primary Care Contracts Manager)

IN ATTENDANCE:

D Robinson, NHS Hull CCG (Minute Taker)

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

Voting Members:

J Weldon, Hull City Council, (Director of Public Health and Adults)
E Latimer, NHS Hull CCG (Chief Officer)
E Daley, NHS Hull CCG, (Interim Chief Operating Officer)
C Linley, NHS Hull CCG (Interim Director of Nursing and Quality)

Non-Voting Members:

Dr V Rawcliffe, NHS Hull CCG (GP Member)

M Whitaker, NHS Hull CCG (Practice Manager Representative)

2. MINUTES OF THE MEETING HELD ON 23 APRIL 2021

The minutes of the meeting held on 23 April 2021 were approved as a true and accurate record after minor typos.

Resolved

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| (a) | The minutes of the meeting held on 23 April 2021 were approved as a true and accurate record of the meeting after minor typos and would be formally signed by the Chair. |
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 23 April 2021 was provided for information, and the following update was provided:

23.10.20 – 8.5 – Primary Care COVID-19 Response Engagement Update Report
25.06.21 – Status Update – There would be an interim headline report completed for October 2021 Committee. The original delay was due to the local elections and guidance not to commence any engagement work in the pre-election period.

The requests around contract extension for interpretation services and translation services had been combined into a single piece of work which would commence in the summer and will investigate interpretation and translation service provision within Primary Care along with identifying gaps in provision. The information gained will be fed into the existing providers to evolve the service offer. It was agreed to take the action off the Primary Care Commissioning Action tracker as it was on the Communication and Engagement action plan.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the updates. |
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4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and subsequently approved, at least 24 hours in advance of the meeting by the Chair.

There were no items of Any other Business to discuss.

Resolved

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| (a) | The Primary Care Commissioning Committee noted that there were no items of Any other Business to discuss. |
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5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting, members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number item number to which the interest relates;
- (iii) the nature of the interest and the Action taken;
- (iv) be declared under this section and at the top of the agenda item which it relates to.

| Name | Agenda No | Nature of Interest and Action Taken |
|----------------|---------------------------------|--|
| Masood Balouch | 7.1, 8.2i, 8.2ii, 8.4, 8.5, 8.6 | Financial Interest – Partner at Haxby Group. The declarations were noted |
| Bushra Ali | 7.1, 8.2i, 8.2ii, 8.4, 8.5, 8.6 | Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook. The declarations were noted |
| Amy Oehring | 7.1, 8.2i, 8.2ii, 8.4, 8.5, 8.6 | Financial Interest – Partner at Sutton Manor Surgery. The declarations were noted |
| James Moulton | 7.1, 8.2i, 8.2ii, 8.4, 8.5, 8.6 | Financial Interest – Partner at Modality Partnership Hull. The declarations were noted |

Resolved

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| (a) | The above declarations of interest were noted. |
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6. GOVERNANCE

6.1 TERMS OF REFERENCE

The Strategic Lead - Primary Care presented an updated Primary Care Commissioning Committee Terms of Reference to be approved.

Committee Members were advised that the Terms of Reference had been reviewed by the Primary Care Commissioning Committee in June 2020 and recommended changes were approved by the NHS Hull CCG Board in July 2020. The Terms of Reference were then submitted to NHS England and the CCG had recently received confirmation of approval from NHS England.

Recent guidance had been received from NHS England which stated only “business critical changes” to constitutions would be considered in the future, therefore the proposal was to continue with the current Terms of Reference.

The Primary Care Commissioning Committee approved the proposal to continue with the current Terms of Reference which would be taken to the NHS Hull CCG Board.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the revised terms of reference for the Committee approved by the CCG Board in July 2020 and formally approved by NHS England. |
| (b) | Members of the Primary Care Commissioning Committee noted that NHS England had advised that it would only consider further CCG Constitutional amendments deem “business critical” |

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| (c) | Members of the Primary Care Commissioning Committee approved the current terms of reference as no further “business critical” changes were required. |
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6.2 CHAIRS ANNUAL REPORT

The Chair presented the Chairs Annual Report on the activities of the Primary Care Commissioning Committee during 2020/21 to be endorsed.

The Chair advised Members that the annual report circulated covers all the issues and topics that had been presented to the Primary Care Commissioning Committee during 2020/2021. The annual report would then be submitted to NHSEI to provide assurance that the Committee had fulfilled its functions in line with the delegation agreement.;

Resolved

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| (a) | Members of the Primary Care Commissioning Committee endorsed the Chair’s Annual Report. |
| (b) | Members of the Primary Care Commissioning Committee noted that the report would be submitted to the CCG Board for the CCG Board to be assured that the Committee has fulfilled its functions as set out in the terms of reference for the Committee and in line with the delegation agreement; |
| (c) | Members of the Primary Care Commissioning Committee noted a copy of the report would be sent to NHS England & NHS Improvement – North East and Yorkshire. |

7. STRATEGY

7.1 STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE AND PRIMARY CARE UPDATE

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 7.1 as partners in GP practices. All members contributed and stayed in the meeting.

The Assistant Primary Care Contracts Manager NHSE and Strategic Lead Primary Care NHS Hull CCG presented a report to be approved and to update the Committee on the Strategic Commissioning Plan for Primary Care and to present primary medical care matters including contract issues within Hull and to provide national updates around primary medical care.

A new General Practice Standard Operating Procedure (SOP) had been published in May 2021 to support restoration of General Practice Services. The main changes within the SOP were:

- There was a requirement for practices to have receptions open and not locked
- There was an emphasis on the choice of consultation being jointly discussed and agreed between the patient and clinician.

The Hull area has one PCN which had progressed utilising the Community Pharmacy Consultation Service. The Chair advised that there needed to be a wider piece of work educating patients and managing their expectations on the range of staff that they may see within general practice given the challenges in GP recruitment.

Correspondence had been shared with PCNs regarding the allocation of the £120m national GP COVID Expansion Fund. A light touch approach template had been developed which PCNs would be required to complete so assurance could be gained on how the resource was to be utilised. In addition, PCN Organisational Development monies will be available for the third year.

Clinical Commissioning Groups (CCGs) have been working with partner organisations across the Humber, Coast and Vale (HCV) Integrated Care System (ICS) to develop the operational plan for 2021/22, which includes a focus on workforce, access, and integration.

An Expression of Interest had been submitted, on behalf of all 5 PCNs and community pharmacy, to be part of a national contraceptive pilot project working with community pharmacy.

Two PCNs in Hull (Bevan and Nexus) had also been approved to be part of the national Digital Weight Management Pilot.

The Primary Care Commissioning Committee in April 2021 approved continued support to each PCN for a Business Intelligence Lead for 4 hours per week, initially for a 3-month period. Work regarding business intelligence and data quality support for PCNs was still on-going as part of the ICS transition work and it was therefore recommended that the support be continued for a further 3 months in 2021/22.

The cost of extending the support was queried. The Chief Finance Officer advised that the cost was within the cost base, but it was agreed that future proposals for expenditure would explicitly contain the amount and an affordability assurance. Committee Members voted unanimously to continue to support the Business Intelligence leads for each PCN for a further 3 months.

Following the April 2021 Committee meeting which had considered a proposal to make a section 96 payment to Newland Health Centre reflecting the impact on list size and practice income of having a large proportion of students registered, NHS England had received confirmation that the practice was eligible for a payment given its proportion of student registrations and due to the list of University Practices not being a definitive list.

The Committee had noted at the April meeting that the practice was an outlier in terms of list size reduction in the city during the pandemic but had requested that further information be provided to decide on a potential section 96 payment. The additional information provided was reviewed by Committee Members.

The Medical Director, Humberside LMC advised Committee Members that Newland Health Centre had not been in contact to articulate if the list reduction was a large issue to them. It was noted that there was national guidance from NHS England/Improvement saying that payments should be considered for practice having a list reduction.

The Chief Finance Officer advised that the proposal payment only took account of the months when global sum income was less than fixed costs and didn't also consider the months when the global sum income exceeded fixed costs. The Chief Finance Officer therefore proposed an amended payment figure of £1041.

Committee Members voted on whether to make a reduced payment to the practice, 4 out of 6 voting members declined making the payment. The rationale for this decision was around lack of clarity regarding the level of impact of the reduced income and the lack of understanding around the data provided in terms of availability of appointments and the need for locums in vaccination support. The Chair advised that the impact was not sufficiently demonstrated to generate the payment.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the NHS England and CCG updates. |
| (b) | Members of the Primary Care Commissioning Committee approved support for the PCN roles of Business Intelligence Lead for a further 3 months. |
| (c) | Members of the Primary Care Commissioning Committee considered the additional information provided in relational to Newland Health Centre and declined a section 96 payment to the practice. |

7.2 PRIMARY CARE COMMUNICATIONS AND ENGAGEMENT WORKPLAN

The Associate Director of Communications and Engagement presented a report to note which provided a six-monthly update to the Primary Care Commissioning Committee on the work being undertaken by the Communications and Engagement Team in respect of Primary Care.

Committee Members were advised that the programmes of work that were directly involved in Primary Care or had a significant link to Primary Care had been extracted from the comprehensive Communications and Engagement workplan and shared with the Committee. It was noted that most of the work programmes were in progress and on track.

The Covid-19 Vaccination programme had been a significant piece of work and the engagement workstream and associated group sit within the wider health inequalities work. Focused pieces of work had been completed to ascertain the rationale and reason for vaccine hesitancy in certain cohorts.

It was noted that the GP inclusive access project was a national project which was being piloted in Hull. Healthwatch Hull were involved in coordinating the insight work. A Task and Finish Group was being established with resource to support work moving forward.

The Primary Care Communication and Engagement Subgroup had resumed and would look at planned engagement activity over the next six months.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the communications and engagement work being undertaken in respect of primary care. |
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8. SYSTEM DEVELOPMENT & IMPLEMENTATION

8.1 NEWLY DESIGNED ENHANCED SERVICES – PRIMARY CARE NETWORK & THE GP NETWORK CONTRACT DES

There were no newly designed enhanced services to discuss.

8.2 EXTENDED PRIMARY CARE MEDICAL SERVICES – CURRENT AND NEWLY DESIGNED

8.2i EXTENDED PRIMARY CARE MEDICAL SERVICES – 12 LEAD ECG

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 8.2i as partners in GP practices. All members contributed and stayed on the call until the tariff was discussed.

The Strategic Lead Primary Care and Commissioning Manager presented a paper to approve the service specification and the recommended tariff for the extended Primary Care Medical Service of a 12 Lead Electrocardiogram in Primary Care.

The aim of this service specification was to provide a formalised pathway to enable 12 Lead ECGs to be carried out within a primary care setting

NHS Hull CCG had recently undertaken an audit of available 12 Lead ECG machines within Primary Care, which had identified a minimum of 31 machines and 71 members of staff with the skillset to interpret ECG recordings across all 5 PCNs.

It was noted that the Service Specification would be contracted at PCN level and not practice level therefore there was an opportunity for patients registered at a practice which was not delivering the service to receive the service at an alternative practice in their PCN.

Committee Members were advised that the start date of the service specification was October 2021, after discussion it was hoped, the Committee would approve to bring the start date forward to 1st September 2021

Committee Members voted unanimously and approved the service specification for the 12 Lead Electrocardiogram Service in Primary Care with a commencement date of 1st September 2021.

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring left the call.

The ECG tariff of £26.88 had been calculated taking account of the staff time required to deliver the service. Committee Members voted unanimously for the £26.88 tariff for the 12 Lead Electrocardiogram Service in Primary Care from PMS Premium funding. It was also agreed that remuneration for activity undertaken from 1st July 2021 would be allowed.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee approved the service specification for the 12 Lead Electrocardiogram Service in Primary Care. |
| (b) | Members of the Primary Care Commissioning Committee approved the associated recommended tariff. |
| (c) | Members of the Primary Care Commissioning Committee approved the use of PMS Premium to fund the services. |

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| (d) | Members of the Primary Care Commissioning Committee approved the commissioning of this services from 1st September 2021 at PCN level with remuneration for activity undertaken from 1 July. |
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Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring re-joined the call.

8.2II EXTENDED PRIMARY CARE MEDICAL SERVICES – PSA MONITORING

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 8.2ii as partners in GP practices. All members contributed and stayed on the call until the tariff was discussed.

The Strategic Lead Primary Care and Commissioning Manager presented a paper to be approved for the service specification and the recommended tariff for the Extended Primary Care Medical Service of Prostate Cancer PSA Monitoring / Active Surveillance and follow-up in Primary Care.

The Primary Care Commissioning Committee had agreed in January 2021 that the current contract with Primary Care and iQudos should be extended for 12 months from April 2021 whilst pathway review work took place. However, iQudos had only agreed to extend the contract for the patient discharge system for a further 6 months from April 2021 and hence an alternative was required to be in place from October 2021.

The Service Specification was a way of delivering the service through practices in all 5 PCNs. At present it was only being delivered within 3 PCNs and only at 5 practices, although it is available to patients in all practices across the city.

It was noted the hub would need to be kept for 3 months from October 2021 and would transfer everything out of iQudos into the relevant PCNs PSA monitoring template and pass cases out to practices as required. If a practice did not have PSA monitoring the hub would retain these until completed.

Committee Members voted unanimously to approve the service specification for Prostate Cancer PSA Monitoring / Active Surveillance and follow-up in Primary Care.

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring left the call.

It was stated that at present East Hull Family Practice were paid £18,000 per annum to run the Hub and iQudos costs were approximately £17,000 per annum. It was stated that the combined resource would be allocated to support the proposed tariff of £47.23.

Committee Members unanimously approved the recommended tariff for Prostate Cancer PSA Monitoring / Active Surveillance and follow-up in Primary Care.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee approved the service specification for the Prostate Cancer PSA Monitoring / Active Surveillance and follow-up in Primary Care. |
| (b) | Members of the Primary Care Commissioning Committee approved the associated recommended tariff. |
| (c) | Members of the Primary Care Commissioning Committee approved the commissioning of this services from 1st October 2021 at PCN level. |

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring re-joined the call.

8.3 RISK REGISTER

The Strategic Lead – Primary Care NHS Hull CCG presented the risk report for noting with regard to the primary care related risks on the corporate risk register.

It was noted that there were currently 38 risks on the CCG Risk Register, 7 of which related to primary care. All the risks included within the report were rated as high risk and had a risk score of 8 or above.

A robust review had been taken on the mitigating actions and the impact they were having on the risk rating. As a result, it would be suggested to Integrated Audit and Governance Committee (IAGC) that two risks 957 and 930 have their ratings reduced. These risks would be further discussed at IAGC on 6th July 2021.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted or commented where appropriate, on the relevant risks, controls and assurances within the risk register and supported the recommendations to the Integrated Audit and Governance Committee around reducing the risk ratings for risks 957 and 930 |
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8.4 PRIMARY CARE DELEGATED FINANCE REPORT

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 8.4 as partners in GP practices. All members contributed and stayed in the meeting.

The Chief Finance Officer presented the report to brief the Primary Care Commissioning Committee on the financial position with the Primary Care delegated budgets.

The Chief Finance Officer advised Members that there was a small variance to budget for PCNs due to CCG receiving 55.65% of the full allocation at this stage.

NHS Hull was currently in a “rolled over” financial regime. Allocations and spending limits had been received for the first half of the 2021/22 and confirmation was still awaited on what the second half of the year’s settlement would look like. The Chief Finance Officer stated she was not unduly concerned about the primary care perspective, and it was envisaged that fixed envelopes would be observed as over the previous 18 months.

The Committee were requested to note the PMS Premium monies and commitments and to approve commitment of resources to continue with the Clinical Decision Support Tool for practices from January 2022 if alternative resources through NHS England and Improvement North East & Yorkshire were not forthcoming.

Committee Members voted unanimously and approved the PMS Premium resource to continue to commission a Clinical Decision Support Tool from January 2022 for a 2-year period if resources from NHS England and Improvement North East & Yorkshire were not secured.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee noted the Finance Report as at the end of May 2021. |
| (b) | Members of the Primary Care Commissioning Committee noted the current commitments against the 2021/22 PMS Premium resources. |
| (c) | Members of the Primary Care Commissioning Committee approved the PMS Premium resource to continue to commission a Clinical Decision Support Tool from January 2022 for a 2-year period if resource from NHS England and Improvement North East and Yorkshire was not secured. |

8.5 OPERATIONAL PLAN 2021/22

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 8.5 as partners in GP practices. All members contributed and stayed in the meeting.

The Strategic Lead - Primary Care presented the report which presented an update on the Primary Care specific section of the Humber Coast and Vale Operational Plan 2021/22 including the requirement to restore access to Primary Care services.

Committee Members were advised that the plan would be monitored at ICS level by the Humberside Oversight Management Board. Regular updates would be provided to the Primary Care Commissioning Committee and NHS England and Improvement would be reviewing through the Primary Care Dashboard.

It was acknowledged that the largest challenge in achieving the plan would be workforce.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee considered the contents of the plan. |
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8.6 RACISM & DISCRIMINATION – THE EXPERIENCE OF PRIMARY CARE PROFESSIONALS IN THE HUMBERSIDE REGION.

Dr Bushra Ali, Dr Masood Balouch, Dr James Moulton and Dr Amy Oehring declared financial interests in agenda item 8.6 as partners in GP practices. All members contributed and stayed in the meeting.

The Medical Director, Humberside LMC presented a report which explored the experiences and impact of racism and discrimination amongst primary care colleagues working in the Humberside region. The report benchmarked the current situation and

provided information to inform future actions to promote an anti-racist primary care system for patients and colleagues alike.

Committee Members were advised that the piece of work had commenced due to the LMC being challenged to do more around the wellbeing stream in the wake of the George Floyd murder.

A task and finish group had been convened to acquire local data from Primary Care. All Primary Care staff across all four CCGS were contacted to obtain information. The responses had been positive and a large amount of rich data from the free text comments had been received.

The data received had been summarised and broken down to review certain areas to understand the experiences and challenges colleagues were having along with how racism, discrimination, and issues that they felt were to do with their ethnicity, religion, education, or appearance were impacting on them.

It was acknowledged that the report identifies racism between colleagues and that there was work to be undertaken in this area.

The Medical Director, Humberside LMC stated the report would be the starting point to firstly address the issues locally and to set key stakeholders challenges and actions.

The Chair acknowledged the report set out several recommendations for the LMC, providers and commissioners and links to access for patients where English was not the first language. It was agreed that further conversations would take place on how the recommendations within the report would be captured within the existing equality, diversity, and inclusion action plan within NHS Hull CCG.

It was noted the actions the LMC had commenced were progressing and the constitution would be reviewed. The LMC would be challenged further around training and had undertaken sessions with the Kings Fund and training was being developed with HUTHT around diversity and allied training. The work would then be progressed at a Primary Care Network level would look to unite Primary Care to sign up to the race at work charter.

There was an appetite for a Humber wide approach to the actions which would be supported by the LMC.

NHS Hull CCG had a plan which articulates engagement with Primary Care on the wider range of equality issues. It was acknowledged that this piece of work was an important catalyst in turning the Hull CCG plan into tangible actions working alongside the LMC.

The Associate Director of Communication and Engagement stated that she would welcome the opportunity to work collaboratively with the PCNs and the actions identified.

The Chair summarised the discussion and agreed to pick up the actions and incorporate into the plan which NHS Hull CCG has, and to take up opportunity to undertake work with the LMC from the Hull and Humber perspective to think about a wider piece of work around the other protective characteristics within Primary Care.

Resolved

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| (a) | Members of the Primary Care Commissioning Committee discussed the report. |
| (b) | Members of the Primary Care Commissioning Committee considered the section "Suggested actions for our provider, commissioner and community stakeholders" and approved the alignment of this work in the CCG equality, diversity, and inclusion action plan. |

9. FOR INFORMATION

9.1 PRIMARY CARE QUALITY & PERFORMANCE SUB COMMITTEE

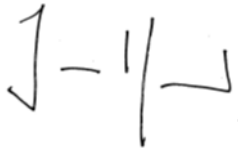
The Primary Care Quality & Performance Sub Committee minutes from March 2021 were circulated for information.

10. ANY OTHER BUSINESS

There were no items of Any Other Business

11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **Friday 22 October 2021** at 12.15 pm – 14.00 pm via MS Teams.



Signed:

(Chair of the Primary Care Commissioning Committee)

Date: 22nd October 2021

Abbreviations

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| APMS | Alternative Provider Medical Services |
| CQRS | Calculating Quality Reporting Service |
| DES | Direct Enhanced Service |
| GPRP | GP Resilience Programme |
| GMS | General Medical Service |
| HUTHT | Hull University Hospital NHS Trust |
| NHSE | NHS England |
| PCN | Primary Care Network |
| P&CC | Planning & Commissioning Committee |
| PCCC | Primary Care Commissioning Committee |
| PCQPSC | Primary Care Quality & Performance Sub-Committee (PCQPSC). |
| PMS | Personal Medical Service |
| PPG | Patient Participation Group |
| Q&PC | Quality & Performance Committee |
| QOF | Quality and Outcomes Framework |
| STP | Sustainability and Transformation Partnerships |
| ToR | Terms of Reference |