DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 20 November 2023 at 9.30 am**

Present

Councillor V Andrews (Chair)

Members of the Committee
Councillors M Johnson, J Blakey, R Crute, K Earley, D Haney, J Higgins, L Hovvels, J Howey, P Jopling, E Peeke, S Quinn, A Savory and T Stubbs

Co-opted Members
Mrs R Gott

Co-Opted Employees/Officers
Ms V Dixon - Healthwatch County Durham

1 Apologies

Apologies for absence were received from Councillors L Holmes, C Kay, C Lines, K Robson and Co-opted Member Ms Stobbart.

Apologies for absence were also received from Healthwatch County Durham Project Lead, Ms G McGee.

2 Substitute Members

Councillor E Peeke substituted for Councillor L Homes.

Ms V Dixon was present on behalf of Healthwatch County Durham.

3 Minutes

The minutes of the meeting held on 2 October 2023 were confirmed as a correct record and signed by the Chair subject to the following amendments:

Ms A Stobbart be included in the attendance and apologies from Councillor J Howey be recorded.

Councillor Earley referred to Minute No. 7, Shotley Bridge Hospital Update and stated that in his recollection the Project Manager had begun his presentation with the phrase that 'he was surprised and did not know how Shotley Bridge Hospital Project ended up within the new Hospital Programme' and made reference to the Audit Commission's recent report and he could not see reference to this in the minutes.

He then referred to the minutes where 'they were confident that the project would go forward in Cohort 2 and the scheme was safe going forward and the figures included inflation', he indicated that the inflation costs attached to the current build proposal were high and asked for a follow up on this as he wanted to ask if the budget and Shotley Bridge hospital programme should be taken out of the new hospital programme as it was not working.

In response, the Principal Overview and Scrutiny Officer suggested that an additional recommendation be included in the Shotley Bridge Hospital Update to ask for regular updates on the Shotley Bridge Hospital project.

He reminded Members that immediately before the start of the last meeting notification was received from a Member of the Public raising a couple of questions in respect of the Shotley Bridge Hospital Project. These questions were forwarded to representatives at the meeting and a response from the NHS Foundation Trust had been received and was circulated to Members of the Committee and are to be appended to the minutes.

Members agreed to the inclusion of an additional recommendation that regular update reports be submitted to the Committee on Shotley Bridge Hospital.

4 Declarations of Interest

Councillor Haney declared an interest in Agenda Item No. 7 as a Governor of Tees, Esk and Wear Valley's NHS Foundation Trust.

5 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Winter Preparedness 2023/24

The Committee received a presentation by S Jacques, Chief Executive County Durham and Darlington NHS Foundation Trust and M Laing, Director of Integrated Community Services County Durham Care Partnership (for copy of presentation, see file of minutes).

The presentation provided Members with information on lessons from winter 2022/23; priority areas 2023/24; funding 2023/24; managing winter pressures together; plans and items in development.

The Chief Executive County Durham and Darlington NHS Foundation Trust indicated that since publication of the papers, Government had announced an additional £800 million funding to assist in winter and discharge planning nationally with £3.5 million for Durham and Darlington. She also reported that additional beds that were not in their plan had been opened at Bishop Auckland Hospital. She stated that this was a good example of learning to be flexible and building on the work done during COVID, where they opened a number of wards at Bishop Auckland Hospital to relieve pressure on the two main hospital sites. It was also reported that the Same Day Emerging Care facility at Durham had opened a few weeks ago.

Following the presentation, Members' questions were invited.

Councillor Quinn asked for an update on the uptake of the flu and COVID booster vaccines.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that the uptake was not as good as last year. They did have questions around the data that was pulled from different sources, but there was slightly less uptake certainly with staff more around flu but the uptake was not as good as hoped. They were commissioning some work from their communications team to supplement the national campaign as they knew that vaccination was effective and reported that they currently had 23 patients in hospital with COVID and a few weeks ago had their first patient for a long time with COVID in ITU.

The Director of Integrated Community Services, County Durham Care Partnership referred to vaccinations in care homes and indicated that at the end of October they were the best performing in the region. He continued that 75% of all eligible residents in care homes had been vaccinated and they offered COVID and flu vaccinations to staff in care homes and at the end of the month they expected the uptake in care homes to be 85%.

In response to a question from Councillor Early on risk factors, the Chief Executive County Durham and Darlington NHS Foundation Trust indicated that patients admitted with COVID they planned at levels between 50 and 55% and have been below this consistently for all of this year. If there was an increase in flu cases leading to the system becoming overwhelmed, their plan was set against those risks. There was a number of different risk factors such as a snowy winter but their plan was designed to respond to any surge. One of the key elements in their plan was to respond to a surge quickly wherever that may be. She continued that there was a big list of risks but reassured Members that they used the risks in preparation for the plan.

Councillor Howey referred to staffing and asked if they were still using temporary staff.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that they predominantly used bank staffing and indicated that the majority of the bank staff already worked for the Trust. They had been successful over the last couple of years with recruitment from local graduates and overseas recruitment and had over 340 oversees staff working for them and this recruitment started just before COVID. They were less reliant on agency workers but used some for theatres but the numbers were low. From a medical perspective they had some local agency staff but not as many as a couple of years ago. The seven-day services had been beneficial for patients but also made jobs more attractive and they had been successful in growing their medical workforce and the seven-day services allowed them to do this further. She continued that over time the usage of agency staff would fall and they did get monitored on their use of agency staff and were below the target line.

Councillor Howey referred to Bishop Auckland Hospital and asked if the Hospital was being used to its full potential.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that they had opened Bishop Auckland Hospital to the public and was very different to where it was five years ago. They had a learning centre and the ward adjacent to this contained the extra beds referred to previously that they had opened up. They had a hospital that allowed you to flex that was beneficial during COVID and reassured Members that they were using Bishop Auckland Hospital to its full potential. They had expanded the amount of elective work and were doing some endoscopy in theatres currently and had a development that would see additional endoscopy. She stated that Bishop Auckland Hospital was a great facility and sees over 30,000 urgent care patients a year.

Councillor Jopling referred to GP surgeries and how difficult it was to obtain an appointment and how everything starts with a doctor. She continued that at her surgery it was a nine day wait for an appointment. She stated that this delay was causing infections to get serious if having to wait nine days and stated that this could result in an increase in hospital admissions.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that primary care was an important element of the health care pathway and the Trust had invested in primary care. The ARI Hubs were designed to take people with respiratory illness which peaks over winter and would free up some space in hospitals and GP surgeries. In Durham, the co-location of the same day urgent care of GP services with A&E allows a greater degree in flexibility in patient pathways.

Councillor Hovvels referred to the issues with pharmacies that had risk factors in terms of planning as you could now receive vaccinations at pharmacies but are now at risk due to government funding. She continued that rural areas, in particular relied on pharmacy services and was linked to GP appointments, she indicated that she was concerned about pharmacies closing that would add pressure onto the health service.

The Chief Executive County Durham and Darlington NHS Foundation Trust responded that the Trust were keeping an eye on the situation but they were limited by what was determined nationally with funding. She commented that dentists were carrying out other checks on patients and commented how difficult it was to obtain a dentist appointment. They were working closely with pharmacies and looking to support where they can in whatever way they could.

Councillor Johnson referred to GP accessibility that was a post code lottery and that some areas were waiting nine days or two weeks for an appointment where other parts could get an appointment the same or following day which does not seem fair. He commented that it would be nice to have some NHS dentistry services available.

The Chief Executive County Durham and Darlington NHS Foundation Trust indicated that they were working closely with GPs and would feed back. She indicated that they do step in and have some urgent care services who would provide GP practices slots under certain circumstances.

The Director of Integrated Community Services County Durham Care Partnership indicated that more resources were going into urgent care response to alleviate some pressure from GP practices. Where surgeries had gaps with nursing staff, they would use community nurses when they were not on shift.

Councillor Higgins referred to respiratory hubs which were a good idea and indicated that he was concerned that some GP surgeries would prescribe emergency packs but other wouldn’t. Patients know when they need to take the medication and the packs covered a seven-day period.

The Director of Integrated Community Services County Durham Care Partnership would feed this this back and advise Councillor Higgins accordingly.

Resolved: (i) That the information contained in the presentation be noted.

(ii) That the Committee receive a further winter pressures update in Spring 2024.

7 Reconfiguration of Tees, Esk and Wear Valleys NHS Foundation Trust Mental Health Services for Older People (MHSOP) Community Teams in County Durham and Darlington

The Committee considered a briefing note on the Reconfiguration of TEWV County Durham and Darlington Mental Health Services for Older People (MHSOP) Community Teams that highlighted the proposed changes and why they were proposing the changes (for copy of note, see file of minutes).

Cheryl Burton, General Manager Mental Health Services for Older Persons and Christie Murphy, Service Manager for Mental Health Services for Older Persons were in attendance to present the report and answer questions.

Mrs Gott referred to team one and that the area of the service was being extended and asked if they were extending the number of staff and beds and asked for an explanation on how this would work in practice.

The Service Manager responded that they were extending into Teesdale but they had taken away Sedgefield North PCN, in terms of the population covered it was reduced. From a travel point of view the team already visited Weardale and the base they used was the Richardson Hospital for the Teesdale patients, so she did not think that travel time would increase for that team.

In response to a further question from Mrs Gott regarding travelling times for those effected, the Service Manager indicated that they would continue to see the Teesdale patients in the Richardson Hospital at Barnard Castle if this was where they were currently seen. The only GP practice where the travel time would be extended was Gainford as it was closer to Darlington which was a small number of patients and they would look at each case individually and commented that the majority of the patients were seen in their home so that it was staff who were travelling and not patients in the main.

Councillor Quinn asked where Shildon fit into this as some residents had practices in Bishop Auckland, Shildon and Bishop Auckland and asked where the dividing line was.

The Service Manager responded that if they were currently at Bishop Auckland then they would be staying with Bishop Auckland but she would confirm the GP Practices.

Councillor Savoury indicated that Stanhope to Barnard Castle was 30 minutes and 17 miles and was concerned about timescales and the workload of staff. She stated that services were already stretched and asked if it was wise to increase capacity to people's workloads that was a rural area and patients still deserved those services.

The Service Manager responded that Stanhope was already covered by Bishop Auckland but they were not travelling to Spennymoor and beyond areas so this would reduce the amount of travel for staff and allow them to concentrate on Bishop Auckland and West into the Dales.

The General Manager indicated that they had looked at staff and had moved staff around teams where they needed to. If there was an increase in resource requirement, they had moved staff accordingly to counteract that.

Councillor Haney indicated that most patients had home visits.

The Service Manager responded that they were exploring the use of satellite clinics with adult colleagues and recognised asking people to travel was not ideal for the older population. They were exploring using the Chester-Le-Street Health Centre and continuing to use Bowes Lyon Ward, Lanchester Road Hospital, they were going to work with the patients to see which location fits with them.

In response to the earlier question from Councillor Quinn, the Service Manager confirmed that GP Practices in Sedgefield North were Bishops Close, St. Andrews, Ferryhill, West Cornforth and Skerne that would be part of Durham.

Resolved: That the information contained within the report be noted.

8 NHS Foundation Trust Quality Account 2023/24 priorities updates

The Committee received two presentations on the NHS Foundation Trust Quality Accounts 2023/24 priorities updates (for copy of presentations, see file on minutes).

Tees, Esk and Wear Valleys NHS foundation Trust

Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data, Dominic Gardner, Care Group Director AMH/A and Elspeth Devanney, Director of Nursing and Quality were in attendance to deliver the first presentation that provided Members with details of quality account quality priorities for 2023/24.

Following the presentation, Members were invited to ask questions.

Councillor Jopling indicated that there was a problem with staff and patients when it came to feeling safe. She stated that she was always worried when she sees 50% of people not feeling safe and stated some degree of context was needed to measure this against in terms of the total number of patients responding. She stated that more data would be helpful and that she was worried that staff were not feeling safe and it would appear that the figures do not seem to be improving. She indicated that the framework seemed to increase bureaucracy and more for staff to

take on board that would reduce their work directly in caring for patients. She also queried whether staff had expressed concerns at being overloaded and if there had been a previous issue identified where staff were not fully compliant with previously agreed procedures and practices.

The Director of Nursing and Quality responded that the number of people not feeling safe was concerning and was why they had carried out some work nationally. She indicated that what they asked was ‘do you feel safe all the time’ and were one of ten trusts nationally who asked this question, other trusts asked, ‘do you feel safe’ and they asked the question that was beyond what they were expected to deliver nationally. What they found was most patients coming into their ward were probably not feeling safe and if they were feeling safe would not be admitted to a mental health ward. They had carried out some research on how they compared to other trusts and they compared very well and nationally were around the average in terms of that percentage. Ultimately what was important was the basics and those questions could be interpreted in a number of differently ways by a number of people and data was only relevant at a single point of time. They had tried to focus on the key elements they could do to change things and get it right like the safe wards and the introduction of body worn cameras and the change in patient review process. She understood Members concerns and hoped that people had the opportunity to look at their recent CQC report that does begin to see the change in direction of travel and now have no more regulatory action requirements and any inadequate ratings across their service. They knew that they needed to carry out some work around governance processes but they were beginning to see that change and shared the views of Members that they needed to get back to basics.

The Care Group Director indicated that they were not creating new processes they were trying to understand the problems and revisit what should be the Trust’s core services and delivery mechanisms.

Councillor Jopling indicated that if it was done right the first time it prevents the necessity of repeat admissions to inpatient wards.

Councillor Howey indicated that even before the survey everyone knew it was a difficult service that was not working properly. She had heard that a number of people did not have faith in the service with the deaths that had happened in some wards. More people than ever were now requiring the service but were accessing private care as they did not have confidence in the Trust’s service anymore. She indicated that the treatment she had a number of years ago made her feel worse and she was worried as they kept hearing it was going to improve but asked if it was ever going to be actioned.

The Director of Nursing and Quality responded that unfortunately they did hear some sad stories and sometimes people make mistakes, they work with people who aren’t able or in a position to tell them what they are really thinking or feeling.

They were not working in an exact science and it was difficult to interpret but she acknowledged members' comments in terms of that improvement and indicated that they were beginning to show signs of improving and turning the corner but this would take time. What they did not want was people not asking for help being fearful of what care they might receive. She stated that she would welcome the opportunity to come to a future committee to talk about some of the positives they had been doing as they did have a lot of success stories. They work with thousands of people on a daily basis and know that they have had some challenges with the crisis services and have heard from local MPs that they are hearing reduced concerns from constituents. They work closely with GP services and they were telling them that they were seeing improved access to services and they know from data when they are carrying out patient safety review that they are seeing embedment of that change. She knew it was going to take time to build that trust but was encouraged that they were turning the corner and was reflected in their recent CQC report.

Councillor Howey indicated that if it were one or two people, she would understand but it was a lot more. She asked the Officer if she heard of Bridge Creative who work with people with learning difficulties who were fantastic and this would be good to tap into to help people.

The Associate Director of Quality Governance, Compliance and Quality Data wanted to give some assurance to Councillor Howey and indicated that they were happy to come back and present their recent CQC report to Members and had three further services now that were rated as good again. She continued that they were seeing the improvements that reflects people's experience of the services. Patient and carer feedback received by the CQC was that positive improvements were right across the service. She also stressed that whilst they do not get it right all the time, they are very much seeing that change and the positives from the CQC report in respect of organisational culture.

The Care Group Director highlighted that priority one they had changed the approach and the crisis services over the last year were working closely with the voluntary and community sector and the Waddington Street Centre.

In response to a question from Mrs Gott on co-production, the Director of Nursing and Quality responded that the presentation was an update on where they were with the Quality Account but they could bring a report back to committee on the work that the Trust had embarked upon as part of community transformation.

Councillor Haney referred to 50% of patients not feeling safe that was worrying. He stated that this could be perceived as we do not like the answer so we are going to change the question and thanked the officers for a bit more context on how it does not align with what was asked nationally. He asked what 'does safe mean', does it mean safe from harm from themselves, other patients or potentially staff and asked how this information was asked and if the question was explained.

The Director of Nursing and Quality responded that the question was asked in a number of different ways that included surveys on paper or a member of staff sitting down with the patient or it could go out via a text message or on an IT system to complete online. She continued that often there was no opportunity to describe the context of the question, she knew that when someone experiences mental illness the core part of how they felt was not to feel safe and were anxious and not able to go outside. The introduction to a new person can be difficult for patients and can make them not feel safe and was why this work was so important to understand that narrative fully so that they could fully help people move forward.

The Care Group Director indicated that going out and having conversations was key as part of the variance in the way the question could be asked. The key thing that they needed to do was to support staff and to notice what was going on in every conversation and not just relying on metrics.

Councillor Hovvels indicated that the Mental Health Trust were the poor relations when it came to services and the finances being given out. She continued that throughout COVID as a Councillor she had experience where people had falling through the system. She stated that anything that could be done to improve the service was welcomed and would like the Committee to take up the offer to come back so that they could understand a lot more of the work taking place.

The Chair indicated that she had read the CQC report, and some of the items identified about safety was for staff as well as patients. She indicated that staff often relied heavily on appropriate training and development to improve professional competencies. The use of body worn cameras was an interesting development and would welcome further information around whether this practice made people feel safer, including staff and patients and if incident numbers reflected this.

The Director of Nursing and Quality responded that they were expanding that programme. They were using the cameras more to inform practice and help people understand how they are perceived or how it can feel from a patient's point of view and were using the cameras more in a proactive way. Historically they used CCTV following a serious incident and went back and looked at the footage respectively but now it was used to inform practices and was incredibly helpful.

The Principal Overview and Scrutiny Officer suggested that the Committee invite Tees, Esk and Wear Valley NHS Foundation Trust to a future meeting to bring back a report on its recent CQC Inspection and a presentation on the Community Transformation work.

Resolved: (i) That the contents of the presentation be noted.

(ii) That Tees, Esk and Wear Valley NHS Foundation Trust bring back a report to a future Committee on its recent CQC Inspection and a further presentation on the Community Transformation work.

County Durham and Darlington NHS Foundation Trust

The second presentation was presented by Warren Edge, Senior Associate Director of Assurance and Compliance, Lisa Ward, Associate Director of Nursing, Patient Safety and Claire Skull, Infection Control Matron which provided Members with details of positive performance; review of progress on quality objectives; key challenges and actions and an update on matters raised by the Committee on the 2022/23 Quality Account.

Following the presentation Members were invited to ask questions.

Councillor Howey asked if they could produce a report which set out data and performance for both UHND and Darlington Memorial Hospital as in her experience people were happy with Durham but not Darlington. She then referred to dementia patients on wards and asked if they had trained dementia staff on each ward and thanked the team for their work on sepsis.

The Senior Associate Director of Assurance and Compliance responded that the report could be broken down between the two hospitals. With reference to dementia the aspiration was to have a dementia champion in each ward and would confirm if they were now fully recruited.

Councillor Haney indicated that the work on sepsis was not good enough and asked how many people were treated within the one-hour target and what was the average delay and how many patients were going to die because this had not being acted upon. He commented that there must be hospitals in the country that were doing this effectively and space should not be the overriding factor, they just needed to administer the antibiotics.

The Infection Control Matron responded that they needed to get the antibiotics right and they had the go ahead to explore Patient Group Directions for chest sepsis and urinary sepsis. They had a large data set now and she could tell how many people were screened for sepsis and the time treated. She stated that nobody had cracked sepsis nationally as it was really hard to spot and they would learn from other people's best practice and commented that you needed to treat people with dignity. She stated that they were putting a lot of attention on trying to crack sepsis and was high on their agenda.

The Chair asked if the Committee could obtain a copy of the sepsis data. The Infection Control Matron responded that she would arrange for the data to be put into a readable format for Members.

The Associate Director of Nursing indicated that they had a dedicated nurse who looked into blood stream infections.

Councillor Early referred to his taxi journey this morning and commented that the driver was full of praise of the maternity service, his only fault was the number of people who asked if everything was all right.

Councillor Quinn asked about pressure ulcers and commented that the report stated that there were currently no pressure ulcers and asked if this was due to people not presenting or if pressure ulcers were on the decline.

The Infection Control Matron responded that she would obtain the numbers and advise Members accordingly.

Resolved: That the contents of the presentation be noted.

9 Any Other Business

Councillor Jopling asked for an update on the situation with NHS Dentistry provision in County Durham, in particular the areas where there were no dentists.

NHS
County Durham and Darlington
NHS Foundation Trust

Darlington Memorial Hospital
Hollyhurst Road,
Darlington
DL3 6HX

Dear

Thank you for your queries in relation to the Shotley Bridge Community Hospital redevelopment which were tabled at the Adult Health and Wellbeing Overview and Scrutiny Committee on the 2nd October 2023.

Please see below responses, we are currently in a re-design process to meet the budgetary requirements for the scheme and as such the answers are relevant to the current position which is yet to be agreed by our partners in the New Hospital Programme.

Question 1

The presentation mentions "removing future expansion plans for services".

However, In Feb of this year, Richard Holden MP for NW Durham shared a Shotley Bridge Hospital update, announcing that “we’re now looking at a c. £50 million project with enhanced services across the board”. This update included plans to double bed capacity from 8-16, Increase capacity for gynae procedures (with additional colposcopy provision), the addition of 2 urgent treatment centre rooms to boost capacity, an increase in Echocardiography provision (with an area created for mobile CT/MRI), and additional chemotherapy bays.

What impact will “removing future expansion plans for services” have on those plans for ‘enhanced’ services?

Response

Wherever possible the programme team has sought to protect existing services and realise expansion provision (whilst reducing cost) via improved space utilisation, use of technology and some estate change. In relation to these specific services mentioned, the following accommodation remains within the new design scope:

- Bed capacity will be maintained at 16 beds
- An additional gynae procedure room will be maintained
- Urgent care facilities will not accommodate additional rooms, this is mainly due to the observed move to more virtual appointments following COVID
- Echocardiography will maintain its expanded footprint
- There will be an area for mobile CT/MRI maintained

- Chemotherapy will have 2 additional therapy chairs – 25% increase on existing, with a recognition of the need to move more therapy to home/outreach care.

Question 2

A recent report by the National audit Office warns that underlying assumptions in the New Hospital Program, may be over optimistic and may result in hospitals that are not big enough for future needs and the ability to deal with unexpected shocks and health crises.

Will plans/modelling for the new hospital be based on those assumptions?

Those Assumptions are:

- **model of care shifts'**, presumes that patient care will increasingly shift out of hospitals into adult social care, outpatient services, community healthcare services and digital healthcare. NHP's MVP model assumes a recurring 1.8% reduction each year in the need for hospital capacity because of these shifts. The 1.8% compounds over 60 years – the assumed life of new hospitals – to reduce expected demand by 66%. This more than cancels out the assumption of demand increasing due to a growing and ageing population. This may be unrealistic. Although DHSC and NHS England want to shift care increasingly out of hospitals in future, they do not have a funded strategy to deliver such reductions in the use of hospitals. NHS England told us that this will depend on the outcome of the next spending review.

- **New Hospital Programme assumes building future hospitals with only single-bedded rooms**, instead of open wards, will enable them to run at 95% occupancy and with average patient stays reduced by 12%. England already has one of the highest rates of bed occupancy and one of the shortest lengths of stay per patient in the Organisation for Economic Co-operation and Development (OECD). Currently, 95% occupancy is viewed as highly undesirable and indicative of crisis, and NHS England has a priority to reduce it to 92% across the NHS in 2023-24. There is a risk that running hospitals very full in future may affect their smooth operation and reduce the amount of spare capacity for coping with normal variations in demand, unexpected shocks and health crises. Specifically, the assumed 12% reduction in length of stay looks high. A recent systematic review of the effect of single beds on length of stay, funded by NHP and published in the British Medical Journal Open, found "the evidence was highly mixed with no clear benefit".

Response

Modelling for Shotley Bridge Community Hospital is based on up-to-date demand and capacity modelling, overseen by our local Integrated Care Board, informed by County Durham and Darlington Clinical Service Strategies and sense checked by local Trust Clinical Directors and clinical teams.

The inpatient ward will have a mix of single rooms and 4 bedded bays.

I hope these responses answer your queries and give re-assurances that we are working incredibly hard to deliver the best possible Community Hospital Services to the population of Derwentside whilst ensuring budgetary responsibility.

Yours Sincerely,

Jane Curry
Programme Manager
Email:

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