

Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Development of Hospital at Home Service in the Scottish Borders

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
✓	✓	✓	✓			✓	✓	✓

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health*	Hate crime, homicides and sexual/domestic abuse	Access to services Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
People will be cared for, as far as reasonably practicable, independently in their own home.	Positive	Significant
Improved patient satisfaction and health outcomes.	Positive	Significant
Prioritises the delivery of person-centered care in a respectful and dignified manner.	Positive	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
E&HRIA to be undertaken and submitted with the report – Yes If no – please attach this form to the report being presented for sign off	Proportionality & Relevance Assessment undertaken by: Cathy Wilson – General Manager of P&CS Date: 10/05/23

Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views



Hospital at Home

The pilot will implement a Hospital at Home in NHS Border to understand how to gain the maximum benefits for the patients, how to assist with hospital pressures and how to implement the service so that it is operationally efficient- processes, procedures, sustainability.

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist	TBD		
HSCP Joint Executive Team	Dr Lynn McCallum Chris Myers	Medical Director Chief Officer of Health and Social Care Partnership	
Responsible Officer	Cathy Wilson	General Manager – Primary and Community Services	
Main Stakeholder (NHS Borders)	Urgent and Unscheduled Programme Board		
Mains Stakeholder (SBC)	Urgent and Unscheduled Programme Board		
Third/Independent Sector Rep			
Service User	Margaret	Patient Representative	

	Carol Anderson	Patient Representative	
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Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
What equalities information is routinely collected from people currently using the service or affected by the policy?	Not currently gathered	New service equality data to be embedded, captured and reported against as part of TOC and will include the following Patient Management data systems – TRAK, EMIS, BadgerNet
Data on populations in need	Healthcare Improvement Scotland/Cochrane Review	Older people with frailty are the single biggest users of hospital beds and the fastest growing demographic. Across the UK the population of over-85s is predicted to double between 2018 and 2043. Evidence and experience points to various drivers for developing a Hospital at Home service for older people. Safe and effective alternatives to hospital bed-based acute care are needed to manage demographic pressures and provide a better experience for individuals.
Data on relevant protected characteristic	Not currently gathered	New service equality data to be embedded, captured and reported against as part of TOC and will include the following Patient Management data systems – TRAK, EMIS, BadgerNet
Data on service uptake/access	To be gathered via Hospital at Home Dashboard	New service equality data to be embedded, captured and reported against as part of TOC. This will include: Age Sex Race
Data on socio economic disadvantage	Not currently gathered locally. Healthcare Improvement Scotland	GP referral will be recorded to identify correlation between areas of multiple deprivation and access/uptake to the service. Nationally, areas of deprivation may have higher referral rates to Hospital at Home services. COVID-19 has seen a shift towards patients requesting an alternative to hospital admission and may increase referral rates. Patients living in rural areas where it could be difficult to access medical care could see Hospital at Home as a favourable option.

Research/literature evidence	Healthcare Improvement Scotland/Cochrane Review	Evidence points to various drivers for developing a Hospital at Home service for older people as it reduces the disruption to a person's existing formal and informal care and support arrangements through the addition of acute-level care in their home. The drive to provide a more person-centred care experience for individuals, avoiding the risks of healthcare acquired infection, and/or institutionalisation.
Existing experiences of service information	Not available - new service to Scottish Borders	Not available - new service to Scottish Borders
Evidence of unmet need	NHSB delayed discharge data	Scottish Borders has the largest percentage of people going from hospital to residential care as unable to meet their needs within the community.
Good practice guidelines	Hospital at Home – Healthcare Improvement Scotland	Evidence points to various drivers for developing a Hospital at Home service for older people as it reduces the disruption to a person's existing formal and informal care and support arrangements through the addition of acute-level care in their home. The drive to provide a more person-centred care experience for individuals, avoiding the risks of healthcare acquired infection, and/or institutionalisation.
Other – please specify		
Risks Identified		Not identified yet as still to find out what the inequalities are
Additional evidence required		

Consultation/Engagement/Community Empowerment Events

Event 1: Patient Representative Discussion

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
28/02/2023 - onward	Teams	2	Age, Poverty, Disability, Unpaid careers

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>Patient representatives asked for alternative forms of gathering patient feedback once the service has been implemented. An example given would be exploring the potential for volunteers to gather feedback from patients either online or on paper.</p> <p>Under Living Standards, should people living alone, with no family member close by, be included?</p>	<p>Patient feedback forms to be co-designed with patient representatives.</p> <p>Living alone does not exclude anyone from being eligible for Hospital at Home – everyone irrespective of if they live alone or with someone will be assessed against the eligibility criteria.</p>

Event 2: Strategic Ukrainian Settler Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
18/04/2023	Teams	Not documented	Age, Race, Religion/Belief, Refugees

Views Expressed	Officer Response
<p>Language Barriers Question raised from Ukrainian Settler Group on how HAH will overcome language barriers when treating patients.</p>	<p>Establish at initial assessment how person would like to be communicated with. This will enable HAH team to follow the same procedure as in hospital. They will utilise services such as Language Line, Say Hi, Google Translate.</p> <p>Protocols around the use of language apps etc to be developed to reduce any possibility of data breach or misinformation.</p> <p>Patient feedback forms will look to capture satisfaction of the process.</p>

Event 3: Physical Disability Strategy Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
13/04/2023	Teams	Not documented	Disability

Views Expressed	Officer Response
What if I need additional equipment? What happens if I need a hoist? What if a patient has complex needs?	This was taken into discussion with the Physical Disability Strategy Group and resulted in the co-production of a contribution to the Hospital at Home Information Pack which addresses all of the questions asked

Event 4: Alcohol and Drug Partnership

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
24/04/2023	Teams	Not documented	Substance/ alcohol misuse

Views Expressed	Officer Response
No view expressed at this involvement event.	Link between Hospital at Home Programme Board and the Alcohol and Drug Partnership to enable ongoing dialogue during the TOC to ensure the needs of those with the relevant lived experience are taken into account.

Event 5: NHSB Ethnic Minority Group **

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
26/04/2023	Teams	Not Recorded	Race

Views Expressed	Officer Response
A positive development that enables individuals to meet their own cultural needs eg food preparation	

Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3



Analysis of findings and recommendations

Hospital at Home

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

In recent years, healthcare professionals have been considering new ways to respond to the acute care needs of older people with frailty and other long-term conditions. Urgent care is needed but hospitals bring risks for older people as well as benefits, and community-based alternatives are increasingly being explored. This has resulted in a shift in focus within the NHS and internationally towards providing hospital-level care in a person's home environment. This service is generally referred to as "Hospital at Home" and is a short-term intervention providing acute care of a level comparable with that provided in a conventional hospital. It is not the same as case management of chronic conditions but can work with this type of service to assist in the management of exacerbations of those conditions.

Across Scotland, Health Boards have developed this service to provide care in this form. The care is recognised to be safe and cost effective, and popular with patients and staff. It can provide an alternative to admission for selected patients and (once scaled up) can relieve some pressure on acute services, though only in some areas has it been shown to facilitate closure of inpatient beds.

The pilot will implement a Hospital at Home in NHS Border to understand how to gain the maximum benefits for the patients, how to assist with hospital pressures and how to implement the service so that it is operationally efficient- processes, procedures, sustainability.

Section 1: Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Hospital at Home is uniquely designed and planned with a person-centred approach. Hospital at Home assessments takes into account individual preferences, capabilities, and independence. Therefore ensuring that people are treated with dignity and respect.	Hospital at Home reporting dashboard monitors admission by age.
	Advancing equality of opportunity	Hospital at Home assessments criteria will ensure that the care package is designed to meet the unique requirements of each individual, enabling older people to live in their own home with their loved ones.	Hospital at Home reporting dashboard monitors admission by age. Analysis of patient feedback forms.
	Fostering good relations by reducing prejudice and promoting understanding	Hospital at Home associated communication leaflets have been designed to promote that this service is designed to meet needs and not explicitly for people over the age 65+.	Feedback mechanisms will be analysed as a way of identifying any unintended discriminatory practice. This will allow for prompt action and resolution, fostering an environment of inclusivity and eliminating any harmful practices or biases.
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Hospital at Home is an inclusive service, that results in a more tailored service for patients because of reasonable adjustments and taking an agile/flexible approach to patient care.	Ensure our Patient Management System is up to date with knowledge about patient communication needs and capacities. It is not possible with the current data set to clearly capture and report on individuals with disabilities, however case notes and be reviewed retrospectively and daily huddles discussions include the review of

		For people with disabilities, long-term conditions, or frailty, Hospital at Home offers several benefits. Patients can maintain their independence by living in familiar surroundings, where they have established support networks and access to community resources. This helps to preserve their sense of identity and autonomy while receiving the necessary care and assistance tailored to their specific needs.	individual care – recognise each patient care and/or enhanced care needs
	Advancing equality of opportunity	<p>Allowing individuals to be treated in the comfort of their own home environment which may be a more appropriate and familiar setting, Hospital at Home complements the person-centred approach.</p> <p>The Hospital at Home model of care provides the time to go over key information to help people with learning disabilities to make informed decisions.</p>	We will engage with learning disability groups within the local community to ensure that people with learning disabilities are aware of what the Hospital at Home service is.
	Fostering good relations by reducing prejudice and promoting understanding	Hospital at Home associated communication leaflets have been designed to promote that this service is designed to meet needs including those of disabled people.	<p>Feedback mechanisms will be analysed as a way of identifying any unintended discriminatory practice.</p> <p>This will allow for prompt action and resolution, fostering an environment of inclusivity and eliminating any harmful practices or biases.</p>
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	By supporting people at home, the service can be beneficial to those who feel any perceived risks as a result of gender	We will link with Gender Reassignment groups to understand what adjustments

		reassignment by providing the flexibility to schedule appointments or access healthcare.	<p>may be required and we will train our staff to be aware of these.</p> <p>Investigating if our Patient Management System can support gender identification and use of pronouns</p>
	Advancing equality of opportunity	Being in a familiar environment can reduce stress and contribute to a sense of safety	We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people undergoing gender reassignment recognising that they may require service adjustments sensitive to these.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this time	<p>Feedback mechanisms will be analysed as a way of identifying any unintended discriminatory practice.</p> <p>This will allow for prompt action and resolution, fostering an environment of inclusivity and eliminating any harmful practices or biases.</p> <p>Staff and caregivers will be trained on appropriate use of pronouns and questions through training.</p>
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	None identified at this stage

	Advancing equality of opportunity	None identified at this stage	None identified at this stage
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	None identified at this stage
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	None identified at this stage
	Advancing equality of opportunity	None identified at this stage	None identified at this stage
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	None identified at this stage
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Hospital at Home care delivery will be designed to meet the specific medication and care needs of individuals.	Ensuring communication and information is available in different languages.
	Advancing equality of opportunity		Staff will be made aware of the sensitivities relating to explaining some health issues, for example, mental health issues or sexual health issues.
	Fostering good relations by reducing prejudice and promoting understanding		We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the individual needs of people recognising that some Races have a higher incidence of certain diseases.
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Individuals will co-produce a care plan that meets their religious requirements e.g. times of worship, religious-based dietary requirements, cultural awareness and sensitives e.g., providing hygienic shoe covers to enable entry to house	Staff awareness programme

	Advancing equality of opportunity	Hospital at Home enables individuals to continue practice more fully their religious beliefs.	None identified
	Fostering good relations by reducing prejudice and promoting understanding	We will listen to our community representatives and the voices of those with lived experience to ensure our services meet the needs of people regardless of religion and belief.	<p>Feedback mechanisms will be analysed as a way of identifying any unintended discriminatory practice.</p> <p>This will allow for prompt action and resolution, fostering an environment of inclusivity and eliminating any harmful practices or biases.</p> <p>We will link with representatives of the relevant religious and faith communities in Scottish Borders to educate and gather feedback to help inform our thinking in this respect.</p> <p>Hospital at Home staff are trained to have cultural competence, compassion, and sensitivity, ensuring that care is provided in a respectful and non-discriminatory manner. This helps foster trust and a positive relationship between the patient and their care providers.</p>
Gender (Sex)	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Hospital at Home enables the individual to present in their preferred gender and not to conform with hospital admission criteria.	Investigating if our Patient Management System can support gender identification and use of pronouns
	Advancing equality of opportunity	Hospital at Home enables the individual to present in their preferred gender and not to conform with hospital admission criteria.	Staff will be made aware of the sensitivities surrounding gender

			Analysis of patient feedback forms.
	Fostering good relations by reducing prejudice and promoting understanding	Individuals will co-produce a care plan that recognises their gender preferences and document sensitives around care giving.	Feedback mechanisms will be analysed as a way of identifying any unintended discriminatory practice. This will allow for prompt action and resolution, fostering an environment of inclusivity and eliminating any harmful practices or biases
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	We are still to meet with representatives of the LGBTQ+ communities in Scottish Borders to educate and gather feedback to help inform our thinking in this respect.
	Advancing equality of opportunity	None identified at this stage	We are still to meet with representatives of the LGBTQ+ communities in Scottish Borders to educate and gather feedback to help inform our thinking in this respect.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	We are still to meet with representatives of the LGBTQ+ communities in Scottish Borders to educate and gather feedback to help inform our thinking in this respect.

Section 2: Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1 (remove those that do not apply)

Domain	Indicator	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education and lifelong learning	Enhancing	<p>The proposal will allow those to continue attendance of education without unnecessary interruption. It allows them to receive necessary medical care while still being able to attend classes or study from home.</p> <p>Enables individuals with disabilities or chronic illnesses to actively participate in higher education or lifelong learning. They would not be restricted to the physical limitations of hospital settings, promoting inclusion and equal opportunities for education.</p> <p>Patients can engage in educational activities at their own pace and convenience, preserving their dignity and autonomy throughout the treatment process.</p> <p>Overall, the flexibility of the service empowers patients to balance their educational commitments and medical treatment effectively.</p>	Feedback from patients will focus on accessibility, inclusivity, autonomy, and flexibility that the service has offered.
Work	Employment Earnings	Enhancing	The proposal will allow people who work from receive necessary medical care while still being able to work. This empowers patients to balance work/life commitments and medical treatment effectively.	Feedback from patients will focus on accessibility, inclusivity, autonomy, and flexibility that the service has offered.

		Infringing	An unpaid carer in paid employment may be negatively affected if they are required to support the patient at home while treatment is provided.	Part of the assessment for Hospital at Home eligibility is a conversation with the individual, family and/or non-paid carer. It is important prior to admission to fully understand the impacts treatment in a home may have.
Living Standards	Poverty Housing Social Care	Enhancing	Enables people to stay at home to. The service will also be able to signpost and refer people they are caring for to community based services.	We will ensure safeguarding is in place such as researching into how food is provided to patients who need it prior to referring a patient to the Hospital at Home service. We will work with other community services such as social work to ensure patients are able to access the Hospital at Home service. We will utilise the Integrated Joint Board needs assessment to understand the needs of patient. We will tap into poverty related third sector to support patients access care in their homes. We will aim to deliver person-centred service in response to need.

				Hospital at Home is aware of possible fluid accommodation arrangements so the Hospital at Home service will develop a way of being flexible to meet the needs of potential patients, especially as patients may be in non-residential setting eg hotels
Health	Social Care Health outcomes Access to health care Mental health	Enhancing Infringing	<p>By enabling individuals to remain in their homes or community settings, Hospital at Home helps minimise the disruption and negative impact associated with institutional care. This can lead to improved mental wellbeing, reduced stress, and enhanced social connections, as individuals are able to maintain their social interactions and engagement within their communities.</p> <p>The majority of unpaid carers are women and by using Hospital at Home will enable women to continue in their care-giving role</p> <p>Non-paid carers that may benefit from temporary respite from an acute hospital stay, may be negatively impacted by having to look after their loved ones at home.</p>	<p>Staff who are treating patients in their home will be able to signpost to appropriate community support services provided by third sector.</p> <p>Admission with no onward referral to inpatient services</p> <p>Through patient feedback surveys that Hospital at Home staff provide during visits.</p>
Justice and Personal Security	Hate crime, homicides and sexual/domestic abuse	Enhancing	Hospital at Home may provide a service in a setting that has domestic abuse which may endanger the patients themselves or the non-paid carer in their home. Quality and ability of the service may also be impacted. As nurses are trained to recognize signs of domestic	We will ensure safeguards are in place for patients/ respond quickly if any gender-based violence occurs.

			abuse in the home, they will be able to raise concerns via the adult protection process.	Safer community documents are shared from community groups.
Participation	Access to services Social and community cohesion* Family Life*	Enhancing	By enabling individuals to remain in their homes or community settings, Hospital at Home helps minimise the disruption and negative impact associated with institutional care. This can lead to improved mental wellbeing, reduced stress, and enhanced social connections, as individuals are able to maintain their social interactions and engagement within their communities.	Through patient feedback surveys that Hospital at Home staff provide during visits.

Section 3: Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities	<p>Updating Information Pack's Q&A with additional details around accessing equipment Recognising the cultural and religious sensitivity aspects of treating a patient in their home through training</p> <p>As the proposal is in a test to change cycle for an additional 6 months the team will be constantly reviewing and assessing changes that can be made to reduce impact and improve health inequalities.</p>
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities	<p>Hospital at Home can enhance access to health care for patients who may face barriers such as transportation difficulties, socioeconomic challenges, or living in remote areas. By bring the necessary care directly to patients' homes, Hospital at Home can bridge the gap an ensure equitable access for all individuals, reducing inequalities in outcomes.</p> <p>Hospital at Home enables clinicians/ health care professionals to intervene promptly when patients' conditions require medical attention. This timely intervention can prevent exacerbation of illnesses and reduce the likelihood of complications, improving health outcomes and narrowing health inequalities caused by delayed or inadequate treatment.</p>

	<p>Care is tailored to individual needs. This approach can address health inequalities by acknowledging and accommodating patients' specific circumstances, cultural backgrounds, and preferences. Carers don't have to travel to hospital and care packages will remain the same for patients.</p> <p>Hospital at Home service facilitate better continuity of care by enhancing communication and coordination between health and social care providers, leading to more streamlined and holistic care – this is particularly important for those with complex medical conditions or multiple health care needs, reducing health inequalities.</p> <p>By providing patients with information, resources, and support to manage their conditions effectively, the services can empower individuals to take control of their health, reducing health inequalities associated with knowledge gaps or limited literacy.</p>
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Section 4: Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

Not Applicable

Section 5: Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by: (Name and job title)	Date recommendation will be implemented by	Review Date
Analysing feedback forms to gather relevant information under Fairly Scotland Duty	Cathy Wilson, GM	31/01/2024	TBD after evaluation of TOC
Review easy read material – adapted from learning from Hospital at Home pilot	Cathy Wilson, GM	31/01/2024	TBD after evaluation of TOC
Staff training on cultural and social sensitivities	Hospital at Home Clinical Team Lead	31/01/2024	TBD after evaluation of TOC
Establish list of community services for signposting	Hospital at Home Administrator	31/01/2024	TBD after evaluation of TOC
Codesign patient leaflet	Hospital at Home Clinical Team Lead	31/01/2024	TBD after evaluation of TOC
Investigation Patient Management system for recording of additional characteristics	Hospital at Home Administrator	31/01/2024	TBD after evaluation of TOC
Continuing active engagement with representatives of LGBTQA+; religious and faith, Race and people undergoing gender reassignment	Cathy Wilson, GM	31/01/2024	TBD after evaluation of TOC

Section 6: Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposal affects different groups, including people with protected characteristics?

Monthly Hospital at Home Reporting Sub-Group
Analysis of data to see if there are any variances between the protected characteristics
Through patient feedback surveys that Hospital at Home staff provide during visits
Continuous engagement with community representatives to gather feedback to help inform our thinking and develop our service

Section 7: Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

No

Section 8: Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

Our Public Health team has recently joined us for collaborative working to ensure that any communication plans are communicated in a way that supports young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language.

Easy read material will be provided for those who request it and communication awareness with staff to understand the challenges.

Signed Off By:

Cathy Wilson, General Manager of Primary and Community Services

Date: 13/09/23