

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 29th July, 2015, 10.00 am

Bath and North East Somerset Councillors: Francine Haeberling (Chair), Geoff Ward, Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

Officers : Jane Shayler (Director of Adult Care and Health Commissioning), Tracey Cox (Chief Officer, NHS B&NES CCG), Clare O'Farrell (Associate Director for Integration, RUH), Dr Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Alex Francis (Healthwatch B&NES Project Coordinator), Andrea Morland (Senior Commissioning Manager, Mental Health and Substance Misuse), Dr Bill Bruce-Jones (Clinical Director, AWP, B&NES) and Sue Blackman (Your Care Your Way Programme Manager)

Cabinet Members in attendance: Councillor Vic Pritchard

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were none.

4 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he has been nominated to become a Sirona board member.

Councillor Geoff Ward declared an other interest as he is an Environmental Health professional.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

6 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

There were none.

7 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen addressed the Select Committee on a number of issues, a summary is set out below.

Urgent Care Pressures

He informed them that 2015 continues to be a challenging year for the health and social care community in terms of delivering against the national target for A&E waiting times. On-going poor performance below target is attributable to a range of factors including an increase in the average length of stay of patients for all CCGs, higher delayed transfers of care above planned numbers at key points in the quarter and poor patient flow within the Royal United Hospitals Foundation Trust (RUH) when the numbers of admissions and discharges are not in balance.

He stated that the CCG and RUH are currently showing as an outlier with year to date performance of 91.2%. He added that it should be recognised that no other prominent country in the world reaches a figure of 90%.

He explained that he chairs the B&NES System Resilience Group, which oversees operational performance of the urgent care system and includes partners across the local health and social care system including the RUH, the Council, Sirona, the South West Ambulance Service, NHS 111 and neighbouring CCGs. The structure and format of this group is being reviewed and the CCG is ensuring an on-going focus on the agreed actions sets out within the 4-hour recovery plan.

Joint Primary Care Co-commissioning

He explained that from the 1st of April 2015, the CCG has taken greater responsibility and involvement in the design and commissioning (buying) of primary care services, in a joint commissioning arrangement with NHS England. The new arrangement will support our local plans to improve primary care services in Bath and North East Somerset. This joint approach between our CCG and NHS England is referred to as the 'co-commissioning of primary care' and we will now begin meeting regularly in a joint committee, in public, to consider and take decisions on local services together.

CCG Annual Report 2014-15 and Operational Plan

He encouraged the Select Committee to view both the Annual Report and Operational Plan that were available online.

National Updates

He informed them that in June 2015 announcements were made to review and change some key national targets to ensure they make sense for patients and are operationally well designed:

- 18 week referral to treatment time (RTT) measures:- The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. Targets will be changed and rationalised to one measure that

tracks the experience of every patient waiting as the main measure. This 'incomplete' RTT standard measures every patient on the waiting list, not just those treated in a particular month (currently measured as 'admitted' and 'non-admitted' standards).

Development of Local Estates Strategies

He explained that all CCGs received a communication on 22 June 2015 regarding the development of local estates strategies for each area by December 2015 linked to the development of local responses to the NHS England's Five Year Forward View. This plan has a vision of care delivery shifted to integrated, community based services and the estates strategies seek to ensure NHS land and building are used effectively to support this transition.

The letter indicates that support to CCGs will be provided from NHS Property Services (NHS PS) and Community Health Partnerships (CHP) to provide strategic estates advice to assist commissioners.

The Chair asked for clarification in terms of cancer patients that there is a shorter referral time than 18 weeks.

Dr Orpen replied that the timescales are indeed shorter and added that survival rates locally are high.

Councillor Tim Ball asked for reassurance on the matter of GP surgery funding. He said that a figure of £113,000 had been removed from the surgeries that serve Twerton & Southdown.

Dr Orpen replied that historically GP contracts were administered in two ways - a General Medical Services contract and a Personal Medical Services contract. He added that from around the year 2000 all 27 local practices moved to a Personal Medical Services contract and that allocation of funding was dependent on the services provided.

He said that the CCG and NHS would discuss how to redistribute the funding and that areas of real need would be assessed appropriately.

Councillor Tim Ball asked if the Carr Hill formula would be used to distribute funding.

Dr Orpen replied that this was a national formula and that practices could state their case for further funding.

Councillor Eleanor Jackson said that in her opinion her local practise was short of two GPs and asked what could be done.

Dr Orpen replied that the Government has pledged to recruit 5,000 more GPs by the end of this Parliament.

Councillor Eleanor Jackson asked how practises could obtain more modern facilities and better disabled access.

Dr Orpen replied that national funding was available to bid for through the Primary Care Estates. He added that through the Your Care Your Way project the CCG and Council were looking to provide services and facilities in a different way.

Councillor Paul May asked if GPs were on site at the Minor Injury Unit of the RUH.

Dr Orpen replied that the Urgent Care Centre on site at the RUH was a 24/7 GP / Nurse led facility. He added that it was linked to Paulton Hospital.

Councillor Geoff Ward asked what current actions were being taken to address poor patient flow.

Dr Orpen replied by saying that if you took an example of an 85 year old patient being admitted for pneumonia there are a lot of potential care factors that need to be taken into account and that it can be complicated to access all appropriate services. He added that recently some wards had been closed for planned development. He said that the RUH Improvement Board were monitoring this matter.

Councillor Tim Ball said that he had been made aware that a nurse had worked between 7.00am – 6.00pm on Tuesday 28th July with no break. He stated that this concerned him and asked for it to be looked into on behalf of the Select Committee.

Dr Orpen replied that the CCG do take these matters seriously and would make enquiries.

The Chair thanked him for his update on behalf of the Select Committee.

8 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Wellbeing addressed the Select Committee, a summary is set out below.

Care Act – Delay of Implementation of the Care Cap

He informed them that on 17th July 2015, the government announced its decision to delay the introduction of the cap on social care costs under the Care Act until April 2020. The cap on the amount self-funders will have to contribute to their care costs was due to be introduced from April 2016.

He explained that Alistair Burt, Minister of State for Community and Social Care, had stated in his announcement that 'A time of consolidation is not the right moment to be implementing expensive new commitments such as this, especially when there are no indications the private insurance market will develop as expected. Therefore in light of genuine concerns raised by stakeholders, we have taken the difficult decision to delay the introduction of the cap on care costs system until April 2020.'

Councillor Pritchard said that the Council was not yet in a position to fully assess the implications of this very recent announcement and it was clear from the Minister's statement that further information would be available in the coming months. He added that he would provide further updates to the Select Committee as and when further information became available.

Wellbeing House Opens

He said that this new service had been made possible with funding from B&NES Better Care Fund, and was being delivered by Sirona Care & Health and Curo (Housing). He explained that the house aims to provide a 3-bedded retreat - a place of sanctuary - for people experiencing mental health distress where they can receive low level social support to help them stabilise themselves and prevent a crisis escalating into secondary care.

B&NES Better Care Fund Plan Case Study

He informed the Select Committee that Bath and North East Somerset's Better Care Fund Plan 2015/16-2018/19 had been identified by the Better Care Fund Task Force, comprising Department of Communities & Local Government; Local Government Association; NHS England and the Department of Health as an example of best practice.

Councillor Eleanor Jackson asked if he was aware of when the Select Committee would be able to receive the joint scrutiny report from the Avon and Wiltshire Mental Health NHS Partnership (AWP) that the previous Wellbeing Panel had been involved in.

Councillor Vic Pritchard replied that he was expecting the report soon and would chase it up.

Councillor Paul May asked what his expectations were of the role of the Select Committee.

Councillor Vic Pritchard replied that he felt that politics should not play a part in this area of work. He added that scrutiny was a very important role within the Council and that it should look to improve ways of working positively.

Councillor Geoff Ward asked how the Health & Wellbeing Board differed from the Health & Wellbeing Select Committee.

Councillor Vic Pritchard replied that the Board operated at a strategic level and that the Select Committee would be able to delve into matters more intricately.

The Chair thanked the Cabinet Member for his update on behalf of the Select Committee.

9 HEALTHWATCH UPDATE

Alex Francis, Healthwatch B&NES Project Coordinator addressed the Select Committee. She began by explaining the role of Healthwatch.

She said that in 2013 Healthwatch was established as a national initiative to make the public aware of an independent body that they can talk to. She added that Healthwatch is the statutory, independent champion for patients, carers and the public.

She informed them that Healthwatch has a statutory seat on the Health & Wellbeing Board and has a role in visiting care homes and assessing the provision from the patients view.

Councillor Paul May asked what powers they have should they see something that they are unhappy with on their visit.

Alex Francis replied that they raise any strong concerns with the Safeguarding Team and their reports are shared with the Clinical Commissioning Group (CCG) & the Care Quality Commission (CQC).

With regard to the item in the update that Healthwatch had been supporting a project with Julian House to produce a card for Gypsy, Roma, Traveller and Boater people, Councillor Eleanor Jackson asked if she had seen the report from the previous Housing & Major Projects Panel that looked at Boat Dwellers and River Travellers and highlighted the difficulties in registering for a GP / Dentist.

Alex Francis replied that she had not seen the report, but stressed that this was one avenue that they were looking at to help people break down that initial barrier.

Councillor Geoff Ward asked if they could be refused entry to a facility.

Alex Francis replied that they have powers to enter any facility ran by the CQC.

Councillor Geoff Ward asked what qualifications staff had to carry out these visits.

Alex Francis replied that staff were particularly trained for this process and that most were ex Health & Social Care professionals.

The Chair thanked her for a helpful and reassuring update on behalf of the Select Committee.

10 PUBLIC HEALTH UPDATE

Dr Bruce Laurence addressed the Select Committee, a summary is set out below.

Healthy Weight Strategy – He said that this wide ranging strategy was now out for consultation and goes alongside the launch of the Fit for Life strategy.

Transfer of the 0 – 5 budget – He informed them that in October this year the Council will take on the budget and commissioning responsibility for health visiting and family nurse partnership services (c£2.5m).

Young people's substance misuse needs assessment – He said that in general services, Project 28 were good, with above average outcomes. He added though that there are concerns about common thresholds, early identification of problems and attention given to the children of adult service users.

Sexual health needs assessment – He explained that there was a good range of services but that some improvements could be made to opening times and locations to suit young people and an increase to the mix of central and outreach

appointments and walk in clinics. He added that a strategy is being drafted and will go out for consultation next month.

Dementia – He informed them that a prevention action plan was being written. He said that the plan will aim to ensure that staff training, communications with the public and staff and policies will include the message about the benefits of a healthy lifestyle to reduce the risk of dementia.

Meeting the challenge of in year cuts – He explained that the size of the cut is unclear but likely to be in the region of £500k. He added that the Public Health team is finding in year savings with limited impact on services.

Councillor Geoff Ward said that he believed in the concept of Public Health and prevention and asked if services such as Occupational Health and Environmental Health should be combined.

Dr Bruce Laurence replied that he was aware that some Council's do combine those services. He added that Public Health do work closely with other services within the Place directorate.

Councillor Paul May commented that he saw the role of Public Health as primary in the future of our residents.

Councillor Eleanor Jackson stated that 1 in 15 people locally who are registered with a GP had mental health issues / depression compared to 1 in 8 / 10 nationally. She added that the Health & Wellbeing Strategy made no reference to drug problems locally.

Dr Bruce Laurence replied that the document was written to show how we can improve in certain areas. He added that he would need to look at the depression figures mentioned in more detail before making further comment.

The Director of Adult Care and Health Commissioning said that substance misuse is a matter that the Council are concerned with and that they do monitor any connections with mental health issues. She added that significant joined up working takes place between child and adult services.

Councillor Tim Ball commented that he was concerned over the cuts to the Public Health budget that may affect the ability to carry out the Health & Wellbeing Strategy.

Dr Bruce Laurence replied that he believed that there was enough within the budget to cover our prime services.

The Chair thanked him for his update on behalf of the Select Committee.

11 MENTAL HEALTH IN-PATIENT REVIEW / HILLVIEW LODGE RE-PROVISION UPDATE

Andrea Morland, Senior Commissioning Manager – Mental Health and Substance Misuse, B&NES CCG introduced this item. She said that the report presents an update on the planned B&NES inpatient re-provision at Hillview Lodge, which

includes the transfer of the Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital site into a new build specialist mental health unit. She added that in particular it includes an update on the principles underpinning the plans to re-provide in-patient services on an interim basis during a rebuild at Hillview Lodge.

Dr Bill Bruce-Jones, Clinical Director, AWP for Bath and North East Somerset said that the preferred option was to build three wards of 15 beds each (total 45 beds) as this was considered to be a more economic ward model and one which would allow for future growth.

He said that the project is well under way, but there is still much to do before a build can start. He explained that AWP have appointed a cost advisor and have signed up to the Procure 21+ NHS approved process. He added that this process had been used successfully by the RUH in its recent developments. He said that the next steps are the choice of contractors and the submission of detailed plans for planning permission.

He informed them that the preferred option of a rebuild on the existing Hillview Lodge site means that there has to be a good decant plan. The building phase, including demolition of the existing site, has been estimated as lasting 18 months. He stated that a short list of options will be taken forward and this process will include engagement with stakeholders, staff, service users and CCG/Council Commissioners.

Councillors Eleanor Jackson and Bryan Organ declared an interest at this point in the debate as they are members of the Development Management Committee.

Councillor Eleanor Jackson asked if the proposed development had gained planning consent.

Andrea Morland replied that it had not been granted yet.

Councillor Geoff Ward said that he would encourage officers involved in this project to look at other Councils that have undertaken something similar. He also urged support for families that will need visit patients during the development.

Dr Bill Bruce-Jones replied that the challenges relating to visits will be addressed in the plan.

Andrea Morland added that there was a strong call to site the development at the RUH from stakeholders, parking problems aside.

Councillor Eleanor Jackson suggested that the Select Committee take part in a site visit to the RUH.

Dr Bill Bruce-Jones replied that he would be very happy for a site visit to take place.

The Cabinet Member for Wellbeing said that if agreeable with the Select Committee that he would like to attend the site visit. He added that having seen a recent Healthwatch presentation that 350 new car park spaces would be available adjacent to the development.

The Select Committee **RESOLVED** to:

- (i) Note the progress of the planning process as it relates to the business cases,
- (ii) Note the intended approach to the interim re-provision of beds (decant plan).
- (iii) Agree that the proposals around the decant plan, in so far as they have been established, are in line with the wider Select Committee expectations.
- (iv) Agree the process to crystallise the decant plan involving stakeholders and the B&NES CCG is adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

12 RUH UPDATE ON INTEGRATION OF RNHRD

Tracey Cox, Chief Officer, NHS B&NES CCG and Clare O'Farrell, Associate Director for Integration, RUH introduced this report to the Select Committee.

Clare O'Farrell explained that the Royal National Hospital for Rheumatic Diseases (RNHRD) was acquired by the RUH on the 01 February 2015 in order to resolve its long standing financial challenges and to preserve the valued services of the small specialist hospital.

She added that following acquisition all RNHRD clinical services have continued unchanged with the exception of Endoscopy, which transferred to the RUH site on the 01 February 2015. In January 2015 the RUH Board of Directors approved key integration programme objectives to be delivered by the May 2015.

She stated that through integration of service models and closer working with community partners, services will be sustainable for the future, both financially and operationally. All clinical services are expected to continue in line with commissioner requirements.

She said that the ability to fully integrate and align services on a single site was a core component of the original business case for acquisition and sustainability of services. She added that it will improve efficiency and effectiveness, maintaining patient experience and quality of service delivery as well as increasing value for the money from the public purse.

She informed them that a Local Health Economy (LHE) Forum (comprising key commissioning and public/patient representation) was established in 2014 to support the acquisition process and ensure ongoing stakeholder support for the transaction. At a meeting of this Forum on the 2 July 2015 it was proposed that B&NES CCG would lead on consultation and engagement activities on behalf of the other commissioners.

She said that in order to meet the timescales outlined, allow timely movement of paediatric services and ensure that the RUH estates programme can proceed without undue delay, phase one of the engagement and consultation around the proposed service moves is proposed to commence in September 2015.

She asked if the Select Committee had any particular areas that they would like to be picked up in phase one and how they would like to be kept up to date with the project.

Councillor Eleanor Jackson said that she recognised the need for synergy between the two establishments and asked what the status was of the management team.

Clare O'Farrell replied that there is now one fully integrated management team that has a strong clinical lead. She added that they always look to engage with GP colleagues to highlight services available.

Councillor Eleanor Jackson asked if the finances of the RNHRD were being addressed.

Clare O'Farrell replied that there was still work to do but that a three year saving plan had been devised and that they were currently on track to achieve the savings planned for year one.

Councillor Lin Patterson asked if use of the hydrotherapy pools would be included in the consultation.

Clare O'Farrell replied that three meetings had taken place so far and that she would check on future dates regarding this. She said that they were aware of the need for better changing facilities to allow patient flow. She added that a larger pool than both of the current ones combined was planned for future use to enable it to be used by more than one patient at a time.

The Chair asked for the Select Committee to be next updated on the integration in January 2016.

13 YOUR CARE, YOUR WAY UPDATE

Sue Blackman, Your Care Your Way Programme Manager gave a presentation regarding this item, a summary is set out below.

Designing around key functions

Community services are health and care services delivered at a person's home or in nearby local settings. There are nine core functions to community services.

Where are we now?

We are currently in Phase 1 of a four stage review process in order to develop the vision and model for the services which would become operational during 2017.

- Phase 1 - Analysis and planning (Winter 14 – Spring 15)
- Phase 2 - Design and specify (Spring 15 – Autumn 15)
- Phase 3 - Service model development (Autumn 15 – Summer 16)
- Phase 4 - Implementation (Summer 16 – Spring 17)

What does the population data tell us?

We have a growing older population and are identifying more young people with complex needs.

What about the financial data?

Community Health & Care £37 million (38 providers)
Community Mental Health £3 million (10 providers)
Volunteers and Navigators £0.5 million (11 providers)
Self Care £2 million (7 providers)
Expert Outreach £11 million (18 providers)

What has our community told us?

- Provide joined up care
- Focus on prevention
- Guide people through the system
- Share information more efficiently
- Embrace new technology
- Value the workforce and volunteers

She informed the Select Committee that a commissioning intentions document would be consulted upon in September / October and then analysed in November.

Councillor Paul May commented that he was supportive of this project and that continuity was required for patients. He added that the next generation will be more IT literate and that plans must be made in that respect.

Sue Blackman replied that a technology workshop would take place as part of this project and that development of an app is being considered.

Councillor Lin Patterson asked if any financial obstacles had been highlighted through this work.

Sue Blackman replied that pooled budgets have helped our future planning and give the ability for our services to work better together.

The Chair thanked her for the presentation on behalf of the Select Committee.

14 LGA ADULT SAFEGUARDING PEER CHALLENGE AND DRAFT ACTION PLAN

The Director of Adult Care and Health Commissioning introduced this report. She explained that a Peer Review team visited B&NES Council and the Local Safeguarding Adult Board (LSAB) in March 2015. She informed them that four key recommendations were made as a result of the visit.

- Progress at pace the implementation of Making Safeguarding Personal (MSP)

- The Quality Assurance, Audit and Performance Management Sub Group – in line with MSP, could develop more qualitative ways of auditing safeguarding
- Revise the two day decision rule in relation to MSP
- Consider how you reaffirm the citizen at the centre of everything you do

She stated that in response to the recommendations above and to other areas highlighted in the report for consideration, the Council has developed an action plan which was approved by the LSAB at its meeting in June 2015.

She said that the Council and LSAB found the Peer Review a useful mechanism to help with identifying future improvements to be made.

Councillor Paul May asked if there was risk regarding transitions by having both an LSAB and a LSCB.

The Director of Adult Care and Health Commissioning replied that one single person now chairs both boards alongside a single Head of Safeguarding & Quality Assurance whose work was highly rated by the review.

Councillor Paul May suggested that this work area be highlighted in the Action Plan.

15 PRESENTATION - COMMISSIONING LANDSCAPE FOR HEALTH & SOCIAL CARE

Dr Ian Orpen gave a presentation to the Select Committee regarding this item, a copy will be placed on the Minute Book and available online as an attachment to these minutes. A summary is set out below.

Role of NHS England

- To allocate resources to CCGs and support them to commission services on behalf of their patients
- To deliver improved outcomes for patients
- To directly commission
 - primary care
 - military, offender health and
 - specialised services
- To plan for civil emergencies,
- To provide system oversight and leadership

What are CCGs responsible for?

Urgent & Emergency Care
 Out of hours Primary Care
 Services for people with Learning Disabilities
 Mental Health Services
 Children's Healthcare Services
 Maternity & Newborn Services

Community Health Services

CCGs are now also responsible for

- Co-commissioning of Primary Medical Services
 - GP services
 - With NHSE
- Specialised commissioning
 - Wheelchair services
 - Neurology Outpatients
- Next Year
 - Renal services
 - Bariatric surgery

Expenditure

Almost half of our total resources go on Acute ie Hospital services both planned and emergency care (48%).

Roughly the same proportion on prescribing (12%), community services (11%) and Mental Health (incl LD) (12%)

Looking to the future

- Progress six transformational projects
 - Urgent Care
 - Musculoskeletal services
 - Self Care and Prevention
 - Long Term condition care – Diabetes services
 - Frail Elderly
 - Shared records - Interoperability
- Continue ***your care, your way*** community services review
- Transforming primary care
- Children & young people
- Improving mental health services
- Focus on learning disabilities services

Financial Headlines

- Commissioned services funding £221m
- Running costs funding £4.2m
- Non-recurrent investment £2.1m
- New recurrent investment:
 - £1.8m general
 - £0.5m mental health
 - £1.1m seasonal (winter) pressures
- Savings plans of £4m to fund new investment and growth £4.0m

Councillor Tim Ball asked how the planned savings would be mitigated against the services required.

Dr Orpen replied that he was aware of the pressures surrounding social care and that areas would be looked at where natural savings could be made. He added that the Your Care, Your Way project was central to future ways of working and to utilise community links and services.

The Director for Adult Care and Health Commissioning commented that members should be aware of the Council's Better Care Fund that has been recognised nationally and has a pooled budget of £12m in conjunction with the CCG. She added that the fund protects social care services and puts the Council in a strong position.

Councillor Tim Ball stated that he had concerns over the plans that were stated for the future and asked if services would be managed adequately.

Dr Orpen replied that this will be assessed through the Your Care, Your Way project and that he would not like to pre-judge the outcome of this work.

Councillor Paul May asked if the CCG had any influence on how to direct patients to the services that they can obtain.

Dr Orpen replied that the Choose and Book service was found to be confusing for some members of the public. He added that the Referral Support Service had been in place from November 2014 and had been a well received change, with 20 out of 27 practises involved.

Councillor Geoff Ward asked how the CCG integrates with Public Health to promote self-care and prevention and thereby reducing demand on other services.

Dr Orpen replied that the CCG has a significant role in this matter through the work it carries out in the licensing process, the sale and consumption of sugary drinks and its anti-smoking campaigns.

Councillor Geoff Ward asked if Public Health were involved with the work of the CCG Board.

Dr Orpen replied that Public Health are invited to all meetings of the CCG Board and that Dr Bruce Laurence attends on their behalf.

Councillor Eleanor Jackson asked if the CCG September Update could include information on future expenditure that takes into account the rising birth rate, the fact that people are living longer and any new trends looking through to 2020.

The Chair thanked Dr Orpen for his presentation on behalf of the Select Committee.

16 SOUTH WESTERN AMBULANCE SERVICE (NORTH AREA) JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair introduced this report. She said that she was aware that Councillor Geoff Ward would like to take up one of the three nominations available and asked for two further nominees to represent B&NES.

No further nominations were forthcoming from the Councillors who were present so the Chair asked the Democratic Services Officer to make further enquiries outside of the meeting.

17 SELECT COMMITTEE WORKPLAN

The Director of Adult Care and Health Commissioning introduced this item.

Councillor Paul May said that he would like to receive further information on the strategic direction of the RUH.

Councillor Eleanor Jackson asked for the public governors of the RUH to address a future meeting.

The Cabinet Member for Wellbeing asked if it would be worthwhile for the Select Committee to receive a presentation from the RUH Project manager on the development of the site.

The Director of Adult Care and Health Commissioning said that it would be good if all of these proposals could be incorporated into one meeting.

The Select Committee agreed with these proposals to be added to their workplan.

The meeting ended at 2.05 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services