

## **BATH AND NORTH EAST SOMERSET**

### **WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Friday, 16th January, 2015

**Present:-** Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Sharon Ball, Sarah Bevan, Anthony Clarke, Bryan Organ, Brian Simmons, Neil Butters and Eleanor Jackson

#### **64 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting.

#### **65 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

#### **66 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Kate Simmons had sent her apologies to the Panel. Councillor Brian Simmons was a substitute for Councillor Kate Simmons.

Councillor Neil Butters informed the meeting that he would have to leave at 12.30pm due to another appointment.

Councillor Simon Allen (Cabinet Member for Wellbeing) had sent his apologies for this meeting.

#### **67 DECLARATIONS OF INTEREST**

Councillor Vic Pritchard declared an "other" interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Katie Hall declared an "other" interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Eleanor Jackson declared an "other" interest as a representative of the Council on Sirona Care & Health Community Interest Company.

Councillor Tony Clarke declared an "other" interest in agenda item 'Impact Assessment of Transfer of Endoscopy Services' as a representative of the Council on the RNHRD Board.

#### **68 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

The Chairman used this opportunity to inform the Panel that he had received a letter from the Royal National Hospital for Rheumatic Diseases (RNHRD) acting Chief Executive, Kirsty Matthews, on the latest developments with the hospital, in particular on acquisition from the RUH Bath.

The Chairman read out the letter and welcomed that the RNHRD had received the lowest possible CQC risk score 2, out of maximum of 92.

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

There were none.

**70 MINUTES**

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman subject to the following amendment:

- Page 11, 12 lines up in the last paragraph to delete '**not**' so it should read '*...was simplified and ....*'

The Chairman said that he had not yet received a feedback from an officer on his suggestion at the last paragraph on page 11. Jane Shayler commented that she would arrange for an officer to get in touch with the Chairman on that matter.

**71 CABINET MEMBER UPDATE (10 MINUTES)**

The Chairman invited Jane Shayler (Director of Adult Care and Health Commissioning) to give an update (attached to these minutes).

Some Members of the Panel had said that the Wellbeing College, and its courses for January and February this year, had been positively received by the Midsomer Norton, Radstock & District Journal.

The Chairman thanked Jane Shayler for an update.

**72 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)**

The Chairman invited Dr Ian Orpen to give an update (attached to these minutes).

The Chairman commented how winter pressures across the UK had been happening every year and asked why in the past few weeks we had seen A&E departments across the UK under severe pressure with a number of hospitals decided to declare an internal major incident.

Dr Orpen responded there were a number of reasons that had contributed to the pressure on the A&E system. These included a higher than expected number of people turning up at A&E, cold weather leading to higher levels of illness in the elderly population which could often require admissions. There had also been delays in discharging people from hospital when the necessary health or care facilities were not in place. Dr Orpen also said that, on local level, the RUH had not been able to meet its target of seeing 95% of patients within 4 hours although staff had worked incredibly hard to ensure that every patient received the best quality care possible in the circumstances.

Dr Orpen commented that the B&NES System Resilience Group had been carrying out a review of activity levels and plans for the period from 15th December to 12th January to help in understanding the reasons behind system's poor performance and to identify what further actions should be taken to improve things and ensure meeting the 95% target again as soon as possible.

The Chairman commented that some Whitchurch residents chose to go to GP surgeries in Bristol area, as they were closer than surgeries in B&NES area.

Dr Orpen commented that Whitchurch has been on B&NES border with Bristol and it has been covered by the CCG from Bristol. Dr Orpen suggested that, in near future, more GPs would be available in B&NES area.

Councillor Hall suggested that the Panel could have a report on analysis from weather pressures in near future.

Councillor Hall asked about the prioritisation of the most urgent and life-threatening cases in dermatology.

Dr Orpen responded that provision of dermatology services had been currently under review, and commissioners were liaising closely with other providers to offer alternative services to patients with non-urgent conditions. In the meantime, the RUH had written to affected patients to ask them to discuss their condition with their GP and agree next steps.

Councillor Butters asked how much training had been given to the NHS 111 staff.

Dr Orpen responded that the NHS Pathways was a suite of clinical content assessment for triaging telephone calls from the public, based on the symptoms they report when they call. It had an integrated directory of services, which identified appropriate services for the patient's care if an ambulance is not required. Also, clinicians would sit during the training of new staff.

Councillor Jackson commented that the CCG and the NHS England Area Team should work closely with the schools on the 'Primary Care: Preparing for the Future' project.

Councillor Jackson asked if the GP could tell that lump on the skin is benign or not.

Councillor Jackson handed over to Dr Orpen complaints made by hospital transport service users. Councillor Jackson highlighted that people usually complain on a trip from hospital to their homes.

Dr Orpen responded that Children Services had been integrated in the 'Primary Care: Preparing for the Future' project.

Dr Orpen also said that over the time removal of the lump on the skin was not anymore considered appropriate to be carried out by the GP. The GP would make clinical assessment to detect those lumps.

Dr Orpen added that he took note of hospital transport complaints and that he, or his colleague/s, would get back to Councillor Jackson with an answer.

The Chairman thanked Dr Orpen for an update.

### **73 HEALTHWATCH UPDATE (10 MINUTES)**

The Chairman invited Alex Francis (Healtwatch rep) to introduce the report.

The Chairman welcomed the fact that the Healtwatch had been working across the age sector. In the past the Healtwatch, and its predecessor, were mainly linked with adults' health and wellbeing. The Chairman commented that this was the first step in working with children and young people.

Alex Francis commented that she was delighted with the feedback from 28<sup>th</sup> October event. It has been a good foundation to start with in terms of building positive relationship with children and young people networks.

Councillor Hall also welcomed the report and the event on 28<sup>th</sup> October. Councillor Hall suggested that the Healtwatch should take a look at the Gem Project which has been designed to help children and adults see learning as something that can enhance their lives. Councillor Hall also suggested that Young Healthwatch Event report should be presented to the Early Years, Children and Young People (EYCY) Scrutiny Panel.

Councillor Organ commented that people had been wary of being open with mental health problems, due to stigma around that subject. Councillor Organ asked if there was anything to encourage people to come forward.

Alex Francis took on board comments from Councillor Hall in terms of the Gem Project and presence at the EYCY Panel. In response to Councillor Organ's comment, Alex Francis also said that there was national campaign called 'Time to Change' which talks about mental health stigma, and which had been signed up by the Health and Wellbeing Board.

It was **RESOLVED** to note the report.

### **74 HOMELESSNESS UPDATE (30 MINUTES)**

The Chairman invited Mike Chedzoy (Team Manager for Housing Options and Homelessness) to introduce the report.

The Chairman asked about the £239k funding.

Mike Chedzoy replied that Bath and North East Somerset Council had successfully bid for money from a Help for Single Homeless fund, together with North Somerset Council and Bristol City Council, to provide a “rapid response and outreach” service to identify and to assist rough sleepers. The funding of £239k had been allocated between the three authorities and it would run until April 2016. Bath and North East Somerset Council was the lead authority.

The Chairman asked about reconnection of people to their home area.

Mike Chedzoy replied that newly-arrived rough sleepers without any local connection had been reconnected to their home area wherever it was safe and reasonable. This step was to ensure that accommodation available in their home town was not lost and that vital support services continue. Rough sleepers could decline a reconnection which ends their entitlement to local services and could mean they continue to rough sleep.

Councillor Hall praised the fact that numbers of people sleeping rough had been going down and asked where these people were coming from.

Mike Chedzoy replied that people had been coming from nearby areas.

Councillor Jackson highlighted the importance of integrated work with other services and organisations in the area. Councillor Jackson also said that people from rural areas had had problem accessing Julian House due to distance.

Councillor Butters also congratulated on low numbers and asked what proportion of people refused to receive services and help.

Mike Chedzoy replied that he would not have the exact number of people who refused services. Mike Chedzoy also said that people with drug and alcohol problems were usual ones who declined any help from the Council.

The Chairman concluded the debate by saying that, even though this has been an ongoing issue, the report has been encouraging in showing an improvement in terms of rough sleepers.

It was **RESOLVED** to note the report.

## **75 IMPACT ASSESSMENT ON TRANSFER OF ENDOSCOPY SERVICES (20 MINUTES)**

The Chairman invited Tracey Cox (CCG) to introduce the report.

The Panel debated this matter and concluded that transfer of Endoscopy Services from the RNHRD to the RUH Bath would be a sensible move and, for the benefit of maintaining and improving clinical service, it should go ahead as planned.

The Panel had been satisfied that the patients would continue to have access to an endoscopy service. The proposed transfer would ensure service continuity and patients would benefit from the added assurance of externally accredited standards of care.

It was **RESOLVED** to note the outcome of the various impact assessments which confirm that the effects of this change had been considered to be minimal and that there had been a number of positive aspects to the service change.

It was also **RESOLVED** that the transfer of the endoscopy services should proceed.

## **76 ACTION ON LONELINESS (20 MINUTES)**

The Chairman invited Andy Thomas (Partnership Delivery Group Manager) to introduce the report.

Councillor Bevan commented that loneliness could affect anyone, of any age, and asked what had been done to combat against stigma that loneliness had been associated only to old people.

Andy Thomas agreed that people tend to associate loneliness with age. People could become socially isolated for a variety of reasons such as getting older, weaker, no longer being the hub of their family, leaving the workplace, disability or illness, and the deaths of spouses and friends. Also, living alone does not mean that someone is lonely.

Andy Thomas also explained that there was a distinction between loneliness and social isolation. Social isolation was an objective state. For instance, an individual has four or fewer people they could turn to for support and help. Or, if you were new in town, and knew only two people to turn to for support, you would be considered socially isolated. Loneliness was usually defined as a subjective state. This would mean you might know a lot of people as potential supports, but still would alone.

Andy Thomas added that the Council had been working with a lot of services and organisations on this issue, including the Healthwatch.

Councillor Organ commented that the death of spouse could be one of the biggest reasons for loneliness and that we should stay in touch with those people who lost their love ones. Andy Thomas took that comment on board.

The Chairman praised Village Agents scheme, which was operational in twenty parishes in B&NES, and their work in 'increase the resilience of people and communities including action on loneliness' which was one of the Health and Wellbeing Board's priorities.

It was **RESOLVED** to note the report and to receive a further update at one of future meetings.

## **77 NHS HEALTH CHECK PROGRAMME UPDATE (20 MINUTES)**

The Chairman invited Cathy McMahon (Public Health Development and Commissioning Manager) to introduce the report.

The Chairman commented the NHS Health Check programme was a population wide, primary prevention programme using a systematic approach to identify asymptomatic people aged between 40 – 74 years of age who were then offered a range of tests of risk factors in order to estimate their risk of Cardiovascular Disease (CVD) and deliver interventions to prevent disease occurring. Face to face consultations had included measurements of blood pressure, cholesterol, body mass index (BMI) and where necessary diabetes and kidney disease. Information had been recorded on family history of CVD, ethnicity, smoking, alcohol consumption and physical activity. The results of these investigations had been used to estimate CVD risk over the next 10 years. All individuals were offered specific interventions to reduce or manage this risk. A risk assessment for dementia awareness had been also included for everyone aged 65 – 74.

Councillor Hall commented the NHS Health Check programme had been funded from the Public Health Grant, which was currently ring-fenced until 2016. Councillor Hall asked who would make the decision on where the funding would go.

Cathy McMahon responded that B&NES programme had been commissioned by the Public Health team and delivered through all 27 GP surgeries locally. Programme delivery had been overseen by a Steering Group with representation from a GP (retired), practice managers and the Public Health team.

Cathy McMahon also said that between July 2011 and September 2014, 44,578 people in Bath and North East Somerset were offered a NHS Health Check and 20,080 received a Check. During 13/14 the take up of NHS Health Checks in B&NES was 51.1%, an improvement on 12/13 take up of 45.6% and above the national average of 48%.

It was **RESOLVED** to note the report.

## **78 SPECIALIST MENTAL HEALTH SERVICES - INPATIENT REDESIGN IMPACT ASSESSMENT AND UPDATE (30 MINUTES)**

The Chairman invited Andrea Morland (Senior Commissioning Manager for Mental Health and Substance Misuse Commissioning) to introduce the report.

The Chairman asked what impact transferring Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital into a new build specialist mental health unit would have on patients, staff and carers.

Andrea Morland replied that benefits for the proposed changes were: improved inter-team professional working both within AWP and across into the RUH; improved quality of care for older adults with dementia; improved in-patient environments for delivery of care to all mental health and dementia patients; increased access to diagnostics in the RUH; platform for realising “parity of esteem” national agenda; and, potential to increase provision e.g. S136 suite and assessment unit if space allows.

Andrea Morland also said that safe parking for staff, patients and carers could be a potential cause for anxiety. Andrea Morland informed the Panel that discussion with the RUH and transport providers to increase provision would be taking place with emphasis on specific parking for new unit to be provided.

The Panel welcomed the proposed change, taking into consideration the reason for move, business case and also the fact that service users would be safely housed in case of total rebuild of the site.

It was **RESOLVED** to note:

- 1) The issues as outlined in the impact assessment documentation and embedded documents.
- 2) The overwhelmingly positive support for the move of Ward 4 by stakeholders, staff and Healthwatch.

It was also **RESOLVED** to **AGREE** that all local engagement, assessment of impact and support had been adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

## 79 PANEL WORKPLAN

It was **RESOLVED** to note the workplan with the following suggestions:

- ‘Action on Loneliness update’ – for future Panel to include into their workplan
- ‘Public Health update’ – for future Panel meetings as regular item

The meeting ended at 1.40 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**



## **Cllr Simon Allen, Cabinet Member for Wellbeing Key Issues Briefing Note**

### **Wellbeing Policy Development & Scrutiny Panel – January 2015**

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#### ***Your Care, your way***

**Bath and North East Somerset CCG** and **Bath & North East Somerset Council** work closely together to commission community services that are focused on the needs of local people. ***Your care, your way*** is the project that will involve us all in identifying the best way to deliver integrated community services from April 2017 onwards.

Over the coming months we will be engaging with patients, service users, providers and partners to design a model for community services that places the service user at the centre of their care and can adapt to their changing needs in future years. We will build on our strong track record of partnership working between health and social care professionals to commission care that blurs the organisational boundaries between GPs and hospitals, between physical and mental health and between health and social care.

A launch event is taking place at the Bath Assembly Rooms on Thursday 29 January 2015 and this will be the first opportunity to learn more about the project and find out how to be involved in the conversation. We will explain our emerging vision for community services and would like you to share your early thoughts with us. You will have the opportunity to ask questions and to hear different perspectives from commissioners, providers and members of the public.

You will leave the event with a clear understanding of the health and wellbeing outcomes that community services must deliver for the local population. We hope we will inspire you to explore new ways of working together to deliver truly integrated services and support our patients and service users to live healthier and more independent lives.

We expect demand to be high for this event and places are limited. Please book your place and tell us about your areas of interest by registering at [yourcareyourway.eventbrite.co.uk](http://yourcareyourway.eventbrite.co.uk) by Thursday 22 January 2015.

#### **Better Care Fund Plan**

Bath and North East Somerset's Better Care Fund Plan 2015/16-2018/19 has 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. The full plan can be viewed by following this link:  
[http://www.bathandnortheast Somersetccg.nhs.uk/sites/default/files/BCF%20BNES%20Submission%20Part%201%20Nov%202014\\_0.pdf](http://www.bathandnortheast Somersetccg.nhs.uk/sites/default/files/BCF%20BNES%20Submission%20Part%201%20Nov%202014_0.pdf)

#### **Wellbeing College**

We are pleased to announce that the Wellbeing College Web site is now live at [www.wellbeingcollegebanes.co.uk](http://www.wellbeingcollegebanes.co.uk)

Courses coming up in January and February include:

- ❖ Family Cook It
- ❖ Computers for Work
- ❖ Mindfulness for Carers
- ❖ Finding the Balance
- ❖ 5 Ways to Wellbeing

The full programme of courses can be seen on the website.

## **CCG Briefing: Wellbeing Policy Development & Scrutiny Panel Meeting**

**Friday 16<sup>th</sup> January 2015**

### **Winter pressures update**

The past few weeks have seen A&E departments across the UK under severe pressure with a number of hospitals deciding to declare an internal major incident. Here in BaNES, last week saw the highest number of ambulance drop-offs at the RUH since records began five years ago. There were 628 drop-offs compared with the usual 500 to 550 – an increase of about 17%. As a result, the RUH has not been able to meet its target of seeing 95% of patients within 4 hours although staff have worked incredibly hard to ensure that every patient still receives the best quality care possible in the circumstances.

There are a number of reasons that have contributed to the pressure on the A&E system. These include a higher than expected number of people turning up at A&E, cold weather leading to higher levels of illness in the elderly population which can often require admissions. There have also been delays in discharging people from hospital when the necessary health or care facilities are not in place. This then results in blockages across the entire health and care system and impacts on the flow of patients through our system.

Dr Ian Orpen is the Chair of the B&NES System Resilience Group which includes representation from all the NHS providers involved in the urgent care system including the RUH, 111, the ambulance service, Sirona and the GP out-of-hours service. This group is carrying out a review of activity levels and plans for the period from 15<sup>th</sup> December to 12<sup>th</sup> January to help us understand the reasons behind our system's poor performance and to identify what further actions we can take to improve things and ensure that we are meeting the 95% target again as soon as possible.

### **Your Care, Your Way launch**

The CCG and the Council will be launching their joint review of community health and care services on Thursday 29<sup>th</sup> January at the Bath Assembly Rooms.

Over 100 people have already signed up to attend the afternoon event to learn more about Your Care, Your Way and to contribute their own early ideas about how community services in B&NES could look like in the future. The event will include representatives from the CCG, the Council, health and care providers, voluntary and community sector organisations and members of the general public.

Following the launch event, we will be spending the months of February and March outreaching to a wide range of groups to talk to them about community services and their vision for the future. This includes events organised in conjunction with the Area Forums in Somer Valley, Chew Valley and Keynsham as well as attendance at the Young People's Equalities Summit in April.

### **Primary Care: Preparing for the Future**

The CCG and the NHS England Area Team are jointly funding a two year project to drive improvements in primary care. B&NES is already one of the best places in the country for getting an appointment with a GP but there is more that can be done.

The Primary Care: Preparing for the Future fund has been provided to our local GP provider organisation, Banes Enhanced Medical Services (BEMS+). Working jointly with the 27 GP practices in B&NES they will be focussing on four key projects:

1. **Focussed Weekend Working** – a targeted service for at risk and vulnerable patients who would benefit from a GP visit on a weekend to prevent avoidable hospital admissions and support earlier discharge.
2. **Information Management and Technology** - interoperability across GP practices using networked telephony software and improved working and flexibility through the use of mobile tablets
3. **Workforce Analysis** - Working with Skills for Health to prepare an analysis of current primary care workforce, identify future challenges and prepare a workforce development and skills mix strategy.
4. **Collaborative working** - Working with Skills for Health to scope opportunities for collaborative working between GP practices enabling them to work in partnership to offer a wider range of services to local communities.

### **Proposed Endoscopy Changes**

A detailed paper has been provided to Wellbeing Policy Development and Scrutiny panel members on the proposed transfer of endoscopy services from the Royal National Hospital for Rheumatic Diseases (RNHRD) when the acquisition of the RNHRD by the RUH is expected to be completed.

Equality, quality and privacy impact assessments have all been completed and confirm that the effects of this change are considered to be minimal and that there are a number of positive aspects to the service change. It is therefore recommended that the transfer of the endoscopy services should now proceed.

## **Specialist Mental Health Services**

A substantial engagement exercise with stakeholders and staff has taken place in relation to the transferring of Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital into a new build specialist mental health unit.

There has been overwhelmingly positive support for the move of Ward 4 by stakeholders, staff and Healthwatch and it is recommended to Wellbeing Policy Development and Scrutiny panel members that the local engagement, assessment of impact and support is adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

## **Dermatology**

In line with a national trend, the Royal United Hospital has experienced a significant increase in referrals for dermatology services. This sharp increase in demand has resulted in a number of patients waiting to see a specialist. The increase in referrals is largely attributed to the increased incidence of skin cancers nationally and the success of public health campaigns, meaning people are more vigilant about changes to their skin.

In view of the situation, it has been agreed between the RUH and local CCGs to temporarily suspend consultations for patients with non-urgent skin conditions in order to prioritise the most urgent and life-threatening cases.

Ensuring the rapid diagnosis and treatment of serious conditions such as skin cancers is of the utmost importance and we are committed to providing the continued high quality delivery of these important services. We do appreciate that non-urgent skin conditions, whilst not life-threatening, can cause considerable anxiety, discomfort and inconvenience. As such, provision of dermatology services is currently under review, and commissioners are liaising closely with other providers to offer alternative services to patients with non-urgent conditions. In the meantime, the RUH has written to affected patients to ask them to discuss their condition with their GP and agree next steps.

This suspension of service affects patients across Bath and North East Somerset, as well as some patients in Wiltshire, Somerset and South Gloucestershire who have been referred to the RUH.

## **Diabetes Survey**

The CCG's survey of everyone living with Type 2 Diabetes in Bath and North East Somerset will begin in February.

Over 6,000 people with Type 2 diabetes will receive a letter from their GP practice asking them to participate in the survey and they will have the option to complete the survey online or through the post. The results of the survey will be used to improve the different forms of support available to people who have been diagnosed with

diabetes so that they can manage their condition better and avoid complications in the future.

The survey is being delivered in partnership with Bath-based “my Community” who are offering rewards to those who complete the survey. These include free exercise classes, wellbeing evaluations and workshops with nutritional therapists.

### **Establishment of a Transformation Group in B&NES**

Earlier this year the CCG engaged on the development of its Five Year Strategic Plan and it was proposed that a Transformation Leadership Board (TLB) would oversee the development of the six transformational priority work streams that the CCG identified: -

1. Prevention, including self care
2. Improving Diabetes Care
3. Musculoskeletal service review and redesign
4. Improving the interoperability of patient records systems
5. Improving Urgent Care
6. Safe Compassionate Care for Frail Older People

It was also proposed that the TLB would oversee progress on the Better Care Fund.

This approach is still envisaged but the TLB will now be called the Transformation Group. It is proposed that the Transformation Group will replace the current sub-committee of the Health and Wellbeing Board (HWB) - the Strategic Advisory Group.

The newly formed Transformation Group will consist of senior commissioning representatives from the CCG and Council, provider representatives from all key provider organisations in B&NES, HWB representatives, a member of Healthwatch, 3rd sector representation and representation from the Local Education Training Board.

The Transformation Group will report directly into the Health and Wellbeing Board and in addition to acting as vehicle for supporting the delivery of the CCG's 5 Year Strategy and Better Care Fund, will provide a shared space for oversight of our local services and enable active input into the Health and Wellbeing Board's strategic planning. This is a critical enabler in the successful transformation of services in the local system.

The first meeting will take place on 4th February.

### **Update on RNHRD acquisition**

The Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) and the Royal United Hospitals Bath NHS Foundation Trust (RUH) continue to make significant progress towards joining together and have secured the necessary approvals from the Board and Council of Governors of each organisation.

On 27th November 2014 at an extraordinary RNHRD Trust Board held in public the Board formally approved the proposed acquisition of the RNHRD by the RUH.

On 2nd December 2014, at an extraordinary meeting of the Council of Governors, held in public, the RNHRD Governors formally approved the RNHRD's application to Monitor for the RNHRD to be acquired by the RUH.

In December 2014, the RUH Board of Directors and Council of Governors approved proposals for the acquisition of the RNHRD.

In January 2015, the RUH and RNHRD will make a joint application to the independent healthcare regulator Monitor to approve the proposed acquisition. Pending their agreement, it is anticipated that the earliest the transaction will take place is the beginning of February 2015.

Patients will continue to be seen and treated at the RNHRD as usual whilst our hospitals work together to deliver the proposed acquisition.

### **Dry January**

The CCG is supporting this year's Dry January campaign with over 24 members signing their name up on the wall in the CCG's offices.

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