

BATH AND NORTH EAST SOMERSET

HEALTH AND WELLBEING SELECT COMMITTEE

Wednesday, 30th January, 2019

Present:- Councillors Francine Haerberling (Chair), Sally Davis (in place of Geoff Ward), Bryan Organ, Tim Ball, Lin Patterson and Eleanor Jackson (in place of Robin Moss)

Also in attendance: Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Alex Francis (Team Manager - Healthwatch), Mike Bowden (Corporate Director), David Trethewey (Director for Partnership & Corporate Services), Caroline Holmes (Acting Director for Integrated Health and Care Commissioning), Caroline Kenny (Communications Manager, RUH), Emma Mooney (Head of Marketing & Communications, RUH) and Fiona Hughes (Specialised Commissioning – South West Hub)

56 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

57 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

58 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Geoff Ward and Robin Moss had sent their apologies to the Select Committee. Councillors Sally Davis and Eleanor Jackson were present as their respective substitutes for the duration of the meeting.

59 DECLARATIONS OF INTEREST

There were none.

60 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

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

There were none.

62 MINUTES - 21ST NOVEMBER 2018

The Select Committee confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

63 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Launch of the Long Term Plan for the NHS

The launch of the Long Term plan for the NHS, which sets out how the additional £20.5 billion a year in real terms by 2023/24 will be spent, took place earlier this month. The LTP highlights improved neonatal care, that England is to be covered by integrated care systems in just over two years, and a greater investment in primary, community and mental health care. You can view the Long Term Plan at www.longtermplan.nhs.uk

Operational Readiness for EU Exit

NHS England has issued guidance to CCGs and providers on actions that we should take to prepare in case the UK leaves the EU without a ratified deal – a “no-deal” exit. The guidance has been sent to all health and care providers, including adult social care providers to ensure that the health and care system as a whole is prepared.

Greater collaboration between three CCGs

Work is continuing with our two neighbouring CCGs in the Sustainability and Transformation Partnership to develop a joint Executive Team and shared working arrangements. To support a single management team, the three Governing Bodies agreed that the three organisations would streamline governance arrangements to facilitate joint and/or aligned decision-making.

All CCGs have been asked to deliver a targeted 20% reduction of running costs by start of 2020/21 in order to redirect £320m nationally to improving patient care and transformation as part of the NHS Long Term Plan.

The impact of this reduction for BaNES is circa £500k. We will develop plans across the STP over the coming months to show how we can deliver this reduction.

BSW STP has also made some key appointments. Councillor Jerry Wickham has been appointed as Chair of the STP Sponsorship Board. The position of Vice Chair has been taken by Dr Richard Sandford-Hill.

Smoke Free NHS 2019

The Royal United, St Martin's and Paulton Hospitals all went completely smoke free on 1 January. This means patients, staff and visitors can no longer smoke anywhere on site, including the grounds and gardens or in vehicles and car parks. There are no longer dedicated smoking areas on sites, however use of e-cigarettes will be allowed in outside areas.

New non-emergency patient transport service across BaNES, Swindon & Wiltshire

From 1 June 2019, the non-emergency patient transport service in B&NES, Swindon, Wiltshire and Gloucestershire will be provided by E-zec Medical Transport Services, replacing the service currently provided by Arriva Transport Solutions. E-zec are a family run company focused on delivering high quality, safe, effective transportation for patients to and from a healthcare setting. E-Zec will be working closely with the CCGs over the coming months to prepare for a seamless handover of service arrangements.

A&E performance

Local system performance against the A&E waiting time target (95 per cent of attendees to be seen within four hours) during November was 76.9%; data for December was not available at the time of writing. The A&E Delivery Board has developed a strong winter resilience plan which includes the recruitment of additional community staff to support more patients leaving the hospital on a *Home First* pathway which enables them to be re-assessed for their on-going health and care needs in their own homes.

Consultation on proposals to reduce prescriptions for low priority items

NHS England and NHS Commissioners have launched a national consultation on proposals to curb the prescription of low priority items such as silk garments and bath oils.

The consultation is asking members of the public and healthcare professionals for their views on a range of products that are deemed to be:

- items of relatively low clinical effectiveness
- items which are clinically effective but where more cost effective items are available or
- items which are clinically effective but, due to their nature, are deemed a low priority for NHS funding.

The eight products being consulted on cost the NHS more than £68m.

Launch of NHS App

A new NHS App is now available on Google Play and Apple and is gradually being rolled out across England following a successful pilot. The NHS App provides a simple and secure way to access a range of NHS services on a smartphone or tablet.

Developed and run by the NHS to improve access to digital healthcare services, the NHS App enables people to check their symptoms, use NHS 111 online, book and manage appointments at their GP surgery, order repeat prescriptions, securely view their GP medical record and more. The App is also the first major platform to use the new NHS login, a single, easy to use system for verifying the identity of those requesting access to digital health records and services.

Patients will be able to access lots of key features of the NHS App. However, the functionality for patients to book and manage appointments at their GP surgery, order repeat prescriptions, securely view their GP medical record will only be available when their GP surgery is connected during the rollout. Patients can check if their GP surgery is connected when they open the app for the first time. If the surgery isn't connected, patients can leave an email address and will be notified when it is.

Councillor Tim Ball commented that he had tried using the app and found it to be virtually useless. He said that he felt it could in some cases cause more problems than solutions as many members of the public are not of a digital age.

Dr Orpen replied that the app should be seen as another way into the system and a way for patients to look at their records or check for information such as a blood test result. He added that regular options for contacting surgeries would not be shutting down.

Councillor Eleanor Jackson asked for further information regarding the Brexit contingency plans.

Dr Orpen replied that he would ask that members of the public do not attempt to stockpile their medicines / pills as this could cause problems. He added that NHS England has been assessing this matter for some time and it is a high priority for them.

Councillor Jackson asked why it can still take a month to get an appointment to see a GP, even for a consultation to change medication.

Dr Orpen replied that quite simply demand has risen and there are not enough GPs to meet the demand. He said for example through a combination of seeing patients first thing in the morning, attending meetings, holding an afternoon surgery and then writing letters he will quite often work a 13 hour day. He added that the services available in the local area are as good as many areas of the country.

Councillor Lin Patterson asked if he could inform the Select Committee of any specific measures to be taken relating to Brexit.

Dr Orpen replied that he did not have any details to hand, but wished to assure them that extensive planning has been undertaken and that contact on a weekly basis has been maintained with NHS England.

The Acting Director for Integrated Health and Care Commissioning added that local providers have been contacted on the possibility of 'no deal' with respect to medicines and staff. She added that some responses were outstanding, but were due in by then end of the month.

Councillor Bryan Organ thanked Corinne Edwards, B&NES CCG and Councillor Pritchard for arranging a recent meeting regarding non-emergency patient transport. He said that the general impression was that there are a lot of services available to the public.

Councillor Pritchard added that it is planned for an inventory of services to be made and then consideration will be given as to how best to disseminate the information to the public.

The Chair stated that she wished to personally congratulate the RUH on its A&E performance as she had to attend recently and was in and out within 30 minutes.

64 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health and Wellbeing addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Reablement Service Review Update

We have been talking to Councils across the South-West to find out how reablement is being delivered in other areas. The project team had a useful visit with Swindon's reablement service which is achieving excellent outcomes for local people, particularly in discharging people from hospital without unnecessary delays. Interviews with people who have used our own reablement service are also underway, with the team visiting people in their homes to talk about the service and people's experiences of it.

Homecare Model for the future

We are currently consulting on our proposed model, which will help us work more collaboratively with providers to deliver the best possible care for local people. People who use the services have been telling us what is important to them. We have used this to develop a list of outcomes which set out what will be different for local people, and how homecare would feel to use in future. We've also listened to providers' views on what it's like to run a homecare service. We are inviting the public to give us their thoughts on the proposed outcomes, through a survey on our website. We have also had really helpful feedback at a recent engagement event from Virgin's Citizens' Panel members and the Council and CCG's Community Champions.

Assistive Technology

Following a recent pilot of assistive technology solutions in our Reablement Service, we have just undertaken a review of our current provision of telecare – recognising a need to improve the commissioned offer of supporting people more innovatively. We are now working to refine our plans for investment and ensure a coherent service is developed in harmony with the procurement of our Community Equipment service in 2020.

The Council and CCG are shortlisted for a Health Service Journal Award

The Council, CCG and Care Home Selection, a brokerage service, have been shortlisted in the Health Service Awards 2019. The discharge service operating from

the RUH and Community Hospitals was entered for the Integrated Care Consultancy Project and outlines how CHS support people who are self-funding, people who are at end of life and those also funded by the Local Authority to choose and move to a placement from hospital where this is appropriate. The service has helped to reduce the number of people delayed in hospital and over 95% of people using the service rated it as very good or excellent. Feedback from hospital staff, social care teams and care providers has been very positive.

Trusted Assessor Project Supports Care Homes and Hospitals

A new project, funded by the Better Care Fund, has seen a new role in B&NES. A “trusted assessor,” a nurse and care home manager by background has been working with care homes and hospital wards to help complete assessments for patients ready to go to care homes. This role is helping free up time within care homes and reducing the length of time patients are waiting to be assessed for a placement. The role is called “trusted assessor” because a very important component of the role is to build trust between care homes and hospitals. After discharge, our Trusted Assessor also keeps in contact with care homes to make sure the discharge went smoothly and to iron out any issues. The role is initially for 6 months and will be evaluated soon.

Councillor Eleanor Jackson asked whether Virgin Care currently have an effective IT platform.

Dr Ian Orpen replied that they do have one and that work was ongoing regarding an integrated care record which was expected to be ready in the summer.

Kirsty Matthews, Managing Director BANES Community Health and Care Services added that this was to be an additional platform.

Councillor Bryan Organ asked if any progress had been made with regard to dispute with Sirona.

Councillor Pritchard replied that strike action planned over the Christmas period was not carried out, but he said that no resolution had been achieved regarding the dispute.

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

65 PUBLIC HEALTH UPDATE

The Select Committee noted the written update supplied by Dr Bruce Laurence. A copy of the update can be found on their Minute Book and as an online appendix to these minutes.

66 HEALTHWATCH UPDATE

Alex Francis, Healthwatch B&NES addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

NHS long-term plan

At the national Healthwatch conference in October 2018 Sir Robert Francis QC, Healthwatch England Chair, announced that funding from NHS England would be made available to Local Healthwatch to support public engagement around the NHS long-term plan.

Healthwatch B&NES has expressed an interest in supporting this work locally and aims to work with STP partners to enable public conversation around the next 10 years of NHS provision.

This work, which is still very much in its infancy, will be carried out in conjunction with Local Healthwatch in Swindon and Wiltshire and is due to be completed by summer 2019.

Healthwatch B&NES Community pot 2018-19

In October 2018 we launched our first ever 'community pot', a small grants scheme which offers community-based organisations and groups operating in B&NES the opportunity to receive a one-off grant ranging from £500 to £5,000. This funding will be used to carry out engagement and/or research projects that explore people's experiences of using local health and social care services, particularly those groups or communities who are seldom heard.

In early December, the Healthwatch B&NES Executive Board met to review the applications and decide which projects would be funded. In the end we were delighted to be able to fund five applicants who are going to carry out a fascinating range of projects as follows:

- Children aged 16 and under - Their feelings and emotions in relation to their mental health.
- Empower carers to identify the issues that affect them in their caring roles
- Research project to explore the experiences of residents who have suffered a bereavement in care homes
- Understand the impacts of rural isolation on young people aged 10 – 25
- Series of public events to explore issues of rurality and access to services

We anticipate project work beginning over the next couple of weeks and have requested that all funded projects are completed by the end of August 2019. We hope to be able to share findings and key themes in the autumn and will keep the Committee updated as the projects progress.

Developing our working relationship with Virgin Care

In October 2018, Healthwatch Executive Board members met with Kirsty Matthews, Managing Director, and Lisa Cronan, Lead Nurse/ Quality Lead, at Virgin Care. At this meeting it was agreed that Healthwatch would meet with Virgin Care staff on a quarterly basis to share feedback from the public and seek responses to any points raised.

Through these meetings we also hope to develop a greater understanding of one another's services in order to ensure that patients' experiences are captured and people are signposted effectively.

Healthwatch B&NES is currently meeting local NHS Trusts to discuss their Quality Accounts from 2017-18. Through these meetings we hope to receive updates on how the Trusts are progressing their quality priorities and improvements, and explore what impact these improvements are having on patients and their families.

Healthwatch B&NES Executive Board members are due to meet Virgin Care in late January. We hope to receive feedback and assurance on some of the points that we raised in our formal response to their Quality Account 2017-18, as well as developing our understanding of the improvement work that they are undertaking.

Councillor Lin Patterson commented that she would be interested in the outcomes of the public events in rurality and access to services.

Alex Francis replied that Healthwatch have already worked with the CCG on this issue and did carry out a ride along with the previous supplier Arriva. She added that they were aware of the challenges people face, but said that the criteria is set nationally, not locally.

Councillor Patterson asked if Healthwatch had been contacted by the group Protect our NHS.

Alex Francis replied that they have spoken to the group, but were not in regular contact. She stated that Healthwatch were not a lobby group, their role is to share gathered public opinions.

The Chair thanked Alex Francis for her update on behalf of the Select Committee.

67 UPDATE ON THE TRANSFER OF SERVICES FROM THE RNHRD TO THE RUH (PAIN SERVICES)

Emma Mooney and Caroline Kenny were present from the RUH to introduce this report to the Select Committee, a summary is set out below.

The proposal is to relocate the Royal National Hospital for Rheumatic Diseases (RNHRD) specialised pain services from the Mineral Water Hospital site to facilities on the RUH's Combe Park site. The timeframe to relocate these services is autumn 2019.

Relocating the RNHRD's specialised pain services represents the final phase in a planned programme of service relocation, following the acquisition of the RNHRD by the RUH in February 2015.

There will be no change in the level of service provision for patients of the RNHRD Bath Centre for Pain Services or Complex Regional Pain Syndrome or Complex Cancer Late Effects Services. The same range of services will be provided and patients will continue to be seen and treated by the same team to the same high standards, only the location would change.

Councillor Vic Pritchard stated that he wished to commend the process that has been carried out throughout the whole transfer of services.

The Select Committee **RESOLVED** to:

- (i) Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, staff, stakeholders and the public to provide feedback on the proposed move, and which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change, for current and future patients.
- (ii) Endorse the proposal to relocate the RNHRD's Bath Centre for Pain Services, Complex Regional Pain Syndrome and Complex Cancer Late Effects Rehabilitation services from the Mineral Water Hospital site to facilities on the RUH's Combe Park site.

68 RENAL SERVICES UPDATE

Fiona Hughes, Specialised Commissioning – South West Hub introduced this item to the Select Committee.

She explained that in order to maintain a service for Bath renal patients in the Bath area, the service was put out to tender late 2018.

This process has now concluded and we can provide the following update:

- As a result of the tender, and a rigorous and detailed selection process, a contract has been awarded to Fresenius Medical Care Renal Services Ltd, for a replacement service within the Bath Area to commence September 2019.
- An extension to the existing service has been agreed with the RUH to continue the service on the Bath site, clinically supervised by North Bristol Trust, until end of September 2019.

She said that patients and staff have all been informed of this agreement.

She stated that a further update with regard to the location of the new Bath Unit would be provided at the end of January/beginning of February 2019 to coincide with planning applications.

The Chair asked if patients were involved in the tendering process.

Fiona Hughes replied that through Healthwatch a patient from Swindon was involved in the evaluation process.

Councillor Tim Ball welcomed the update as the issue was raised initially because of a rumour that the service was to be moved to Southmead, Bristol.

Fiona Hughes replied that she did not know how that rumour had begun. She added that the RUH have been supportive in this process and that is shown by the extension to continue to house the service on the RUH site until September 2019.

Dr Ian Orpen said that this was a good outcome and acknowledged that the idea to move the service to Bristol was a non-starter.

Councillor Eleanor Jackson asked for further information or a profile on Fresenius Medical Care Renal Services Ltd could be sent to the Select Committee.

Fiona Hughes replied that they are a Special Dialysis Team that has 48 units nationally, including sites in Yeovil, Taunton and Frome. She added that she would send through further information following the meeting.

Councillor Lin Patterson asked if concessions were available for patients travelling for treatment via public transport.

Fiona Hughes replied that she would make enquiries on behalf of the Select Committee.

The Chair thanked Fiona Hughes on behalf of the Select Committee for the update.

69 PREVENTATIVE HEALTH WORK

Dr Bruce Laurence addressed the Select Committee, a copy of the presentation can be found on their Minute Book and as an online appendix to these minutes, a summary is set out below.

Prevention is better than cure...but...

- Humans are risk taking. If we didn't we'd still be living in caves
- Balance of risks and benefits. We love convenience.
- All cultures have their mind expanding drugs... we can't handle too much reality
- We are all ostriches
- We prefer to use technical fixes
- We prefer to think that the NHS will bail us out
- We didn't evolve to sit on sofas but our brains have made it possible

Primary prevention = “prevention”

- Don't get it in the first place
- Environmental, social, behavioural, medical, esp vaccination.
- Councils > NHS... and everywhere else

Secondary prevention

- Nip it in the bud
- Early identification, screening, reduce established risks.
- NHS > Councils

Tertiary Prevention

- Don't let it get you down.
- Having a condition isn't the same as being ill!
- Treatment, avoiding advanced disease and complications
- NHS and social care

But what is “it”?

- What is a disease? Where does it start?
 - Chains of causality and progression – eg. Diabetes (type2)
- Deprivation, poverty, limited education and range of cultural, commercial, structural and environmental factors
- Poor diet, lack of exercise
- Overweight
- Increasing blood sugar and insulin – “Pre-diabetes”
- Type 2 Diabetes and early symptoms
- Poorly controlled diabetes and start of complications
- Heart/kidney/foot/eye problems
- Disability, blindness, death.

Working on the “wider determinants” or creating the conditions for health

- Environment (air quality, climate change)
- Work and conditions, benefits etc.
- Build environment: transport, settlements, houses
- Water and food supply
- Social networks, social cohesion, avoidance of conflict,
- Economy

Supporting people along the road to health

- Targeted work at different levels
 - Screening and vaccination programmes
 - Early years support eg health visiting, children's centres
 - Specifics eg smoking cessation, support to diet and exercise, sexual health, drug treatment and harm reduction... also built into NHS
 - Mental health promotion
 - Protection and safeguarding

We need both to create the conditions for good health and encourage and support people to play their part in achieving it. There are no magic bullets.

In practice: (It's all in the Council's strategy)

- Work on the conditions: starts with understanding of health impact, and then maximise benefits and minimising risks
- Maintain support to individuals according to need
- Work in partnerships eg. the Active lifestyles group or the DAP
- Use all opportunities: Preventive NHS, STP, WECA

B&NES has recently successfully bid for funding to begin work on a whole system approach to attempt to tackle obesity.

Councillor Tim Ball said that implementation of the Council's strategy is key. Referring to the Bath Sports Centre he commented that the new system / design do not work for him.

Councillor Eleanor Jackson stated that she believed the real challenge is austerity. She added that cuts to the Parks Service were creating a lack of exercise space for members of the public to use. She also raised the matter of life expectancy for local males and that it could be ten years less for a man living in Twerton / Radstock against males in more affluent areas of the Council.

Dr Laurence replied that targeted services are available through both GPs and Community Services. He added that education was also a key factor and that he regrets the fact that the Council have a lessening role in that on a day to day basis.

Councillor Lin Patterson asked if provision of warm water swimming / exercise were available at any local facilities as GLL were not providing this service at Bath Sports Centre.

Dr Laurence replied that he remembered previous discussions on the matter and that the benefits of it are known. He said that he could not add anything specific at this time.

Councillor Vic Pritchard asked if any targets had been set in relation to the funding received in relation to work on obesity.

Dr Laurence replied that the people involved on the project from the Council and NHS were going to take a step right back and discuss what areas to focus upon to best use the resource.

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

70 CORPORATE & BUDGET PLANNING 2019-20

The Director for Partnership & Corporate Services introduced this report to the Select Committee. He explained that the Organisational Plan forms an important part of Bath and North East Somerset Council's strategic planning framework.

He stated that it was well recognised that a high percentage of the Council's budget is used within Adult Care, Health and Wellbeing

He said that the plan outlines the draft budget savings proposals where appropriate, which will be proposed as part of the budget setting process for the Council 2019 – 20 budgets which will be considered by the Cabinet and Council at their meetings in February.

He explained that the Organisational Plan for the first time introduces the Council's new Core Service Offer and its 3 new priorities. He added that a core services offer is the best service offer we can deliver based on the resources currently available to us.

The Corporate Director added that the majority of figures within appendix 2 were contained within the previous year's budget.

Councillor Charles Gerrish, Cabinet Member for Finance and Efficiency commented that although savings have been identified, the Adult Care budget was due to increase by £4.1m due to demand / demographic pressure.

Councillor Eleanor Jackson said that she appreciated the budget parameters the Council were working within and asked for further information regarding the review all social care packages and the possibility of in-house care provision.

The Acting Director for Integrated Health and Care Commissioning replied that positive negotiations had taken place with regard to care packages.

Councillor Jackson asked if there was adequate support in place to enable residents to live longer in the community.

The Acting Director for Integrated Health and Care Commissioning replied that one of the Council's aims is to reduce the numbers of people placed in care homes and to support residents to stay at home / use the reablement service.

Councillor Jackson asked if there were enough care places available within the Council.

The Acting Director for Integrated Health and Care Commissioning replied that a review of home care services was ongoing.

Councillor Jackson commented that she would like to see communications to the public improve, primarily the elderly.

The Acting Director for Integrated Health and Care Commissioning replied that they were working on this issue with Virgin Care and that a process was beginning that would see a number of Care Navigators in place to assist with communications to the public.

The Corporate Director added that a great deal of information was available on the Wellbeing Options website (<http://www.wellbeingoptions.co.uk/>). He said that the site provides information about local care providers, services and activities, along with links to other useful websites and resources.

The Director for Partnership & Corporate Services said that recently there had been an increased involvement from the voluntary sector, including a group called Compassionate Communities B&NES.

Councillor Jackson asked if the Council had considered lending money to small family run residential homes for them to make adaptations / enhance their site provision.

Councillor Gerrish replied that the Council is not a bank and said that the likelihood would be that the proposal would be an expensive process for both parties.

Councillor Tim Ball referred to page 72 and asked if it were possible to squeeze more out of residential and nursing recommission.

The Acting Director for Integrated Health and Care Commissioning replied will look to ensure consistency and equity in care home fees by implementing a new commissioning and contracting model.

Councillor Ball asked how savings would be achieved with regard to Adult Mental Health.

The Acting Director for Integrated Health and Care Commissioning replied that Mental Health Pathway Review was ongoing and that this was intended to put the best services in place for the individuals concerned.

Councillor Ball commented that he feared some care homes may close due to the new fees arrangements and that this could cost the Council more if the service ceases.

The Corporate Director replied that the process has been carried out in the best interests of the Council.

Councillor Vic Pritchard stated that the Council are normally unaware of a care home's financial circumstances until the 11th hour, sometimes merely a month's

warning. He added that the intention is now for the Council to work far more closely with care homes and to have more of a dialogue regarding their finances.

Councillor Lin Patterson asked if more information could be provided on Compassionate Communities B&NES.

The Director for Partnership & Corporate Services replied that it has been setup by the 3rd sector and has received support from the Council and Virgin Care, but was not commissioned or funded by the Council. He added that one of their intentions is to be a focal point for receiving and disseminating strategic information. He said that further information could be found on their website (www.3sg.org.uk).

Councillor Jackson said that it was a little ironic given the earlier Public Health presentation that they are being asked to do more work with less resources.

Councillor Pritchard replied by saying that the preventative agenda was a significant factor for the Council to consider as it moves forward.

The Corporate Director added that the Public Health budget has been reduced nationally.

Dr Bruce Laurence said that support for the team is welcome and that he feels that the Council is doing its best with what it has available.

The Chair thanked the Select Committee for their comments and said that their feedback would be given to the Resources PDS Panel on the 4th February to allow them to collate all PDS Panel responses to the Cabinet and Council.

71 SELECT COMMITTEE WORKPLAN

Councillor Eleanor Jackson requested that a further update on Renal Services be added to the workplan.

Kirsty Matthews, Managing Director, BANES Community Health and Care Services offered to provide the Select Committee with updates on behalf of Virgin Care as it goes through its transformation processes.

Emma Mooney suggested that the Select Committee receive a report later in the year on the progress of services that have transferred from the RNHRD to the RUH.

The Select Committee agreed with these proposals.

The meeting ended at 12.25 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services