MINUTES

HEALTH IN DACORUM

1 MARCH 2022

Present:

Members:

Councillors: Adeleke
Allen
Beauchamp
Bhinder (Chairman)
Hollinghurst
Johnson
Maddern
Pringle
Sinha

Officers:

Also Attendance:

The meeting began at 7.30 pm

1 MINUTES

Cllr Bhinder opened the meeting by raising the minutes of the last meeting.

There was disagreement over the characterisation of Helen's undertaking to consider the desktop exercise, with some members deeming the 2 sentences on the topic overly brief. SDay offered his transcript of the meeting, noting that his request for the official recording was rejected due to cost constraints. LHalfpenny relayed that Helen felt the minutes were an accurate reflection and offered to circulate Helen's letter detailing her rationale to not proceed with the desktop exercise.

Cllr Bhinder and a number of other committee members also felt the minutes accurately reflected the meeting, noting that there had been several reviews of the recording as requested at the Full Council meeting, However Cllr Bhinder did not ratify them in light of the considerable debate.

2 APOLOGIES FOR ABSENCE

Apologies were received from Cllr Durrant and Cllr Guest,

Cllr Adeleke was substituting.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 PUBLIC PARTICIPATION

There were members of the public present.

Philip Aylett and Steve Day will be showing a presentation and giving feedback on a recent meeting with the Health Secretary.

5 WARD ISSUES

Cllr Maddern noted complaints from elderly residents who had subpar experiences at the General Hospital, being in A&E for many hours and not offered a drink of water or anything to eat. LHalfpenny asked Cllr Maddern to send the details with the patients' permission LHalfpenny relayed the starring system and explained food and drink were sometimes prohibited in case patients needed surgery later. LHalfpenny updated them on 400 attendances in A&E, which was very high. Cllr Maddern queried LHalfpenny's prohibition of food and drink, as she understood water could be given up to 2 hours' before an operation.

Cllr Bhinder noted an incident, which he would report at the next meeting. There were no other issues reported

6 WEST HERTS HOSPITAL TRUST

LHalfpenny shared a presentation highlighting their plans for the 3 sites.

- Hemel Hempstead Hospital plans showed planned medical care and combined appointments to raise diagnostic quality and bring in new equipment at St Albans and to retain the Urgent Care Service.
- St Albans City Hospital was the site for planned surgical care. This clear separation of emergency and planned surgery enabled them to continue with non-complex surgery during the pandemic. They wished to grow the complexity and bolt on additional services such as a Cancer Centre and upgrade diagnostics. They would offer Urgent Care.
- Watford General Hospital was the centre for Emergency and Specialist Care. They would triple the emergency department, equipment up to date.
- There were plans for Maternity Services at Watford and implementation of single occupancy rooms from early labour to postpartum care instead of moving patients.
- They wished to demolish the main building.

Cllr Beauchamp raised the Care Commission Quality Report's reference to the service not always controlling infection risk, patients who were not always visibly clean, and there was a build-up of grime and mould in the building. He noted this was not addressed in West Herts Hospital Trust's response. LHalfpenny disagreed this referred to a serious hygiene problem and had discussions with the Director of Environment and concluded it was staining versus mould. She explained the press statement responded to what they felt were the most serious issues.

Cllr Maddern queried whether most surgery was done at St Albans as Mike van der Watt said 80% of surgery was done at Watford. Cllr Bhinder upheld Cllr Maddern's request for details.

KMinier suggested pushing Hemel Hospital and St Albans City Hospital plans forward, including the one-stop diagnosis for diabetes, instead of doing them after. LHalfpenny confirmed they would propose this.

EGlatter referred to a note in previous minutes that they would hear within several weeks how much money was available from the Treasury for the rebuild. LHalfpenny stated they had been expecting to hear the money was for the preparation, which they heard December 23rd, rather than the money for the development. EGlatter was unsure what was going on at Hemel Hempstead. LHalfpenny offered a detailed list of services and assured there was nothing new at Hemel Hempstead.

- The 6 options showed the varying degrees of new build. They wished to pursue an option with the most new build possible.

- These options would be presented to the Trust Board in May, and the Board would recommend a third option for the 3 sites. They had ruled out a new hospital on a new site. Once the Board approved recommended preferred options, they would finalise their Outline Business Case with detailed final designs and delivery plans including timescales. 2022 would hopefully see the OBC submitted to the New Hospital Programme, and Treasury, who would make a funding decision. Barriers included demands for higher degree of standardisation, and national plans on percentage of rooms of single occupancy.

- They would move forward from funding to construction starting in 2024. The 6 options would be in the public domain from April to go to the Board Meeting in May. The 6 options ranged from a do-minimum approach to a maximum, with according spend. The timetable was for new and refurbished hospital buildings to be open by 2028. They may have some refurbs operating before this time. The slides caveated the concordance with the national programme, which may affect timescale.

- Slide 5 addressed the meeting with the Secretary of State for Health and Social Care. Their media response was highlighted. They had not heard back.

- Engagement plans showed a session on Virtual Healthcare, Progress to Date, and Emergency Care. Anyone was welcome to join these sessions.

KMinier noted many hospitals close to Watford General Hospital with plans and intentions and enquired about the close catchment areas. LHalfpenny confirmed no

hospitals were looking to affect their catchment. Cllr Hollinghurst noted residents used hospitals closest to them rather than in their catchment area. LHalfpenny acknowledged this and supported patients to use the quickest journey for emergency admission.

Regards the 6 options, Cllr Adeleke enquired if the Board had the option to reject all 6, and if there was a Plan B. LHalfpenny did not believe any of the 6 options would be unpalatable and the Board had committed to 3 site options. They could rework options but the Subcommittee had viewed all the recommendations in detail.

SDay asked about the clear site, but he had not seen the letter. Cllr Bhinder noted the letter would be distributed. SDay did not feel 4-5 months was an acceptable timeframe for a response and commented that nobody else had seen or could respond to LHalfpenny's letter to Cllr Bhinder. Cllr Bhinder asked LHalfpenny to circulate the letter promptly.

Cllr Bhinder thanked LHalfpenny for her presentation and asked for the letter to be circulated promptly.

7 CLINICAL COMMISSIONING GROUP

CAMHS (Child and Adolescent Mental Health Services)

DEvans introduced JScott Foster, Programme Manager for CAMHS Redesign and Implementation, who presented an update on CAMHS.

- CAMHS had seen a huge rise in demand in the past 6-8 months, pressuring the service delivery. Responses had to be sustainable.
- More young people presented in a state of crisis than at an earlier stage. They invested significant money for a 24/7 crisis support offer, in both acute hospitals, and 8am-8pm Crisis in the Community. If a young person presented at risk at a placement breakdown, or a family breakdown, Social Care would attend such an assessment. If a young person presented with challenging behaviour, the Positive Autism service would attend the assessment.
- Residential strategies looked across Health and Social Care to create a better system, increase therapeutic support, better training for social care staff, and more mental health training.
- Developing to recognise trigger points for crisis and up-skilling was taking place.
- They were seeing unprecedented demand on Eating Disorder Services, nationwide, in all ages. The amount of young people presenting with eating disorder concerns had grown 127%.
- They were looking at Early Help Eating Disorders services for parents and a home treatment team to support young people within the family to instil change and grow better outcomes.
- A positive from Covid was how they responded digitally, and understanding they could deliver services at scale to young people, recognising they did not

want to create digital poverty. Large numbers of young people did not have access to digital platforms, although many young people preferred digital services. Having a robust hybrid offer was moving forward. Digital advice and guidance was being developed to increase relevancy and self-help in a digital environment.

KMinier reported low percentages of young people who preferred digital to face-to-face and asked what they were doing in schools regards mental health. JScott did not have a percentage breakdown of digital versus face-to-face. She relayed many young people disliked being on camera initially, and concerns from young people whose home environments were not private enough for a conversation. She noted that professionals understood the importance of hybrid models.

Jane requested that acronyms were explained in parenthesis for public presentations. Jane praised the team's work, and enquired about prevention. JScott relayed she worked closely with Public Health who owned preventative information, and detailed safe navigation of social media, body positivity, and Just Talk, for preventative information. JScott confirmed prevention was a CAMHS priority and all agencies recognised their role in prevention.

Cllr Bhinder was pleased to hear the team effort.

- Improved access was an ask in the long-term NHS Plan, with plans for digital access into the mental health system. With Early Help, there was huge demand on CAMHS to prevent needs escalating. They invested significant money including preventative support, digital support, therapies, and counselling. With place-based support, they were looking to work with primary care to offer a better support suite. Nationally, they were rolling out mental health programmes in schools so young people would have access to support for low level anxiety, depression, low mood, and peer support. There was a wider range including Mental Health Champions, Mental Health First Aid Training, and ensuring young people had a good level of emotional support.

TFernandez echoed the increase in demand, 20% above pre-Covid levels and the limited capacity in primary care. TFernandez observed areas for work including access and prompt response, which led to repeat consultations in primary care if nothing was happening. He noted paperwork involved could be lengthy especially for Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorder and GPs felt like the conduit because they were getting information from parents and schools. TFernandez noted the movement between different services did not always work well and bounced back to primary care. TFernandez queried staffing, as GPs were off sick with stress and anxiety and there were also recruitment issues. JScott assured they had developed a Universal Gold Standard referral form for CAMHS for ASD and ADHD, agreeing that GPs should not do referrals. The automated referral form should be available to schools. JScott explained communication should enable patients to know where their referral was in the system, and was being developed. JScott noted the work progressing on a more accessible system across a continuum of need. JScott acknowledged staffing was their greatest barrier to success nationally. An Agile Task and Finish Group was set up to look at the issues in retention, and recruitment.

Cllr Allen raised an email from Signpost who were struggling to cope with the demand from young people since Covid, and were currently funded 1,500 by CAMHS when their demand was in excess of 4,000. JScott confirmed they were committed to investing in the voluntary sector and would provide increased funding within their contracts. She noted there was not a huge pool of money but they had increased 20%, to start April 1st.

Cllr Adeleke enquired about walk-in centres for young people to visit. JScott answered they did not have a walk-in centre although there were other walk-in centres who would signpost to mental health provision. She noted that a Social Prescriber might support a young person to seek out a new service, or help take them there. JScott detailed parental programmes as part of Early Help. She relayed they did not yet have a telephone number but there was a digital website where young people and professionals could access help and guidance.

KMinier enquired about additional roles for investment and psychiatrist nurses in primary and asked if they were qualified to support children. JScott explained they were Mental Health Practitioners and once the investment came through in April contracts could be purposed into Mental Health Practitioners for young people. They were in conversations about what this would look like and if it fitted with GP-led clinics as young people had better outcomes with support based around the familiar.

Cllr Beauchamp asked if the information they provided was available in programme form within schools that children could access as they may not be aware of CAMHS. JScott noted it was normally through professional newsletters, using co-production with young people for redesign. JScott would ask the Chair of this group to ask how they would like to access information.

- CAMHS explained they were trying to rebalance financial distribution to ensure services available across need, and not purely in crisis to prevent a system that was only built to address crisis.
- Communication and engagement was key, they had to ensure information was accessible amongst young people, parents, and agencies. Delivering and developing a set of partnership principles and outcome data would form the framework.
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JScott offered to change the slide adding acronyms.

DEvans congratulated JScott for articulating the plan well. He felt the key element was the 100% increase in demand during Covid. He would update in the future.

Primary Care Update

MCampbell, Assistant Director of Primary Care in CCG, presented the Primary Care update.

- Across the CCG, as of March 21st, 54 GP practices, 15 for Dacorum. There was a merger of 2 practices in Tring following a patient consultation, making Rothschild House the largest GP surgery with 40,700 patients. They operated

4 branch surgeries and a main site in Tring. The practices were in the Primary Care Network so this did not affect primary care provision.

- Due to system pressures, an additional 11,500 GP appointments were commissioned through Extended Access with a 13% increase compared to pre-Covid.
- Primary care networks had risen from 16-17. 4 of the Primary Care Networks were in Dacorum plus an additional Primary Care Network, not geographically aligned but with similar values and patient demographics.
- Since inception in 2019, Primary Care Networks have funding enabling them to recruit additional roles so patients can see different clinicians. Recruited roles include Clinical Pharmacists, Social Prescribing Link workers, Care Coordinators, First Contact Physiotherapists, and Health and Wellbeing coaches. The Primary Care Network can recruit to other roles such as Paramedics, Mental Health Practitioners, and Physician Associates.
- Since 2019, the National Enhanced Service commissioned by NHS England provides a number of clinical services including enhanced health in care homes, with post hospital discharge, advanced care planning, and medication reviews. The Primary Care Networks also deliver medication reviews, using Clinical Pharmacists.
- Early Cancer Diagnosis is a relatively new service. During Covid they have been implemented in a phased approach. There are further iterations going into April 2022.
- The last service delivered is Extended Hours, additional appointments early morning, evening, and Saturday morning.
- Direct Enhanced Service runs to 2024. Developing in April 2022, Extended Access and Extended Services will be merged from October 2022.
- Population Health Management reviewed linked data from acute services, primary care, and voluntary sector where available to ensure care is meeting the needs of the population.
- The model of care for general practice changed during Covid with rapid deployment of video consultations and only bringing in patients where it was necessary to have a face-to-face consultation. Primary care repository hubs were implemented to see patients with suspect or Covid-positive status separate to other populations. A paper was being entered to extend this further.
- During Covid, the Oximetry @home pathway was introduced, delivered by the voluntary sector to patients at home.
- 1.26 million vaccinations had been delivered, 63% by primary care. Primary care remained open during Covid despite media reports. Many consultations were done remotely with patients being seen face-to-face where clinically necessary.

- Since Covid, primary care backlog of care shows an increase of 20% with demand outstripping supply throughout the NHS.
- NHS England and Improvement announced additional funding to support Improvement to Primary Care. To utilise this funding, integrated care system Hertfordshire CCG and West Essex CCG submitted a plan to support patients. Providing funding to practices to upgrade telephony systems, as a big complaint is not getting through on the telephone. Additional appointments are available and commissioned through Additional Access Services.
- There has been investment in engagement. Patients have registered and shared their stories and experiences so they can help support patients and primary care to help improve.

Cllr Hollinghurst suggested the problem was not telephony but difficulties making non-urgent routine appointments in advance. MCampbell confirmed that telephony systems were extremely antiquated, and the majority of complaints were around not getting through on the telephone rather than not being able to make appointments. She noted they were reporting well on making appointments. MCampbell asked Cllr Hollinghurst to forward any particular incidents to her. Cllr Maddern thanked MCampbell for the updated telephony systems and relayed an extremely excited GP who was getting the new system.

Cllr Beauchamp asked if the practices were aware that from 2025 the PSTN and ISTN services would be terminated. MCampbell replied by the time they finished this programme all surgeries would have a new telephony system with a preferred provider. The Digital First programme and Future Digital Strategy would develop this.

TFernandez relayed that demand had increased by 19% and telephony systems had to be updated accordingly. Regards demand, TFernandez noted all available appointments got booked up and there were fewer available because on-the-day demand used resources. TFernandez reported difficulties recruiting. He advised a triage telephone service was vital.

Cllr Adeleke felt there was no measurement to check that the new telephony technology was yielding results. MCampbell relayed that it would take time to identify improvements but getting the newly available call log data would help them assess success.

Cllr Hollinghurst suggested OAPs needing non-urgent review appointments ended up filling emergency appointments. He suggested a mechanism for non-urgent review appointments, seeing a practice nurse where possible. TFernandez felt this would become less of a problem with new services such as Contact Physiotherapists but reported that many patients were adamant about seeing GPs.

KMinier asked how Patient Participation Groups helped involvement. TFernandez noted they got information from patients to develop the services, and helped with ‘flu campaigns. TFernandez reported having BP monitors in the Reception area, using Twitter and their website, and telephone triage as useful strategies. He suggested they use their resources wisely and provide services that worked.

Jane was Chair of a PPG and felt they were a good way to liaise with patients. Jane noted a number of their patients did not access modern media and many practices did not provide accessible communication. Jane asked who triaged patients on the phone, if the community pharmacy was linked to the practice. Jane asked when patient data would be put into a general system.

TFernandez relayed that receptionists received training on which cases were appropriate to go direct to a physiotherapist, a nurse, or a pharmacist without seeing a GP. This training was on-going within most practices. The community pharmacy recently received training. Not all practices had in-house pharmacies so it only affected pharmacies taking part in the scheme. Regards data, there was a limited amount of data available already so drug lists were available in A&E. Jane relayed there was a date for data sharing, and a deferral, and asked if it had gone ahead. Jane queried receptionist triage as this was unwelcome from patients as patients felt a doctor should make the decision, although not necessarily to see a doctor. TFernandez reported they used a doctor-led triage. Jane felt there was an issue with non-clinical receptionists making decisions. TFernandez emphasised Reception staff were trained to consult with a doctor for urgent issues. TFernandez stated they could have continuity or quick access, but it was difficult to have both.

Cllr Hollinghurst felt GPs were a scarce and expensive resource and their skills should be put to best effect. Cllr Hollinghurst asked if there were plans to use distributed ledger technology. MCampbell had not heard of this.

KMinier raised that primary care was more than GP services and asked for an update on community nursing, dentistry, allied health professionals, and other areas of primary care. MCampbell resolved to bring appropriate professionals to provide updates.

8 PRESENTATION - HEALTH & SOCIAL CARE SECRETARY MEETING

Philip Aylett – New Hospital Campaign

PAylett opened the meeting by providing an overview of the New Hospital Campaign's role, noting that they emerged from the Dacorum Health Action Group and provide expertise in a wide variety of areas including project management, building, civil engineering and public spending. The campaign takes an independent approach and is in place to challenge the Trust, with the largest hurdle being that the Trust appears to have made its mind up regarding keeping all clear new sites off the shortlist. The campaign wishes to have an unbiased appraisal of all potential sites for acute redevelopment, including clear new sites.

PAylett next looked to the Trust's current plan for Watford, stating that it will be a 16-17 storey development of 3 large towers, though are likely to be shorter given that high buildings are already a political issue in Watford.

PAylett noted the letter from Christine Allen, CEO of West Herts Hospital Trust, dated 29th December, and suggested it contained a number of misleading statements, including the links between WHHT and Royal Free London. Cllr Bhinder noted that Christine Allen was not present at the meeting and clarified that the comments being made were a perspective of the letter. It was noted that LHalfpenny was still on the

call, who commented she would not be arguing the point and was seeing the points for the first time. PAylett confirmed that the information could be made available to LHalfpenny if required.

PAylett provided an overview of what the Health Secretary had said in their meeting on 7th February, noting that he had stated it was a monumental task and that the Trust have made their decision. PAylett confirmed that the Secretary of State had listened and that there were no senior civil servants present, which he described as highly unusual and suggested that he was keeping an open mind. PAylett continued that they made a case for a new hospital on a clear new site as it is felt it is a good environment for care, that good access by road and public transport can be provided, efficient buildings can be designed for an efficient operational campus, and construction will be faster as there is less disruption. PAylett referred to Princess Alexandra Trust in Harlow who calculated that building their hospital on a clear new site would be 2 years faster than in a crowded town centre.

PAylett noted the key arguments against the acute development in Watford. Polls suggest that the ideas for building at Watford are not liked by the public. It was also noted that the Trust had not followed Treasury rules as it was admitted at meetings that officials had not done an objective assessment on the speed of the build. The acute programme development was described as subjective and high level, which PAylett described as inadequate for this sort of visit. PAylett went on to note the disruption for patients and staff at Watford during the process, stating that the Trust expect the process to take 3 years though the planning application states up to 5. PAylett commented that the Trust have lost control of costs, advising that the campaign has calculated with industry sources that the 3 towers will cost £900m to build, almost twice the amount that is currently available. It was also noted that there is uncertainty around the timetable.

PAylett next looked to Mount Vernon, stating that the decision was made on 1st October 2020 to reject all clear new sites with no reference to Mount Vernon Cancer Centre, and that moving this to Watford would be a large operation and be a complicating factor for Watford to fit it on the site. PAylett advised that in June 2021 the Mount Vernon Stakeholder Update noted that a plot of land on the Watford site had been provisionally identified on the Watford General Hospital site and could be available from 2023. PAylett noted that the site on the planning application suggest that the plot is for retail and commercial use and there is therefore conflicting information.

PAylett commented that the project is now becoming a longer-term priority and is part of the Trust's clinical strategy up to 2026 rather than being ready for 2023 with no date given on when Mount Vernon will be brought onto the site.

Looking at the recommendation made to the Secretary of State, PAylett explained that he was told the department should commission an independent expert body to carry out a full review of options for acute redevelopment in West Herts and that the review should include options for a clear site.

In response to a question on car parking, PAylett advised that Watford have an 8-storey multistorey car park at the corner of the football ground.

Cllr Adeleke noted the Secretary of State's comments regarding the Trust having already made their decision and asked if they would be better placed to work with the Trust to find a solution that benefits everybody. PAylett responded that the challenge was that the Trust have been very firm about their decision since 1st October 2020 when the Trust and CCG boards met and that he felt they were not interested in a compromise.

KMinier asked what they believe the Secretary of State's next steps will be. PAylett responded that they have not heard from the New Hospital Programme or NHS about it but that they believe the New Hospital Programme will go through the papers to see if there is a case to be answered.

Cllr Hollinghurst commented that the county council owns a lot of land in the target area and that he felt it would be a good strategy to put a public hospital on public land, adding that the transaction would be likely to go through quickly. Responding to the earlier comment on car parks, Cllr Hollinghurst remarked that they need to consider planning for public transport access given that they are in the midst of a climate emergency. Cllr Bhinder responded that these points would be discussed at a future meeting.

Cllr Allen asked if many sites were equally accessible. PAylett commented that he believes a number of sites have good connections.

Steve Day – Herts Valley Hospital

SDay presented on Herts Valley Hospital by first noting that he would not be revealing the full plans in response to the Trust's actions and that he believed there had been underhand tactics regarding the site review. SDay advised they were told by the Trust that a site review would be conducted independently and that they then heard 10 days later that the Trust had met with the CCG, Department of Health and NHS England and had agreed to proceed with the Watford option. SDay described this as disingenuous and that this was why he would not be providing the Trust with all their information. SDay looked to the vision from the Department of Health regarding a central hospital for acute services surrounded by hubs.

SDay noted 2 plots of land by the M1 and M25 and that they are in active discussions with St Albans about this, and it was noted that it is only in St Albans by a few metres and therefore still serves Dacorum well. Looking at the northern site, SDay noted an objection regarding the overhead pylons and the cost of burying them though he noted they were 500 yards from the development site and that this could be overlooked. SDay advised that the second plot is yet to be assessed but has immediate access from both the M1 and M25 as well as the dual carriageway, and whilst there is no immediate access from Dacorum, it takes half the time to drive there compared to Watford. SDay noted that there are also plans to extend the Abbey Friar either as a passing loop or to be accessed via tram.

SDay presented an unpopulated table that was presented to the Secretary of State regarding how they would deal with car parking. Cllr Bhinder asked why the form was unpopulated. SDay advised that it was sent to the Secretary of State and that the Department of Health had shared it with the Trust.

SDay next looked to the visualisation of the hospital by the Starfish team, noting that each 'finger' could be used for different functions and that this was still up for discussion, though with separate wings, this would allow for each wing to be built one at a time. SDay noted that the executive summary to the Secretary of State note the inclusion of aspirational services such as a mental health unit, accommodation, biodiversity and a helipad, which aren't included in the Trust's plan.

SDay concluded that they are looking to inspire the local community and find a solution that works for both the Trust and local community with a hospital that can be delivered faster and be more accessible.

Cllr Allen thanked both PAylett and SDay for their presentations and for speaking to the Secretary of State on the behalf of the residents.

EGlatter commented that the plan didn't seem to suggest it would be an emergency hospital and asked where ambulances would go. SDay advised that the details are for those designing the plan. Cllr Bhinder added that it is currently a concept and not currently at the stage of a detailed plan. SDay continued that the emergency department on the ground could be just off the North Orbital with transfer wards above it. EGlatter commented that the hospital would be particularly good for Hemel Hempstead. SDay responded that it would be good for the whole area.

Cllr Bhinder asked what the opinion had been on the meeting with the Secretary of State. SDay noted that LHalfpenny was still on the call, she stated she would be prepared to leave the call if necessary, to which SDay stated he was happy for her to remain. SDay explained that the Secretary of State had listened to what they said and had committed to looking into it further.

9 COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT

Cllr Beauchamp advised that the committee had elected to not meet in December due to the ongoing pandemic and the meeting had therefore been rescheduled to take place on 14th March. It was confirmed that a report would therefore be provided at the next meeting.

10 COUNTY COUNCIL ADULT CARE SERVICES REPORT

Cllr Bhinder noted that Cllr Guest wasn't present to give the report. MSells noted that the report was attached to the agenda and that any questions could be submitted after the meeting.

11 WORK PROGRAMME AND ANY OTHER BUSINESS

Cllr Bhinder noted a previous suggestion from Cllr Maddern that the committee meet more regularly as it was felt that every 3 months was not sufficient. Cllr Bhinder confirmed that officers had looked into holding meetings every 2 months but that this was unsuccessful due to constraints such as school holidays and suggested that a steering group instead be set up to meet on an ad hoc basis to address individual items and ensure the right items are being brought to the committee. MSells added that a number of officers are interested in the meeting and that the steering group

would be an opportunity for offices to provide information on other items in the borough.

Cllr Maddern asked for further clarity on the difference between the committee and steering group. It was noted that the steering committee could meet on an ad hoc basis to discuss specific subjects before being reported back to the committee. Cllr Beauchamp explained that the steering group could be a much smaller group of people and would not require a formal agenda. Cllr Bhinder added that it would also be an opportunity to discuss items that would otherwise be discussed as part of the work programme agenda point.

Cllr Allen asked what would happen with the recording of the meeting and when it would be accessible. Cllr Bhinder asked that this be left with him as an action to look into.

SDay requested a copy of the meeting. Cllr Bhinder noted the request.

EGlatter commented that Christine Allen's letter would be a good item for the steering group to look into. Cllr Bhinder agreed, noting that they could look at the letter and any potential response.

Cllr Allen suggested, in the interests of even-handedness, that they hear from the Trust on their submission to the Health Secretary. Cllr Bhinder requested that this be added as an action point for the next meeting. LHalfpenny commented that if they are asked to submit anything to the Health Secretary then they would be prepared to share this and that this may be in the public domain ahead of the next meeting. LHalfpenny confirmed that she would inform MSells if anything was available ahead of the next committee meeting.

The Meeting ended at 10.35 pm