



4.00pm 15 December 2015

Auditorium - The Brighthelm Centre

Minutes

Present: Councillors Yates (Chair), K. Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford and G Theobald Dr. Xavier Nalletamby, Dr. Christa Beasley, Claire Holloway, Dr. Manas Sikdar and Jenny Oates; Clinical Commissioning Group.

Other Members present: Karin Janson Health Watch, Graham Bartlett, Pennie Ford, NHS England, Regan Delf, Assistant Director Children's and Adult Service, Denise D'Souza, Statutory Director of Adult Social Care Dr. Tom Scanlon, Statutory Director of Public Health.

Also in attendance: Councillor Penn and Mrs. Kate Parkin, Director Armed Forces Network, Business Manager Public Health, Public Health Programme Manager, Head of Commissioning & Contracts Adult Social Care, Environmental Health Manager and Head of Public Health Intelligence.

Apologies: Dr. Mack, Pinaki Ghoshal and Frances McCabe.

Part One

36 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

36.1 The Chair noted that the following were attending the meeting as substitutes for their respective colleagues:

J. Oates for Dr. Mack
R. Delf for Pinaki Ghoshal
K. Janson for F. McCabe.

36.2 The Chair noted that there were no declarations of interest and that there were no items listed in Part 2 of the agenda and therefore sought agreement that the meeting should remain open to the press and public.

36.3 **RESOLVED:** That the press and public be not excluded from the meeting.

37 MINUTES

37.1 The minutes of the last Board meeting held on the 20th October 2015 were agreed and signed by the Chair as a correct record.

37.2 The minutes of the Joint meeting of the Children, Young People & Skills Committee and the Board held on the 10th November 2015 were agreed and signed by the Chair as a correct record.

37.3 The Chair noted that the minutes from the joint meeting would be referred to the Children, Young People & Skills Committee on the 11th January for approval.

38 CHAIR'S COMMUNICATIONS

38.1 The Chair welcomed Dr. Manas Sikdar, to the meeting and noted that he had taken over from Dr Darren Emilianous as one of our CCG Board members.

South East Coast Ambulance Service

38.2 The Chair stated that SECAMB had been in the local and national press as a result of significant concern about governance and decision making and the subsequent impact on resident's health outcomes. He noted that there were reports available that provide the detail.

38.3 SECAMB covers 6 upper tier authorities. Each authority has their own Health and Wellbeing Board, Scrutiny arrangements and Healthwatch.

38.4 In an effort to try and reduce duplication contact has been made with lead officers from the different authorities. Various meetings have been taking place across the 6 authorities to try and get a deeper understanding as to what happened, how it happened and next steps. I know OSC will be looking at this across the areas concerned.

38.5 One of the key responsibilities of the HWB is to sign off the **pharmaceutical needs assessment**. This was done in March 2015 and will next be formally refreshed by March 2018. I have been notified through the PNA steering group (which oversees and monitors changes on our behalf) that one chemist in the city has closed, Boots in Preston Drove. However considering the number of alternative chemists in the area and supported by the views of NHSE there is no need for further action at this time.

Children and Young Peoples Mental Health Transformation Plan

38.6 This plan has come to the Board several times so I am now pleased to be able to report that we have received the Transformation Plan funds of £373,000 into the CCG budget, although we have yet had any formal response from NHS England. The plan is now published on the CCG website. The next steps are:

- Update the project plans and actions plans (Dec 2015)
- Start implementation (Dec 2015 onwards)
- Report back to HWB

38.7 To note that a Transformation Plan will need to be updated and re-published each year on the CCG website (autumn 2016).

Rough Sleeping Strategy Scoping Consultation

38.8 The council has begun the scoping consultation to develop the city's new Rough Sleeping Strategy.

38.9 If the city does not reduce rough sleeping there will be:

More health problems and early deaths

More suffering and hardship

Crisis pressure on the Police, hospital accident and emergency and other services

Crime and anti-social behaviour associated with rough sleeping and street drinking

Increased costs to the local authority, Police and NHS

Reputation damage as a caring city

Tourism impact from street begging

38.10 A Position Paper has been produced to help frame the consultation that summarises the city's current approach to rough sleeping and existing plans as well as highlighting the challenges we face which has a number of questions for stakeholders about our approach.

38.11 I also had the pleasure of attending a summit on 4 December to hear first-hand about ideas for improving the way the city works in partnership together to tackle rough sleeping.

38.12 The summit endorsed a winter campaign to raise awareness of how residents can help rough sleepers. The campaign provides two actions people can take straight away:

38.13 Firstly, people are encouraged to use Streetlink, a website and mobile app to share information about the location of rough sleepers so details can be given to outreach workers for action.

- 38.14 Secondly, donations can be made through a JustGiving page to St Mungo's Broadway, the charity which provides outreach care in Brighton & Hove for people sleeping rough. The money raised is dedicated for the city.
- 38.15 I urge you all to respond to the consultation and share your thoughts and those of your constituents about how we can deliver our vision "To make sure no-one has the need to sleep rough in Brighton & Hove by 2020."
- 38.16 Comments on this initial stage are welcome throughout December and will be used to help develop the city's draft Rough Sleeping Strategy which will be ready in spring 2016.

HIV testing week

- 38.17 The high profile '**Its starts with me**' campaign this year was obvious in the city. The posters promoting testing were displayed on buses and also in bus shelters. The Terrace Higgins Trust opened their office for HIV testing from 10am – 5pm each day and city GP's promoted safe sex as well as offering HIV testing to all men and all African women who were having any blood test that week. Public Health England have launched a free HIV sample service and key risk groups can go on line and order a free blood sampling kit. The results will be returned to them with details of local services within 5 days. We do not have any data about impact or take up yet.
- 38.18 The **Sugar debate** has engaged more than 1100 people across the city. The online debate closed on November 30th. We thank you for your contributions and are currently analysing the quantitative and qualitative results. A report summarising the results and sugar smart action plan will come to the Health and Wellbeing Board in the New Year.
- 38.19 **Brighton & Hove Impetus** is convening a round table discussion on the 20th of January to consider the current experiences of parents with learning disabilities in BHCC, their right to access long-term support with parenting, appropriate assessments, and how this could work in theory and in practice in our City.
- 38.20 A panel of experts from other local authority areas, national and local charities and the legal profession will present on these topics and be available for discussion throughout the day. Members of the Health & Wellbeing Board, key Officers and local professionals will be invited to attend.
- 38.21 **Matthew Kershaw**, the Chief Executive of Brighton and Sussex University Hospitals (BSUH), which runs the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath, will be leaving at Christmas to take up the role of Chief Executive of East Kent Hospitals University NHS Foundation Trust. Matthew has been Chief Executive of BSUH for three years. Following Matthew's departure the Deputy Chief Executive Amanda Fadero will act as interim Chief Executive whilst the Board and Trust Development Authority

undertake a full recruitment process for a substantive successor. I know Board members will want to give our thanks to Matthew as well wish him every success in his new role.

- 38.22 **John Child** will be starting as the Chief Operating Officer of the CCG on 1st February. I am sure we will all welcome him on his second day in his new role at our next Board meeting.
- 38.23 **NHS England has awarded 11 Celebrating Participation in Healthcare grants**, to community groups and organisations that have developed innovative and creative ways to get patients and the public involved in shaping healthcare services. Two of the grants have been awarded to Brighton and Hove projects.
- 38.24 One of them is Mind in Brighton and Hove's LiVE Project which aims to support people with lived experience of mental health issues to develop diverse and varied approaches to engagement to help shape local services. The other is a joint project between Healthwatch Brighton & Hove and the Jaffa Panel (run by Brighton & Sussex University Hospitals Trust) which will be used to film work showing how patients and the public have contributed to shaping new health research ideas across the Trust.

39 FORMAL PUBLIC INVOLVEMENT

- 39.1 The Chair noted that three public questions had been received and invited Mr. McKenna to put his question to the Board.
- 39.2 Mr. McKenna thanked the Chair and asked the following question:
- “With Neighbourhood Hubs being discussed by the City Council and the new Council leadership wanting to find new cost effective and community involving ways to tackling issues such as health inequalities, does the Health and Wellbeing Board agree that working with grassroots organisations such as DueEast Neighbourhood Council could provide innovative ways to look to join up health and adult social care services from the patients' street level perspective at a local level with local people involved at their heart ?”
- 39.3 The Chair replied: “Brighton & Hove City Council are committed to building on our approach to community development to recognise that it is the capacities of local people and their community and voluntary activity builds powerful communities.

The Communities, Equality and Third Sector Team and Public Health jointly commission a range of neighbourhood and equalities based community development support across the city including the areas covered by Due East Neighbourhood Council - Whitehawk, Bristol Estate and Manor Farm. In this area the Community Development support is commissioned to Serendipity Enterprise Solutions

The Community Development is specially commissioned to provide support to communities to work with public services, to find solutions to local issues and to develop their capacity to support themselves. This includes the delivery of a small grants approach to community health initiatives and is open to the provision of flexible support for small pockets of the city.

At a time with reducing public spending and changes to the welfare state we recognise that individuals and communities (particularly those facing most disadvantages) will face additional pressures over the coming years. Subsequently, there is a greater need to increase and strengthen communities and individual well-being and resilience. This includes supporting all communities to be empowered and proactive in the development of community groups, services and activities in the city and increasing social networks and individual skills and knowledge.

I am also happy to provide you with a more detailed response in writing.

39.4 Mr. McKenna then asked the following supplementary question; “Would you like more information on DueEast and its activities and invited members of the Board to attend meetings in the future.”

39.5 The Chair replied, “Thank you for the offer and yes he would welcome as much information as possible an given sufficient prior warning would endeavour to attend a future session.”

39.6 The Chair then invited Mr. Kirk to come forward and to put his question to the Board;

39.7 Mr. Kirk thanked the Chair and asked the following question;

“At the July meeting of the HWB board a paper and strategy was agreed for the Public Health Commissioning for the Healthy Child Programme 0-19. In the paper was a proposal to 'test the market' for potential providers of this service in November 2015. Can the board ...

1. Publish the strategy paper, and
2. Report which providers have expressed an interest in this contract?

In the minutes of that meeting it was noted that a Transition Board would be established. What exactly are the terms of reference of the Transition Board, and if it has reported, what has it recommended?”

39.8 The Chair replied; “Thank you for your question Mr. McKenna. Following the transfer of the commissioning responsibility for the health visiting service in October 2015 the NHS England Healthy Child Programme Transition Board, set

up to ensure the safe commissioning transition of the service, was replaced by a Health Visiting Transformation Group, led by Public Health. The purpose of the group is to inform the model of delivery for the future health visiting service. This group reports to the Public Health Modernisation Board as part of the wider work for the commissioning of the Healthy Child Programme 0-19 years. The market testing, which was slightly delayed, is now underway. The results of the market testing will be available at the end of January and will be reported to the Public Health Modernisation Board and to the March meeting of the Health and Wellbeing Board. We will be able to say how many organisations have expressed an interest; however it will not be possible to provide the details of any individual provider.

The Terms of Reference for the Health Visiting Transformation Group dated the 14th October 2015 are available and I will ensure a copy is sent to you.”

- 39.9 Mr. Kirk then asked the following question; “Are the Council and the Board responsible to the residents of the city as they should be transparent in their decision-making and if people did not want to bid then they would choose not to do so.”
- 39.10 The Chair asked the Lawyer to the Board to respond.
- 39.11 The Lawyer to the Board stated that in any bidding process there was an element of commercial sensitivity which had to be respected and could not be shared publicly. All such matters would be considered by the Board on their merits and it was perfectly usual to have a degree of confidentiality in order to obtain the best deal for residents.
- 39.12 The Chair then invited Mr. Kapp to come forward and to put his question to the Board;
- “My question relates to Item 47 on the agenda, Enhanced Health and Wellbeing GP service update. Will the third sector be invited to bid for these Locally Commissioned Services, and if so, when will the invitations be issued?”
- 39.13 The Chair replied; “The new Locally Commissioned Services contract is a contract available only to GP practices working together in a cluster. Clusters of practices are required to develop action plans to outline how they want to deliver services. In the future clusters of GP practices may want to work with, or possibly commission voluntary sector providers to support delivery of particular services but this will be decided by the GP cluster.”
- 39.14 Mr. Kapp asked the following supplementary question; “Would the Chair confirm that as the start date was not until April 2016 that invitations would be issued nearer the time?”

- 39.15 Dr. Beesley replied; “All practices cover the whole population and would not spend the whole budget from day one and she expected the GP Clusters would seek to work with groups from all sectors.”
- 39.16 The Chair noted that there were no further questions and prior to taking the formal items listed in the agenda noted that it was now intended to split the agenda into items for decision, items for discussion and items to note. In this regard it was hoped that it would make it clearer to those attending the meeting. He also noted that those items listed as being to note, would not usually be considered but simply taken as read. The reports would be included with the agenda so that the information was made publicly available.

40 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

- 40.1 The Head of Public Health Intelligence introduced the report which detailed the Joint Strategic Needs Assessment (JNSA) update and sought approval of the summary updates for their publication and approval of the planned needs assessments for 2016/17. She noted that following consultations with various partner organisations it was proposed to conduct needs assessments for vulnerable migrants, the management of mental health and wellbeing in primary care in adults, sensory impairment and acquired brain injury. She also noted that the updated assessments to date were all available online.
- 40.2 Councillor Mac Cafferty stated that the update provided a good insight into what was happening in the city and queried whether the proposed savings in Public Health Intelligence would impact on the JNSA.
- 40.3 The Public Health Consultant stated that the Public Health Intelligence and Corporate Intelligence teams had recently merged and it was anticipated that this would provide a more effective and efficient service. The officers were working closely with other partners and he did not expect it to impact on the work associated with the JNSA and needs assessments.
- 40.4 The Director of Public Health stated that it was a larger team overall having been merged and was now part of the council, which he felt would have a positive effect.
- 40.5 The Chair noted the comments and that a notice of motion was due to be presented at the forthcoming full Council meeting which may result in an issue being brought to the Board. In the meantime however, he put the recommendations to the Board for approval.
- 40.6 **RESOLVED:**
- (1) That the following needs assessments be approved and conducted in 2016/17, based on discussions with, members, officers, partners and commissioners:

- Vulnerable migrants (to expand on the brief assessment that is in place)
 - the management of mental health and wellbeing in primary care in adults (rapid needs assessment)
 - Sensory impairment (new JSNA summary- all ages)
 - Acquired brain injury (JSNA profile - adults).
- (2) That the 2015 JSNA summary section updates be approved for publication; and
- (3) That the duty to publish a Joint Strategic Needs Assessment (JSNA) under the 2012 Health and Social Care Act: that from April 2013 councils and CCGs have equal and explicit obligations to prepare a JSNA and that this duty is discharged by Health and Wellbeing Boards be noted.

41 **JOINT HEALTH AND WELLBEING STRATEGY 2015**

- 41.1 The Deputy Director of Public Health introduced the report which detailed the Board's second Joint Health & Wellbeing Strategy and reflected the Board's a broader remit since its first published strategy in 2012/13. He stated that the proposed strategy included input from across the council and the CCG and was aimed at improving the health and wellbeing of the population and reducing inequalities. There were five key themes within the strategy which it was hoped would be a dynamic document that developed over the period.
- 41.2 Dr. Beesley stated that the CCG fully endorsed the strategy and had welcomed the opportunity to develop it and hoped that it would lead to outcomes that were the best possible in Europe.
- 41.3 Councillor Mac Cafferty thanked everyone involved in the development of the strategy and welcomed the intent that it would be a living document. However, he was concerned about the deliverability of the aims such as removing rough sleeping from the city by 2020 and reducing unemployment when there were a number of disabled people who could not work. He believed the aspirations listed were commendable but was concerned about how they could be delivered and the impact of budget reductions.
- 41.4 Councillor K. Norman stated that there were a number of challenges to be faced and it was unlikely that all the aspirations listed would be achieved fully, but the intention was to improve the quality of life for residents and that had to be supported.
- 41.5 The Chair of the Adult Safeguarding Board welcomed the report and stated that the strategy complimented a number of activities that had been undertaken and were planned around safeguarding and inclusion.
- 41.6 Councillor G. Theobald noted that a number of older people suffered falls and queried how they would be dealt with in the future. He was unsure whether the necessary links

amongst providers were in place or that it would result in a number of people delivering help in different ways.

- 41.7 The Chair stated that there were a number of challenges to be tackled in regard to the delivery of the strategy and it would require people to work differently and together. However, he felt that even if only a partial amount of the strategy was delivered, it would have a positive impact within the city.
- 41.8 Karin Janson informed the Board that in relation to falls there were different levels of support and noted that other countries had introduced the use of rolling walking aids which might be something that could be looked at as part of developing the strategy.
- 41.9 The Head of Commissioning and Contracts noted that Public Health had recently held a workshop on how to support people at risk of a fall and an action plan was currently being drawn up that would then be shared.
- 41.10 The Deputy Chair stated that she wished to thank everyone involved in developing the strategy and welcomed the intention that it would be a living document. She also noted that there were adults who were not older people but were in need of support and an understanding of healthy living that could be owned by everyone in the city. She looked forward to being able to see how things progressed.
- 41.11 **RESOLVED:** That the Joint Health and Wellbeing Strategy as set out in appendix 1 to the report be approved and published.

42 CHILDREN'S HEALTH & WELLBEING COMMISSIONING STRATEGY

- 42.1 The Public Health Programme Manager introduced the paper which set out the shared ambition of commissioners in the council and NHS for the children and young people of the city. She stated that the strategy set out at a high level the way partner organisations intended to work together to achieve the ambition by 2020.
- 42.2 Councillor Mac Cafferty welcomed the report and asked whether in drawing up the strategy any consideration had been made to national changes and their impact in a local context e.g. local authority rules in relation to schools and joint commissioning as outlined on page 85 of the report. He queried whether there was any duplication currently and suggested that it would help to reference the challenges ahead.
- 42.3 The Public Health Programme Manager stated that the national picture had been taken into account and in real terms council and public health budgets would be used as the drivers for change and improvement. The need for better and more integrated services was recognised and this would address any duplication.
- 42.4 The Assistant Director (Children's and Adult Service) noted that it was a new role for the local authority and was sure that the health and attainment of young

people would be considered. However, overall she felt it was a positive approach and would bring about changes.

- 42.5 Councillor Penn stated that she wished to thank the officers involved in bringing the report forward and stated that it appeared that service users had been taken into account in the formulation of the strategy. She believed that when service users were engaged in a process it was more likely that better outcomes would be achieved.
- 42.6 Dr. Beesley stated that as a GP it was important to meet children and families and she was aware that at present it was not possible to work with all service providers. She believed that the new strategy would help to join things up and provide advantages for those children and families in the future.
- 42.7 The Assistant Director (Stronger Families Youth and Communities) welcomed the comments and noted that it was intended to provide an on-line system which would link to the Early Help team and the multi-agency hubs.
- 42.8 The Chair thanked the officers and welcomed the recognition that working together and sharing information was important and would lead to better service provision and outcomes.
- 42.9 **RESOLVED:** That the Children's Health and Wellbeing Commissioning Strategy as set out in appendix 1 to the report be approved and published.

43 BRIGHTON AND HOVE ARMED FORCES COMMUNITY

- 43.1 The Director Sussex Collaborative, Lead, Sussex Armed Forces Network introduced the report which concerned the obligation to meet the requirements of the Armed Forces Covenant. She thanked the Chair and Board for the opportunity to attend the meeting and to outline the work of the Armed Forces Network and the Civil Military Partnership Board that had been established by the Council. She noted that the armed forces community was a hard to reach sector and that there was a genuine need to provide help and assistance to that community in order to enable veterans, families, reservists and regulars to integrate into society and the local community.
- 43.2 She noted that both groups worked together to avoid duplication and that the Civil Military Partnership Board was held in high regard nationally as an example of how things should work at a local level. She hoped that the Board would support the efforts of both groups and would be happy to receive regular updates.
- 43.3 The Chair thanked the Director for attending the meeting and outlining the report.
- 43.4 Councillor Mac Cafferty welcomed the report and the work of both groups. He then referred to the issue of mental health and any correlation with the available support from disability groups such as the FED and others.

- 43.5 The Director stated that this matter had been raised and was one that the groups intended to take forward. However, they were still at an early stage and needed to build relations and publicise their roles, hence the report to the Board.
- 43.6 The Chair of the Children's Safeguarding Board queried whether any provision had been made in relation to street homelessness and children in the area. He was happy to have further discussions with the Armed Forces Network and to look at how matters could be taken forward.
- 43.7 The Director welcomed the offer and noted that a small number of trained champions had been established within the organisation to help in this area, but felt that better relations with the Local Safeguarding Board and Children's Services would be beneficial.
- 43.8 The Director of Adult Services referred to paragraph 4.44 of the report and suggested that more work could be done as the rate was higher than expected.
- 43.9 The Director welcomed the proposal and noted that the data on the number of veterans going through areas was only just being collected; and any help would be welcome.
- 43.10 Councillor Penn referred to paragraph 3.39 in the report and asked if action was being taken to help in terms of housing.
- 43.11 The Director stated that Brighton was ahead of most other councils in this respect, but noted that there were others within the armed forces community who required assistance with housing matters.
- 43.12 Councillor K. Norman noted that his wife, Councillor Ann Norman had been involved with the Network and the Civil Military Partnership Board since its inception. There had been some real progress made but the key point that kept coming up was integration of services to meet the needs. He hoped this would develop and applauded everyone involved in the work to date.
- 43.13 The Chair thanked everyone for their comments and put the recommendations to the Board.
- 43.14 **RESOLVED:**
- (1) That the progress made to date by the Civil Partnership Board, Sussex Armed Forces Network and services and partners within Health and Social Care be noted; .
 - (2) That Board's support for the continuation of the way the groups and systems are working to deliver the needs for this community be agreed;

- (3) That the recommendations from the local JSNA 2015 be noted and agreed:
- (i) To continue joint working across Sussex through the Sussex Armed Forces Network; and
 - (ii) Where possible, implement recommendations from the Sussex needs assessment.

44 THE PUBLIC CONSULTATION ON EXTENDING SMOKE FREE SPACES

- 44.1 The Environmental Health Manager introduced the report which presented the results of the recent public consultation on extending smoke free spaces, to include outdoor areas such as the parks and beaches. He stated that it had been a very successful consultation process and whilst overall there had been little support to extend to parks and beaches, there had been support for areas where children tended to be, i.e. children's centres, outside of schools, play parks and outside seating areas at restaurants.
- 44.2 Councillor Mac Cafferty noted the report and queried why there was no reference to smoke-free zones and whether they had led to a reduction in smoking and whether there was any impact from second-hand smoke.
- 44.3 The Environmental Health Manager stated that there was evidence to show that second-hand smoke did exist in out-door open spaces although its impact could not be confirmed.
- 44.4 The Director of Public Health noted that where notices had been used in countries to encourage smoke-free spaces they had had an impact and set a tone, which was something that was worth considering.
- 44.5 Councillor K. Norman agreed with the view but noted that it would be very difficult to enforce in an open space; and whilst notices could be used he was not sure that they would have an impact.
- 44.6 The Chair agreed that voluntary bans could not be enforced but felt that having notices in areas such as outside school entrances may result in a smoke-free area being established. It would be helpful to highlight the outcomes of the consultation in conjunction with the placement of notices and he believed it had raised awareness levels.
- 44.7 **RESOLVED:**
- (1) That the Board agrees that the Council, through the Public Health Schools programme should encourage smoke free school gates to all primary schools on a voluntary basis;

- (2) That the Board agrees that the Council continue to promote smoke free spaces in children's play parks and the Council through the Public Directorate works with children's centres to encourage smoke free entrances on a voluntary basis;
- (3) That the board agrees that the Council's Public Health Directorate works with restaurants and pubs to encourage smoke-free outdoor areas on a voluntary basis; and
- (4) That the board agrees that the council does not extend smoke free places to all parks and beaches.

45 TRANS NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS

- 45.1 The Board considered a request from the Neighbourhoods, Communities and Equalities Committee to raise the issue of the concerns and frustrations identified in the Trans needs assessment, in relation to waiting lists and access to pathways, especially in relation to specialist services with NHS England.
- 45.2 Pennie Ford informed the Board that NHS England were aware of matter and that she intended to bring a report to the Board in the New Year. She noted that specialist services were commissioned by NHS England and asked that the request from the committee be noted and that the Board await the report. She also noted that Brighton & Hove had been invited to participate in a task and finish group set up by the Regional Director for NHS England that would influence National Policy.
- 45.3 Councillor Mac Cafferty stated that he had chaired the Trans Scrutiny Panel and it was concerning that access to services for the Trans community were not easily accessible. He hoped that the forthcoming report would give some positive news and that action could be taken to support this community.
- 45.4 The Chair noted the comments and suggested that the request and report be noted.
- 45.5 **RESOLVED:** That the request from the Neighbourhoods, Communities & Equalities Committee and the intention that a report would be brought to a future meeting on the matter from NHS England be noted.

46 IMPACT OF THE IN-YEAR REDUCTION TO THE LOCAL AUTHORITY PUBLIC HEALTH GRANT ALLOCATION 2015/16

- 46.1 The Business Manager for Public Health introduced the report which outlined the impact of the recent government announcements on public health budgets and the savings identified in order to come within budget. She stated that further discussions were being held with providers and services in order to identify savings across all the various contracts and to see way budgets could be pooled to provide better provision.

- 46.2 Councillor Mac Cafferty stated that the reduction in public health budgets was not good news and expressed his concern on how services would be maintained and vulnerable communities protected. He noted that throughout the meeting there had been mention of integrating services and provision and hoped that this would result in an ability to meet the savings required, but again expressed his concern as to how such reductions would enable the delivery of the Health & Wellbeing Strategy.
- 46.3 The Director of Public Health stated that it was a difficult situation and that all proposals would need to be carefully scrutinised to ensure that services could be maintained.
- 46.4 Dr. Beesley stated that there was a need to look at budgets in the round and not just in Public Health and hoped that this would be something that could be taken forward as part of the process. There was a need to look across the whole of the city and health pathways in the required savings were to be achieved and services provided to those in need.
- 46.5 The Chair noted the comments and stated that money spent in Public Health was a good investment, however reductions had been made on a national basis and these needed to be tackled.
- 46.6 **RESOLVED:** That the report be noted.

47 ENHANCED HEALTH AND WELLBEING GP SERVICES: UPDATE

- 47.1 **RESOLVED:** That the report be noted.

**48 MENTAL HEALTH CRISIS CARE CONCORDAT - PROGRESS UPDATE
DECEMBER 2015**

- 47.1 **RESOLVED:** That the report be noted.

The meeting concluded at 6.05pm

Signed

Chair

Dated this

day of

2016



