



4.00pm 15 March 2016  
Brighton Centre

### Minutes

**Present:** Councillors Yates (Chair), K Norman (Opposition Spokesperson), Mac Cafferty (Group Spokesperson), Barford and Pennand Wealls, Dr. Christa Beasley, John Child, Dr. George Mack; Clinical Commissioning Group.

**Other Members present:** Graham Bartlett, Denise D'Souza, Statutory Director of Adult Social Care, Pinaki Ghoshal, Statutory Director of Children's Services, Frances McCabe Health Watch, Sarah McDonald, NHS England, Dr. Tom Scanlon, Director of Public Health.

**Also in attendance:** Councillor Penn and Jenny Oates, CCG.

**Apologies:** Dr. Manas Sikdar, Dr. Xavier Nalletamby, CCG

### Part One

#### 59 **DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

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

Councillor Wealls for Councillor G. Theobald; and  
Sarah McDonald for Pennie Ford.

59.2. Dr. Beasley declared that as a GP she worked for Practice PLC in Whitehawk and could therefore be affected by any changes resulting from the proposed Practice closures. She had therefore sought and be granted dispensation to speak on the Personal Medical Services GP Contract Review.

59.3. The Chair noted there were no other 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.

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

## 60 MINUTES

60.1 The minutes of the Health & Wellbeing Board meeting held on the 2<sup>nd</sup> February 2016 were agreed and signed by the Chair as a correct record subject to the following amendments:

- (i) The inclusion of Dr. Mack as being present at the meeting;
- (ii) The correct spelling of Jenny Oates
- (iii) Paragraph 53.5, the reference to GP's should be clarified to be GP partners were due to retire in the next five years.

## 61 CHAIR'S COMMUNICATIONS

61.1 The Chair outlined the following as part of his Chair's communications:

### **Time to Change**

61.2 The Board were very pleased to be able to support the Time to Change campaign which is focused on ending stigma and discrimination faced by people with mental health problems.

61.3 As this initiative focuses on what individuals and individual organisations can do, the Boards role was to encourage partners to engage with the campaign.

61.4 Councillor Caroline Penn, as lead councillor for mental health, signed the Employer Pledge and the Council Action Plan on 28<sup>th</sup> January this year.

61.5 Our Action Plan to support Time to Change includes awareness raising activities reviewing of our stress and wellbeing policies, information and advice, counselling and training opportunities for all staff.

### **South East Coast Ambulance Service – Patient Transport Service**

61.6 At the last Board meeting a question was raised about the changes in Patient Transport Services which are currently provided by SECamb. An updated was requested for this Board. This service is commissioned by High Wealds, Lewes and the Havens CCG led on behalf of the seven CCGs. This is their update.

61.7 In March 2014, the South East Coast Ambulance Service (SECamb) informed the Commissioners that it was not in the position to continue providing PTS in Sussex

beyond the contract expiry date of 31 March 2015 under the existing terms. A one year extension was then agreed with SECAMB to continue delivering the service until 31 March 2016; to enable the seven Clinical Commissioning Groups (CCGs) to undertake a thorough and robust procurement process, supported by widespread engagement with members of the public, incumbent staff, and users of the current service.

- 61.8 A new service specification was developed, informed by the engagement to learn about people's experiences of using PTS and how it could be improved.
- 61.9 Under NHS procurement rules, any potential provider capable of delivering a service was able to express an interest and bid. In this case, we did not receive any final bids from NHS or public sector providers to operate this service.
- 61.10 Following a transparent and robust competitive procurement process that directly included local patients and acute Trust representatives, the seven Sussex CCGs made a decision to appoint Coperforma Ltd to provide the new service. Coperforma has a proven track record of managing patient transport for the NHS, having provided services for hospital Trusts, CCGs and community and mental health service providers in London and Hampshire over the past five years. Coperforma will provide the service through its own patient booking hub, and use a network of local transport providers to deliver the service.
- 61.11 Patient safety is our number one priority. Coperforma is regulated by the Care Quality Commission and we are assured that it will provide a safe and high quality service for patients. Coperforma's performance will be managed and monitored by the CCG in the same way as any other NHS contract. There is no evidence to support suggestions that the new service presents additional safety risks to users, and we are concerned that such statements may be causing unnecessary public alarm.
- 61.12 PTS is a vital service for many people who need help to attend appointments for medical reasons and requires fair and equitable access for every local resident. As such, we have redesigned the eligibility criteria and assessment process used to evaluate every individual's medical need for PTS; removing automatic entitlement to PTS for any specific patient groups to ensure that every patient has an equal opportunity to receive PTS.
- 61.13 We recognise and appreciate the hard work and dedication of staff who have worked to deliver the current service and acknowledge this has been an uncertain time. We are continuing to work closely with incumbent PTS management staff and Coperforma to make necessary arrangements for the transfer of all incumbent staff to either Coperforma or one of its transport providers. The terms, conditions and pension rights for staff transferring to new employers will be protected under TUPE regulations. We do not anticipate any compulsory redundancies.

- 61.14 The budget for the new service has not been reduced and this is not a cost-cutting exercise. The CCGs are looking to commission a more innovative service that will make better use of resources and value for money, so it can deliver an improved experience for patients.
- 61.15 The CCGs feel assured that Coperforma will be able to deliver a high quality service for local people, resulting in shorter waiting times, reduced discharge delays, an easier booking process, better information and clearer eligibility rules.
- 61.16 We will continue working closely with local people, the current service providers (SECAMB and the Patient Transport Bureau (PTB)), Coperforma, and local NHS Trusts to ensure a smooth transition to the new service from 1 April 2016.
- 61.17 The Board has already highlighted that we would request an update from the new provider later in the year on performance.

### **SECAMB Chief Executive and Chair**

- 61.18 If you watched the local news last night you would have seen that the Chief Executive of SECamb is currently on a leave of absence and the Chair has resigned. This is an issue of concern for the Board. We understand the Overview and Scrutiny Committee will be monitoring this.

### **World Social Workers Day**

- 61.19 Today is World Social Workers Day. Council social work staff teams are celebrating their work as well as showing people what social work is and does for our community. As part of the celebrations there been an informal meeting with some of our social work staff where people could hear more about a 'day in the life' of various members of our teams that work to support children, young people and their families across the city.

### **Tom Scanlon**

- 61.20 Our Director of Public Health, Dr Tom Scanlon, will be leaving the council at the end of the month. This is therefore his last Health and Wellbeing Board. I would like to thank Tom for all the work he has done. The transfer of Public health back to the local authorities was made easier by his leadership. We wish him well in the future and thank him for his work in our city.

## **62 FORMAL PUBLIC INVOLVEMENT**

### *Personal Medical Services GP Contract Review – Panel Q&A Session*

- 62.1 The Chair noted that 30 minutes had been set aside for a question and answer session and invited the following to join the Board as Panel members:

Stephen Ingram, Head of Primary Care NHS England  
Sally Polanski, CE Community Works  
Nicky Cambridge, CE Brighton and Hove Healthwatch  
Jenny Moore, Commissioning Engagement Lead, B&HCC

- 62.2 Prior to taking questions, the Chair invited Mr. Ingram to outline the reasons for the review and process that was being followed.
- 62.3 Mr. Ingram thanked the Chair and stated that a commitment had been given at the last meeting of the Board to report back on the deliberations of NHS England in regard to the contract review. He noted that the Director of Commissioning had written to the Chair outlining the situation and that the local commissioning panel had met on the 1<sup>st</sup> March and made a number of recommendations in relation to the 5 sites affected. It was recognised that more time and consideration was required in regard to 4 of the sites and that further work would be undertaken with a view to reporting back to the panel on the 25<sup>th</sup> April. This included having an Equalities Impact Assessment for the possible closures, the potential for neighbouring practices to take over those affected as branch surgeries, the management of dispersal lists and support arrangements for that process.
- 62.4 The Chair thanked Mr. Ingram for the update and noted that several written questions had been submitted and invited Mitch Alexander to come forward and put her question to the Panel.
- 62.5 Ms. Alexander asked the following, “What steps are NHS England, Brighton and Hove CCG and Brighton and Hove City Council doing to ensure that a GP provision can be kept going at The Willows surgery in Bevendean after The Practice Group have ended their contract?”
- 62.6 Mr. Ingram thanked Ms. Alexander for her question and stated that he shared her view of the importance for patients to have access to a GP and it was the intention of NHS England to ensure that remained. The local commissioning panel had decided to take more time and gather more information and had been able to agree an extension of contracts with the Practice Group to enable a staggered exit. There was a need to have certainty that a Practice can be maintained and operated, and a re-procurement exercise would be held if there was a viable option for a practice to continue, if not then there would need to be a closure and reallocation of patients.
- 62.7 Ms. Polanski noted that the feedback from patients was that access to services remained paramount in their view along with service continuity. There was concern that other practices were already at capacity and the lack of information / communication in regard to the process needed to be addressed.

- 62.8 The Chair then invited Linda Miller to come forward and put her question to the Panel.
- 62.9 Ms. Miller asked the following, “How many GPs are there in Brighton and Hove, and how many are expected to retire in the next 5 years; and with this in mind is it difficult to recruit GPs when vacancies are advertised. Are there already surgeries or areas of the city with unfilled vacancies and is there any financial penalty being imposed on The Practice plc for pulling out of its contract, leaving others to deal with the problems this will cause?”
- 62.10 Mr. Ingram stated that Practice PLC had a contractual right to give notice of an intention to withdraw and this had been submitted just before Christmas. However, as he had indicated an agreed exit plan had since been achieved to enable a staggered end to the various contracts.
- 62.11 He also noted that there was a difficulty in recruiting to the Practices across the city and the country and that there was a need for more GP’s to become partners. He was also happy to provide written information in regard to the number of GPs in the city as he did not have this information to hand.
- 62.12 The Chair then invited Anthony Coyne to come forward and put his question to the Panel and noted that he was not present and therefore read it out, “Has it been acknowledged that a possible reason for the collapse of our GP surgeries is because pharmaceutical drugs do not work, hence making the GP's position untenable because the patients are not being healed by the drugs?”
- 62.13 The Director for Public Health stated that there were a lot of successful pharmaceutical drugs which were used appropriately and helped patients. The difficulty was the inappropriate use of prescribing and use of drugs when other alternatives existed. He did not believe that this was the reason for the issues that currently existed in primary care.
- 62.14 The Chair then invited Linda Game to come forward and put her question to the Panel.
- 62.15 Ms. Game asked the following, “I understand that NHS England is responsible for providing healthcare but who is the actual person, or group who is responsible for ensuring that we have a GP service in Bevendean and, if our surgery is eventually closed who took that decision. Was it the same person or group? “
- 62.16 Mr. Ingram accepted that it was a confusing situation and stated that NHS England was the commissioning body for GP Practices but not the provider. The decision to award contracts was with the local regional office, in this case NHS South/South-East, with Felicity Cox as the Director for Commissioning Operations. The local panel will put forward recommendations for consideration based on patients’ views, clinical advisers and the EIA outcome.

- 62.17 Mr. Child stated that the CCG would seek to work closely with the partner agencies and enable a full EIA and joint needs assessment to be compiled for the Panel meeting in April.
- 62.18 Mr. Ingram stated that the Chair of the Board and Chair of the Overview & Scrutiny Committee would be invited to attend the Panel meeting and he was happy to extend the invitation to local PPG reps. He was also happy to meet with the PPG reps before the Panel meeting on the 25<sup>th</sup> April to talk through the process and address any concerns.
- 62.19 The Board Members welcomed the offer.
- 62.20 Jenny Moore noted that there was a PPG network meeting scheduled for the 13<sup>th</sup> April and hoped that this would provide the opportunity to develop working relations across the city.
- 62.21 The Chair then invited representatives from the Hangleton Manor Patient Group, to come forward and put their question to the Panel.
- 62.22 Ms. Walker asked the following question, “The older and less mobile people patients who use Hangleton Manor might not be able to access an alternative GP due to lack of public transport routes to alternative surgeries. Can you tell us how this issue is going to be addressed?”
- We believe that that Hangleton Manor has a disproportionate use of home visits – will the allocated surgery be able to provide this service to all patients who require them?
- Hangleton Manor serves a significant portion of disabled and wheel chair bound patients who require an accessible building. What provision will be made for these patients given the nearest surgeries have existing physical access problems?”
- 62.23 Mr. Ingram thanked Ms. Walker for the question and stated that he believed the EIA would be an important factor in the consideration of the situation by the Panel on the 25<sup>th</sup> April. He believed that there was potential for other surgeries to consider having branch surgeries and for alternative nearby surgeries to take more patients; although he accepted there was a question-mark over capacity issues.
- 62.24 The Chair noted that concerns had been raised about other practices closing lists and queried whether this would be taken into account and whether public bodies were able to bid for the contracts.
- 62.25 Mr. Ingram stated that public bodies could bid to be a provider but it was not an option for NHS England. He was not aware of any practices that had submitted a request to close their lists but was happy to check and report back to the Chair.

He also noted that whilst a practice may have an open list, it was not obliged to take on additional patients but may consider any enquiries that are made to join. If a decision is taken to refuse an application then there is a requirement to provide written reasons as to why.

- 62.26 Nicky Cambridge noted that there was a need for a joint approach to the situation and queried what the public bodies were doing to respond to it when it appeared the market could not.
- 62.27 Doctor Beasley stated that the CCG had taken steps to ensure greater investment in the affected areas, but under the GMS contract they were the hardest to earn from. The weakness of the 5 practices under the Practice Group was that they were spread across the city rather than having neighbourhood based practices. She also noted that discussions were being held in regard to the possibility of establishing a Federation which would then help to support practices across the city.
- 62.28 The Chair then invited questions from the floor.
- 62.29 Mr. Kapp asked the following question, “With the closure of their patient list at Wish Park Surgery following the doubling of numbers resulting from the closure of Goodwood Court, how will remaining patients without a surgery have access to services?”
- 62.30 Mr. Ingram stated that he would need to check on the decision to close the patient list and would provide Mr. Kapp with a full written response.
- 62.31 Councillor Mac Cafferty noted that the public had a right for their needs to be met and queried how NHS England under its constitution was obliged to assess those needs and commission services to meet them accordingly.
- 62.32 Mr. Ingram stated that the consultation process was aimed at identifying what levels of provision were required with as much certainty as possible so that the delivery of services could then be matched to meet those needs.
- 62.33 Frances McCabe noted that accessibility and neighbourhood were important factors in patients’ minds and questioned whether a cluster model would coincide with patients’ views/understanding of neighbourhood and whether it could adapt to meet such aspirations.
- 62.34 Doctor Beasley stated that the cluster model would differ across the city as groups of practices would need to take into account economic viability, back office provision, the neighbourhood etc. There was a need to see how this would develop and how practices would support each other. She noted that patients had been clear in that they wanted to see ‘their’ GP if the matter was an ongoing/serious issue but were happy to see a locum if it was a more general matter.



62.35 The Chair stated that he felt it had been a very useful discussion and thanked the Panel members for their time and the questioners for attending and putting forward their concerns. He hoped that there would be a positive outcome from the meeting on the 25<sup>th</sup> April.

*Public Questions*

62.36 The Chair noted that one public question had been received from Mr. Kapp and that copies of this had been circulated along with a supplementary question. He therefore proposed that he would provide Mr. Kapp with a full written answer that would also be attributed to the minutes for record and sought Mr. Kapp's agreement to that which was forthcoming.

62.37 The public question and supplementary from Mr. Kapp are listed below for information:

Question - "When is the HWB going to call the CCG to account for failing to invite tenders to provide NICE recommended talking therapies to vulnerable people in the city for the £53 m already allocated to treat them?"

Supplementary question - "When is the CCG/HWB going to invite tenders to provide NICE recommended talking therapies to at least 2,000 extra patients requiring treatment following the new mandate to treat 25% rather than 15%?"

**Note:** *Written response to the questions from the Chief Operating Officer of the CCG detailed below:*

62.38 *"Thank you for the question that you submitted to the Health & Wellbeing Board on 15<sup>th</sup> March 2016. As you know we are committed to providing you with a written response.*

*As you will be aware we have dealt with very similar matters in previous correspondence to answer to your previous public questions, I hope you will find it helpful to reiterate them here:*

- (1) *We are aware of the correspondence you have received from the Council's legal services department in December last year and I think it would be helpful to reiterate the structure of the Health & Wellbeing Board. The Health & Wellbeing Board is joint committee comprising of members of the Council and the CCG. As stated in the letter from the Council and in subsequent correspondence with the CCG, both are separate organisations and the CCG does not report to the Council as a supervisory organisation.*
- (2) *The £53M that you refer to in your question has not been identified for the provision of Talking Therapy. The monies that you identify are required to*

*commission a wide variety of other services in the City and it would be inappropriate to use elements of that funding to commission Talking Therapy.*

- (3) *The CCG has not failed to invite tenders for the provision of Talking Therapy. Talking Therapy is provided for patients in Brighton and Hove as part of the Wellbeing Service. This contract has been in place since the establishment of the CCG. It is not necessary to seek tenders until it is necessary for the service to be re-procured. With an effective service in place it is not clear how you anticipate the Health & Wellbeing Board might "call the CCG to account for failing to invite tenders".*

*As the commissioner of this service the CCG is responsible for managing the service's performance and we will continue to ensure that we obtain the best possible outcomes from our provider.*

*As mentioned above, Talking Therapies are currently commissioned as part of the Wellbeing Service which has been in place for some years. As this contract is approaching the end of its term the CCG will shortly commence a procurement process for the Wellbeing Service. The new service will also include Talking Therapies and sufficient capacity will be commissioned to meet the increased level of service noted by the Department of Health.*

*The CCG will seek tenders from organisations suitably qualified to provide these services and we will advertise this opportunity in appropriate publications, including on the CCG website. Full details will be provided when they are available, including the service specification, minimum requirements for bidders and the evaluation criteria.*

*Since you submitted the above question you have also raised a separate question of the CCG asking when we will commission an increase to the current Talking Therapy provision. I believe we have now answered that question sufficiently in the paragraphs above."*

## **63 PUBLIC HEALTH NURSING COMMISSIONING STRATEGY**

- 63.1 The Public Health Programme Manager introduced the report which detailed the re-commissioning of the Public Health Community Nursing services for the delivery of the Healthy Child Programme 0-19 years from the 1<sup>st</sup> April 2017. She noted that a competitive procurement process would be undertaken with a view to providing a more flexible service and that a transition plan was being drawn up with the current provider Sussex Community Trust (SCT). Depending on the outcome of the procurement process a tender exercise may need to be held otherwise it was expected that the revised service would be provided by SCT.

- 63.2 The Board noted the report and expressed concerns over the potential decommissioning of the Family Nurse Partnership (FNP) programme and the overall 18% reduction in resources. Members were concerned that there could be safeguarding issues in respect of children.
- 63.3 The Director of Public Health stated that the FNP service had come out of an American model which differed from the situation in England. There were opportunities to improve the overall service provision and reduce costs and he was disappointed that the recommissioning of the service had been affected by a change in the law. There was a risk that experienced staff would be lost as a result however there was a need to follow the required process.
- 63.4 The Chair of the Children's Safeguarding Board stated that there were risks associated with changes to delivery models, and these would need to be taken into consideration in terms of safeguarding arrangements that were in place across the city.
- 63.5 **RESOLVED:**

That the Director of Public Health be granted delegated authority to place a Prior Information Notice pursuant to the requirements of the Public Contracts Regulations 2015 and to carry out a competitive procurement process if alternative providers come forward;

That if no alternative providers come forward, the Director of Public Health be granted delegated authority to lead a collaborative re-design process and contract negotiation with the current provider, Sussex Community NHS Trust (SCT); and

That a further report on the outcome of the process outlined above be brought to the Health & Wellbeing Board prior to the award of a new contract.

#### 64 **SUBSTANCE MISUSE INPATIENT DETOXIFICATION BEDS**

- 64.1 The Lead Commissioner for Substance Misuse introduced the report which detailed the proposed changes to the provision of substance misuse detoxification beds as a result of Sussex Partnership Foundation Trust's decision to cease its contract with effect from 31<sup>st</sup> March 2016. The new contract effective from the 1<sup>st</sup> April 2016 would see Brighton and Hove residents referred to City Roads residential unit in Islington, north London. The Lead Commissioner noted that there was no alternative provider within the city and that both East and West Sussex County Councils were reviewing their arrangements and this may result in an alternative provision in the long-term for Brighton and Hove. In the meantime there would be a review of the overall care pathway and budget allocation and of the service provided by Cranstoun at their City Roads establishment.

- 64.2 The Lead Commissioner also noted that referrals would be considered on an individual basis and appropriate arrangements made to ensure that anyone attending City Roads was able to get there and return after their stay safely.
- 64.3 Councillor Mac Cafferty queried why SPFT had chosen to end the contract and how the cost compared with the proposed service at Islington.
- 64.4 The Lead Commissioner stated that SPFT had lost contracts with other bodies and could not continue to meet its contractual obligations. There was a need to continue to provide a service to residents and with no other local provider, the option to use City Roads was considered the best alternative and value for money.
- 64.5 Councillor Barford queried whether it was likely that a more local provision could be made in the future.
- 64.6 The Lead Commissioner stated that the contract was initially for a year and would be kept under review. She noted that both East and West Sussex were looking at their contracts and it may result in an opportunity to join either of them. She also noted that there was some evidence of having treatment outside of the local area being more beneficial and this would be taken into account as part of the review. Overall costs were lower and Caranstoun had a good CQC report for this service.
- 64.7 The Chair noted that the contract was to be monitored closely and suggested that an update report be brought to the Board after quarter 2.
- 64.8 **RESOLVED:** That the report be noted and a further update report be brought to the Board in due course.

## 65 **ROUGH SLEEPING STRATEGY 2016: CONSULTATION DRAFT**

- 65.1 The Head of Adults Assessment introduced the report which outlined the Council's intention to address the issue of rough sleeping and to remove the need to sleep rough in the city by 2020. He noted that the issue impacted on the public health care system and required a city-wide response if the strategy was to be effective and therefore it was being taken to a number of meetings.
- 65.2 The Housing Strategy Manager noted that incidents of rough sleeping had been increasing in recent years and currently there were 78 known rough sleepers in the city, which placed Brighton and Hove as the 3<sup>rd</sup> highest in the country below Westminster and Bristol. The street services team had worked with 1,100 people last year and 300 hostel places had been provided with 200 people still on the waiting list. He noted that 74 years was the national average for a person to live whilst for a rough sleeper it was 47. The aim of the strategy was to provide a common approach to this situation and enable the various providers who were

doing a great deal of good work to work together and ideally achieve the goal by 2020.

- 65.3 The Chair of the Adult Safeguarding Board noted that the Board had commissioned two pieces of work relating to rough sleepers, a desk-top review looking at the number of deaths in the last year and a Safeguarding Adult Review in relation to a death at the end of 2014.
- 65.4 Councillor Barford welcomed the report and thanked the officers for their work to date and hoped that the strategy could be finalised and action then taken to address the situation and achieve the outcome by 2020.
- 65.5 The Director of Public Health stated that it was an ambitious target and asked what monitoring of numbers on the street was being undertaken, given the incremental rise shown on page 48 and where would the overall accountability for the strategy sit.
- 65.6 The Head of Adults Assessment stated that it was an immense challenge and one that would require a fully joined up approach. There was an officer/Member Steering Group which would oversee the strategy and report to committee on a regular basis. In regard to the numbers of rough sleepers an annual count was undertaken.
- 65.7 Councillor Penn welcomed the report and queried how the cycle of having temporary allocated and then losing it and thereby ending up back on the street could be broken.
- 65.8 The Public Health Consultant stated that a review of hostel providers was being undertaken and it was recognised that there had been a failure in terms of how they met the needs of those referred and how the provision could be maintained. He noted that the council had recently appointed St Mungo's to lead on the provision of temporary accommodation and hopefully a more integrated approach would be developed.
- 65.9 Councillor Mac Cafferty noted that there was a long waiting list for hostel accommodation already and that there would be a need to address this bottleneck if priority 5 of the strategy was to be met. He therefore queried whether any discussions were being held directly with rough sleepers and how information from consultations with providers and rough sleepers would be reported.
- 65.10 The Housing Strategy Manager stated that the Homelessness Strategy had been developed in partnership with landlords and it was hoped that this would encourage a more co-ordinated approach. The consultation on the Rough Sleepers Strategy would have an impact on the final development of the strategy and an event had been set up to which rough sleepers were invited so that their views could be taken into account. He also noted that the report and draft strategy had

been considered and welcomed by the Housing & New Homes and Neighbourhoods, Communities & Equalities Committees.

- 65.11 Frances McCabe referred to the Board's earlier discussion around GP practices and queried how the primary care hub referred to in the draft strategy connected with Morley Street.
- 65.12 The Public Health Consultant stated that it would fit with the proposals for Morley Street and the 'better care' approach with the co-ordination of multi-disciplinary teams and should lead to the model being taken further forward.
- 65.13 Councillor K. Norman welcomed the report and thanked the officers for their work on the strategy. He supported all five priorities but felt that they would be difficult to achieve.
- 65.14 The Chair noted the comments and added his thanks to the officers for their work on developing the strategy and hoped that following the consultations an agreed strategy would be in place.
- 65.15 **RESOLVED:** That the report and the draft strategy as detailed in appendix 1 to the report be noted.

## 66 LSCB BUSINESS PLAN 2016-19

- 66.1 The Chair of the Local Safeguarding Children's Board introduced the report which set out the priorities for the 2016-19 Business Plan and noted that these would be reported on as part of the Annual report.
- 66.2 Councillor Mac Cafferty referred to the question of advocacy rights v the Care Act and a recent judgement in the High Court which suggested that a local authority could not consider the deprivation of liberty of a minor without going to High Court. In view of the costs associated with such a matter, he wondered how this could be budgeted for.
- 66.3 The Director of Children's Services stated that he wished to endorse the Business Plan and in regard to the question, it was something that could not be easily answered other than it was another responsibility that would have to be met from existing resources as and when it occurred.
- 66.4 Councillor Barford stated that funding issues were an important consideration and she hoped that partner agencies would be able to support the council in terms of meeting statutory duties
- 66.5 **RESOLVED:** That the report be noted.

## 67 ADULT SAFEGUARDING BOARD'S ANNUAL BUSINESS PLAN

- 67.1 The Chair of the Adult Safeguarding Board introduced the report which set out the priorities for the 2016-19 Business Plan and noted that these would be reported on as part of the Annual report.
- 67.2 The Chief Operating Officer of the CCG queried whether the Adult Safeguarding Board received reports on the use of the Mental Health Act and whether the information was accounted for in the plan.
- 67.3 The Chair of the Adult Safeguarding Board stated that serious incidents were reported to the Board and referred to in the plan.
- 67.4 The Director of Adult Services stated that there was a need to consider how the use of the Mental Health Act and incidents were recorded as part of the assurance work so that the information was visible. She suggested that officers give this some further consideration.
- 67.5 **RESOLVED:** That the report be noted.

The meeting concluded at 7.00pm

Signed

Chair

Dated this

day of

2016