

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 6 November 2012 at Council Chamber, Runcorn Town Hall*

Present: Councillors E. Cargill (Chairman), J. Lowe (Vice-Chairman), Baker, Dennett, V. Hill, Horabin, C. Loftus, Wallace, Zygodillo and Mr J Chiocci (co-optee)

Apologies for Absence: Councillor Sinnott

Absence declared on Council business: None

Officers present: L. Derbyshire, J. Gibbon, L Gladwyn, H. Moir, E. O'Meara, Y. Sung, S. Wallace-Bonner and L Wilson

Also in attendance: Callum Clarke, Jessica Jones, Stephanie Dagger and Joanne McCarrick (Alive N Kicking), Chrissie Cook (St Helens & Knowsley Hospitals NHS Trust) and Simon Banks (Halton CCG)

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

*Action*

HEA26 LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION)ACT 1985 URGENT BUSINESS

The Board was advised that one matter had arisen which required immediate attention by the Board (minute HEA41 refers). Therefore, pursuant to Section 100 B (4) and 100 E, and due to the fact that the matter required a decision by the Executive Board as soon as possible the Chairman ruled that the item be considered as a matter of urgency.

HEA27 MINUTES

The Minutes of the meeting held on 11 September 2012 having been printed and circulated were signed as a correct record subject to two additional recommendations being added to Minute No: HEA23 – Scrutiny Review of Homelessness Services 2011-12 and be recorded as:-

- (3) all relevant items connected with the Womens Aid Refuge be referred back to the Scrutiny Topic Group; and

- (4) all work connected to the Womens Aid Refuge, especially dispersed housing, will cease until the Members of the Scrutiny Topic Group can reconvene a meeting.

#### HEA28 PUBLIC QUESTION TIME

The Board was advised that no public questions had been received.

#### HEA29 SHADOW HEALTH AND WELLBEING MINUTES

The Minutes of the Shadow Health and Wellbeing Board of its meetings held on 18 July and 12 September 2012 were submitted to the Board for consideration.

RESOLVED: That the minutes be noted.

#### HEA30 HALTON'S ALIVE 'N' KICKING - PRESENTATION

The Board received a report and presentation from Stephanie Dagger, and Joanne McCarrick, Alive 'N' Kicking Halton & St Helens on a teenage healthy weight management programme for all young people aged 14 – 19 years of age. Two young people, Callum Clarke and Jessica Jones also attended the Board to talk about their experiences of the service.

The Board was advised that the programme had been in operation since March 2012 and was designed and delivered by the Weight Management Centre, whose aim was to improve the health of the whole Borough.

The Board was further advised that it provided families with the information, skills and services needed to make healthier food choices and increase physical activity levels. The experienced team offered support and advice to maintain a healthy weight as well as encouragement to try out new activities.

It was reported that the service was based at the Stobart Stadium and was delivered across venues within Halton.

The presentation:-

- Explained the Alive 'N' Kicking Programme and outlined the weekly topics;

- Explained the venues and programmes;
- Highlighted the increase in the number of referrals that had been received in year two (746) in comparison to year one (378);
- Detailed the referral routes to access the programmes and highlighted that over the two years St Helens had received 557 referrals and Halton had received 567;
- Outlined that over the two years, 362 overweight and obese young people had started a programme, with 293 completing, which represented 81% of young people completing a course;
- Detailed the anthropometric results and follow up actions; and
- Outlined the behaviour change results and detailed the feedback and satisfaction; i.e. out of 72% of 857 young people, 98% scored the service as 5\*.

Callum Clarke reported that he was 14 years of age and a carer and sometimes he would eat unhealthy meals. However, since learning all about food on the programme, he had been shocked to find out how unhealthy some foods were. The programme had helped him to eat healthier and he had lost a stone in weight. Since starting the programme he had also started to cycle to school, play football, walk the dog and exercise at home. Initially he had been worried that he would not fit in and had very little confidence because of his size. Callum reported that the programme had also enabled him to be more confident and he was a much happier person. He attended the drop in sessions and acted as a mentor to other young people. In conclusion, he reported that he had made lots of new friends and worked hard with his personal trainer.

Jessica Jones reported that she was 14 years of age and had started the programme six months ago. She added that she had been referred via her GP because of health problems. Initially, she wasn't very enthusiastic about the programme as she thought that she would get bullied and her self esteem had been very low. However, the programme had taught her all about food and nutrition and she had managed to lose a lot of weight and her self esteem had improved. Jessica reported that she had made lots of new friends and that she also mentored young people who were new to the programme. In conclusion, she reported

that she goes every week to maintain the exercise and would continue to do so as it was helping her to maintain her weight and she felt better as a result of the weight loss. She reported that she would stay at Alive N Kicking until she wasn't allowed to go anymore as she loved it.

The Board congratulated the young people on their excellent presentations and thanked them for taking the time to come to speak to the Members about their experiences of the programme. The Members commented that the two young people were amazing and highlighted that their experiences represented a powerful message to other young people.

The following comments arose from the presentation:-

- It was noted that information on the service was via flyers, leaflets in public places, schools colleges and word of mouth. Visits were also undertaken to GP surgeries and youth clubs and the service worked closely with the youth service;
- It was suggested that as the funding for the service would cease in March 2013, discussions could take place with representatives from the Clinical Commissioning Group and The Director of Public Health who were present at the meeting;
- Clarity was sought on what information had been passed to parents. In response, it was reported that when the young people had their consultation, parents were given information packs and they were able to ask questions and sometimes a friend or a parent would attend the programme for support;
- Clarity was sought on whether the programme could be extended to younger people. In response, it was reported that Fit for Life covered young people up to the age of thirteen. However, the two programmes crossed over in Year 9. In addition, it was reported that if necessary some young people would be referred to other agencies i.e. CAMMS;
- It was noted that the service did not cover any specific work with teenage mums. However, it was reported that it was an area that could be looked into. In addition, it was also reported that some young mums attended the college and could access the programme via that route; and

- It was suggested that the Programme Manager email information on the service to the Director of Children and Enterprise, who would circulate it to all the schools in Halton.

RESOLVED That:

- (1) The presentation be received and the report and comments raised noted; and
- (2) Stephanie Dagger, Joanne McCarrick, Callum Clarke and Jessica Jones be thanked for their informative presentation.

#### HEA31 NHS HALTON CLINICAL COMMISSIONING GROUP - PROGRESS ON AUTHORISATION

The Board considered a report of the Strategic Director, Communities which informed the Members of the progress of Halton Clinical Commissioning Group (CCG) towards authorisation as a statutory organisation as established by the Health and Social Care Act 2012.

The Board was advised that the Clinical Commissioning Group authorisation: Draft guide for applicants, published in April 2012, had set out the process by which applications from CCGs would be accepted in four waves between July and November 2012. The NHS Commissioning Board (NHS CB) had agreed that NHS Halton CCG was in the third authorisation wave from October 2012.

The Board was further advised that as part of the authorisation process NHS Halton CCG had been required to undertake a 360° Stakeholder Survey. The stakeholder survey which was undertaken by Ipsos MORI was an important part of the CCG authorisation assessment methodology. It was reported that one of the specific stakeholders who the CCG had included in the survey was the Health Policy and Performance Board as represented by the Chair.

It was reported that the survey returns had indicated that stakeholders were generally very positive about the engagement that had taken place with NHS Halton CCG to date. The vast majority were also satisfied with the way in which this had been done so far and working relationships also appeared to be strong. In addition, it was reported that a large majority of stakeholders were positive about the

leadership of NHS Halton CCG.

Furthermore, it was reported that the submission of evidence to the NHS CB, had included the outcomes of the 360° Stakeholder Survey, and this would be followed by a desk top review which would be undertaken in advance of a site visit by an assessment team. The assessment team would be visiting NHS Halton CCG on 20<sup>th</sup> November 2012.

It was also reported that NHS Halton CCG was in the process of appointing an in-house management and commissioning support team. The Chief Officer Designate had been appointed on 13<sup>th</sup> August 2012 and the Chief Finance Officer shortly after. The remaining roles would be recruited by mid-November 2012. Arrangements were also being made with Merseyside Commissioning Support Unit (MCSU) for additional support to enable the CCG to deliver statutory and other duties. Existing arrangements for integrated working and co-production with Halton Borough Council would also be built upon.

In conclusion, it was reported that NHS Halton CCG had recruited four Lay Members, one of whom would be Deputy Chair. These Lay Members had started with NHS Halton CCG on 1 October 2012. NHS Halton CCG would still need to recruit a registered nurse and a secondary care doctor to the Governing Body.

Clarity was sought on whether the lay members lived or worked in Halton. In addition, concern was raised that if they did not live in the area, they would be making decisions on funding on an area that they did not live in or would be familiar with. In response, it was reported that one member did not live in the Halton area. However, the Board were assured that the recruitment process had been rigorous, fair and transparent and the member concerned would have a positive impact.

RESOLVED: That the content of the report and the progress being made towards the authorisation of Halton CCG be noted.

HEA32 ST. HELENS & KNOWSLEY TEACHING HOSPITALS NHS TRUST QUALITY ACCOUNT 2011/12

The Board considered a report of the Strategic Director, Communities which presented the Members with a summary of the St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account 2011/12.

The Board was advised that The Quality Account provided detailed information regarding the achievements St Helens and Knowsley Teaching Hospitals NHS Trust Account had made over the last year and what comparisons could be drawn from the previous years' performance.

The Board was advised that last year, the Trust had set quality improvement targets of reducing falls, hospital acquired pressure sores and health care associated infections as part of patient safety programme. The Trust had managed to achieve these improvements and in the case of falls and pressure ulcers, the target had been exceeded.

It was reported that in addition to the quality improvement targets, the Trust also monitored its performance against 12 national quality targets. The Trust had achieved 11/12 national quality targets, the exception being: the percentage of patients who had suffered a stroke and spent 90% of their time on a dedicated stroke unit. The target was 80% and the Trust had achieved 78.3%.

Furthermore, it was reported that the Trust had also scored well in both local and national patient experience surveys. The number of formal complaints had reduced for the sixth consecutive year, with 401 complaints received in 2011/12.

In conclusion, it was reported that an 'Excellent' rating had also been achieved by the Trust in the Patient Environment Action Team assessments. This rating was across both St Helens and Whiston Hospitals and for all categories including cleanliness, hygiene, infection control, the environment, accessibility, food and privacy and dignity.

Copies of the Quality Account Document and a summary was circulated at the meeting.

The following comments arose from the discussion:-

- The Board welcomed the report and noted that pressure ulcers could be serious. The actions being taken to reduce the number of patients with pressure ulcers in the hospital was also noted;
- It was noted that complaints could result in a better service and that all complaints needed to be dealt with appropriately. It was also noted that as well as the complaints process, feedback was received from numerous different areas and the lessons

learned would be fed back through the service;

- The Board welcomed the introduction of Health Passports which were individual documents compiled by the patient, their relatives and carers and could be used to provide written communication about a patient's needs, preferences, likes and dislikes and which could greatly assist in the care that the Trust provided;
- The Never Events Policy was noted and it was also noted that checklists were used widely to ensure patient safety;
- How complaints were monitored was noted. The Board also noted that complaints regarding the attitude of staff and the lack of communication had reduced as a result of training and that the PAL service was being used more frequently; and
- Clarity was sought on the increase in the number of people attending A&E and what percentage was due to alcohol abuse. In response, it was reported that the top reasons for ill health was alcohol abuse, obesity and smoking. It was also reported that this information would be reported back to the January meeting as part of the Urgent Care Plan Strategy.

RESOLVED: That the report and comments raised be noted.

#### HEA33 ADULT SOCIAL CARE CUSTOMER CARE REPORT: 1ST APRIL 2011 - 31ST MARCH 2012

The Board considered a report of the Strategic Director, Communities which provided an analysis of complaints, compliments and other enquiries processed under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to meet the statutory requirement to publish an Annual Report.

The Board was advised that from April 2009 a common approach to handling complaints in the NHS and Adult Social Care had been introduced and aimed at encouraging complaints handling that was tailored for each individual and handled more flexibly. It was reported that it allowed a more efficient and effective way of responding to, and learning from, complaints whilst encouraging the best outcome for



both the individual and the organisation.

It was reported that complaints had been analysed and the majority processed in the normal way (Stage 1) and those of a more complex nature (Stage 2). There had been 73, statutory complaints closed at Stage 1, in the year, showing an increase of 19 (35%) from the previous year. Of those 73 there were 4 that had progressed to Stage 2.

The Board noted the outcome of closed Stage 1 Statutory Complaints and the Category of the 73 closed Stage 1 Statutory Complaints that were upheld in full or part.

In respect of Stage 2 complaints there had been five complaints. None had been undertaken by an External Independent Investigator and all had been conducted internally by Senior Managers. Of these, three complaints had been partially upheld and two had been completely upheld.

In addition, it was reported that the complaints system had been evaluated by asking people how satisfied they were with the way their complaint had been handled. The Board noted the summary of findings from the 27 service users.

In conclusion, it was reported that a new and developing report for the Communities Directorate focused on compliments and provided a more in depth analysis. Compliments provided a balance and illustrated that the services we provided made a real difference to the lives of vulnerable people and their families. Compliments had been received across a broad range of service areas and the Board noted the examples of compliments that had been received.

The following comments arose from the discussion:-

- It was suggested that some people did not like to make a formal complaint and preferred to mention their concerns to a member of staff. Clarity was sought on whether this would be dealt with in the same way as a formal complaint. In response, it was reported that a risk assessment would be undertaken and an appropriate response/action taken;
- It was noted that the significant costs and the increase in publicity related to residential care was having an impact on the number of complaints as

expectations were higher;

- Clarity was sought on whether there was a timescale on complaints i.e. when a patient has died and the family were grieving. In response, it was reported that there was guidance relating to timescales i.e. a year. However, Halton looked sympathetically towards such complaints and dealt with them appropriately; and
- Regarding paragraph 3.1.16 of the report – Complaints with dignity and safeguarding elements, clarity was sought on the outcome of these complaints. In response, it was reported that this information would be circulated to all Members of the Board.

RESOLVED: That the report and comments raised be noted.

HEA34 ADULT SAFEGUARDING: INTEGRATED SAFEGUARDING UNIT - PROGRESS & HALTON'S SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2011/12

The Board considered a report of the Strategic Director, Communities which presented Halton's Safeguarding Adults Board (HSAB) Annual Report 2011/12 and gave an update on the progress of the establishment of Halton's Integrated Safeguarding Unit.

The Board was advised that the Annual report contained the following; the Forward; The Vision; The National Context; the Structure and Reporting Arrangements; the Outcomes; the Board priorities; the Safeguarding Data available and The Key Developments and Local Activity.

The Board was also advised of the six sections in the report regarding:-

- Learning & Development;
- Publicity and Communications;
- Quality and Performance;
- Policies and Procedures;
- Practitioners Network; and
- Safer Workforce.

Furthermore, it was reported that professional guidance was being developed to further progress confidence on what should be referred through the

Safeguarding Unit. The guidance/chart was set out on page 118 of the report and represented four levels of safeguarding. It was emphasised that the model was only in the early stages of development.

The Board noted the various activities that had taken place and were set out in paragraphs 3.4 to 3.10 of the report.

The following comments arose from the discussion:-

- Clarity was sought on the situations and approaches that would be used under the four different levels. It was suggested that the model was too flexible and it would be more beneficial to establish a definite benchmark in each level. It was also suggested that the model could be produced in a word wheel format. In response, it was reported that the comments would be considered and further work undertaken on the guidance which would be presented to the Board in January 2013;
- It was noted that the case study outlined in the report had been successfully prosecuted;
- Members emphasised the importance of accurate electronic reporting rather than paper based systems, where there could be difficulties with interpreting handwriting. It was noted that Baseline Assessment form set out on page 137 of the report would be completed on paper initially and then inputted electronically. It was also noted that checks were undertaken to ensure the electronic version was the same as the paper version;
- The numerous reasons for the Public Prosecution Unit investigations resulting in only a low number of prosecutions was noted; and
- It was noted that the Authority worked very closely with the Care Quality Commission regarding residential placements. It was also noted that the in house team were robust in respect of monitoring residential homes in Halton and taking action whenever necessary.

RESOLVED: That the report, associated appendices and comments raised be noted.

## HEA35 HEALTH & WELLBEING STRATEGY

The Board considered a report of the Strategic Director, Communities which presented Halton's Health and Wellbeing Strategy.

The Board was advised that work had commenced on the development of a Health and Wellbeing Strategy for Halton. This process had involved gathering and analysing information and intelligence from a variety of sources including the Joint Strategic Needs Assessment, Area Health Profiles and consultation exercises with partners, Elected Members, the public, school children, including special schools and representatives from the Council and PCT workforce. The emerging priorities from the Clinical Commissioning Group Commissioning Plan had also been considered;

It was reported that the analysis had produced a comprehensive list of health and wellbeing needs for Halton. The Board had agreed an initial set of five priorities which would be reviewed after a 12 month period and either continued or changed depending on the progress. The five key priorities were as follows:-

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol; and
- Prevention and early detection of mental health conditions.

In addition, it was reported that following agreement of the priorities a draft Health and Wellbeing Strategy had been developed and this had been approved by the Health and Wellbeing Board at its meeting on 12<sup>th</sup> September was attached as Appendix 1 to the report.

The following comments arose from the discussion:-

- Clarity was sought on the challenges set out on Page 159 of the report and why this was worse than in some neighbouring authorities when their social and economic factors were similar to Halton. In response, it was reported that regarding alcohol abuse, the neighbouring authorities were similar i.e. Halton were the 10<sup>th</sup> worst, Knowsley the 2<sup>nd</sup> worst and Liverpool 3<sup>rd</sup> worst. Regarding cancer problems, it was reported that there was a high legacy of smoking in the Halton. The number of

people who smoked had reduced but lung cancer had a long lead in time, so the statistics remained high. In respect of other priorities, it was reported that further work had commenced i.e. falls, there had been a 10% reduction in Halton and it was hoped this would continue;

- It was suggested that information sharing should be listed as a priority. In response, it was reported that it could not be added to the list as it was not a health priority. However, it was part of the strategy and the way forward;
- It was suggested that the problems relating to lung cancer was as a result of the chemical industry over the years in Halton and this should be added to next years list of priorities; and
- It was noted that action was being taken to support families in recognising mental health conditions and taking action on them as soon as possible.

RESOLVED: That the report, the Strategy and comments raised be noted.

#### HEA36 LEARNING DISABILITY PARTNERSHIP BOARD - ANNUAL SELF-ASSESSMENT REPORT 2011/12

The Board considered a report of the Strategic Director, Communities which presented the Halton Learning Disabilities Partnership Board Annual Self Assessment Report 2011-12 and outlined the process involved prior to its submission to the Learning Disabilities Observatory.

The Board was advised that the Learning Disabilities Partnership Board Annual Self-Assessment Report had been introduced in 2009/10. It was reported that the Improving Health and Lives: Learning Disabilities Observatory was collating the 2011/12 assessments on behalf of the Department of Health and would publish the response on its website.

It was also reported that the national and regional infrastructure to ensure progress in delivering Valuing People had ended in 2011, and local authorities were continuing to support the work of the North West Training and Development Team to promote the rights of people with learning disabilities and share good practice across the region.

The Board was further advised that the self assessment had been completed by relevant officers of the Council, senior managers of NHS Halton & St Helens, members of the Partnership Board, including senior officers, Elected Members, people with learning disabilities and family carers prior to its formal sign off by the Co-Chairs, and representatives for family carers and adults with learning disabilities.

In conclusion, it was reported that the self assessment had been submitted to the Learning Disabilities Observatory by the 7<sup>th</sup> September deadline and a copy was attached as Appendix 1 to the report.

The following comments arose from the discussion:-

- It was noted that the Country Gardens Project was excellent and it was suggested that Members of the Board be invited to visit other projects i.e. The Brewery. In response, it was reported that Members who wished to visit other projects should pass their details to the Chairman who would liaise with officers who would make the necessary arrangements;
- Page 190 – Action 1 and 2 – it was suggested that we needed to do things differently to help us to communicate better with people with learning disabilities which would help them to communicate better with us. It was also suggested that funding be made available to help us to communicate more effectively; and
- Page 192 – Critical Health Needs – clarity was sought on how this was recorded and monitored. In response, it was reported that Learning Disability Nurses were currently undertaking a quality audit so the information was unavailable at this time. There was more information on themes emerging from the health checks i.e. eye tests which were being monitored and also being linked in with independent providers to ensure any health action plans that were developed were actually working to improve an individuals health. Checks were also taken with the quality assurance team and with the individual. In addition, it was reported that role of GP services was to identify which practices were providing health checks and what the uptake had been, and how general and specific health checks were being taken up.

RESOLVED: That the report and comments raised be noted.

#### HEA37 COMPLEX CARE: BUSINESS CASE 2013 – 2015

The Board considered a report of the Strategic Director, Communities which presented details of the Business Case outlining the mechanisms of how pooling health, social care resources and the alignment of systems would improve the quality and efficiency of meeting the needs of people with complex needs.

It was reported that a pool budget arrangement with the Clinical Commissioning Group had previously been discussed with the Board. The current processes in place associated with the provision of services to Adults with complex needs were fragmented and continued to present challenges in achieving not only a whole system co-ordinated approach to the assessment and provision of services for people with complex needs, but also offering value for money especially in the current financial climate.

The Board was advised that the development of a Section 75 Partnership Agreement between the Local Authority and Halton's Clinical Commissioning Group (CCG) in respect of Complex Care would build upon Halton's already well-established history of joint/partnership working in association with a pooled budget and robust financial/performance management arrangements. An example of which was the current Intermediate Care Pooled Budget arrangements which had been in existence for five years.

The Board was further advised that the Business Case which was attached at Appendix 1 to the report, outlined the rationale and national/local context in which the proposal had been made and prepared in conjunction with colleagues from Halton's CCG and had been presented and agreed at the CCGs Governing Body on 20<sup>th</sup> September 2012 and Executive Board on 4<sup>th</sup> October 2012.

The following comments arose from the discussion:-

- The Board welcomed the report and the benefits that would arise from the pooled budget;
- It was noted that because of the size of the budget a Partnership Board had been established to monitor and report on the budget. The Chair of the

Board was Councillor Wright and Councillor Wharton was also a Member of the Board and they would receive detailed performance reports; and

- It was noted that this would improve and support practitioners to provide integrated care for people and improve outcomes for people coming out of hospital.

RESOLVED: That the report, associated business case and comments raised be noted.

#### HEA38 STANDING ORDER 51

The Board was reminded that Standing Order 51 of the Council's constitution stated that meetings should not continue beyond 9 pm

RESOLVED: That Standing Order 51 be waived to allow the meeting to continue beyond 9 pm.

#### HEA39 ENVIRONMENTAL HEALTH ANNUAL REPORT 2011-2012

The Board considered a report of the Strategic Director, Communities which outlined the key issues and activities of the Environmental Health Service in 2011-2012.

The Board was advised that the Environmental Health Service was responsible for two main areas i.e. Environmental Protection and Food & Health & Safety. The service provided a range of regulatory and advisory services to the Council, local businesses and members of the public. The work of the teams comprised both programmed planned activities and reactive work in response to service requests.

In respect of Environmental Protection, the Board received information on; local air quality management; the inspection of industrial processes; planning consultations; service requests about pollution; other statutory nuisance, housing, animal welfare, stray dogs and pest control.

In respect of Food and Health Safety, the Board received information on; food safety, gas and fire safety in takeaway food premises; health and safety enforcement; smoke free playgrounds; illegal cosmetic treatments; the enforcement of the Sunbed (Regulation) Act 2010; health and safety in residential care homes and retail violence.

The following comments arose from the discussion:-



- It was suggested that in respect of stray dogs, it should stipulate that all dogs were on a lead not just certain dogs. In response, it was reported that the Council did not have the power to change the legislation, it would have to be done nationally;
- It was noted that the odour from Granox had improved in recent years but they were still producing unpleasant odours. It was also noted that there had been a problem with odours from a bio oil company during the last twelve months, but this had been resolved; and
- Concern was raised that private landlords were giving tenants notice to quit because they had complained that the repairs were not being done. The landlords were stating that they were being evicted so they could undertake the repairs but this was being used as an excuse to remove them from the property because they had complained. It was suggested that the team could link in with Housing Solutions to address this matter before such tenants were evicted. In response, it was reported that Housing Solutions had moved into the office next to the Environmental Team and this would facilitate a better working relationship.

RESOLVED: That the report and comments raised be noted.

HEA40 SCHEDULE 12A OF THE LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

The Board considered:

- 1) Whether Members of the press and public should be excluded from the meeting of the Board during consideration of the following item of business in accordance with Section 100A (4) of the Local Government Act 1972 because it was likely that, in view of the nature of the business to be considered, exempt information would be disclosed, being information defined in Section 100 (1) and paragraph 3 of Schedule 12A of the Local Government Act 1972; and
- 2) Whether the disclosure of information was in the public interest, whether any relevant

exemptions were applicable and whether, when applying the public interest test and exemptions, the public interest in maintaining the exemption outweighed that in disclosing the information.

RESOLVED: That as, in all the circumstances of the case, the public interest in maintaining the exemption outweighed that in disclosing the information, members of the press and public be excluded from the meeting during consideration of the following item of business in accordance with Section 100A(4) of the Local Government Act 1972 because it was likely that, in view of the nature of the business, exempt information would be disclosed, being information defined in Section 100 (1) and paragraph 3 of Schedule 12A of the Local Government Act 1972.

HEA41 RECONFIGURATION OF DOMESTIC ABUSE  
ACCOMMODATION SERVICES

The Board considered a report of the Strategic Director, Communities which gave an update on the progress of the Homelessness Scrutiny Topic Group and the recommendations for the reconfiguration of Domestic Abuse accommodation services.

RESOLVED: That

- (1) The progress of the Scrutiny Topic Group to date be noted;
- (2) The options considered for the reconfiguration of Domestic Abuse Services be noted;
- (3) A further report be submitted to the Executive Board recommending the development and implementation of the preferred Hub and Spoke service delivery option, providing accommodation within a 24 hour hostel and additional move-on accommodation with floating support; and
- (4) Councillor C Loftus be nominated to join the Implementation Project Group.

*Meeting ended at 9.30 p.m.*