



<b>Subject:</b>	Update: Proposal to have Regular Health Briefings to P&C Committee
<b>Date:</b>	8 <sup>th</sup> September 2020
<b>Reporting Officer:</b>	Ryan Black, Director of Neighbourhood Services, CNS
<b>Contact Officer:</b>	Kelly Gilliland, Neighbourhood Services Manager (North), CNS

<b>Restricted Reports</b>	
<b>Is this report restricted?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>If Yes, when will the report become unrestricted?</b>	
<b>After Committee Decision</b>	<input type="checkbox"/>
<b>After Council Decision</b>	<input type="checkbox"/>
<b>Some time in the future</b>	<input type="checkbox"/>
<b>Never</b>	<input type="checkbox"/>

<b>Call-in</b>	
<b>Is the decision eligible for Call-in?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of Main Issues</b>
1.1	Following a number of Notices of Motion brought forward by members on issues such as drug and alcohol misuse, mental health and suicide, and homelessness, a report was brought to P&C Committee on 3 December 2019 which recommended that Council Officers engage with the 'health family,' i.e. PHA, HSCB and the BHSCT, to see whether they would be in a position to provide a bi-annual written 'health briefing' to members of the People and Communities Committee outlining the latest stats in relation to these issues and highlighting work being undertaken to address priorities and emerging needs at a local level.

<b>2.0</b>	<b>Recommendations</b>
2.1	<p>The committee is asked to:</p> <ol style="list-style-type: none"> <li>i. Note the content of the report – and specifically the PHA response contained within the appendix;</li> <li>ii. Consider the recommended next steps.</li> </ol>
<b>3.0</b>	<b>Main report</b>
3.1	<p>Council officers subsequently held a meeting with representatives from PHA, HSCB, BHSC and NIHE on 28<sup>th</sup> January 2020 where a draft reporting template was shared to aid discussion and where representatives were asked for their views on whether they felt their organisations would be able to provide information/participate in providing health briefings to P&amp;C Committee on a bi-annual basis.</p>
3.2	<p>Potential information suggested for inclusion within the template included:</p> <ul style="list-style-type: none"> <li>• Current waiting list timeframes i.e. referral to first appointment for Drug and Alcohol Services (Statutory Community Addiction Team, Substitute Prescribing Team, PHA-funded Adult Step 2 Service, PHA-funded Youth Treatment Service) and Mental Health Services (Community Mental Health Team and average for PHA-funded MH Services)</li> <li>• No. of (suspected) drug related deaths in-year to date (inc. geographical breakdown)</li> <li>• No. of deaths by suicide in-year [SD1 figures] to date (inc. geographical breakdown)</li> <li>• Notable trends and issues/areas of concern in relation to above</li> <li>• Prescribing data/NSES data</li> <li>• Homelessness figures</li> <li>• Brief update on work of key services directly supporting most vulnerable</li> <li>• Brief update on work of key partnerships (e.g. BDACT, BPLIG &amp; BCol – Homeless/Rough Sleepers Forum?)</li> <li>• Key actions/initiatives planned for next/upcoming 6-month period</li> <li>• Key messages/asks for elected members – how can they support</li> </ul>
3.3	<p>Most in attendance could see the benefit of providing regular updates to members although some concerns were raised about the sharing of sensitive data and also the ability of regional organisations to provide this information at LGD level across all of NI should similar requests come via other Council committee or community planning structures.</p>

3.4	<p>Representatives agreed to follow up internally and come back to Council Officers in due course. PHA confirmed by email immediately after the meeting that the request would need to be considered by their Agency Management Team.</p>
3.5	<p>Council received a formal response from PHA on 3<sup>rd</sup> April 2020 – it is included as an appendix. As noted within it they have confirmed that ‘neither the HSCB nor the PHA would be in a position to provide written reports on the range of datasets requested.’ Furthermore, the letter points out that Council Officers are members of a number of health-focussed partnerships and structures and therefore recommend that ‘Council staff at an appropriate level continue to engage in such discussions and consequently feed back to your Elected Representatives as appropriate through the relevant Council committee structure.’</p>
3.6	<p>In light of the PHA response, Council Officers are recommending the following as potential next steps:</p> <ol style="list-style-type: none"> <li>1) The Chair(s) of BPLIG and BDACT be invited to a future meeting of P&amp;C Committee to give a verbal update/presentation on the work and priorities of both partnerships (as has happened in previous years).</li> <li>2) Officers representing Council on BPLIG and BDACT to share action plans with P&amp;C Committee (once developed) alongside any formal mid-year or end of year reviews.</li> <li>3) Further conversations to take place within the context of Community Planning as to how engagement and information sharing processes with elected members, particularly on the key priority areas within the Belfast Agenda, can be improved going forward.</li> </ol> <p><b>Financial &amp; Resource Implications</b></p>
3.7	<p>There are no financial or resource implications contained within this report.</p>
3.8	<p><b>Equality or Good Relations Implications/Rural Needs Assessment</b></p> <p>There are no Equality or Good Relations Implications and no Rural Needs Assessment required for the recommendations outlined above.</p>
<b>4.0</b>	<b>Appendices – Documents Attached</b>
	Appendix 1 - Copy of PHA Response – Letter to BCC re DA & MH queries 010420