



Subject:	Proposal to have Regular Health Briefings to Committee
Date:	3 rd December 2019
Reporting Officer:	Ryan Black, Director of Neighbourhood Services
Contact Officer:	Kelly Gilliland, Neighbourhood Services Manager

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

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

1.0	Purpose of Report or Summary of main Issues
1.1	Council officers, along with representatives from the Public Health Agency and the Northern Ireland Housing Executive, met with the Lord Mayor on the 22 nd October to discuss recent notices of motion made in relation to homelessness, mental health and injecting drug use.
1.2	Council officers, PHA and NIHE updated the Lord Mayor on existing structures and work already taking place in relation to addressing these issues and discussion then took place on how elected members could a) become better informed about the work and

1.3	<p>plans of these agencies and partnerships, as well as b) become better placed to influence, and support, priorities and planned action within these topic areas and structures.</p> <p>One potential solution proposed at the meeting was that the ‘health family,’ i.e. PHA, HSCB (Health and Social Care Board) and BHSCT (Belfast Health and Trust), could be asked to provide twice-yearly written updates to elected members via the People and Communities Committee (a similar arrangement as to that which already exists with NIHE) on their plans for addressing homelessness, mental health and substance misuse in the City – with Committee then having the option of requesting more detailed information, or a verbal presentation, by way of follow up.</p>
2.0	Recommendations
2.1	<p>The Committees is asked to</p> <ul style="list-style-type: none"> • consider the benefits of, and give approval to have, regular health briefings (bi-annually). • If approved, council officers can then liaise with colleagues in PHA, HSCB & BHSCT to design and agree a reporting template with the aim of having the first health-focussed report presented early in the New Year (Jan-Mar 2020 period).
3.0	Main report
3.1	<p><u>Key issues</u></p> <p>Both the mental health/suicide prevention and the homelessness focussed notices of motion called for the Lord Mayor to convene multi-agency task groups (i.e. one for suicide prevention and one for homelessness). However, there are a number of multi-agency partnerships already in existence in Belfast (at citywide and in some instances neighbourhood level), facilitated by external partners such as PHA and NIHE looking at these issues and developing plans and priorities on the back of regional strategies as well as local knowledge.</p>
3.2	<p>The injecting drug use focussed notice of motion requested more detailed information, by way of a report, on the impact of injecting drug use on the surrounding areas to the City Centre to include recommendations based on good practice of how issues could be better addressed and impacted communities better supported. Council would have some information to contribute to this report, however other partners – such as PHA, HSCB, BHSCT and NIHE would also need to contribute and ultimately to agree a more coordinated approach going forward. The Lord Mayor’s briefing references the work</p>

	ongoing in relation to injecting drug use under the Belfast Agenda via the Living Here Board and this too could be covered under the regular health briefing format being proposed.
3.3	A 'Members Reference Group' has also now been established linked to the Living Here Board and community planning structure within Belfast and this too will be another mechanism for informing and engaging members in relation to health inequalities priorities and actions.
	<u>Financial & Resource Implications</u>
3.4	No financial implications.
	<u>Human Resources</u>
3.5	Kelly Gilliland will liaise with colleagues in BHSCT, PHA and HSCB to design and agree a reporting template and also to facilitate ad-hoc attendance at P&C meetings where the committee requests it.
	<u>Asset and Other Implications</u>
3.6	No assets implications.
	<u>Equality or Good Relations Implications/Rural Needs Assessment</u>
3.7	No equality implications.
4.0	Appendices – Documents Attached
	None.