CORNWALL COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a Meeting of the Health and Adult Social Care Overview and Scrutiny Committee held in the Trelawny Room, County Hall, Truro, TR1 3AY on Wednesday 15 March 2017 commencing at 10.00 am.

Present:- Councilors: Rotchell (Chairman)
Eathorne-Gibbons (Vice-Chairman)

Atherton, Bastin, Chopak, Fairman, Fonk, Jenkin, P Martin, K McHugh, A Mitchell, Nicholas, Parsons, Seeva and J Thomas.

Also in attendance:- Councilors: Burden, James, Olivier and Wallis.

Apologies for absence:- Councilors: (None).

DECLARATIONS OF INTEREST
(Agenda No. 2)

HASCOSC95 There were no declarations of interest.

MINUTES OF THE PREVIOUS MEETING HELD ON 7 FEBRUARY 2017
(Agenda No. 3)

HASCOSC96 It was moved by Councillor Thomas, seconded by Councillor Martin and

RESOLVED that the Minutes of the Health and Adult Social Care Overview and Scrutiny Committee meeting held on 7 February 2017 were correctly recorded and that they be signed by the Chairman

MINUTES OF THE EXTRAORDINARY MEETING HELD ON 4 JANUARY 2017
(Agenda No. 4)

HASCOSC97 It was moved by Councillor Thomas, seconded by Councillor Atherton and

RESOLVED that the Minutes of the Health and Adult Social Care Overview and Scrutiny Committee meeting held on 4 January 2017 were correctly recorded and that they be signed by the Chairman

PUBLIC QUESTIONS AND STATEMENTS
(Agenda No. 5)

HASCOSC98 One public question was received.

QUESTION FROM MR T MURRAY
HASCOSC99 Question
It is now more than a year since the 12 in-patient beds at Edward Hain Community Hospital in St Ives were temporarily closed due to fire safety concerns. Over that time some 4,500 in-patient bed days have been lost to the system and over 300 patients from the Penwith GP Locality have had to be treated in a more expensive acute hospital bed or an alternative community hospital bed miles away from their community, home, family and friends.
Given the current impasse between the Cornwall Partnership NHS Foundation Trust, NHS Property Services and NHS Kernow CCG on the scale, cost and funding of the work involved, can I ask the Committee to recognise that over 12 months is long enough to find a solution to the problem and the Committee determine that the continued closure of the beds does in fact now represent a substantial change to service?
Terry Murray
Secretary
League of Friends of Edward Hain Community Hospital, St Ives

Response from the Chairman
In response the Chairman thanked the member of the public for their question; and highlighted that this was the last scheduled meeting of the committee before the election.
He continued that to explain that Edward Hain was one of a number of community hospitals which currently had temporary closures and the Committee were concerned about all of them. The importance of the issue at Edward Hain was recognised, and there was a report later on the agenda to consider the matter. He added that during that agenda item, Members might consider if the situation could represent a substantial variation and therefore ask that the committee in the new administration considered the matter.

Supplementary Question
Members will probably know the League of Friends have offered all of their available funds (upwards of £600,000) in an effort to try and break the deadlock. They have also offered to run a further fundraising campaign to add to this and bridge the gap between the funds available (around £1M) and the current estimated cost of the work (£1.2M).
Mr Confue’s latest update to this meeting draws attention to the significant backlog of work to be carried out across the community hospital estate and an estimated cost of around £20M to undertake this work. Mr Confue fails to inform members, however, that prior to NHS Property Services taking over the ex-Primary Care Trust estate (which includes all of our community hospitals) in 2013, CPFT was, for many years, the maintenance contractor for all of these premises. During all of that time Mr Confue and CPFT did not raise any concerns with regard to patient evacuation at Edward Hain!
The hospital has given almost 100 years of valuable service. During that time there has never been a fire let alone lost a patient due to fire!
If the NHS wants to close Edward Hain, can we please avoid prolonging the agony and can the NHS get on with due process in this regard.

Response from the Chairman
The Chairman advised that the matter would be addressed in the item later on the agenda for the Committee.

ORAL UPDATE FROM THE PORTFOLIO HOLDERS
(Agent No. 6)

HASCOSC100 The Portfolio Holder for Young People informed Members of the work he had undertaken since the last meeting. He added that his tenure as Portfolio Holder was drawing to a close and he was planning a handover for the new administration. He expressed his thanks for all those who had been committed to improving the lives of young people. He acknowledged that there had been, and continued to be challenges but he was pleased that organisations were moving forward positively.

QUESTIONS FROM MEMBERS TO THE PORTFOLIO HOLDER FOR ADULT CARE
(Agent No. 7)

HASCOSC101 There was no substantive Portfolio Holder for Adult Care at the time of the meeting.

QUESTIONS FROM MEMBERS FOR THE PORTFOLIO HOLDER FOR YOUNG PEOPLE
(Agent No. 8)

HASCOSC102 Councillor Atherton asked why the Leader of the Council was not in attendance at the meeting.

In response the Portfolio Holder for Young People confirmed that the Leader of the Council was ill.

Councillor Kerridge asked what was the latest position regarding Bodmin Treatment Centre and the ongoing needs of those patients who would usually use that facility.

In response the Portfolio Holder for Young People informed Councillor Kerridge that as the matter did not fall within his area of responsibility he could not answer the question. The Chairman added that the provision of services previously provided at Bodmin Treatment Centre might be something that the new administration considered.

Councillor McKenna asked, in light of the budget, what was the local authority aware of regarding the additional funding for adult social care.

In the absence of a substantive Portfolio Holder for Adult Social Care, the Strategic Director for Children’s, Families and Adults responded. He
informed Councillor McKenna that there had been outlined figures received from the Government but these were not confirmed and no mechanism had been put in place.

**136 - PLACE OF SAFETY UPDATE REPORT**  
(Agenda No. 9)

HASCOSC103 The Deputy Chief Operating Officer from Cornwall Partnership Foundation Trust provided an overview of the report and its content. She explained that there had been four cases received in custody in the previous 12 months and that this was testimony to the good working relationship with Devon and Cornwall Police.

The Chief Inspector from Devon and Cornwall Police explained that he had the portfolio for criminal justice and mental health. He informed members that there had been a huge drive nationally and locally regarding the issue. Ten years ago, one person a day had been held in custody detention, in Cornwall in the last 12 months there had been four. He provided the Committee with an overview of the circumstances for each of the four detentions. He expressed that the services provided at Longreach House was phenomenal.

During a discussion, a number of issues were raised which included the following:-

i. Members queried what the total number of people detained, including at Longreach House had been for the year. The Deputy Chief Operating Officer from Cornwall Partnership Foundation Trust informed Members that there had been 241 detentions in the suite at Longreach House in the preceding 12 months. The Emergency Department at Royal Cornwall Hospital could also be used as a place of safety, which would increase the total number to 271.

ii. Concern was expressed that the places of safety were located in the mid and west of Cornwall. The Deputy Chief Operating Officer from Cornwall Partnership Foundation Trust and the Chief Inspector from Devon and Cornwall Police explained that all detentions in Cornwall were at Longreach House. There was a place of safety at Derriford Hospital and a cross border protocol was being developed.

iii. Clarification was sought on what happened if there was a child in the suite at Longreach. It was clarified by the Chief Inspector that ordinarily the place of safety used as the second option would be the Emergency Department at Treliske. Risk assessments were undertaken and juveniles could transfer into the suite when it became available.

iv. Members queried if there was a criterion used to determine if a person should be detained in custody. The Chief Inspector informed Members that there was an assessment made, and it was
dependent on the level of violence at the time and where the
vulnerable person could best be managed.

v. Members queried the impact on neighbourhood policing with
persons being required to travel across Cornwall to access
Longreach House. In response the Chief Inspector explained that
national studies had established that each section 136 response
required 511 minutes of officer time.

It was proposed by Councillor Atherton, seconded by Councillor Parsons
and **RESOLVED** that the report be welcomed and noted

**TEMPORARY CLOSURE OF THE MINOR INJURIES UNIT AT ST BARNABAS HOSPITAL**
(Agenda No. 10)

HASCOSC104 The Deputy Chief Operating Officer from Cornwall
Partnership Foundation Trust introduced the report. She stressed that the
closure of the hospital was temporary for three months and was due to a
shortage in staffing particularly due to the retirement of a number of
registered nurses.

She informed Members that there was an ongoing recruitment drive and
there had been younger people applying for the roles. However, it was
highlighted that people were more attracted to working in acute settings
or community hubs than in community hospitals. She confirmed that the
two key posts had been filled.

During a discussion, a number of issues were raised which included the
following:-

i. Concern was expressed regarding the number of temporary
closures of community hospitals across Cornwall

ii. It was queried if recruitment had been made more difficult by the
decision to leave the European Union. In response, the Deputy
Chief Operating Officer stated that recruitment was difficult across
health and social care. It had been hoped that in returning the
contract for the community hospitals to and NHS trust, rather than
a community interest company, would have increased interest.

iii. Members queried what involvement there had been with Plymouth
Hospitals Trust and what the impact had been on them with the
closure. The Deputy Chief Operating Officer explained that there
had been discussions with Plymouth Hospitals Trust. There were
very few attendances at the minor injuries unit at St Barnabus and
there had been no evidence of an increase of attendances at
Derriford Hospital A&E department.

iv. Clarification was sought on the career progression and development
available to nurses based within community hospitals. The Deputy
Chief Operating Officer informed Members that there was a robust
programme of development from Band 5 to Band 6. Nursing staff wanted to work in minor injuries units; however, it was difficult to recruit to more general community hospital nursing. There were development opportunities, such as nurse consultants and the rotation of staff was also being considered.

v. The view was expressed that there was a need to address the recruitment and retention of staff. In order to grow from within there needs to cognisance of the time and commitment needed. In response the Deputy Chief Operating Officer confirmed that workforce mapping was underway.

vi. The view was expressed that there had to be a date for reopening and that this needed to be publically known.

Proposed by Councillor Nicholas, seconded by Councillor Jenkin and

RESOLVED that

1. The report be noted
2. A further report be brought to the first meeting of the Health and Adult Social Care Overview and Scrutiny Committee in the next administration

EDWARD HAIN TEMPORARY CLOSURE OF IN-PATIENT BEDS
(Agenda No. 11)

HASCOŚC105 The Associate Director: Estates and Facilities from Cornwall Partnership Foundation Trust introduced the report and provided a recap of the situation to date. Members were informed that there had been no change since the Committee had previously been informed.

During a discussion, a number of issues were raised which included the following:-

i. Concern was expressed that the hospital would never reopen, and that the local community had unanswered questions, these included when the asset was transferred into the ownership of NHS Property Services. The Associate Director: Estates and Facilities from Cornwall Partnership Foundation Trust informed Members that the transfer of the asset to NHS Property Services took place in 2011/2012. This was part of the transfer of all NHS property assets. Regarding the original transfer of ownership, this might have been on the creation of the NHS.

ii. It was queried if there was an absolute agreed cost for the remedial work to be undertaken in order for the hospital to reopen. The Associate Director: Estates and Facilities from Cornwall Partnership Foundation Trust responded that the values quoted were based upon estimates and there had not been a tendering process.

iii. The view was expressed that it was disappointing that NHS Property Services had not provided a joint response.
iv. There was general support for a letter to be written to NHS Property Services in respect of the situation at Edward Hain Hospital with a 14 day deadline for a response. A Committee Member volunteered to provide local context and concern to include in the letter.

v. Concern was expressed that there were parallels with the closure of Poltair Hospital.

vi. Members queried if the temporary closure should be classed as a substantial variation to service. The Democratic and Governance Officer clarified that there was a process which was required to be undertaken in order to resolve a substantial variation of service. This included the undertaking of a written impact assessment.

vii. The view was expressed that the issue with Edward Hain, its temporary closure due to health and safety would set a precedent for the closure of other hospitals.

It was proposed by Councillor Atherton, seconded by Councillor Mitchell and RESOLVED that

1. The report be noted
2. A letter be sent to NHS Property Services, Cornwall Partnership Foundation Trust and NHS Kernow; requesting the completion of an impact assessment to help determine if the matter is a substantial variation of service, and for the Committee to receive answers to outstanding questions.

TRANSFORMING ADULT SOCIAL CARE: THE CORNWALL OFFER - COMMUNITY BASED SUPPORT AND HOUSING STRATEGY
(Agenda No. 12)

HASCOSC106 The Interim Service Director (Adult Transformation and Commissioning) introduced the report and provided an overview of its content. He highlighted that it was a weighty document which had been co-produced. Over 2000 people had contributed and it underpinned the transformation programme, acting as a guide for investments.

The Head of Commissioning (Working Age Adults) added that the report was the basis for a commissioning framework and the way forward. It would help provide independence, the ability for couples to stay together, help older carers and working aged people with learning disabilities. Work was ongoing with colleagues in housing and within adult social care operational teams.

During a discussion, a number of issues were raised which included the following:-

i. Concern was raised that by improving facilities and awareness there would also be an increase in demand, it was queried if this had been accounted for. In response the Head of Commissioning (Working Age Adults) explained that community resilience would
also be increased and there would be ongoing and focused work taking place.

ii. Members queried how schemes would be developed for rural areas, especially with the current focus of planning policy relating to affordable housing. The Head of Commissioning (Working Age Adults) informed Members that how smaller clusters of extra care schemes could be developed however, providers did prefer units of forty or more.

iii. The view was expressed that officers needed to expect some resistance to the proposals from those used to traditional settings and systems.

iv. The view was expressed that this should be a vision for the future and especially for those younger and working age people who want to have independence.

v. There was general support for the report, the approach and its proposals.

It was proposed by Councillor Eathorne – Gibbons, seconded by Councillor Jenkin and **RESOLVED** that

1. The content of the Community Based Support and Housing Commissioning Strategy 2017 – 2020 be supported
2. The publication of Community Based Support and Housing Commissioning Framework be supported

**NHS 111 AND OUT OF HOURS RE-PROCUREMENT SPECIFICATION**
(Agenda No. 13)

HASCOSC107 The Interim Chief Officer from NHS Kernow introduced the report and provided an overview of its content. She explained that the service provision would be enhanced, including quicker access to a clinician and appointment provision rather than ‘sit and wait’ clinics.

There was general support for the proposals and the report was welcomed.

It was propose by Councillor Eathorne – Gibbons, seconded by Councillor Jenkin and **RESOLVED** that the report be welcomed and noted.

**CHILD AND ADOLESCENT MENTAL HEALTH**
(Agenda No. 14)

HASCOSC108 The Director of Integrated Care (Community) from NHS Kernow introduced the report and provided an overview of its content. She explained that ‘Turning the Tide’ was progressing through relevant governance and that the report was also to be considered at the Health and Wellbeing Board, and in the Isles of Scilly. ‘Turning the Tide’ was locally devised but did respond to the five year forward view for mental health.
Funds for Child and Adolescent Mental Health (CAMHS) were contained within the NHS Kernow baseline however; the proposals put forward by the CAMHS group were approved. As NHS Kernow is under legal direction the funds were part of the financial conditions. There was no agreed financial plan with NHS England.

During a discussion, a number of issues were raised which included the following:

i. Clarification was sought on the financial position and the timescales for resolution. In response the Director of Integrated Care (Community) commented that the commitment and intention had been made clear to NHS England.

ii. Members queried the cost of out of county placements for children and young people. The Director of Integrated Care (Community) clarified that out of county placements were funded by NHS England. The Portfolio Holder for Young People added that the cost of any out of county social care need was met from within the Council budget.

iii. The view was expressed that a Tier Four unit in Cornwall would be beneficial to young people and the discussions with NHS England needed to continue.

iv. Members queried if waiting times had reduced. The Portfolio Holder for Young People informed Members that the Tier Three waiting lists had reduced by 54 percent. The Director of Integrated Care (Community) added that figures contained within the report demonstrated the impact being made and the commitment to continue the work.

v. The view was expressed that three years was a long time in which to have started the work and there was still action to be taken. In response the Director of Integrated Care (Community) explained that there was slow progress in the first two years, and this had been recognised previously by the Committee. However, there was commitment, finance and a recognition that the work needed to continue apace.

vi. The view was expressed that it remained disappointing that there was no mechanism in place to routinely receive feedback from service users.

It was proposed by Councillor Parsons, seconded by Councillor Chopak and **RESOLVED** that:

1. The progress in the update to the Interim Report of September 2016 be noted
2. The Turning the Tide January 2017 – the CAMHs Transformation Plan, be approved
3. A further report be brought to the Committee in the next administration

In accordance with Council Procedure Rule 16.5, Councillor Eathorne – Gibbons requested that his name be recorded as voting against the above decision.

SHAPING OUR FUTURE (SUSTAINABILITY AND TRANSFORMATION PLAN) ENGAGEMENT
(Agenda No. 15)

The Interim Chief Officer from NHS Kernow introduced the report. She acknowledged that the engagement was not as good as it could have been however, feedback was welcomed and would be taken forward. She informed Members that Healthwatch Cornwall would be on the Transformation Board and a citizen’s panel had been established.

The Associate Director of Communications and Engagement at Royal Cornwall Hospital Trust provided an overview of the report. He highlighted that the intention of the engagement was to communicate and engage on the key priorities as set out in the outline business case. He informed Members that there had been many forms of communication about the engagement events and their purpose, this included media, social media and print. The engagement had reached over 5000 people, either through the survey, events, stakeholder events or written communication. It was recognised that the sample however was still small and further engagement and consultation would need to go further.

There had been criticism of the methods used for the larger events, and of the survey. There had been some difficult messaging when the events were different to expectation. The information gleaned by the engagement however was useful and lessons would be learnt.

The Associate Director of Communications and Engagement continued, summarising the feedback from the amalgamated data. He informed members that opportunities highlighted included support for prevention, better use of I.T., improvement to NHS 111 and Out Of Hours and investment in the frontline. Concerns included the future of community hospitals, travel times and transport, achievability of the financial plans and the readiness of the workforce to change. He explained that the gaps in the document highlighted included mental health, social care integration, alignment with the One Vision programme and the plan taking account of infrastructure and population growth.

Members were advised that there were a number of next steps including utilising community feedback and transparency for future consultations, the involvement of a wider range of stakeholders and that the plan contains more explicit reference to children and young people, mental health and social care.
During a discussion, a number of issues were raised which included the following:-

i. The report author was thanked for the report and his acknowledgement that the engagement was not as good as it could have been.

ii. Members queried how the numbers involved in the engagement were reached and had there been the possibility of double counting. In response the Associate Director of Communications and Engagement explained that the numbers were not exact however, they had been underestimated to allow for double counting.

iii. Members queried if a broad range of views had been established. The Associate Director of Communications and Engagement commented that it had not been the intention to speak to everyone during the engagement, and that would be something to be done for the next phase. He highlighted that there had been the inclusion of a range of stakeholders beyond the public events including with day centres, carers and learning disability groups.

iv. Concern was raised that the public events were oversubscribed and that the format used was not suitable for large groups. The Associate Director of Communications and Engagement informed Members that people were enabled to participate even at oversubscribed events. Often people attended who had not registered.

v. The view was expressed that the locations of the engagement sessions may not have been the best places and that Members might be able to help suggest venues for future events.

vi. Concern was raised that the full report had not been available in a timely manner and that this had not been helpful for Members scrutinising the report. In response, the Associate Director of Communications and Engagement acknowledged that the timing had been difficult but that this had not been intentional.

vii. Members queried if the raw data from the engagement would be made available to the public on request. The Associate Director of Communications and Engagement informed Members that they had received requests for the raw data, and that this was currently with the University of Exeter. The raw data would need to be checked with information governance prior to any release.

viii. Concern was raised that some of the terminology used, in reference to ‘back office staff’ could be perceived as these members of staff being lesser. The Associate Director of Communications and Engagement acknowledged that the differing terminology could be used.

ix. Members queried if advice had been sought on the structure and nature of the questionnaire. It was confirmed by the Associate
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Director of Communications and Engagement that advice was taken from the University of Exeter and that they had received a lot of strong views via the questionnaire.

The view was expressed that the views of children and young people should be included in future consultation and engagement. The Portfolio Holder for Young People explained that there was to be engagement for the One Vision plan and that the feedback on the plan had been positive.

It was proposed by Councillor Eathorne – Gibbons, seconded by Councillor Jenkin and RESOLVED that the opportunities, concerns and gaps identified within the Shaping Our Future communication and engagement programme, and the engagement report be noted

SUSTAINABILITY AND TRANSFORMATION PLAN SUBCOMMITTEE
(Agenda No. 16)

HASOSC.110 The position statement arising from the deliberations of the STP Subcommittee was made available at the meeting.

The Chairman and Vice Chairman introduced the report and provided an overview of its content, and of the discussions undertaken by the STP Subcommittee. The Chairman thanked the Subcommittee Members, and the officers who had helped. He acknowledged that the statement was forthright in its language.

The meeting was then adjourned the meeting for a period of 15 minutes to allow Members to read the position statement tabled on the day.

The Interim Chief Officer from NHS Kernow explained to Members that the Outline Business Case had met the requirement set by NHS England. However, it was acknowledged by the Interim Chief Officer that this format might not have been an Outline Business Case as traditionally envisaged.

During a discussion, a number of issues were raised which included the following:-

i. The subcommittee were thanked for the work that had been undertaken. The Chairman responded to inform Members that there would be one further informal meeting of the Subcommittee. This was in order to produce a supplementary document which would contain explanatory information on how the views were formed.

ii. The position statement was welcomed.

iii. The view was expressed that members of the public now needed to be told what impact would be on them and their families.

iv. Member queried why the position statement was tabled at the meeting and had not been available in advance. The Chairman informed Members that the drafting of the position statement had
taken time and had not been agreed in time to despatch before the meeting.

v. Members queried how the involvement of children and young people would improve. The Portfolio Holder for Young People explained that the One Vision programme is involving children and young people. There was a decision that this would be undertaken in tandem with the STP development and engagement. There was concerned if it was amalgamated that services for children and young people could be lost in the wider discussion.

vi. The view was expressed that the resulting changes from the Sustainability and Transformation Plan had to be the best for Cornwall and not what was best for NHS England.

vii. Concern was expressed at the focus on the frail elderly and the lack of consideration of others. The Interim Chief Officer informed Members that there was a request from NHS England to focus on three or four priorities and in the next iteration there would be a wider scope.

viii. Concern was expressed that as the Council entered the pre-election period that influence of the authority in the development of the Sustainability and Transformation Plan could wane.

ix. Members queried the use of certain terms within the document such as ‘unprofessional’. Members of the Subcommittee responded explain that the terms had been very carefully chosen and were agreed by all parties.

x. Reference was made to the fact that senior officers within the Council and in partner organisations had not been given the chance to read, question and challenge the statements contained with the position statement.

xi. The view was expressed that it was imperative that wider system leadership continued.

xii. The view was expressed that there had to be regular communication between those developing the Sustainability and Transformation Plan and Members.

xiii. Clarification was sought on the exact amount of money spent on external consultants. The Interim Chief Officer from NHS Kernow committed to providing the figures to Members.

It was proposed by Councillor Nicholas, seconded by Councillor Eathorne – Gibbons and RESOLVED that

1. The work undertaken by the STP Subcommittee be endorsed
2. The STP Subcommittee Position Statement be amended to read in the conclusion
‘Therefore, as a result of our considerations, concerns and research and the compelling information provided to us, we conclude that the OBC was not fit for purpose as a public document although it met NHS England requirements. The engagement process was poor and ill judged.’

DOMESTIC ABUSE AND SEXUAL VIOLENCE
(Agenda No. 17)

HASCOSC111 The Domestic Abuse & Sexual Violence Strategy Manager introduced the report and provided an overview of its content. She highlighted that there was a growing body of evidence, and causal links, that adverse childhood experiences impact on future health needs of the person. She informed Members that in a study in Herefordshire of 5500 adults with ill health, 45 percent had one or more adverse childhood experience.

She provided information relating to the financial position of the service and that there had been changes to service provision as a result.

During a discussion, a number of issues were raised which included the following:-

i. Concern was expressed at the financial position of the service and the impact this might have currently and in the future. In response the Domestic Abuse & Sexual Violence Strategy Manager explained that there was a pooled budget across Safer Cornwall however, there was transference of cost across the system if there were repercussions. The baseline budget sat within Cornwall Council.

ii. Members thanked the officer for bringing the report.

iii. Members queried if domestic assault and sexual violence was included in the Sustainability and Transformation Plan and if all groups who could influence had been made aware. The Portfolio Holder for Young People informed Members that the matter had been considered in a number of forums including Health and Wellbeing Board, Children and Young People Policy Advisory Committee. Partners had also received funding cuts which impacted. The Domestic Abuse & Sexual Violence Strategy Manager added that it was beneficial to highlight the matters to the attention of people with influence on strategic priorities.

iv. Members queried if there was a way of contributing but not financially. The Domestic Abuse & Sexual Violence Strategy Manager added that there were non-financial contributions made by organisations.
v. There was general support that the Cabinet in the new administration consider the support and strategic nature of the issues.

It was proposed by Councillor Parsons, seconded by Councillor Atherton and **RESOLVED** that

1. The content of the report, particularly the consequential system impact of the resource allocation on the Council and Health’s capability to safeguard children, adults and families impacted by domestic abuse and sexual violence; be endorsed
2. The new administration consider the budget provision for domestic abuse and sexual violence in setting its budget
3. The Council and its partners consider the non-financial inputs and initiatives they could undertake to help deliver the strategy

**EXCLUSION OF THE PRESS AND PUBLIC**

(Agenda No. 18)

HASCOSC112 It was proposed by Councillor Eathorne – Gibbons, seconded by Councillor Parsons and **RESOLVED** that in accordance with the Local Government (Access to Information) (Variation) Order 2006, the press and public be excluded from the meeting during consideration of the following item of business on grounds that they would be likely to involve the disclosure of exempt information of the following description:-

3. Information relating to the financial or business affairs of any particular person (including the authority holding that information)

**COMMUNITY HOSPITAL ESTATES**

(Agenda No. 19)

HASCOSC113

The meeting ended at 4.45 pm.

[The agenda and reports relating to the items referred to above are attached to the signed copy of the Minutes].