

Integrated Commissioning Committee (Committees in Common)

27th February, 2019

PRESENT:-

Dr. Dan Roper, Hull Clinical Commissioning Group Sub Committee (Chair for this meeting)
Dr. Amy Oehring, Hull Clinical Commissioning Group Sub Committee

IN ATTENDANCE:-

Councillor Gwen Lunn, Portfolio Holder for Adult Services and Public Health, Hull City Council Integrated Commissioning Executive Sub-Committee
Councillor John Black, Portfolio Holder for Housing, Hull City Council Integrated Commissioning Executive Sub-Committee
Councillor. P. Clark, Portfolio Holder for Learning, Skills and Safeguarding Children, Hull City Council Integrated Commissioning Executive Sub-Committee
D. Bell, Director of Finance and Change Management (HCC)
I. Anderson, Town Clerk (HCC)
E. Daley, Director of Integrated Commissioning, Hull Clinical Commissioning Group (CCG)
J. Weldon, Director of Public Health and Adult Services (HCC)
T. Fielding, City Public Health and Wellbeing Manager (HCC)
N. Daynes, Procurement Manager (HCC)
S. Laverack, Legal Services, Community Team Leader (HCC) (from minute 10)
L. Scholes, Senior Democratic Services Officer (HCC)

B. Fisher, Business Partner (Finance) – minute 8
C. Farrow, Programme Lead – Behaviour Change – minute 9
T. Meyerhoff, Head of Social Care and Health Integration – minute 10

APOLOGIES:-

Mr. Paul Jackson, Hull Clinical Commissioning Group

Minute No.	Description/Decision	Action By/ Deadline
6.	DECLARATION OF INTERESTS No declarations of interest were made in respect of the items that follow below.	
7.	MINUTES OF THE MEETING HELD ON MWEDNESDAY, 19th DECEMBER 2018 Agreed – that the minutes of the meeting held on Monday, 19 th December 2018, be taken as read and correctly recorded and be signed by the Chair.	

8. **AGREEMENT TO THE TERMS FOR EXTENSION OF SECTION 75 PARTNERSHIP AGREEMENT 2018-20 INCLUDING BETTER CARE FUND AND FINANCIAL CONTRIBUTIONS TOWARDS THE INTEGRATED FINANCIAL PLAN**

The Hull City Council Director of Finance and Change Management and NHS Hull Clinical Commissioning Group Chief Finance Officer submitted a joint report which sought agreement of the Committees in Common to the section 75 partnership agreement which covered the Better Care Pooled budget and those budgets which were aligned by the Council and NHS Hull CCG being updated for the period 2018-20.

The comments of the Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 16.

Members of the Sub Committees discussed the NHS 10 year plan and the need to have further discussions on the impact.

Agreed –

- (a) That the Committee approve the revised terms of the Section 75 Partnership agreement between Hull CC and NHS Hull CCG for the period 2018-2020, including the Better Care Pooled budget (including the Improved Better Care Fund) and the financial contributions payable by NHS Hull CCG to the Council (Aligned Funds) as part of the development of the Integrated Financial Plan.
- (b) That the Committee agree the allocation of the funds paid in to the Better Care pooled budget in 2019/20 between the Council and NHS Hull CCG as follows;

	Allocation to CCG	Allocation to HCC	Total allocation
	£m	£m	£m
Original BCF programme			
Integrated Delivery	11.200	4.114	15.314
Integrated Community Services	6.062	4.122	10.184
Integrated Urgent Care	2.646	0.962	3.608
IBCF programme			
Support to Commissioned Services	0.000	3.970	3.970
Home Care	0.000	1.013	1.013
Residential Care	0.000	2.991	2.991
Integrated Commissioning	0.800	4.049	4.849
Brokerage	0.000	0.748	0.748
Active Recovery	0.000	0.490	0.490

Director of Finance and Change Management/ Chief Finance Officer

Rapid Responder	0.000	0.027	0.027
Rapid Recovery	0.000	0.378	0.378
Crisis Housing Support	0.000	0.045	0.045
7 Day Services	0.160	1.542	1.702
Home Care Responder Service	0.000	0.340	0.340
Community & Early Help	0.051	0.094	0.145
Locality MDT development	0.000	0.683	0.683
Quality & Workforce development	0.000	0.650	0.650
Contingency	0.000	0.250	0.250
Total	20.919	26.468	47.387

(c) That the Committee agree the estimated Financial Contributions of NHS Hull CCG and the Council to the Better Care Pooled Fund and to the Aligned (non-pooled) Funds covered by the Section 75 agreement for period 2018-20 as follows;

	2018/19			2019/20		
	CCG Contribution	HCC Contribution	Total	CCG Contribution	HCC Contribution	Total
	£m	£m	£m	£m	£m	£m
BCF Pooled Fund	23.696	18.575	42.271	23.966	23.421	47.387
Aligned funds	14.130	0.000	14.130	14.643	0.000	14.643
Total	37.826	18.575	56.401	38.609	23.421	62.030

and that the application of the Aligned (non-pooled) funds be as follows;

	2018/19 estimated	2019/20 estimated
	£m	£m
CYPFS - Children's residential placements contribution	0.650	2.150
CYPFS – Care in the Community – Lime Tree Court	0.101	0.101
CYPFS – Youth Commissioning	0.132	0.132

services		
CYPFS – Pause project	0.146	0.146
CYPFS – Partnership working	0.300	0.500
CYPFS – Edge of Care pilot	1.055	0.000
CYPFS – SEND Reform	0.400	0.000
CYPFS – Disability Short Breaks	0.345	0.000
CYPFS - Care Leavers	0.200	0.000
CYPFS – Children Safeguarding Board Contribution	0.085	0.085
Adult Social Care – Care in the Community	1.238	1.238
Adult Social Care – Continuing Health Care / Funded Nursing Care	6.428	6.741
Adult Social Care – Extra Care contribution	3.000	1.500
Adult Social Care – s117 and TCP contribution	0.000	2.000
Adult Safeguarding Board contribution	0.025	0.025
Renal Social Worker	0.025	0.025
TOTAL INCOME TO ALIGNED FUND	14.130	14.643

(d) That the estimated value of the financial contribution of £12.130 million payable by the CCG in the current year (the Aligned Funds) - be increased to £14.130 million as shown in order to utilise non-recurrent CCG funding to support the following projects;

- Edge of Care Pilot Project - £1.055m - Prevention of young people entering care during teenage years and

spending considerable time in residential care, delivered through the development of a multi-disciplinary hub.

- SEND joint improvement plan - £0.400m – SEND reforms demand a significant shift to integrated commissioning and joint working in order to enable the delivery of services that provide holistic care for children and young people.
- Disability Short Breaks (DSB) Programme expansion - £0.345m - Changes have been made to the original scope of the DSB project in order to explore the opportunities that an Integrated Specialist Service would bring and how that would shape the property requirement – this has led to the delays in delivering the original saving of £0.345m in 2018/19.
- Care leavers - £0.200m – development of a holistic offer for care leavers by improvement of joint working and provision of a fuller range of support services for care leavers.

(e) That the Committee agree to the application of Hull City Council pump priming reserves in 2019/20 to fund the following areas of activity;

- Edge of Care Pilot Project - £1.055m – In order to provide continuity to the pilot project and support the delivery of the PBP.
- SEND joint improvement plan - £0.400m – additional funding to support the delivery of the SEND improvement plan and the response following the OFSTED inspection.
- Disability Short Breaks (DSB) Programme expansion - £0.500m - Changes have been made to the original scope of the DSB project in order to explore the opportunities that an Integrated Specialist Service would bring and how that would shape the property requirement – this has led to the delays in delivering the original saving of £0.500m in 2019/20.
- **Pipeline project** -Homelessness Multi-Disciplinary Team (MDT) Model - £0.313m – the proposal to be put forward is to undertake a joint two year pilot project, which is focussed on the health needs of the homeless, in addition to supporting them into a place where they are then able to look at addressing some of their longstanding issues, including physical and mental health. It is well documented that homeless people have complex combinations of physical and mental illness. This pilot would be based upon a model of integrated healthcare developed and supported by 'Pathway' (a registered homeless healthcare charity) which would bring together existing resource and extend the work of the Local Authority, Voluntary and Community Sector and NHS professionals commissioned by the CCG with Funding

provided from Council reserves through the S75 Agreement. The pilot would be subject to full evaluation and monitored for outcomes and benefits to enable longer term decisions to be made.

- **Pipeline project** - Stop Smoking in Hospital – this is an initiative to bring specialist stop smoking interventions into routine NHS practice, focussing on secondary care (acute and mental health). The pilot would cost in the region of £180k and would provide additional resource in the form of specialist ‘Stop Smoking’ advisors and provide training across NHS staff groups – a proposal is being worked up with key partners and a submission will be made through the integrated review process.

(f) That the Committee delegates to the HCC Head of Social Care and Integrated Health, approval of any individual minor changes to the Better Care Pooled Fund, up to the value of £100k in conjunction with the NHS Hull CCG Chief Financial Officer and the HCC Director of Finance and Transformation.

Reasons for Recommendations

- Formal approval was provided by Cabinet on 24th July 2017 for the continuation of the existing section 75 Partnership Agreement between the Council and NHS Hull CCG covering the Better Care pooled fund inclusive of the additional iBCF grant made available to the Council with effect from 2017-18.
- In January 2018 the Council and the NHS Hull CCG further agreed to establish an Integrated Financial Plan for health and social care which incorporates both the Better Care Pooled budget and wider aligned (non-pooled) budgets.
- In March 2018 the Leader agreed the terms for extension of the Better Care Fund for the period 2017-19. This agreement now requires updating to reflect additional voluntary contributions made in 2018-19 and to cover extension into 2019-20.
- In accordance with this approach the updated section 75 agreement between the Council and NHS Hull CCG will continue to reflect the joint priorities proposed for agreement between the Council and the NHS Hull CCG aimed at facilitating delivery of the shared objectives set out within the Health and Well-being strategy and the Sustainable Transformation Plan.
- Aligning expenditure to fund priority areas within the Place Based Plan ensures that the ‘Hull £’ is used effectively to address priority areas and to the advantage of the overall health and social care system.
- Delegating minor in year variations to the Better Care

	<p>Plan ensures efficient management of funding applied to shared objectives, subject to consultation with the two financial lead officers.</p>	
<p>9.</p>	<p>SPECIALIST STOP SMOKING SERVICE REPROCUREMENT</p> <p>The Director of Public Health and Adult Social Care submitted a report which sought approval from Committees in Common for the proposed commissioning and procurement route for a specialist stop smoking service purchased by the Council</p> <p>The Town Clerk explained that in the previous minute it had been agreed to establish a pipeline project which would potentially be an additional lot in this contract, if that was found to be the best procurement method.</p> <p>Members of the Sub Committees discussed the pipeline project being an additional lot in this contract should it be the best procurement method.</p> <p>Members of the Sub Committees also discussed the reduction in the Nicotine Replacement Therapies budget, the officer explained that this was based on historic use of that budget and the budget was expected to be adequate. They also discussed why this was a pilot, the officer explained that funding was time limited and the aim of this was to embed the work as part of the mainstream activity in the hospitals. This project had been developed prior to the indication in the NHS 10 Year Plan that there would potentially be additional funding for similar schemes. Rather than refer to it as a pilot project it was commented that it would be a staged contract with a review after one year.</p> <p>Members of the Sub-Committee also commented on the number of potential suppliers, the officer confirmed that it depended on who won the lots as a different supplier could win each lot.</p> <p>Agreed –</p> <ul style="list-style-type: none"> (a) Option 4 - That approval is given to procure a specialist stop smoking service (“the Service”), made up of two lots: <ul style="list-style-type: none"> 1. Specialist stop smoking support; and 2. Population level marketing aimed at target groups to quit smoking and prevent the uptake of smoking. (b) This will be within the financial envelope as approved as part of the medium term financial plan. (c) That the new contract with the successful bidder(s) is entered into for a period of six years, based on an initial term of five years with an optional extension period of one year. This is to create a stable and sustainable service, capable of delivering and being held to account for long term outcome measures, and to ensure cost effectiveness. (d) That the procurement method employed will be a light-touch regime competitive procedure with negotiation, and progressed under EU procurement regulations, evaluated on a 100% quality basis of which 20% will be on social value. 	<p>(a-f) Director of Public Health and Adult Social Care</p>

	<p>(e) That engagement, consultation and discussion with NHS Hull Clinical Commissioning Group (“Hull CCG”), primary and secondary care, and Hull Alliance for Tobacco Control (HALT) continues in order to develop an integrated commissioning approach as part of the procurement process, and</p> <p>(f) That the Sub-Committees have no objection to a third lot being included in this procurement to deliver a staged contract at the hospital as part of a pipeline project.</p> <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> • The current specialist stop smoking service contract ends in September 2019. • Prevalence estimates from Public Health England and Hull’s Healthy Lifestyle Survey indicate there are between 47,000-62,200 adult smokers in Hull with more than 40 people dying per month in the City from smoking related illness which could have been prevented. Hull has seen considerable success in recent years in reducing the proportion of adults that smoke (i.e. Hull’s adult smoking prevalence in 2012 was 29.2%, which has reduced to 23.1% in 2017) and in particular reducing the proportion of children starting to smoke (i.e. the smoking prevalence among young people aged 11-16 decreased from 14.4% to 9.1% among girls and from 9.3% to 5.9% among boys between 2012 and 2016 using local data). • However Hull continues to have one of the highest smoking rates in the country and smoking continues to be the single most significant cause of people dying earlier and being in worse health than elsewhere in the country. • A study undertaken in 2015 has shown that 56% of Hull smokers would like to quit smoking. This is lower than the National average of 60.8% (Office of National Statistics, 2017), and could be reflective of the entrenched smoking behaviours in Hull. This desire to quit demonstrates the need for a specialist stop smoking service. We know that people who smoke are four times more likely to quit successfully using a specialist service. • The proposed budget savings from the midterm financial plan have been factored into the recommended model and procurement. Savings have been made within the current contract from the pharmacotherapies budget; this has reduced from £200,000 per annum to £150,000. 	
10.	<p>HUMBER TEACHING NHS FOUNDATION TRUST – CONTRACT EXTENSION</p> <p>The Town Clerk submitted a report which sought approval of the proposed extension of the current arrangements.</p> <p>The comments of the Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 16.</p>	

Members of the Sub Committees commented on this being an extension of a contract, the officer explained that this was how the contract was, it would always be extended year on year unless the law was to change.

Members of the Sub Committees highlighted there had been a couple of serious case reviews and queried how this was fed in and what was done to ensure that it didn't happen again. The officer confirmed that this was fed in through the adults and children's safeguarding route so they would be seen through the CCG serious incident processes. Members discussed the appropriate meetings for reviews and sharing information. Officers would continue to review this as the organisations became more integrated.

Members of the Sub Committees also discussed the need for more qualitative analysis and high level summary of serious incidents.

Agreed –

- (a) That agreement is given to extend the commissioned services for a further 12 month period within the funds provided in the Better Care Pooled Fund Agreement, subject receiving a report back to the Committee upon such changes as are proposed to the contract by way of a Contract Variation in year.
- (b) That the mechanisms for review of quality be considered within the report back to committee, in particular the role of the NHS Hull CCG Quality and Performance Committee in providing recommendations to the sub-committees meeting in common, for improvements to performance management and quality of the delivery of the services.
- (c) That in that review consideration be given to the Head of Social Care and Health Integration being co-opted onto the NHS Hull CCG Quality and Performance Committee to provide an enhanced Council contribution to the monitoring and review of the quality of mental health services in the city.

(a-c) Town Clerk/
Director of Integrated Commissioning

Reasons for Recommendations

- To maintain integrated delivery of mental health services within the city
- To ensure that adult mental health services delivered to the Community delivery Value for Money
- To ensure that concerns in relation to the quality of adult mental health services delivered to the Community are addressed through a structured approach
- To ensure that there is an informed Council presence at the NHS Hull CCG Committee responsible for the monitoring of quality of the delivery of mental health services.
- Regulation 5 of the National Health Service (Procurement, Patient Choice and Competition)(No.2) Regulations 2013

	<p>enables the CCG to award a new contract for the provision of health care services for the purposes of the NHS to a single provider without advertising an intention to seek offers from providers in relation to that contract where the relevant body is satisfied that the services to which the contract relates are capable of being provided only by that provider.</p>	
<p>11.</p>	<p>PROCUREMENT STRATEGY FOR THE PROVISION OF DAY OPPORTUNITIES FOR VULNERABLE PEOPLE</p> <p>The Director of Public Health and Director of Children, Young People and Family Services submitted a report which sought approval of the future strategy for the commissioning and procurement of Day opportunity Services for Hull City Council and the NHS Hull Clinical Commissioning Group and sought authorisation for the approval of the process to establish the necessary contractual arrangements for the implementation of the strategy.</p> <p>The comments of the Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 16.</p> <p>Members of the Sub Committees discussed the length of the contract enabling suppliers to be more confidence and security to invest in the company and train and retain staff and queried how the Council's in house services were independently monitored. The officer confirmed that the in house services had a level of independence through the CQC, the Council had also used Healthwatch to carry out independent scrutiny of the Council's services as well as the Council's internal compliance and monitoring team which were expected to give in house services the same level of challenge.</p> <p>Agreed –</p> <ul style="list-style-type: none"> (a) That agreement is given to undertake a Restricted Procedure procurement exercise to establish a Dynamic Purchasing System for the purchasing of Day Care Services in the City, for a period of 8 years with 2 possible one year extensions to a total of 10 years. (b) That Day Care Services for those with the highest needs who need care within a structured setting continue to be delivered by the Council's own core provision, wherever possible. (c) That increased investment in the core Day Care Service provided by the Council be the subject of review to determine whether a business case exists to expand Council service delivery. A report summarising the findings of the review and presenting recommendations will be presented to the Committee in Common in June 2019. (d) That in the meantime a Dynamic Purchasing System be established providing for four procurement approaches for day provision for adults through which care can be called off: <ul style="list-style-type: none"> i. Block purchase of capacity to meet continuing need beyond that provided by the Council's Service ii. Community based outreach day care iii. Premises based Day Care, for: 	<p>(a-d) Director of Public Health/ Director of Children, Young People and Family Services/ Town Clerk</p>

- Standard Care
- Complex Care (eg advanced dementia and epilepsy management)

- (e) That authority to set the standard rates to be paid for day care under the Dynamic Purchasing System be delegated to the Adult Social Care Manager in consultation with the Director of Finance and Change Management and Town Clerk.
- (f) That the quality criteria for acceptance onto the Dynamic Purchasing System include the requirement to meet core standards of care including:
- The adoption of and adherence to Adult Safeguarding policies
 - Compliance with Health and Safety standards
 - Evidence of Service User Supervisory and Review Arrangements
 - Evidence of the promotion of a culture of re-ablement
 - Staff Skillsets with a minimum of Level 2/Level 3 NVQ in care
 - The existing of appropriate fire evacuation arrangements including Personal Evacuation Plans
- (g) That providers of complex day care be required to demonstrate a staff training programme with a focus upon re-ablement and specialist skillsets eg Mental health, Epilepsy, Dementia Management.
- (h) That the quality criteria for award include consideration of how proposed suppliers will deliver Social Value through contract, in accordance with the Council's Social Value Workbook.

(e) Director of Finance and Change Management/
Town Clerk

(f-h) Director of Public Health/
Director of Children, Young People and Family Services/
Town Clerk

Reasons for Recommendations

- A Dynamic Purchasing System (DPS) is expected to help establish a diverse market of Day Care providers in the city of Hull complementing Council provision ensuring consistent quality and price.
- A DPS gives flexibility to both commissioners and providers to innovate, diversify and increase the range of service models available. The DPS allows the procurement to comply with the 2015 Public Contract Regulations and gives enhanced capability to design securing services designed to meet the needs of individuals.
- The Care Act places additional responsibility on local authorities to ensure local care markets are sustainable. The proposed approach supports sustainability within the market.
- The Council is a key provider of day care for those with complex needs, supporting relatives to have the confidence to continue to support service users to remain at home. Ensuring that standards in the provider market are consistent with the standards required by the Council supports continuing

	<p>community based provision.</p> <ul style="list-style-type: none"> Developing a specification that reflects the Adult Social Care operating model with a focus away from Residential Care to community based options, maximises independence, support people to do things for themselves with the support of their own networks and communities and in doing so reduce their reliance on paid support. 	
12.	<p>DOULA AND BREAST FEEDING PEER SUPPORT PROCUREMENT</p> <p>The Assistant City Manager Public Health submitted a report which sought approval for the proposed commissioning and procurement route for Doula and Breast Feeding Peer Support Services.</p> <p>The comments of the Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 16.</p> <p>Agreed –</p> <ul style="list-style-type: none"> (a) That Option 3 at sub-paragraph 7.4 is the recommended option. (b) That approval is given to procure a Doula and Breast Feeding Support Service, within one lot of £150,000 per year, with the costs being met through the agreed budget provision within the public health budget. (c) That a new contract is entered into for a total period of 3 years, based on an initial term of 2 years with an optional extension period of 1 year. This will align with other maternity and young peoples’ services to allow further consideration of integrated commissioning. (d) That the procurement method employed will be a competitive procedure with negotiation, and progressed in compliance with EU procurement regulations, with an evaluation split of 60% quality, 20% social value and 20% price. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> The current contracts for Doula and Breast Feeding Support ends in August 2019. Cabinet previously gave support to maintain investment in a service for breastfeeding support and Doula in December 2017. There was considerable public and stakeholder feedback previously which indicated that the service is well regarded and makes a difference in the lives of vulnerable women. The proposed model reflects an intention to maximise positive outcomes in relation to both use of volunteers and delivery of support to local people in their own community. The recommended procurement option allows for market 	(a-d) Assistant City Manager Public Health

	testing and engagement.	
Non-Key Decisions		
13.	<p>HOMELESS DISCHARGE SERVICE - PROCUREMENT PROCEDURE AND PUBLICATION OF TENDER OPPORTUNITY</p> <p>The Deputy Chief Finance Officer, Contracts, Performance, Procurement and Programme Delivery submitted a report which set out the appraisal of the available procurement procedures for the procurement of the provision of a Homeless Discharge Service and sought of the preferred procurement route and the publication of the tender opportunity for the CCG.</p> <p>The Town Clerk advised that as the funding was coming from the Council's reserves there would need to be a Council decision record as well once the CCG Board had signed it off. The officer also explained that there was a lot of engagement with officers across the system to ensure a fully joined up system wide approach.</p> <p>Agreed –</p> <ul style="list-style-type: none"> (a) The procurement of the Homeless Discharge Service adopts an open procurement procedure; (b) The publication of the tender opportunity for the Homeless Discharge Service following approval of the service specification by the Planning and Commissioning Committee; and approval of the Invitation to Tender (ITT) documentation by the Procurement Panel. (c) The contract award approval for the service is delegated to the NHS Hull CCG Board. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> • Procurement of a Homeless Discharge Service will contribute to the achievement of the following CCG objectives: <ul style="list-style-type: none"> 1. Integrated commissioning 5. Vulnerable People 11. Improvement in clinical outcomes 	(a-c) Deputy Chief Finance Officer, Contracts, Performance, Procurement and Programme Delivery
14.	<p>REQUEST FOR TENDER WAIVER COMMUNITY PAEDIATRIC SERVICES AND SEND SLEEP SERVICE</p> <p>The Deputy Chief Finance Officer, Contracts, Performance, Procurement and Programme Delivery submitted a report which sought approval for a tender waiver for the award of new contracts for the Community Paediatrics services and the SEND Sleep Service.</p> <p>The officer explained that a great deal of market engagement had been undertaken, due to the nature of the market for such specialised services being very small the tender process could destabilise the market. As there was almost no potential for any different result to be obtained from a tender process the risk was too great to subject the market to a tender process, there were no other providers available.</p>	

	<p>Members of the Sub Committees commented they were happy with the reasons for the waiver and queried whether the contract would cover all costs the company would be subject to in terms of staffing and national pay costs. The officer confirmed this would not be affected by such changes.</p> <p>Agreed –</p> <p>(a) It is recommended that a tender waiver for the award of new contracts for the Community Paediatric services and the Sleep Service be recommended to the CCG Chief Officer for approval.</p> <p>(b) The NHS Hull CCG Board is requested to endorse this recommendation which will be received by the Committees in Common for approval.</p> <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> • This meets the following CCG Strategic Objectives:- <ol style="list-style-type: none"> 1. Integrated commissioning This report supports continuing and strengthening existing partnership working with health and social care commissioners across Hull and East Riding. 2. Integrated delivery This report proposes stabilising services across health commissioners to support longer term integrated delivery. 3. Delivery of Statutory Duties Commissioners have statutory responsibilities in respect of Looked After Children and children and young people with Special Educational Needs and Disabilities (SEND). 6. Children and Families This report is focused on paediatric services. 	<p>(a-b) Deputy Chief Finance Officer, Contracts, Performance, Procurement and Programme Delivery</p>
<p>15.</p>	<p>MARKETING AND COMMUNICATIONS FRAMEWORK – PROCUREMENT PROCEDURE AND PUBLICATION OF TENDER OPPORTUNITY</p> <p>The Deputy Chief Finance Officer, Contracts, Performance, Procurement and Programme Delivery submitted a report which sought approval for the planned procurement procedure for the provision of a Marketing and Communications framework and to publish the tender opportunity.</p> <p>The Town Clerk confirmed that the money for this fell within the aligned budget. The Council had recently let a printing framework, which the CCG were able to access and the Council would be able to access this contract. The Council’s existing framework for marketing and communications did not cover all of the needs of the CCG, when these contracts were reviewed it was important to align them.</p> <p>Agreed –</p>	<p>(a-c)</p>

	<p>(a) The procurement of the Marketing and Communications framework adopts an open procurement procedure;</p> <p>(b) The publication of the tender opportunity for the Marketing and Communications framework.</p> <p>(c) The contract award approval for the framework is delegated to the NHS Hull CCG Board.</p> <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> The procurement of the Marketing and Communications framework will contribute to the achievement of the following CCG objectives: <ul style="list-style-type: none"> 12. To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act 	Deputy Chief Finance Officer, Contracts, Performance, Procurement and Programme Delivery
16.	<p>COMMENTS OF COMMITTEES AND COMMISSIONS</p> <p>The Senior Democratic Services Officer submitted comments in relation to minute 8 and 10-12 from the Council's committees and scrutiny commissions that had considered the reports following the circulation of the agenda for this meeting.</p> <p>Agreed – That the comments be noted.</p>	

Start: 12.00 p.m.
Finish 1.05 p.m.

The above Executive Decisions will come into force and may be implemented on expiry of five working days after the publication of the decisions i.e. 11th March, 2019, unless called in by the Overview and Scrutiny Management Committee.

Published 1st March, 2019