

Integrated Commissioning Committee (Committees in Common)

27th October, 2021

PRESENT:-

Dr. D. Roper, GP Board Member
Dr. A. Oehring, GP Board Member

IN ATTENDANCE:-

Councillor G. Lunn, Portfolio Holder for Adult Services and Public Health and Protection (Chair for this meeting)
Councillor J. Black, Portfolio Holder for Housing and Homelessness
Councillor S. McMurray, Portfolio Holder for Children 's Services (from minute 25)
E. Daley, Chief Operating Officer, NHS Hull Clinical Commissioning Group (CCG)
J. Weldon (Director of Public Health) (HCC)
P. Turner (Director of Children, Young People and Family Services) (HCC)
I. Anderson (Director of Legal Services and Partnerships) (HCC)
D. Bell (Director of Finance and Transformation) (HCC)
P. Davis (Strategic Lead – Primary Care) (CCG) – minute 24
C. Farrow (Programme Lead – Behaviour Change) – minute 25
A. Patey (Public Health Consultant) – minute 25
S. Clay (Partnership Development and Engagement Lead) – minute 25
L. Jamil (Head of Service Strategy, Market Intervention and Growth) (HCC) – minute 28
L. Scholes, Senior Democratic Services Officer (HCC)

APOLOGIES:-

Mrs. K. Marshall, Lay Member

Minute No.	Description/Decision	Action By/ Deadline
21.	DECLARATION OF INTERESTS Councillor Black declared a personal interest in minute 28 insofar as he works for a company which provides this service.	
22.	MINUTES OF THE MEETING HELD ON WEDNESDAY, 28th JULY 2021 Agreed – that the minutes of the meeting held on Wednesday, 28 th July, 2021, be taken as read and correctly recorded and be signed by the Chair.	
23.	ESTABLISHING AN ALLIANCE CONTRACT AS THE BASIS FOR	

	<p>INTEGRATED CONTRACTUAL ARRANGEMENTS IN HULL</p> <p>The Director of Adult Social Care, Hull City Council submitted a report which set out a proposal for the adoption of a contractual structure in the form of an Alliance Contract to provide a mechanism through which the respective contributions of the partner agencies for the delivery of Integrated Services can be captured toward a series of agreed outcomes for the City.</p> <p>The comments of Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 29.</p> <p>Agreed –</p> <p>(a) That Committees in Common agree the proposal to develop an Alliance Contract for integrated health and social care provision in the city of Hull, with the first phase of the development that contract having a focus upon the Local Authority funded mental health provision in the city.</p> <p>(b) That a further report be brought back to the Committee in January 2022 advising upon progress.</p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> • To ensure that there is a contractual framework in place for integrated health and social care delivery in the city that is attuned to the anticipated future structure of the health service in England. • To provide the contractual framework for accountability for the delivery of health and social care services at the level of place. • To pilot the development of that framework within mental health service provision to reshape that provision, through the pooled funds, as a template for the future structures for integrated service delivery in the city. 	<p>(a-b) Director of Adult Social Care,</p>
<p>24.</p>	<p>RECOMMISSIONING OF COMMUNITY NAVIGATION AND ADVICE SERVICES</p> <p>The NHS Hull Clinical Commissioning Group Chief Operating Officer, Director for Adult Social Care and Director of Public Health and Deputy Chief Executive, Hull City Council submitted a report which set out a proposal for the future commissioning of the city-wide Social Prescribing Service, including general and welfare advice from July 2022 when the current contract extension expires.</p> <p>The comments of Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 29.</p> <p>Members discussed the need for information to be brought back on</p>	

how this was used.

Moved by Councillor Lunn and seconded by Councillor Black –

- (a) That the Committee support the commissioning of an: integrated General & Welfare Advice Services combining funding currently applied by the Hull City Council (£250k) and the NHS Hull Clinical Commissioning Group to the General Advice and Connect Well services in the City (total funding £548.3k) , by way of a grant application process, through the Light Touch Regime procurement route.
- (b) That a refined Community Navigation service be commissioned through a similar process, again applying the Light Touch Regime, providing an interface between the Primary Care Network link workers engaged by each of the five Primary Care Networks in the City and the Council and community services available in the City.
- (c) That the Better Care Plan be adjusted following the award of the contract to identify the city Council as the lead Commissioner and budget holder, to incorporate the Council's grant provision of £250k in the pooled funds, subject to continuing commissioning support being provided through the NHS Hull Clinical Commissioning Group.
- (d) To delegate authority to the Director of Legal Services and Partnerships to award the grant funding identified within the pooled fund to the most economically advantageous grant submissions, in consultation with the Portfolio Holder for Communities and the NHS Hull CCG Accountable Officer and pending the outcome of the integrated commissioning process, authority be given to the Director of Legal Services and Partnerships to authorise continuing grant funding to the City Council's current provider of General and Welfare Advice Services in the sum of £166,000.
- (e) That a report be brought back detailing the use of this service and where the funding has been spent.

Motion carried.

Reasons for Recommendations

- Access to a general advice service within a primary care setting continues to prove of value to supporting patients to access advice and support which benefits their health and wellbeing to reduce the pressures upon the Health system. Separately, the City Council provide grant funding to support the provision of general advice in the city. There is an opportunity to integrate the two services to provide a geographically spread advice and support service across the city within a single integrated advice service to reduce pressures upon Health and Social Care.

(a-e) NHS Hull Clinical Commissioning Group Chief Operating Officer, Director for Adult Social Care and Director of Public Health and Deputy Chief Executive

	<ul style="list-style-type: none"> • The existing sub-contract arrangement through which social prescribing was to be delivered was impacted by the introduction of funding for link workers within the Primary Care Network settings in the city, with some practices not engaging with the service. • The development by Primary Care Networks of their own social prescribing link worker arrangements through the Additional Roles Reimbursement scheme and associated funding within the Primary Care Network Contract however, would benefit from integration with the wider network of services within the Voluntary and wider sector. • A social prescribing service facilitating connectivity between the Voluntary Sector, Council Services and Primary Care Networks commissioned together through the NHS Hull CCG and the Hull City Council provides the opportunity for the development of a system wide integrated approach in the lead up to the introduction of the Integrated Care System. • Enhancing the Pooled Funds within the aligned funding arrangements included within the s75 Agreement identified as the Better Care Fund supports integrated commissioning and is in accord with the principles within the Health and Social Care Act 2012 and the proposed enhancements to those arrangements articulated within the current Health and Care Bill. • The Light Touch Regime has been designed to provide flexibility when commissioning health and care related services and allows a flexible procurement approach through which to deliver Best Value. 	
25.	<p>DEVELOPMENT OF A FOOD STRATEGY FOR HULL 2022-2027</p> <p>The Director of Director of Public Health, Hull City Council submitted a report which sought approval of the framework and direction of a draft Food Strategy for Hull, included at Appendix 1 of the report, which provides a summary of priorities for a five-year period, which will be further refined and developed through wider stakeholder consultation.</p> <p>The comments of Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 29.</p> <p>Agreed –</p> <p>(a) That CIC supports the draft Food Strategy framework for Hull in Appendix A to this report as a basis for wide consultation with stakeholders, leading to a final strategy that reflects city wide needs and priorities and sets out how the actions and policies of a wide range of stakeholders will deliver the priorities set out in the strategy.</p>	(a-b) Director of Director of Public Health

(b) Following completion of the consultation process, approval of final strategy is delegated to the Deputy Leader and Chair of Health and Well Being Board in consultation with the Health and Well Being Board.

Reasons for Recommendations

- The National Food Strategy (July 2021) proposes a Good Food Bill that advises Local Authorities in England to develop food strategies, addressing national targets, in partnership with the communities they serve.
- The National Food Strategy builds on the work underway in the Agriculture Bill, the Environment Bill, the Fisheries Bill, the Industrial Strategy and the Childhood Obesity Plan. It is intended to be an overarching strategy for government, designed to ensure that our food system:
 - delivers safe, healthy, affordable food; regardless of where people live or how much they earn
 - is robust in the face of future shocks
 - restores and enhances the natural environment for the next generation in this country
 - is built upon a resilient, sustainable and humane agriculture sector
 - is a thriving contributor to our urban and rural economies, delivering well paid jobs and supporting innovative producers and manufacturers across the country
 - delivers all this in an efficient and cost-effective way
- Access to good quality, nutritious, affordable and accessible food that benefits people, the local economy, and the global environment is vital to ensure people are able to live well. Food can promote community cohesion, physical and mental wellbeing, sustainable agriculture and economic success, whereas lack of decent quality food can have a significant negative impact on people and communities.
- The strategy will also contribute to the Health and Well Being Boards priorities to promote healthy, resilient, and safe communities and address wider priorities such as climate change and local sustainable economic growth. A section of the strategy will also include a focus on food insecurity in the City bringing together the work of the Food Inequality Alliance to contribute to the emerging Health Inequalities Framework.
- The strategy will provide a key action planning tool for all stakeholders and partners, by setting out the overarching priorities for the city, identifying current good practice and areas requiring further development or investment, and encouraging all sectors to play their part in implementation.

26.

BETTER CARE FUND 2021/22

The Director of Adult Social Care, Hull City Council submitted a

report which provided a revised version of the Better Care Plan for 2021/22.

The comments of Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 29.

Members discussed the table at paragraph 5.2 of the report and the contributions to the various schemes and welcomed the level of detail included in the report.

Agreed – That Committees in Common approves the changes to the Better Care Plan for 2021/22 which has increased by £1.710 million to £50.869 million from the total plan originally approved in February

Director of Adult Social Care

Reasons for Recommendations

- The Better Care Fund for 2021/22 meets the strategic objectives of the CCG.
- The original fund for 2021/22 approved by Committees in Common in February 2021 totalled £49.159 million. The increase has come from additional contributions from both Hull CCG and HCC beyond those assumed in the original report. The revised plan now stands at £50.869 million. Changes to the funding of the plan are summarized below:

Source of funds	Original Plan (Feb 2021)	Revised Plan (June 2021)	Change (+/-)
	£m	£m	£m
CCG minimum contribution	22.543	23.743	1.200
CCG voluntary contributions	2.729	2.729	0.000
Improved Better Care Fund (HCC mandatory contribution)	17.393	17.393	0.000
Disabled Facilities Grant (HCC mandatory contribution)	2.533	2.874	0.341
HCC voluntary contributions	3.960	4.130	0.170
Total	49.159	50.869	1.710

- The detail upon how the additional funds are to be applied is set out in Section 5 of this report and provides small amounts of additional funding to multiple schemes to ensure that the overarching delivery programme requirements can be met

within pooled funds.

27. TEST AND TRACE CONTAIN OUTBREAK MANAGEMENT FUNDING UPDATE

The Director of Public Health and Director of Finance and Transformation, Hull City Council submitted a joint report which provided an update on the Test and Trace Contain Outbreak Management Funding and sought approval for the allocation of the 2021/22 available funding of £5.533m. It was highlighted that none of the additional expenditure would be implemented until they had been fully explored.

The officer highlighted that none of the proposed additional expenditure in activities for re-engaging communities would be incurred until further work had been completed to clarify the nature of the investment and how it would be managed.

The comments of Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 29.

Members discussed the communities to be re-engaged and the need for a report back on the re-engagement of communities. Members also welcomed the level of detail in the report.

Agreed –

- That members note the planned use of COVID 19 Test and Trace Contain Outbreak Management Funding (COMF) as detailed in the table at 4.11 and paragraph 4.12
- That members approve the allocation of funds set out below subject to no costs being incurred in relation to re-engaging with communities.

(a-b) Director of Public Health and Director of Finance and Transformation

	2021/2	2022/3	2023/4
ASC Residential costs to support hospital discharge	884,818		
Increased staffing in Children's Homes in response to Covid	754,000		
Increased ASC Homecare costs arising from Covid	984,000		
Post Covid Community re-engagement	55,000	125,000	60,000
VCS sustainability structural support	150,000	50,000	
Supporting children as victims of	113,000	166,000	92,671

Domestic Abuse post Covid			
First 1001 Days (from conception to Age 2)	93,227	186,554	93,227
Children's Mental Health	0	346,000	405,000

Reasons for Recommendations

- The Test and Trace Contain Outbreak Management Fund provides English Local Authorities with financial support to be used to respond to the changing nature of the COVID 19 pandemic. It is allocated by the Department for Health and Social Care and the criteria for distribution and spending have adapted over the course of the pandemic to allow English LA's to tailor their coronavirus responses to meet the needs of their communities. The plans being put in place have been aligned to the developing situation and constitute a local response to the ongoing pandemic situation.
- The areas proposed for funding are supported by business plans which have the purpose of laying sustainable foundations for long term approach to supporting our community.

28. **HOUSING RELATED SUPPORT AND ROUGH SLEEPING PARTNERSHIP COMMISSIONING**

(Councillor Black declared a personal interest in this matter insofar as he works for a company which is involved in providing this service.)

The Director of Legal Services and Partnerships, Hull City Council submitted a report which sought approval to recommission Housing Related Support (HRS) contracts to meet the needs of those requiring supported accommodation as identified in the Homeless Link supported accommodation needs assessment for Hull.

Members discussed the need for such services.

The comments of People and Communities Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 29.

Agreed –

- (a) That the option to extend the existing HRS framework and all contracts by the remaining six months to 31st October 2022 is

exercised.

(b) That the Director of Legal Services & Partnerships is authorised to put in place interim measures to address identified gaps for those with complex needs and for women with complex needs through:

- Varying the contract with Hull Resettlement Project as sole provider on the relevant HRS Lot to deliver a MEAM hostel from Russell Street from 1st January to 31st October 2022 (providing some void allowance during the transition process) at a cost not exceeding £150k funded through Flexible Homelessness Support Grant.
- a mini-competition between Lot 1.1 HRS providers to provide 24 hour support to women with complex needs in a 7 room accommodation with implementation as soon as possible to 31st October 2022 at a cost not exceeding £200k.

(c) That the Director of Legal Services and Partnerships is authorised to recommission a Housing Related Support Services framework contract upon the following principles:

- That the framework term will be seven years with the option to extend by two further 12 month periods.
- That the payment rate under all contracts is fixed at £19 per hour for support and that annual inflation is built into the framework.
- That the tender evaluation will be based on 100% quality and that social value will be assessed as part of the quality evaluation.

That the Lots will be as follows:

Lot	Value	Number of units/ individuals supported
A Adults		
(1) Complex needs	£128,440 £128,440*	17 17
(2) Women-only complex needs	£1,455,690	299
(3) General		
B Young People	£443,612	77
C Families	£290,472	42
Total	£2,446,654	452

*Table 1 Proposed Lots, Values and Units for HRS
*part funded by the Domestic Abuse new burdens
funding of £103k per annum*

- That the procurement will be completed using the Light Touch Regime under the Public Contracts Regulations 2015.
- That a pre-requisite for providers submitting a tender is that they must be a Registered Provider of social

housing or partnered with one for the purposes of claiming Housing Benefit.

- That during the contracts the permissible number of individuals supported in one setting reduces – after year 1 no more than 65 individuals in one setting, after year 2 no more than 45 and a general principle will be incorporated to work collaboratively to end rough sleeping and to reduce large scale hostels into smaller self-contained accommodation.

(d) That the Director for Legal Services and Partnerships is authorised to enter all of the HRS services contracts with the successful providers by way of call-off or mini-competition following appointment onto the framework.

(e) That the Director of Legal Services and Partnerships is authorised to commission a Rough Sleeper Partnership contract to appoint a lead provider to manage all activities to address rough sleeping and health inequalities for rough sleepers in Hull with the following principles agreed:

- That the contract term will be five years with the option to extend by two further 12 month periods.
- That the maximum value of the contract is capped at £3m per annum and that this value is not guaranteed but subject to grant funding available in each financial year.
- That Flexible Homelessness Support grant is used to fund the lead provider to contract manage, administer and coordinate governance of the broader partnership at a maximum cost of £75k per annum (and that this is included within the capped contract value of £3m per annum).
- That the tender evaluation will be based on a 60: 40 split quality: cost ratio and that social value will be assessed as part of the quality evaluation.
- That the tender includes: novation of existing rough sleeping related contracts (listed below at 2.7); commissioning of the core rough sleeper assessment hub service (the contract for which expires on 31st March 2022); and the commissioning of new services: the Peer Advocacy scheme; and emergency winter provision.
- That the procurement will be completed through a full open tender exercise.

(f) That the Director for Legal Services and Partnerships is authorised to enter contract with the successful provider following the competitive tender exercise as described in 2.5.

(g) That the Director for Legal Services and Partnerships is authorised to novate or assign all existing rough sleeping contracts to the lead Rough Sleeping Partnership provider. The contracts are as follows:

- Rough Sleeper Outreach (Emmaus Hull and East Riding)
- Homeless Health Service (Modality Partnership)
- Floating Support for supported lettings (currently part of HRS contract) (Humbercare)

- Out of Hospital Care – health contract (not yet commissioned)
- Out of hospital care – housing support contract (not yet commissioned)

(h) That all newly available grant funding for interventions relating to rough sleeping (which are to be delivered externally to Hull City Council) are pursued in partnership with the Rough Sleeping Partnership and that all grant secured for external delivery is directed through the Partnership.

(i) That the contracts for both Lot A of Housing Related Support and the Rough Sleeper Partnership require the providers to be members of the Rough Sleeping Partnership Board led by the Rough Sleeper Partnership provider and that this board is accountable for the numbers of rough sleepers and outcomes for rough sleepers who have left the streets. In addition that the contracts require collaboration within the partnership and the use of the new electronic system to be established for referrals and single point of co-ordination to provide outcome data and to accurately record the journey of individuals through the system.

Reasons for Recommendations

- The government Rough Sleeping Strategy seeks to end rough sleeping by 2027 and Hull’s current Preventing Homelessness and Rough Sleeping Strategy has the objective of tackling rough sleeping in Hull. The recommendations included within the report maximise the opportunity to end rough sleeping and to enable those with a history of rough sleeping to live healthier and more fulfilling lives.
- Hull City Council has a range of statutory duties including under the Homelessness Reduction Act (HRA) 2017; the Children Act 1989; and the Care Act 2014. The provision of these services enables the Council to fulfil its duties and the proposals support prevention agendas for children’s social care, adult social care and housing.
- The integrated and shared governance approach which will bring together health, housing and social care and will support the Health and Wellbeing Strategy objective of reducing health inequalities for those who are homeless or at risk of homelessness and will increase life expectancy within this population.

29.

COMMENTS OF COMMITTEES AND COMMISSIONS

The Senior Democratic Services Officer submitted comments in relation to minutes 23-28 from the Council’s committees and scrutiny commissions that had considered the reports following the circulation of the agenda for this meeting.

	Agreed – That the comments be noted.	
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Start: 12.00 noon
Finish 1.45 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., 8th November, 2021, unless called in by the Overview and Scrutiny Management Committee.

Published 29th October, 2021