

**Integrated Commissioning Committee (Committees in Common)**

**28<sup>th</sup> April, 2021**

**PRESENT:-**

Dr. D. Roper, GP Board Member (Chair for this meeting)  
Mrs. K. Marshall, Lay Member  
Dr. A. Oehring, GP Board Member

**IN ATTENDANCE:-**

Councillor Gwen Lunn, Portfolio Holder for Adult Services and Public Health, Hull City Council Integrated Commissioning Executive Sub-Committee  
Councillor J. 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 Transformation (HCC)  
E. Daley, Interim Chief Operating Officer, NHS Hull Clinical Commissioning Group  
I. Anderson (Director of Legal Services and Partnerships (HCC)  
M. Toutountzi (Head of Service (Access and Wellbeing)) (HCC)  
N. Daynes, Head of Adults Commissioning and Procurement (HCC)  
L. Scholes, Senior Democratic Services Officer (HCC)

**APOLOGIES:-**

None.

<b>Minute No.</b>	<b>Description/Decision</b>	<b>Action By/ Deadline</b>
38.	<p><b>DECLARATION OF INTERESTS</b></p> <p>Dr. Oehring declared a personal interest in minute 41 insofar as it affected her work.</p> <p>Councillor Black declared an interest in this minute insofar as he was employed by the sector, he did not speak or vote on this issue.</p>	
39.	<p><b>MINUTES OF THE MEETING HELD ON WEDNESDAY, 24<sup>th</sup> FEBRUARY 2021</b></p> <p>Members of the Sub-committees discussed the need for the tables to be realigned in the recommendations of minute 35 and queried the development work on minute 37 and NHS Hull Clinical Commissioning Group involvement. Officers clarified that a protocol was being developed by the Chief Operating Officer of the NHS Hull Clinical Commissioning Group for application across the</p>	

	<p>Humber in relation to the criteria for continuing healthcare that would be in place for autumn 2021.</p> <p>An update was also given in relation to minute 35, that the NHS Hull Clinical Commissioning Group contract with the Foundation Trust had been extended by six months rather than one year to enable the clarification of the specification of the future provision of the mental health service to have more time to be resolved, therefore no decision record had been issued and a report would be brought back to the Sub-committees prior to the expiry of the six month extension for a decision on the following six months. The Foundation Trust has completed the self-assessment and we have undertaken the evaluation of that in part. Negotiation had started with the Foundation Trust on some elements of the self-assessment and evaluation.</p> <p><b>Agreed</b> – that, with the updating of the minutes to clearly show the tables in the minutes, the minutes of the meeting held on Wednesday, 24<sup>th</sup> February, 2021, be taken as read and correctly recorded and be signed by the Chair.</p>	Senior Democratic Services Officer - LS
40.	<p><b>RECOMMISSIONING OF SOCIAL PRESCRIBING AND WELFARE ADVICE</b></p> <p>(Dr. Oehring declared a personal interest in this matter insofar as it affected her work.)</p> <p>The Chief Operating Officer, NHS Hull Clinical Commissioning Group Director of Adult Social Care, Hull City Council and Director of Public Health, Hull City Council submitted a report which provided a review of the options for the future commissioning of the services delivered under the banner of Social Prescribing to inform the determination of the preferred option for the future development of the city-wide Social Prescribing Service (including welfare advice).</p> <p>Members of the Sub-Committees discussed the role of social prescribing and how Primary Care Networks use social prescribing. Social prescribing was very difficult to measure the impact of or collect information on which could hamper evaluation but did not reduce the impact. Members of the Sub-Committees queried the consultation methods for consulting with stakeholders, the officer confirmed that a number of virtual meetings had already taken place with various services of the Council. Meetings would be set up with partners and people who had accessed the service, as restrictions began to lift it would be possible to hold in-person meetings.</p> <p>The next steps would be to build this into the work with the voluntary sector, then the NHS Hull Clinical Commissioning Group and Council teams would work together to put the feedback into the redesign of the specification which would then be brought back to the Sub-Committees for decision.</p> <p><b>Agreed</b> –</p>	(a-d) Chief Operating Officer/ Director of Adult Social

- (a) To approve the exercise of the option to extend the contract for a period of a further year from 30 June 2021, but that the period of extension be accompanied by intensive commissioning activity, between the local authority and the CCG to develop and enhance the existing service.
- (b) To bring a report back to Committees in Common informed by the outcome of the work undertaken to re-shape the service.
- (c) To note the intention of the Council to apply the Light Touch Regime to offer further grant funding for its general advisory service to align the expiry of the grant with the expiry of the Social Prescribing contract option.
- (d) Progress with a two phased approach to the future of the Social Prescribing Service (including welfare advice):  
Phase 1:  
Utilise the remaining period of the contract extension from the original procurement and offer an extension to the provider of 12 months to 30 June 2022; this will provide stability to the anticipated demand increase during the COVID-19 recovery as well as work with primary care, adult social care and public health to develop a future model utilising the experiences of the current provider as well as identified additional need to shape future service provision.  
Phase 2:  
Commission a new service model – service specification to be developed during phase one but current preferred option is expected to be a social prescribing city-wide infrastructure and combined city-wide welfare advice service (to include delivery in primary care as well as other settings)

#### Reasons for Recommendations

- Primary care social prescribing service models have been developed through new Primary Care Network (PCN) Social Prescribing Link Workers employed/contracted by the 5 PCNs in Hull utilising the resources available to them through the Additional Roles Reimbursement Scheme as described in the NHS Long Term Plan (2019). PCNs have plans to continue to expand this workforce up to 2023/24.
- These developments require a different model for a city wide model of social prescribing service which is accessible through a range of routes including, but not limited to, primary care.
- The rationale for the 1 year contract extension to the existing service, approved by the CCG Board in January 2020, was for the developmental work with PCNs and other stakeholders to be undertaken to inform the potential commissioning of a future service model for service delivery

	<p>to commence in July 2021.</p> <ul style="list-style-type: none"> <li>• The impact of the COVID-19 pandemic has been significant on both PCNs and general practices as well as the CCG commissioning and primary care team and Hull City Council Adult Social care and Public Health teams. There has been a need for rapid and on-going changes in service delivery, at times needing to be delivered with reduced staffing resource available due to the impact of the pandemic.</li> <li>• As a result there has not been capacity within the system to undertake the detailed work required to develop a future service model anticipated at the time of the contract extension being approved. Furthermore the impact of the delivery of the COVID-19 vaccination programme on primary care is likely to be significant over the first 6 months of 2021 and hence primary care's capacity to support the development of a new service model continues to be constrained.</li> <li>• It is therefore recommended to adopt a two phased approach to the future commissioning of a Social Prescribing Service: <ul style="list-style-type: none"> <li>○ Phase 1: Contract extension of 1 year to 30 June 2022 and to use the time to work with primary care, adult social care and public health to develop a new model</li> <li>○ Phase 2: Commission a new service model.</li> </ul> </li> </ul>	
41.	<p><b>COMMISSION FOR INTEGRATED HOMELESS SERVICE PROVISION</b></p> <p>(Councillor Black declared an interest in this minute insofar as he was employed by the sector, he did not speak or vote on this issue.)</p> <p>The Director of Legal Services and Partnership, Hull City Council submitted a report which set out the current challenges in relation to procurement and commissioning for accommodation and support for rough sleepers and the cohort for whom our current commissioned Housing Related Support offer is not enabling positive outcomes (“revolving door” service users) and to outline the emerging opportunity to link together the strategic commissioning and procurement activity to seek to deliver a sustainable strategy to inform the development of a further report.</p> <p>Members of the Sub-Committees discussed when contracts would need to be awarded and the possibility of bringing it back to the Sub-Committees if timescales allowed. This was welcomed and needed to be consulted with ward councillors when detail was available on what services would be situated where.</p> <p>A report would be brought back to the next meeting of the Sub-committees which would set out more detail on the procurement strategy. In the meantime, the tender process for the Home from</p>	

Hospital contract would be carried out to come back to the Sub-committees if possible.

**Moved by Dr. Roper and seconded by Karen Marshall–**

- (a) That the Committee supports the development of a phased integrated procurement approach for the commissioning of services for homeless people at risk of rough sleeping or/and who have multiple and complex needs.
- (b) That the Committee supports the development of a pooled budget pursuant to s75 of the National Health Services Act 2006 into which available grant and health funding can be brought together with available Council funding to facilitate the procurement of accommodation and services to maintain the delivery of a co-ordinated response to homelessness and housing support in the city.
- (c) To support the principle of the Council acting as Lead Commissioner for the procurement of a staged contract to be awarded to a lead supplier to manage a sub-contract supply chain, working with the Council and Health partners to develop funding bids and mobilise and implement funded workstreams which are reviewed annually, with the intention that such contract be procured for award by 1<sup>st</sup> April 2022.
- (d) To receive a further report setting out the proposed procurement strategy in June/July 2021.
- (e) That in the interim the Committee support the re-procurement of a Homeless Healthcare Service with a duration of 5 years (plus 2), through a contract framed to allow for its subsequent novation into the revised overarching contract, so as to ensure the continuation of existing service provision upon expiry of the current contractual arrangements in September 2021. The funding for this contract to be £150k/annum from the Clinical Commissioning Group/ICS supplemented by available Housing grant (£112k in 2021/22 subject to final confirmation from MHCLG in May 2021) with a delegation to the Chief Operating Officer of the NHS Hull Clinical Commissioning Group and Director of Legal Services and Partnerships should timescales require it.

**Motion carried.**

Reasons for Recommendations

- The development of an integrated commissioning and procurement approach for the delivery of population level services across Health and Housing will enable services with common interests to pool resources more strategically and respond to identified gaps within services.

(a-e) Director of Legal Services and Partnership, Hull City Council/ Chief Operating Officer of the NHS Hull Clinical Commissioning Group

	<ul style="list-style-type: none"> <li>• The integrated commissioning of a strategic framework through which the supply chain can adapt to available funding streams will provide stability and certainty to providers and reduce or remove the need for frequent rounds of resource intensive commissioning, enabling resources to be directed toward the longer term strategy rather than crisis intervention.</li> <li>• The “Integration and Innovation – Working Together to Improve Health and Social Care for All” White Paper outlines a vision that the future direction of travel is for increasing integration between health care services, public health teams and local authorities.</li> <li>• The current contractual arrangement for the provision of the Homeless Healthcare Team is due to expire in September 2021 and the re-procurement of these services in the interim is required to ensure that a new contract is awarded by that point. However, by providing for novation of that contract into a wider Strategic contractual framework, the wider strategic objective of integrated provision can be achieved.</li> </ul>	
33.	<p><b>COMMENTS OF COMMITTEES AND COMMISSIONS</b></p> <p>The Senior Democratic Services Officer submitted comments in relation to minute 40 and 41 from the Council’s committees and scrutiny commissions that had considered the reports following the circulation of the agenda for this meeting.</p> <p><b>Agreed</b> – That the comments be noted.</p>	

Start: 1.00 p.m.  
Finish 1.40 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., 11<sup>th</sup> May, 2021, unless called in by the Overview and Scrutiny Management Committee.

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