

Integrated Commissioning Committee (Committees in Common)

28th July, 2021

PRESENT:-

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

IN ATTENDANCE:-

Councillor G. Lunn, Portfolio Holder for Adult Services and Public Health and Protection, Hull City Council Integrated Commissioning Executive Sub-Committee
Councillor S. McMurray, Portfolio Holder for Children 's Services, Hull City Council Integrated Commissioning Executive Sub-Committee
E. Daley, Chief Operating Officer, NHS Hull Clinical Commissioning Group (CCG)
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)
T. Meyerhoff (Deputy Director of Adult Social Care Strategic Lead for Commissioning, Integration and Quality) (HCC)
N. Harne (Assistant Director Neighbourhoods and Housing) (HCC)
C. Hodgson (Head of Integrated Commissioning) (HCC)
T. Fielding (Assistant Director Health and Wellbeing) (HCC)
L. Scholes, Senior Democratic Services Officer (HCC)
L. Scholes, Senior Democratic Services Officer (HCC)

APOLOGIES:-

Mrs. K. Marshall, Lay Member
Councillor J. Black, Portfolio Holder for Housing and Homelessness, Hull City Council Integrated Commissioning Executive Sub-Committee

Minute No.	Description/Decision	Action By/ Deadline
8.	<p>DECLARATION OF INTERESTS</p> <p>No declarations of interest were made in respect of the items that follow below.</p>	
9.	<p>MINUTES OF THE MEETING HELD ON WEDNESDAY, 30TH JUNE 2021</p> <p>Agreed – that, with the amendment of minute 2 to include 'Moved by Dr. Roper and seconded by Karen Marshall 'that Karen Marshall be appointed as the Deputy Chair of the CCG sub-Committee.</p>	

	<p>Motion carried' and minute 5 to be amended at the bottom of page 8 to remove the work 'plan', the minutes of the meeting held on Wednesday, 30th June, 2021, be taken as read and correctly recorded and be signed by the Chair.</p>	
10.	<p>TRANSITIONAL ARRANGEMENTS FOR THORNTON COURT AND REDIRECTION OF RESOURCES TO MEET DISCHARGE TO ASSESS GUIDANCE</p> <p>The Director of Adult Social Care and Assistant Director Neighbourhoods and Housing, Hull City Council submitted a report which set out the rationale for the re-direction of Better Care funding in order to meet the operational requirements to delivery Discharge to Assess as detailed within the guidance and described arrangements across both Adult Social Care and Neighbourhoods and Housing to ensure a smooth transition to new operating models which would minimise disruption for staff, permanent tenants and temporary residents at Thornton Court.</p> <p>Agreed –</p> <p>(a) That Committees in Common approve the re-allocation of £1.351m within the Better Care Fund to support the delivery of the Discharge to Assess model.</p> <p>(b) That Committees in Common agree the one year transition plan to ensure that Thornton Court continues to offer a reduced service of up to 12 beds for 12 months funded through the £596k of Shared Outcomes Out of Hospital Care funding awarded by the Department of Health and Social Care.</p> <p>(c) To approve the following transitional arrangements to support Housing and Health to have the development time to commission a more be-spoke service moving forward beyond the 12 month transitional period.</p> <p>(i) To commission a support service to operationally manage and support people being discharged from hospital who have a combination of health and housing needs– that an expression of interest is submitted to all providers on the Housing Related Supported framework to assess interest and to enter direct negotiations with organisations expressing an interest. That a contract is awarded to the provider with the most economically advantageous proposal.</p> <p>(ii) That delegated authority is provided to the Director of Legal and Partnerships to enter a contract with the provider to deliver the service for up to 12 months with a contract value of £235k.</p> <p>(iii) That the primary health elements of the proposal are commissioned with a duration of 1 year with a contract value of £247k.</p> <p>(iv) That delegated authority is provided to the Director of Legal and Partnerships to enter a contract with the</p>	<p>(a-c) Director of Adult Social Care and Assistant Director Neighbourhoods and Housing</p>

	<p>most economically advantageous bidder following the commissioning exercise.</p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> • Thornton Court is no longer fit to support social care hospital discharges due to the increase in complexity and acuity of needs that ASC is now experiencing. It does not support the Home First principle nor does it meet the environmental requirements of people living with complex social and physical care needs. • The re-distribution of funds within the Better Care Fund plan will support the delivery of a sustainable Discharge to Assess model for Hull. • To ensure that the existing three permanent rent paying residents are given 12 months to explore future accommodation options. • To enable Housing and Health to work with the current five short term residents to secure long term tenancies whilst ensuring their health needs are being met. • To maintain some reduced capacity (up to 12 beds) to provide people who are leaving hospital that might be on the edge of homelessness or are without secure accommodation to have health interventions to support their recovery whilst also receiving specialist support to enable them to secure medium to long term housing solutions. • The transitional proposal will not require a change of use or consultation as the intention will be to continue to provide a reduced bed based short term accommodation offer for people who have been discharged from hospital who require recuperation along with support to secure a more permanent accommodation offer. 	
11.	<p>PROVISION OF CARE AND SUPPORT SERVICES AND CATERING SERVICES WITHIN EXTRA CARE</p> <p>This item was discussed in conjunction with minute 20.</p> <p>The Director of Public Health and Adult Services Hull City Council submitted a report which outlined the proposed new model for the provision of care and support services within the Extra Care facilities.</p> <p>Members of the Sub-Committees discussed the different options available for each service and the associated risk of loss.</p> <p>Agreed –</p>	(a-g) Director of Public Health

- (a) The procurement of care and support services across Extra Care sites is authorised to be undertaken through a compliant procurement process on the basis of 80% quality and 20% price evaluation and awarded for an initial duration of 5 years with the option to extend for a further 2 periods of 12 months each.
- (b) That the Director of Public Health and Adult Services is authorised to award contracts following the procurement in consultation with the Director for Legal and Partnerships, the Director of Finance and the Portfolio Holder for Public Health and Adult Services.
- (c) That the Director of Public Health and Adult Services is authorised to take up the contract extension options subject to satisfactory performance and the contracts still meeting the Council's needs in consultation with the Director for Legal and Partnerships, the Director of Finance and the Portfolio Holder for Public Health and Adult Services.
- (d) That the service model, standards and rates established through the Dynamic Purchasing System for Supported Living services, be applied to the procurement of support to sustain clients moving into Extra Care services and meet individual emotional and wellbeing needs.
- (e) To agree, once consultation is complete, to de-register Grove house as an Extra Care facility and transfer the scheme to a category two sheltered accommodation.
- (f) The existing contract with Hales to be extended to 31 March 2022 to enable the procurement process to be run and allow for an appropriate mobilisation period.
- (g) To agree the appropriate option for securing the provision of catering provision in Extra Care facilities from 31 December 2021.

Reasons for Recommendations

- The contracts for the delivery of homecare and catering within the Extra Care facilities expire on 31st December 2021.
- The provision of care and support within people's homes and communities is crucial to meeting the Council's statutory obligations under the Care Act 2014 and will enable people to live safely within their own homes for as long as possible. Fundamental to the vision of Extra Care is the general core support offer. Extra Care is intended to provide an alternative option to residential care and in doing so maintains people's independence. The core offer delivers a flexible 24 hour response to unexpected issues providing additional reassurance, security, and timely response for

tenants.

- The Adult Social Care operating model is built around the vision of a ‘Life not a service’.

The vision of ‘A life not a service’ consists of four key elements:

- Focus on the person – we will build on people’s strengths, supporting them to take control of improving their health, resilience and wellbeing
 - Maximise independence – we will champion people’s rights to live the fullest life that they can, knowing that this provides the best outcomes for people who use services
 - Work in partnership – we will work creatively with individuals, local communities and our partners, supporting them to deliver the best possible outcomes so that people can live well
 - Work effectively within the set budget – we will have a cost effective adult social care service delivered within the budget envelope to ensure those who most need support receive it and that we continue supporting people in the future.
- The current model of homecare delivered within the Extra Care facilities is not aligned to these principles therefore a revised service model is required to support tenants to maximise their independence.
 - Due to the mix of individual needs and blend of age groups living in Extra Care Facilities, a standard homecare provision is not the most appropriate model for meeting all of the tenants’ needs. Therefore, a bespoke offer is required to meet the needs of the Extra Care settings. Many of those who move into Extra Care accommodation move from Supported Living environments into their own tenancy. Building on that model, and using the outreach provision model described within the Supported Living Dynamic Purchasing System, this will assist clients to move from a Supported Living environment into Extra Care with ongoing support that will provide an effective pathway to manage support for their health and wellbeing needs.
 - Plans were in place in early 2020 to undertake a reshape of the catering services following a number a complaints by tenants which led to a review of the catering provider by the Authority’s Adult Social Care Contracts Quality and Performance Team (CQPT) in December 2019. This resulted in the provider being placed on a service improvement plan for three months. After some considerable changes implemented by the Catering Academy (and with support made by the Authority’s in-house service), the service improvement plan was lifted in March 2020, on the basis the CQPT had seen significant changes to the catering

	<p>service. Unfortunately, the impact on COVID-19 had on the Authority led to a delay in reshaping of the catering service in Extra Care and a decision was made in December 2020 to extend the catering contract into the final year in order to provide the Authority enough time to work with tenants and reshape the service.</p> <ul style="list-style-type: none"> The Hales contract will be extended to ensure that robust procurement processes are followed and to enable any TUPE transfers to be made correctly which will be necessary for workforce support and staff development. 	
12.	<p>BETTER CARE FUND – OUTTURN 2020/21</p> <p>The Deputy Director of Adult Social Care, Hull City Council submitted a report which detailed the actual spend incurred against the Better Care pooled budget by Hull City Council and NHS Hull Clinical Commissioning Group for the financial year 2020/21.</p> <p>Agreed –</p> <p>(a) That the final outturn against the Better Care pooled budget for 2020/21 be noted.</p> <p>(b) That the underspend of capital funds against the Disabled Facilities Grant of £1.783 million be carried forward to 2021/22.</p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> The Better Care Fund represents the pooling of resources by the Partners, with the approved budget for 2020/21 being the agreed plan for the distribution and use of those resources. The outturn report provides detail of how actual use of resources in the year by the partners compares with the original intended usage as set out in the agreed budget. The proposed carry forward of unused capital (Disabled Facilities Grant) monies in 2020/21 will support the ongoing provision of services to disabled persons in 2021/22. 	(a-b) Deputy Director of Adult Social Care
13.	<p>ADULT WEIGHT MANAGEMENT SERVICES GRANT</p> <p>The Director of Public Health, Hull City Council submitted a report which advised on the receipt of £269,473 Adult Weight Management Services Grant from Government and sought approval to develop and deliver an adult weight management service in accordance to grant conditions, Hull City Council procedures and in the most pragmatic way possible to meet the short timescales.</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 18.</p>	

Members of the Sub-Committees were pleased to see this additional funding coming into the City with the tight timescales the key issue would be getting the message out to people. The office confirmed that this would be a key issue and they had a number of options prepared. One of the issues in relation to this would be balancing getting the message out and managing expectations as there was no guarantee of further funding beyond this period.

Members of the Sub-Committees congratulated all of the staff who had worked on this series of grants for the hard work they had put in to reach this stage.

Agreed –

- (a) That approval be given to accept grant funding of £269,473 toward measures to prevent obesity in the city (Tier 2 adult weight management).
- (b) To apply part of that funding for nutrition and weight management support directed toward those at risk of an unhealthy weight through pooling that funding through the s75 Pooled Fund agreement (funds aligned to the Better Care Fund) to enable the services to be commissioned as a variation to the NHS CCG contract with City Health Care Partnership;
- (c) To apply the remaining funding to fund specific leisure activity aimed at the same group as a variation to the Council's contract with its inhouse contractor Hull Culture and Leisure.

(a-c) Director of Public Health

Reasons for Recommendations

- To ensure the Council are able to meet the grant conditions attached to the Adult Weight Management Services Grant.
- The options appraisal identified the following key factors to support the preferred approach:
 - -Need for speed: Grant conditions state that on the ground delivery has to be complete by March 2022 (or at the latest June 2022 with PHE approval); HCAL and CHCP have confirmed they can mobilise quickly as they are already providing these types of services in the City.
 - -Opportunity for sustainability: By working with local partners this will build capacity and capability in the system which will benefit wider programmes of strategic development in the city including Active Hull and the partnership collaboration required to deliver the health and wellbeing strategy for the city. It also strongly supports social value principles and develops

	<p>a unique collaboration between key local partners to maximise impact and reach of this public health programme.</p> <ul style="list-style-type: none"> ○ -Community Investment: Both HCAL and CHCP are Hull based Community Interest Companies, required to benefit the community, furthermore, investing locally is more likely to create opportunities for local jobs and employment. ○ -Experience: HCAL have extensive experience of delivering physical activity in the City and CHCP deliver tier 3 adult weight management services commissioned by Hull CCG, so between the two organisations they are already providing services that can make up the core elements of a tier 2 adult weight management service. ○ -Unique Reach: HCAL is the only provider in the City with an extensive leisure stock including parks therefore they provide a unique reach for the physical activity element of this service. <ul style="list-style-type: none"> ● To develop services within the existing contractual arrangements to meet the gap in Tier 2 activity to make a contribution to address obesity in the city and promote system led partnership working by the existing contract provision to consider how the gap may be met on a sustainable basis. 	
14.	<p>CHILD AND FAMILY WEIGHT MANAGEMENT GRANT</p> <p>The Director of Public Health, Hull City Council submitted a report which advised on the receipt of £305,000 Child and Family Weight Management Services Grant from Government and sought approval to develop and deliver a child and family weight management service in accordance to grant conditions, Council procedures and in the most pragmatic way possible to meet short timescales.</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 18.</p> <p>Members of the Sub-Committees discussed the potential overlap with the 0-19 re-commissioning. The officer confirmed there may be some overlap which would be dealt with once the wider procurement was in place. The NHS Hull Clinical Commissioning Group offered support with getting the messages out with the Teaming up for Health Partnership and Children's Services needed to be fully engaged and could also support messaging including with the Healthy Holidays work.</p> <p>Agreed –</p>	

- (a) That approval be given to accept grant funding of £305,000 toward measures to prevent obesity in the city (child and family weight management).
- (b) To apply 55% of that funding for the delivery of extended brief interventions, weight management services (in partnership with Hull CC Healthy Lifestyles Team), Early Years pilot and a SEND pilot programme to enable the services to be commissioned as a variation to the Hull City Council 0-19 contract with City Health Care Partnership.
- (c) To apply the remaining 45% of funding within Hull City Council to fund an expansion of family healthy lifestyle activities aimed at the same group as an additional resource to the existing Healthy Lifestyles Team and additional capacity within the public health team for project management.

(a-c) Director of Public Health

Reasons for Recommendations

- To ensure the Council are able to meet the grant conditions attached to the Child and Family Weight Management Services Grant.
- The model for service delivery was developed with key stakeholders to meet identified gaps and has been approved for funding by PHE after a competitive process for receipt of the grant. To develop services within the existing contractual arrangements and in house services to meet the gap in child and family Tier 2 activity to make a contribution to address obesity in the city and promote system led partnership working by the existing contract provision to consider how the gap may be met on a more sustainable basis.
- The funding has been provided with extremely tight timescales to allocate and begin service delivery and as a result, open tendering options are not considered to be practicable. The nature of the services within the grant conditions in addition to the timescales are considered to strongly favour the proposed expansion of existing services.
- The services can be delivered by CHCP (as an extension to the work they undertake on the National Child Measurement Programme) and Healthy Lifestyles Team (as an extension to the work they undertake in supporting families to adopt healthier lifestyles).
- This provides a pragmatic and optimal solution as these key providers are already in the city delivering activities in this area:
- CHCP (as part of the 0-19 specification) undertake the NCMP programme as such they have access to parental

data of children who are identified as having excess weight; these are the families that will be targeted for the extended brief interventions (EBI-this is a proactive follow-up of children identified as being overweight or having obesity through the NCMP and offer of motivational support, including onward referral to locally available behavioural weight management services for children and families). Having CHCP undertake the EBI of overweight children will enable a coordinated approach with the letters that are currently sent to parents of children weighed and measured through the NCMP to optimise the sensitivity and effectiveness of the contacts made. Additionally, CHCP already proactively contact parents of children identified as being obese through the NCMP.

- The Healthy Lifestyles Team (Hull CC) deliver parenting programmes such as HENRY (Health, Exercise and Nutrition for the Really Young) and have also recently commenced delivery of a HENRY programme targeting primary school children. They also offer sessions around physical activity and cooking skills. As such they are well placed to be able to receive funding to provide additional resources to increase delivery and mobilise at speed.
- CHCP deliver a Tier 3 weight management service for children, young people and families commissioned by Hull CCG. As they are delivering a similar programme the proposal to fund CHCP to combine efforts to deliver a Tier 2 Weight Management service is a pragmatic one and offers good value.
- The special school and early year's pilot is proposed to be delivered by CHCP as part of the 0-19 contract and 2.5 year old checks and work in special schools. This enables an approach that is integrated with existing service delivery, can be delivered quickly and is cost-effective.
- The proposed split of resources is: 55% to CHCP (£168k) and 45% to Hull CC (£137k).
- The project will be overseen by a project steering group led by public health team. Funding for additional capacity within the team will be met by the grant.
- Robust contract and performance management processes are in place with CHCP in relation to the existing 0-19 Integrated Public Health Nursing Service contract that provide assurance regarding the performance of the provider and can be extended to include this provision.
- Equivalent internal performance monitoring and governance processes are in place regarding the Healthy Lifestyle Team.

	<ul style="list-style-type: none"> The project will be overseen by a project steering group led by public health team. Funding for additional capacity within the team will be met by the proportion of the grant proposed to be allocated internally within Hull City Council. 	
15.	<p>PREVENTION AND PROMOTION FUND FOR BETTER MENTAL HEALTH 2021- 22</p> <p>The Director of Public Health, Hull City Council submitted a report which advised on the receipt of £334,909 Prevention and Promotion Fund for Better Mental Health Grant from Government and sought approval to develop and deliver a public mental health programme for residents in the City in accordance to grant conditions, Hull City Council procedures and in the most pragmatic way possible to meet the short timescales.</p> <p>The Director of Legal Services and Partnerships clarified that there was no existing contract with MIND that could be varied to accommodate delivery of this service. There was a contract in place with the University in relation to the final recommendation. Given the timescales it was not possible to undertake a full procurement exercise so a decision had to be taken to determine which organisation would be best to undertake this contract and would require a dispensation. The value of the contract was below the levels of the light touch regime.</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 18.</p> <p>Members of the Sub-Committees discussed the need to work with recruitment agencies to support people in fragile areas of employment which can affect mental health as well as the wellbeing of the staff working at recruitment agencies and raised concerns about the long-term consequences. The officer confirmed that they were looking at recruitment agencies in terms of duty of care for staff on their books entering fragile labour markets as well as their own staff wellbeing. There would be evaluation of the investment including work with the University and some national evaluation would be done by Public Health England on this programme. This purpose of this initiative was about addressing better mental health programme and recognising the role of employment in this.</p> <p>Agreed –</p> <p>(a) That approval be given to grant funding of £334,909 toward the delivery of projects that are aimed at addressing mental health in the workplace:</p> <p>(b) To apply £301,418 of the funding to directly commission Hull and East Yorkshire MIND to deliver the following projects:</p>	(a-c) Director of Public Health

	<p>(i) Help to Start in Work (16-24 years): Commissioning a team of Resilience & Employment Coaches to deliver a flexible advocacy model across the city for young people embarking on employment and apprenticeships in fragile labour markets, piloting a specialist offer to 16-19 years Not in Education, Employment, or Training (NEET).</p> <p>(ii) Help to Stay in Work (all ages): A team of Resilience & Employment Coaches underpinned by providing greater investment and incentives for employers to promote mental health support to their employees. Focussed workplace mental health offer for those in fragile labour markets with an initial focus upon the food sector.</p> <p>(iii) Help to Recruit to Work (all ages): A programme of focussed work with Recruitment Agencies working with agency and temporary workers to support employee mental health and wellbeing.</p> <p>(c) To commission the University of Hull to evaluate the success of the programme through the Council's existing partnership agreement with the University at a cost of £33,491.</p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> To ensure the Council are able to meet the grant conditions attached to the Prevention and Promotion Fund for Better Mental Health Grant. 	
16.	<p>ROUGH SLEEPING DRUG AND ALCOHOL TREATMENT GRANT YEAR 2 (2021-22)</p> <p>The Director of Public Health, Hull City Council submitted a report which sought approval for the acceptance and distribution of the grant allocation to be received from Public Health England and Authorise the allocation as per grant conditions.</p> <p>The Director of Legal Services and Partnerships confirmed that the allocated grant figure had not yet been received but a decision was allowed based on the estimate.</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 18.</p> <p>Members of the Sub-Committees discussed the method of funding currently being used by the Government.</p> <p>Agreed –</p> <p>(a) To authorise acceptance and distribution of the grant to be received from Public Health England to fund drug and alcohol treatment for individuals who experience rough sleeping or are at risk of rough sleeping in Hull, estimated in</p>	(a-c) Director of Public Health

£641,000 per annum.

(b) To agree expenditure of the grant allocation according to the provision and interventions required by Public Health England to:

- (i) Support people experiencing, or at risk of, rough sleeping to access and engage in drug and alcohol treatment (access and engagement);
- (ii) Ensure that the engagement that people have had with drug and alcohol treatment services whilst rough sleeping or in emergency or temporary accommodation is maintained as they move into longer term accommodation (continuity of care);
- (iii) Build resilience and capacity in local drug and alcohol treatment systems to continue to meet the needs of this population in future years (resilient and sustainable models of care).

(c) To agree a Contract Variation with Change, Grow, Live (CGL), current lead provider of Lot 1 Drug and Alcohol Treatment Services for the duration of the grant period, for the development/enhancement of the following activities and interventions in line with the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG):

- (i) Deliver street base support (outreach) to the rough sleeping cohort with alcohol/drug problematic use or dependence in a more timely and targeted manner.
- (ii) Peer support/lived experience to provide additional outreach support, engaging with the rough sleeping population, providing advocacy and supporting recovery.
- (iii) Increase service capacity through recruitment of RS Recovery Coordinators (outreach support), non-medical prescriber, psychologist and management/admin support who will ensure coordination with local provision, develop pathways, and ultimately ensure the effective implementation of the project. Additional capacity will support individuals rough sleeping and those at risk of rough sleeping.
- (iv) Develop a trauma informed approach in line with our local vision of becoming a trauma-informed city by creating additional capacity to enable better engagement with individuals through reflective practice and development of psychologically informed environments.

(v) Workforce development by delivering bespoke training to over 60 members of CGL/ReNew staff supporting harm reduction and structure treatment elements.

Reasons for Recommendations

- The additional funding granted by Public Health England complements the current substance misuse commissioning arrangements. The implementation of the new programme requires Local Authorities to expand the current provision to respond to high demands in treatment services.
- Governance and accountability will be provided by the proposed MEAM and Rough Sleeping Governance Structure. This will enable the strategic oversight and effective cross-agency working required to tackle the causes of rough sleeping and homelessness, as proposed for the Changing Futures Programme. The MEAM Strategic Board will oversee the RSADT project alongside with other Rough Sleeping Programmes to ensure a seamless provision across the city and that the project is responding to individuals' needs and delivering on outcomes.
- The local authority is required to commit to a grant expenditure from Q3 2021/22. The grant allocation is expected to be announced by mid-July and the service implementation to commence 1st October.
- CGL is Hull's lead provider for the entire Drug and Alcohol Treatment service model to ensure that all residents move seamlessly and effectively between services to achieve recovery. The current contract value is £5,238,028 for the provision of Lot 1- Drug and Alcohol Treatment Services for the period 1 October 2018 to 30 September 2024. The provider has the capacity to undertake the recruitment process to implement the agreed provision as early as possible. A contract variation with the current provider is the best approach to take to comply with the grant requirements.
- CGL/ReNew have excellent joint working relationships with local homelessness services including joint working protocols and co-location of staff. Through workshops and partnership meeting organised by Hull City Council and CGL in preparation for the RSTG Bid, we have established gaps in the local provision and mapped existing provision and opportunities. This to ensure best value for money placing resources where they are most needed.
- CGL/ReNew have also joint working protocols in place with a range of local and no-local detox and residential rehab units, there are assessment and referrals processes already in place which could be utilised at point of award to ensure an intensive and enhanced provision for individuals who are

	<p>rough sleeping or at risk of rough sleeping with alcohol/drug dependence.</p> <ul style="list-style-type: none"> • Staff employed by CGL will form part of the wider integrated Drug and Alcohol service ReNew and will have access to wider CPD, clinical support through the Lead Nurse and Consultant Psychiatrist and strategic support through the Services Managers. 	
17.	<p>PHE UNIVERSAL FUNDING 2021/22</p> <p>The Director of Public Health, Hull City Council submitted a report which provided an update on the decision that was made by the Leader of the Council.</p> <p>Agreed – that the decision taken by the Leader be noted.</p>	
18.	<p>COMMENTS OF COMMITTEES AND COMMISSIONS</p> <p>The Senior Democratic Services Officer submitted comments in relation to minutes 13-16 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>	
19.	<p>EXCLUSION OF THE PRESS AND PUBLIC</p> <p>Agreed – that, in accordance with the provisions of Section 100(A)(4) of the Local Government Act, 1972, the public (including the Press) be excluded from the meeting for the following items of business, minute 20, on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act information relating to the financial and business affairs of any particular person (including the authority holding that information an individual and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	
20.	<p>APPENDIX 1 TO PROVISION OF CARE AND SUPPORT SERVICES AND CATERING SERVICES WITHIN EXTRA CARE</p> <p>This item was discussed in conjunction with minute 11.</p> <p>Agreed – that the appendices be noted</p>	

Start: 12.00 noon
Finish 1.10 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., 9th August, 2021, unless called in by the
Overview and Scrutiny Management Committee.

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