



Health and Wellbeing Board

21 November 2017

Adjourned: 4.20 p.m. Tuesday, 21 November, 2017

PRESENT:

- Councillor Inglis, Hull City Council (Board Chair)
- Dr. Dan Roper, Chair, NHS Hull Clinical Commissioning Group (Board Deputy Chair)
- Councillor Gwen Lunn, Portfolio Holder for Public Health, Prevention & Safeguarding Adults, Hull City Council
- Councillor Dorton, Hull City Council
- Councillor Pantelakis, Hull City Council
- Councillor Tock, Hull City Council
- Dr James Moulton, NHS Hull Clinical Commissioning Group
- Julia Weldon, Director of Public Health and Adults, Hull City Council
- Alison Murphy, Director of Children and Young People and Families Services, Hull City Council
- Alison Barker, City Adults Social Care Manager, Hull City Council

NON-VOTING MEMBERS:

- Karen Marshall, NHS Hull Clinical Commissioning Group
- Councillor H. Bridges

NON-VOTING ADVISORS:

- Chris Jewesbury, Head of Health and Justice Commissioning, NHS England.

IN ATTENDANCE:

- David Bell, Director of Finance and Change Management, Hull City Council
- Tim Fielding, City Health and Wellbeing Manager, Hull City Council
- Paul Laing, Programme Lead Sexual Health and Vulnerable Groups, Hull City Council
- Martyn Fisher, Projects and Commercial Lawyer, Hull City Council
- Antony Spouse, Scrutiny Officer, Hull City Council

APOLOGIES:

- Dr. Amy Oehring, NHS Hull Clinical Commissioning Group
- Emma Latimer, Chief Officer, NHS Hull Clinical Commissioning Group
- Emma Sayner, Chief Finance Officer, NHS Hull Clinical Commissioning Group
- Healthwatch Hull
- Chief Superintendent Phil Ward, Humberside Police

Minute No.	Description/Decision	Action By/ Deadline
25.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received in respect of the items that follow below.</p>	
26.	<p>PUBLIC HEALTH BUDGET PROPOSALS</p> <p>The Scrutiny Officer submitted the minutes from the July meeting for consideration and approval.</p>	

	<p>Agreed – That the minutes of the meeting held on Tuesday, 19 September 2017, having been printed and circulated, be taken as read and correctly recorded and be signed by the Chair.</p>	(a) Scrutiny Officer – AS
19.	<p>WORK PROGRAMME REPORT</p> <p>The Scrutiny Officer submitted the latest version of the work programme and Council Forward Plan for consideration.</p> <p>The Board discussed the future of the outcome group performance reports; the quality of the work being undertaken by the individual outcome groups; the good work undertaken by Outcome Group 2; a proposal that an Outcome Group 2 Performance Report should be included on the January agenda.</p> <p>Agreed:</p> <p>a) That in order to review the positive work undertaken by Outcome Group 2, a performance report is submitted to the January meeting.</p>	a) T. Evans / Scrutiny Officer – AS
20.	<p>BOARD ACTION LIST</p> <p>The Scrutiny Officer submitted the latest version of the Action List for consideration.</p> <p>Agreed –</p> <p>a. The latest version of the Action List is noted.</p>	
21.	<p>PUBLIC HEALTH BUDGET PROPOSALS</p> <p>J. Weldon, Director of Public Health, Hull City Council. D. Bell, Director of Finance and Change Management, Hull City Council, and Tim Fielding, City Health and Wellbeing Manager, Hull City Council, attended for this item.</p> <p>The City Health and Wellbeing Manager explained that the paper included high level budget proposals for 2018/19 and 2019/20, which would feed into the Council’s Medium Term Financial Plan. The two main drivers behind the proposals was the continued reduction in public health grant, with the Council due to lose a further £1.3 million by 2019/20, and the decision to channel a further £1.25 million of the remaining grant, into internal Council services. This meant a total figure of £2.55 million would be taken out of the budget for externally commissioned services. The public health ring fence would remain in place until 2019/20 and the Council would need to demonstrate that the internally commissioned services were delivering public health outcomes. Table 1 outlined the high level spend for 2017/18 and the forecast spend for 2018/19. Spending on internally commissioned Council services would rise from £6.1 million to £7.25 million (as it included a small cost saving). The money spent on externally commissioned services would fall from £17.6 million in 2017/18 to £15.1 million in 2019/20 (Table 3). The process was challenging; a salami slicing approach had been taken in the past, but that was no longer viable. The proposals would see statutory the external commissioning budget used to consolidate core services. Table</p>	

2 outlined the steps that would need to be taken to deliver the savings in regard to externally commissioned services. There would be no cuts to existing contracts. Consultation with providers was ongoing. The only contract to be re-procured before 2018/19 would be the Drugs and Alcohol Service.

The Board discussed:

- i. The public health budget and while control had passed to the Cabinet, the Board still had a statutory responsibility to advise on the budget proposals.
- ii. How the Board could offer appropriate advice to Cabinet if it did not have the detail behind the additional £1.25 allocated to Hull City Council services.
- iii. The fact that additional detail had been requested but had not been forthcoming, and the Chair was willing to defer the item and call a Special Meeting, if the Board did not feel it was able to carry out its statutory duty.
- iv. The fact that the budget proposals were due to go to Cabinet and Council in December, and the Board had the right to disagree with the proposals.
- v. How at this stage of the process they only knew what the £1.25 million would not be spent on, i.e. externally commissioned services and therefore needed more detail on the internal spend.
- vi. The concern that some providers may no longer wish to provide services if the budget for external commissioning was reduced further.
- vii. The effectiveness of smoking cessation services.
- viii. The fact that the public health grant continued to reduce in size and budgets had to reflect that.
- ix. The desire to deliver a visible and accountable budget setting process.
- x. The strong emphasis being placed on early help and prevention.
- xi. Council services and how they continued to be put at risk due to sustained budget cuts.
- xii. Confirmation that officers were still working through the detail and they had hoped to provide more information to the Board.
- xiii. The budget process and why the methodology applied to externally

commissioned services did not appear to have been applied to the internally commissioned services.

xiv. The Council's contribution to public health and wellbeing and the fact a significant proportion of the Council's budget was spent on service areas that impacted on residents' health and wellbeing.

xv. That the focus of this item was the public health grant and how it was spent to improve the public health of the population. The Director of Public Health explained that it was her responsibility to promote health and wellbeing and ensure the Council could evidence how the public health grant had been used to improve public health outcomes.

xvi. The lack of detail behind the budget proposals and what action was open to the Board. Confirmation that further detail could not be provided at this point but the Council spent a lot more on public health than the figure included in the public health grant. If the £1.25 million was not channelled into internally commissioned services then the savings would have to come out of other services.

xvii. Paragraph 2.7 of the report, the need for the detail behind all the internal spend, including the additional £1.25 million that had been agreed by Cabinet in July 2017.

xviii. If Cabinet were a hundred percent clear on the decision they were making in July 2017.

xix. Mandated services, which services had to be provided out of the public health grant, and provision delivered as part of the Mindful Employer service.

xx. The proposed reduction in funding for sexual health services, the fact sexual health services were under increasing pressure, and the evidence to support the proposed budget cut.

xxi. If appropriate impact assessments had been carried to analyse the risks associated with the proposed budget savings.

Agreed

(a) The Board did not feel it could carry out its statutory duty and offer advice on the Public Health Budget proposals given the lack of budgetary detail, including how an additional £1.25 million identified for internally commissioned services would be allocated.

(b) That the additional information requested at the November meeting is considered, before the proposals go to Cabinet and full Council, in order to ensure the Board can carry out its statutory duty and provide appropriate advice.

(a-b) J. Weldon
/ D. Bell / T.
Fielding /
Scrutiny Officer
– AS

22. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017

J. Weldon, Director of Public Health attended for this item and explained that this year's Annual report took the form of a short film.

https://www.youtube.com/watch?v=bIAr8EaXh_M

The report contained five recommendations:

1. Enable children and young people of all ages to have positive mental health and wellbeing; thrive in their communities and to bounce back from life's challenges.
2. Promote Hull as a fully inclusive city that values diversity and has a zero approach to the stigmatising of marginalised groups.
3. Work to make Hull a city that benefits from helping jobseekers with different life experiences into work and supporting them to stay well in the workplace.
4. Build on our strong and resilient neighbourhood foundations by providing opportunities, within existing voluntary and community sector organisations, for an increasing pool of enthusiastic volunteers
5. Have a zero acceptance for suicide, but if suicide does occur, we react, learn and make changes as a system, to avoid the same circumstances from happening again.

The Director of Public Health explained that the film had probably been cheaper to produce than a printed report and unlike a traditional report it could be broken down into individual modules and utilised in different ways. It was her job to talk to the people of the City and the traditional annual report was perhaps not the best way to reach people.

The Board discussed:

- i. How we proposed to engage the public and publicise the film, particularly amongst older people who may not have internet access.
- ii. The associated outcomes and the fact it led into the next item; the Emotional Wellbeing and Suicide Prevention Action Plan.
- iii. If the film was hard hitting enough and whether the net could have been cast further afield to include a broader range of organisations.
- iv. The fact the film had already got people talking.
- v. The need for caution when promoting and circulating the film given members of the public were shown and we did not want there to be any misunderstandings.
- vi. Confirmation that this was the Director of Public Health's Annual Report and not the Board's report.

	<p>Agreed</p> <p>a) The Commission endorsed the Director of Public Health Annual Report and the associated recommendations outlined in section 3 of the covering report.</p>	(a) J. Weldon
23.	<p>EMOTIONAL WELLBEING AND SUICIDE PREVENTION ACTION PLAN</p> <p>J. Weldon, Director of Public Health, Hull City Council, T Fielding, City Health and Wellbeing Manager, Hull City Council and P. Laing, Programme Lead Sexual Health and Vulnerable Groups, Hull City Council, attended for this item.</p> <p>The Programme Lead for Sexual Health and Vulnerable Groups explained that Government recommended the development of local suicide prevention plans. National guidance had been followed and extensive consultation had taken place. The plan outlined a multi-agency approach and included a number of aspirational targets. A discussion continued on how to best measure the impact of the Plan.</p> <p>The Board discussed:</p> <ul style="list-style-type: none"> i. How the actions outlined in the plan linked to the public health budget proposals and the need to ensure partners pursued a joined up approach to service delivery. ii. The need to have a robust implementation plan that included clear timelines for each action. iii. Consultation that had taken place with the East Riding to ensure a more joined approach that recognised the STP footprint. iv. Action point E3, the identification of high risk groups and how an audit would be undertaken on an annual basis. v. Suicide rates over recent years. vi. Whether use of the phrase ‘zero tolerance’ was appropriate and whether there was danger it could reinforce the stigma associated with suicide. If the emphasis should be placed on every life being important or valuable? vii. The problems many prisons were experiencing in regard to suicides, whether it was reflected in the Plan, and the intention to invite Hull Prison to join the Suicide Prevention Group. viii. If we had spoken to families who had experience of a family member taking their own life. The Programme Lead for Sexual Health and Vulnerable Groups explained that they had not spoken to families directly but they had liaised with the Samaritans. ix. If there were any SOB groups in the City (Survivors of Bereavement by suicide). 	

	<p>Agreed:</p> <p>a) The Board endorses the Draft Emotional Wellbeing and Suicide Prevention Action Plan but recommends that the wording be reviewed prior to adoption in order to ensure appropriate language is applied at all times.</p>	<p>(a) J. Weldon / T. Fielding / P. Laing</p>
<p>24.</p>	<p>DRAFT PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021</p> <p>T Fielding, City Health and Wellbeing Manager, Hull City Council and J. Crick, Public Health Hull City Council, attended for this item.</p> <p>J. Crick explained that responsibility for producing a Pharmaceutical Needs Assessment (PNA) had passed to local authorities from primary care trusts following the transfer of public health services. The PNA sought to outline current pharmaceutical provision in the City and the finalised document would be used by NHS England and local providers as part of their decision making and commissioning processes. If the Board endorsed the Draft PNA then the 60 day consultation process would be able to begin. He also confirmed that the Health and Wellbeing Overview and Scrutiny Commission had recommended that Area Committees be included in the consultation process.</p> <p>The Board discussed:</p> <ul style="list-style-type: none"> i. The upcoming boundary changes, the fact officers were aware of the proposals, and while the ward boundaries provided a convenient framework, the changes would not compromise what was a citywide evaluation process. ii. Anti-social behaviour associated with people collecting methadone prescriptions from local surgeries and whether there was anything the Council could do to tackle behaviour via the wider contracting process. iii. 'Out of hour' services and whether any specific issues were highlighted within the PNA. iv. The fact that the Board would get a further opportunity to comment on the PNA before it was adopted and at this stage they were just seeking the Board's approval to go out to consultation. v. Pharmacy provision and the limited number of providers operating across the City. <p>Agreed:</p> <ul style="list-style-type: none"> a) The Board approves the Draft Pharmaceutical Needs Assessment and the intention to go out to consultation. b) That the Board will get a further opportunity to consider and endorse the report prior to adoption. 	

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| | <p>c) That the Board is provided with more detail on whether the Council's procurement process might be used to tackle incidents of anti-social behaviour associated with the dispensing of methadone prescriptions.</p> <p>d) That the November meeting is adjourned until the Board can be provided with more detail on the public health budget proposals, including how the additional £1.25 million identified for internally commissioned services will be allocated (and deliver public health outcomes) as well as a full breakdown of the £6.1 million already spent on internally commissioned services.</p> | |
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Start: 2.00pm
Adjourned: 4.20pm

Health and Wellbeing Board

21 November 2017

Reconvened 1.59 p.m. Tuesday, 16 January, 2018

PRESENT:

Councillor Inglis, Hull City Council (Board Chair)
Dr. Dan Roper, Chair, NHS Hull Clinical Commissioning Group (Board Deputy Chair)
Councillor Gwen Lunn, Portfolio Holder for Public Health, Prevention & Safeguarding Adults, Hull City Council
Councillor Dorton, Hull City Council
Councillor Tock, Hull City Council
Dr Amy Oehring, NHS Clinical Commissioning Group
Julia Weldon, Director of Public Health and Adults, Hull City Council
Alison Murphy, Director of Children and Young People and Families Services, Hull City Council
Emma Sayner, Chief Finance Officer, NHS Clinical Commissioning Group

NON-VOTING MEMBERS:

Karen Marshall, NHS Hull Clinical Commissioning Group
Councillor H. Bridges

NON-VOTING ADVISORS:

IN ATTENDANCE:

David Bell, Director of Finance and Change Management, Hull City Council
Tim Fielding, City Health and Wellbeing Manager, Hull City Council

APOLOGIES:

Councillor Pantelakis, Hull City Council
Councillor Fareham, Hull City Council
Alison Barker, City Adults Social Care Manager, Hull City Council
Emma Latimer, Chief Officer, NHS Hull Clinical Commissioning Group
Dr James Moulton, NHS Hull Clinical Commissioning Group
Healthwatch Hull
Chief Superintendent Phil Ward, Humberside Police
Chris Jewesbury, Head of Health and Justice Commissioning, NHS England

Minute No.	Description/Decision	Action By/ Deadline
25.	DECLARATIONS OF INTEREST No declarations of interest were received in respect of the items that follow below.	
26.	CLOSURE OF NOVEMBER'S ADJOURNED MEETING The Chair informed the Commission that the Public Health Budget Proposals had been included on the January agenda and as a result November's reconvened meeting could be closed with immediate effect.	

	Agreed – That November’s reconvened meeting is closed with immediate effect as the Public Health Budget Proposals are due to be considered at the January meeting, which directly follows this meeting.	Scrutiny Officer – AS
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Start: 1.59 p.m.
Adjourned: 1.59 p.m.