



Health and Wellbeing Board

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, Hull City Council

NON-VOTING ADVISORS:

IN ATTENDANCE:

- Rick Proctor, Chair, Hull Safeguarding Children Board
- Neil Colthup, Local Safeguarding Children Board Manager
- David Bell, Director of Finance and Change Management, Hull City Council
- Tim Fielding, City Health and Wellbeing Manager, Hull City Council
- Martyn Fisher, Projects and Commercial Lawyer, Hull City Council
- Antony Spouse, Scrutiny Officer, 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
27.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were received.</p>	
28.	<p>BOARD ACTION LIST – JANUARY 2017</p> <p>Agreed:</p> <p>The Action List is noted.</p>	

<p>29.</p>	<p>WORK PROGRAMME 2017/18</p> <p>Agreed:</p> <p>a) The Board notes the Work Programme and agrees to hold a Special Meeting in February 2018 in order to consider the Housing Related Support proposals before they are subject to decision.</p>	<p>(a) Scrutiny Officer – AS / City Adult Social Care Manager</p>
<p>30.</p>	<p>HULL SAFEGUARDING CHILDREN BOARD (HSCB) – ANNUAL REPORT</p> <p>R. Proctor, Chair, Hull Safeguarding Children Board and N. Colthup, Local Safeguarding Children Board Manager attended for this item.</p> <p>The Chair of the Hull Safeguarding Children Board introduced the Annual Report and thanked the Local Safeguarding Children Board Manager for his hard work in helping to produce the report.</p> <p>The Chair outlined the links between the two boards including the common links between Outcome Groups 1 and 2; the statutory requirement to produce an annual report; opportunities associated with the introduction of the Children and Social Work Act 2017; the role of the Board in managing the associated change process; the fact strong partnerships already existed at local level; increased service demands and pressures facing children services and partner services across the system; how the year on year rise in domestic violence demonstrated the level of demand services were facing; the Board’s priorities and the belief they had made progress in each area (the Neglect Strategy being one such example); an acknowledgement that challenges remained (missing children being one such example); priorities going forward including the need for improved co-ordination and a recommendation that the City developed a citywide ‘outcome based performance framework’.</p> <p>The Board discussed:</p> <p>i. The obesity figures; whether partners were doing enough to tackle the problem; the fact it was a system issue and there was a commitment to address the problem; confirmation that an audit was underway to review the current approach; a suggestion that future annual reports could include more historic data outlining key trends; whether the child measurement service was effective and interventions appropriate; agreement that a whole system approach represented the best way forward</p> <p>ii. The domestic abuse and mental health data and whether anything had materially changed to explain the negative trends. The Hull Safeguarding Children Board Chair explained that the figures were being repeated nationally with children social care services experiencing significant increases in demand. The Local Safeguarding Children Board Manager advised the Board that they had undertaken an audit which showed thresholds were being applied correctly. Austerity measures could be placing extra pressures on families.</p>	

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| <ul style="list-style-type: none">iii. The fact cases were increasing in complexity not just volume. The need to understand what impact the Hull Safeguarding Children Board was having and the role of the annual report in the evaluation process. The intention for the Council, Hull Clinical Commissioning Group and Humberside Police to shape the new arrangements as part of the changing strategic landscape.iv. Serious case reviews; where they sat within the current framework; where responsibility would sit going forward; the likelihood that the current arrangements would change with the new guidance.v. The rise in domestic violence and the possibility that more people were coming forward following efforts to raise public awareness and highlight the support available to people.vi. The work of the Hull Child Death Overview Panel and the Safe Sleeping Steering Group. Work that was taking place in regard to suicide prevention. The need to continually raise awareness amongst parents. The fact that lots of good work was taking place in this area. The direct impact smoking could have on a child's health and the ongoing efforts to minimise those risks. Clear evidence that smoking during pregnancy greatly increased the risk of cot death. Reassurance that every child's death was investigated so lessons could be learnt.vii. The importance of a strategic approach in addressing the three priority areas 'domestic violence' 'drugs and alcohol misuse' and 'mental health'. Whether domestic violence was still on the Place Based Board agenda. The Hull Safeguarding Children Board Chair explained that the Board had arranged a meeting to consider the domestic abuse strategy, and a successful event had recently been held in the City. Despite the good work there was no standalone forum where partners came together to tackle domestic violence. The Board was informed that the absence of a forum had been raised earlier in the day at the Council's Corporate Strategy Team meeting.viii. The role of the Safeguarding Board; the progress made since March 2017; how the quality of data submitted to the Board had improved along with the associated analysis; how that analysis would help the Board assess the effectiveness of services; confirmation that the national threshold guidelines had been reviewed with a view to strengthening the local guidance; a belief that progress was being made whilst accepting the governance framework needed to be further developed.ix. The number of children in need; why they were in need; confirmation that thresholds had not been changed.x. The pattern of child protection plan categorisations in Hull (page 44), why the pattern was unusual and whether work to understand the pattern had been completed. The Local Safeguarding Children Board Manager advised the Board that they had still not got to the bottom of the issue but they were making every effort to ensure the correct categorisations were used, and that we were not afraid to categorise specific problems, e.g. neglect. | |
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	<p>Agreed:</p> <p>a) The Board receive the Hull Safeguarding Children Annual Report in accordance with the statutory guidance and welcomes the Board's commitment to partnership work and a citywide outcomes framework.</p>	(a) Local Safeguarding Children Board Manager
31.	<p>PUBLIC HEALTH BUDGET PROPOSALS</p> <p>T. Fielding, City Health and Wellbeing Manager introduced the briefing paper. He explained that the paper contained additional information on how £1.25 million from the public health grant would be used to support Hull City Council services while delivering public health outcomes.</p> <p>The Board discussed:</p> <p>i. The headline figures which confirmed what the additional funding would be spent on;</p> <p><u>Children Young People and Family Services</u></p> <ul style="list-style-type: none"> • Children Centres £625k <p><u>Adult Social Care</u></p> <ul style="list-style-type: none"> • Supported Living £195k • Support for Drugs and Alcohol Services £430k <p>ii. What analysis had been undertaken to support the proposals and if the money had been used to fill a hole rather than deliver public health outcomes.</p> <p>iii. Confirmation that Cabinet had identified some additional funding from Housing Services to re-procure the 'Doula and Breastfeeding Service' and the 'Domestic Abuse Outreach Service'.</p> <p>iv. The intention to find further internal savings to support the public health commissioning budget.</p> <p>v. Evidence that had been submitted to support the continuation of the Doula and Breastfeeding Service and how it had made it very difficult to decommission the service.</p> <p>vi. How the money invested in children centres would deliver public health outcomes and if there was clear evidence to support the decision.</p> <p>vii. The fact that the public health grant had been cut and the Council would have had to make cuts regardless.</p> <p>viii. The Council's budget setting process. The fact a review of the Medium Term Financial Plan had identified a budget gap. How officers had been asked to assess the implications of transferring a further £1.25 million from the public health grant to internally commissioned services.</p>	

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| | <ul style="list-style-type: none">ix. The consultation process that had supported the budget process. The acknowledgement that transferring a further £1.25 million to internally commissioned services would impact on externally commissioned services.x. Accountability and the need to ensure Council services could demonstrate they were delivering public health outcomes.xi. The latest sexual health and weight management data, the fact the data was extremely worrying, and concerns that the proposed budget cuts would limit commissioners ability to tackle the problems going forward.xii. Whether there was evidence to demonstrate that spending public health funding on children centres would add more value than spending the same money on sexual health services.xiii. The fact nobody wanted to cut services and the Public Health Budget Proposals outlined what officers believed were the best options, after taking into account the cut to the public health grant, and the decision by Cabinet regarding internally commissioned services.xiv. Concerns regarding value for money and the fact the Board would only know the impact of the budget cuts on externally commissioned services when they went out to re-procure services.xv. The fact that many Council services were already supporting public health outcomes and the additional funding would help strengthen the role of children centres. Some local authorities no longer had children centres but this Council continued to focus on the early health offer.xvi. Whether the Board could support cuts to key services.xvii. The fact there would be no cuts to the existing contracted services.xviii. How spend across the system amounted to £650 million and we needed to recognise the importance of developing a whole system approach.xix. Opportunities provided by integrated commissioning to improve budget analysis and ensure services were delivering value for money across the partnership.xx. The importance of integrated commissioning going forward, the governance framework, and the need to ensure everyone understood how the system worked and their role within it.xxi. The fact that everyone recognised there were financial pressures across the system and how that emphasised the need for evidence based budgeting.xxii. Its support for integrated commissioning and the decision to prioritise key services given the financial pressures. | |
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	<p>xxiii. If the Board itself had pursued an 'evidence based approach' when it had responsibility for the allocating public health budget.</p> <p>xxiv. The level of data available to support the funding of sexual health services.</p> <p>xxv. The approach Cabinet had taken in assessing and agreeing the public health budget proposals.</p> <p>Moved by Councillor Inglis and seconded by Councillor Dorton:</p> <p>That the Board make the following referral to Council:</p> <p>The Board highlights the importance of evidence based budgeting; places on record its concern that evidence based budgeting has not been applied to the current public health budget proposals; asks that evidence based budgeting is used as standard in future years in order to ensure public health outcomes are maximised.</p> <p>Motion Carried</p> <p>Agreed:</p> <p>a) The Board brings to the attention of Council the importance of evidence based budgeting; places on record its concern that evidence based budgeting has not been applied to the current public health budget proposals; asks that evidence based budgeting is used as standard in future years in order to ensure public health outcomes are maximised.</p> <p>b) The Board also recognises the huge opportunities presented by integrated commissioning, pooled budgets and the development of a whole system approach.</p>	<p>(a-b) Council / DSO - PR</p>
<p>32.</p>	<p>HEALTH AND WELLBEING STRATEGY – OUTCOME GROUP 2 PERFORMANCE REPORT</p> <p>Councillor Dorton, Chair of Outcome Group 2 - Healthier, Longer Happy Lives, introduced the paper. He advised the Board that a summary of the Group's work was contained within section 6 of the paper. He believed the City Leadership Board needed to take a more active role. He explained how the Assistant City Manager, City Economy (HCC) acted as a link between Outcome Group 2 and the City Leadership Board. He believed progress had been made in regard to the City Plan and increasing the focus on inclusive growth.</p> <p>The Chair of Outcome Group 2 explained that the Group had kept abreast of service performance focusing on drugs and alcohol services, and smoking cessation services.</p> <p>The Chair of Outcome Group 2 explained that the Group had also been involved in developing the Thriving Communities Plan and the deployment of a 'community asset based approach' which he hoped would prove effective and be rolled out further in future.</p>	

The Chair of Outcome Group 2 advised the Board that the future of the Group was unclear following the recent Health and Wellbeing Board Development Session. A discussion had taken place at the Outcome Group and there had been broad agreement from the membership that the Group was adding value, and if possible, should continue.

The Board discussed:

- i. The anti-poverty agenda and a recommendation from the Overview and Scrutiny Management Committee that the Council should appoint a Corporate Director to oversee the work stream as well as including it within a portfolio holder's responsibilities.
- ii. What is possible to achieve through the overview and scrutiny function against what it had been possible to achieve as part of the wider public health framework.
- iii. The effectiveness of the other outcome groups.

Agreed:

- a) The Board notes the Performance Report and the excellent work undertaken by Outcome Group 2 (Healthier, Longer Happy Lives).
- b) That given its excellent performance the Board recommends that Outcome Group 2 is retained as part of with wider public health framework.
- c) The Board places on record it thanks to Councillor Dorton for chairing Outcome Group 2 and continuing to drive forward the anti-poverty agenda.
- d) That although the chair is stepping down as a councillor the Board would fully support his continued involvement in the work of Outcome Group 2.
- e) The Commission supports the recommendation from the Overview and Scrutiny Management Committee that a Corporate Director should be asked to lead on the anti-poverty agenda and it should also be included within a Cabinet Portfolio Holder's responsibilities.

(a-d) Director of Public Health / Chair - Outcome Group 2

(e) Committee Services & Scrutiny Manager

Start: 2.00 p.m.
Closed: 3.55 p.m.