

Integrated Commissioning Executive Sub-Committee (Committees in Common)

22nd December, 2021

PRESENT:-

Councillor G. Lunn, Portfolio Holder for Adult Services and Public Health and Protection ()
 Councillor J. Black, Portfolio Holder for Housing and Homelessness

IN ATTENDANCE:-

Dr. D. Roper, NHS Hull Clinical Commissioning Group Sub Committee GP Board Member Chair for this meeting
 Dr. A. Oehring, NHS Hull Clinical Commissioning Group Sub Committee GP Board Member
 Mrs. K. Marshall, NHS Hull Clinical Commissioning Group Sub Committee Lay Member
 P. Turner (Director of Children, Young People and Family Service) (HCC)
 D. Bell (Director of Finance and Transformation) (HCC)
 S. Laverack (Head of Legal Services) (HCC)
 L. Scholes (Senior Democratic Services Officer) (HCC)
 T. Fielding (Assistant Director Health and Wellbeing) (HCC) - 32
 G. Nunez (Programme Lead – Drugs and Alcohol) (HCC) – minute 32
 T. Meyerhoff (Interim Director of Adult Social Care (DASS)) (HCC) – minute 33 and 36
 C. Hodgson (Head of Integrated Commissioning) (HCC) – minute 33 and 36

APOLOGIES:-

Councillor S. McMurray, Portfolio Holder for Children 's Services

Minute No.	Description/Decision	Action By/ Deadline
30.	DECLARATION OF INTERESTS No declarations of interest were made in respect of the items that follow below.	
31.	MINUTES OF THE MEETING HELD ON WEDNESDAY, 27th OCTOBER 2021 Agreed – that, the minutes of the meeting held on Wednesday, 27 th October 2021, be taken as read and correctly recorded and be signed by the Chair.	

32.

HULL ALCOHOL AND DRUGS STRATEGIC PARTNERSHIP STRATEGY

The Director of Public Health, Hull City Council submitted a report which sought support for the framework of a draft Alcohol and Drugs Partnership Strategy for Hull, included at Appendix A, which provides a summary of priorities and recommendations informed by a local Alcohol and Drugs Needs Assessment and co-produced with a wide range of stakeholders through various engagement activities.

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 34.

Members discussed the strategy being a good Strategy document, but it was important to see how it worked in practice. There was a need for the workers on the ground to ensure the service kept being delivered in the community rather than clients needing to go to the service and the impact of the lockdowns on the delivery of the service. Members supported the recommendation from the Health and Social Wellbeing Overview and Scrutiny Commission to have a regular report on the outcomes and action plan and suggested it be on an annual or bi-annual report.

Members also discussed whether there had been any consideration of doing two separate strategies for drugs and alcohol. The officer confirmed this had been looked into, but it was felt this was the best option and a lot of funding streams were combined. Work was also going making the service more person centred.

Discussion also took place around the work on inequalities in coastal communities at ICS and area level and that the final strategy could reflect cross area working.

Agreed –

- (a) That the draft Alcohol and Drugs Partnership Strategy for Hull in Appendix A to this report be approved, which establishes a framework for a final Strategy that reflects city-wide priorities and sets out how the actions of a wide range of stakeholders will deliver the priorities set out in the Strategy.
- (b) Following completion of the consultation process, approval of the final strategy is delegated to the Deputy Leader and Chair of Health and Wellbeing Board in consultation with the Health and Wellbeing Board.

Reasons for Recommendations

- The Strategy aims to build a framework for articulating city-wide priorities and actions needed to prevent alcohol and drugs harm and improve outcomes for Hull residents. The ADSP recognised that effective engagement with stakeholders across Hull was essential to develop the Strategy, and that this engagement

(a-b) Assistant Director Health and Wellbeing

	<p>approach should be followed by a period of consultation and feedback, prior producing a final version of the Strategy and its delivery plan.</p> <ul style="list-style-type: none"> • To ensure that the priorities set out in the Alcohol and Drugs Partnership Strategy remain relevant and that progress on achieving shared outcomes is made, it is proposed that the Strategy Delivery Plans will be produced annually for a period of three years and overseen by the ADSP, with periodic reports to the Health and Wellbeing Board. • The strategy will provide a key action planning tool for stakeholders and partners, by setting out the overarching priorities for the city, utilising evidence and identifying good practice and areas requiring further development or investment, and encouraging all sectors to play their part in implementation. 	
33.	<p>REVIEW OF CURRENT ARRANGEMENTS FOR THE HULL MENTAL HEALTH AND LEARNING DISABILITY SOCIAL WORK SERVICES: NEXT STEPS</p> <p>The Director for Adult Social Care, Hull City Council submitted a report which sought the introduction of an Alliance outcomes led contractual framework incorporating the section 75 pooled fund agreement to enhance the existing partnership and governance arrangements.</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 34.</p> <p>Members discussed the comments from the Chief Finance Officer from the NHS Hull Clinical Commissioning Group, the officer confirmed that there was no risk to funding and discussions had taken place with the CCG and Humber to ensure funding was transferred with any staff that were subject to TUPE.</p> <p>Agreed –</p> <ul style="list-style-type: none"> (a) That Committees in Common agree a revision to the scope of Mental Health Social Care services commissioned from HTFT, so as exclude the Community Learning Disability Service and staff costs within the service scope with effect from 1st April 2022. (b) To revise the Lead Commissioner under the Better Care Fund for the Service from the NHS Hull CCG to Hull City Council with a consequent adjustment to the budget to reflect the current costs of the service that is returning. (c) That Committees in Common approve the update of the service specifications for ongoing service delivery by HTFT so that they fully reflect the requirements of the Care Act 2014, the development of the NHS England Community Mental Health Transformation Programme mental health social care services within Community Settings and the Approved Mental 	(a-d) Interim Director of Adult Social Care (DASS)

	<p>Health Practitioner statutory function under the Mental Health Act 1983 (as amended 2007) and that they be incorporated into the Better Care Plan s75 Agreement between the Council and the NHS Hull CCG and that agreement in turn be included within the Alliance Framework Contract to be introduced from 1st April 2022.</p> <p>(d) That Committees in Common note that the remaining recommendations in the review report (chapter 10 page 30) will be taken forward by senior officers within each of the three organisations and that a further report be brought back to the Committees in Common in February 2022 advising on progress.</p> <p>Motion carried.</p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> • To ensure that the Council's responsibilities and duties under the Care Act 2014 and the Mental Health Act 1983 (as amended 2007) to individuals with care and support needs within mental health services sit within an alliance contractual framework within which the ICS Accountable Officer, the Council and HTFT can monitor and review achievement of performance outcomes together. • To work more closely with HTFT to embed social work and social care within the new Community Mental Health Services within pathways for Adults' and Older People's Mental Health for the benefit of the residents of Hull. • To integrate the Community Learning Disability Services back into mainstream Service delivery for this client group, recognising that of the 833 cases managed by the Council which relate to clients with a Learning Disability, only 139 cases are presently managed on behalf of the Council by HTFT. • To strengthen the focus of learning disability social work services on the social care needs of individuals within this client group and on the needs of their informal carers. 	
34.	<p>COMMENTS OF COMMITTEES AND COMMISSIONS</p> <p>The Senior Democratic Services Officer submitted comments in relation to minutes 32-33 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>	
35.	<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 36, on the grounds that it involves the likely</p>	

	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.	
36.	<p>APPENDICES FOR REVIEW OF CURRENT ARRANGEMENTS FOR THE HULL MENTAL HEALTH AND LEARNING DISABILITY SOCIAL WORK SERVICES: NEXT STEPS</p> <p>Agreed – That the appendix be noted.</p>	

Start: 1.00 p.m.
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., 11th January, 2022, unless called in by the Overview and Scrutiny Management Committee.

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