Health and Wellbeing Overview and Scrutiny Commission

9:30 a.m. Friday, 15 November, 2019, Room 77, The Guildhall, Alfred Gelder Street, Hull, HU12AA

Present: Councillors, Abbott, Chambers, Kennett, Matthews, Nicola (substituting For Councillor Fudge), Payne (substituting for Councillor Langley) Pritchard, (Mrs.) C. E. Randall and Wilson (Chair).

In attendance:

S. Lovell, Director of Collaborative Acute Commissioning, Humber CCGs
S. Lee, Associate Director of Communications and Engagement, NHS Hull Clinical Commissioning Group
J. Dodson, Director of Integrated Commissioning, Hull Clinical Commissioning Group
T. Fielding, Assistant Director City Health and Wellbeing, Hull City Council
D. Cooper, Public Health Intelligence Manager, Hull City Council
C. Farrow, Programme Lead Behaviour Change, Public Health, Hull City Council
J. Ainsworth, Deputy Director, Change Grow Live Hull
A. Spouse, Scrutiny Officer, Hull City Council

Apologies: Councillors Brabazon (DC), Fudge and Langley

Minute Number		Action to be taken by
26	**DECLARATIONS OF INTEREST**	Scrutiny Officer – AS
Councillor (Mrs.) C. E. Randall declared a personal interest in Agenda Item 6 in so far as her husband was employed by the company that undertook the fieldwork for the Hull Health and Wellbeing Survey 2019.		

27	**MINUTES OF THE MEETING HELD ON FRIDAY, 11 OCTOBER, 2019**	**(a)** Scrutiny Officer - AS
The Scrutiny Officer submitted the October minutes for consideration and approval.		
Recommendations:		**Reasons for Recommendations:**
Agreed: a) That the minutes of the meeting held on Friday, 11 October, 2019, having been printed and circulated, be taken as read and correctly recorded.		a) As per the minute.

28	**HUMBER ACUTE SERVICES REVIEW**	**(a-c)** S. Lovell / L. Cunningham / S. Lee / Scrutiny Officer - AS

S. Lovell, Director of Collaborative Acute Commissioning, Humber CCGs and S. Lee, Associate Director of Communications and Engagement, NHS Hull Clinical Commissioning Group attended for this item. The Director of Collaborative Acute Commissioning introduced the paper which updated Members on the progress of the Acute Services Review. Her role involved focusing on key specialities as part of the wider review. The acute hospitals in the region served a population of 960,000.

The Commission discussed:

i. The importance of consultation; whether the associated timelines were too ambitious; the complexities and opportunities provided by the review process. The Director of Collaborative Acute Commissioning explained that as people continued to live with more complex medical conditions, hospitals needed to work more closely together to provide appropriate joined up care.

ii. Whether the unions were being engaged at each stage of the review. The Director of Collaborative Acute Commissioning confirmed that engagement with the unions was taking place. The more fundamental question was how they involved staff who delivered the services on a daily basis. They were all extremely busy but they were trying to arrange events in order that they could feed into the review.

iii. The recently held public/patient engagement events, public transport and whether people may have found it difficult to attend events. The Director of Collaborative Acute Commissioning described how they had held a number of city centre events but it was a case of finding the right balance. The Associate Director of Communications and Engagement explained that a small number of people tended to attend the same engagement events so they had also commissioned some work with hard to reach groups and educational facilities as part of a broad engagement process. A Member queried if the engagement events had been effectively advertised.

iv. The programme timeline, risk management and risks to existing services. The Director of Collaborative Acute Commissioning explained that there was a risk management framework in place, with risks reviewed on an ongoing basis. Risk management was reflected in the project plan and professional judgement and data modelling was a key part of that process. If any risks were to be identified in regard to existing services then they would be acted on immediately.

v. How many people had actually attended the recent engagement events? The Director of Collaborative Acute Commissioning advised the Commission that 41 people had attended four local events but it was very much a point in time with the engagement having started in 2017.

vi. The fact that this process represented a once in a lifetime opportunity and as such the Commission was disappointed with the breadth and scope of the engagement process to date. The Associate Director of Communications and Engagement explained that they were not yet at the consultation stage and the engagement was being used to identify issues. The Commission reiterated its concerns. The Director of Collaborative Acute Commissioning acknowledged the need to deploy a range of engagement methods and they would review the communications plan.

Recommendations:	**Reasons for Recommendations:**
Agreed: a) The Commission notes the progress of the Humber Acute Services Review, plus next steps and timelines. b) The Commission wishes to place on record it's disappoint with the breadth and effectiveness of the patient/public engagement to date, and recommends that the communications plan is reviewed in order to ensure as many patients and members of the public as possible are able to feed into the Acute Services Review as it progresses. c) The Commission continue to be kept updated, but notes that the geographical footprint of the review means any proposals are likely to be considered by a Joint Health Scrutiny Committee.	a) N/A b) As per the minute c) As per the minute

29	HULL CCG PARTNERSHIP UPDATE – NOVEMBER 219	**(a-e)** J. Dodson

J. Dodson, Director of Integrated Commissioning, NHS Hull Clinical Commissioning Group attended for this item and introduced the presentation. The presentation updated Members on the Non-Emergency Medical Transport Procurement; Thames Ambulance Service Performance Update; Building Improvements to the Emergency Department at Hull Royal Infirmary.

Non-Emergency Medical Transport Procurement

The Director of Integrated Commissioning advised the Board that not everyone was eligible to receive the service and it was assessed according to need; services included 'Planned Routine' e.g. hospital outpatients, 'Same Day' e.g. discharge from hospital, 'Priority' e.g. renal, oncology, transport to the Integrated Care Centre, plus 'Out of Area Journeys'; the performance framework was essentially unchanged apart from the addition of a new telephone call answering target; the performance framework focused on quality; Yorkshire Ambulance Service NHS Trust had been identified as the preferred provider; the contract length was 5 years with an option to extend for a further two years.

The Commission discussed:

i. Non-emergency medical transport services and whether the CCG had any reservations about the new preferred provider (Yorkshire Ambulance Service) given concerns that had been raised in regard to historic performance. The Director of Integrated Commissioning explained that the contract was not let on performance but the strength of the tender. The new provider was now a completely different organisation to the one that held the contract previously, with a much stronger infrastructure, including multiple call centres. The CCG was confident that they would achieve a seamless transition between providers.

ii. The Key Performance Indicators (KPIs) and if in future the CCG could include the patient numbers alongside the KPI percentages in order to provide a more comprehensive picture in terms of the number of patients journeys undertaken.

iii. What was meant by the term 'safer staffing'? The Director of Integrated Commissioning explained that the phrase referred to staffing levels and ensuring providers had the right skills and staff numbers to deliver a safe and effective service.

iv. The fact not all patients were eligible for non-emergency medical transport and whether the eligibility criteria could be circulated to Members off agenda so they could familiarise themselves with the document.

Thames Ambulance Service Performance Update (TASL)

The Director of Integrated Commissioning advised the Board that it was business as usual. The contract was due to terminate on the 31st of March 2020. Performance had not dropped off a cliff and patients continued to attend appointments. The Care Quality Commission (CQC) had carried out a re-inspection of TASL and had noted some improvement which had seen their CQC rating rise from 'inadequate' to 'requires improvement'.

The Commission discussed:

v. The ongoing performance monitoring which was welcomed and the Commission's desire to continue receiving performance updates up until the contract expired in order to ensure effective scrutiny was taking place.

Building Improvements to the Emergency Department at Hull Royal Infirmary

The Director of Integrated Commissioning informed the Commission that £1.5 million in capital investment had unexpectedly become available and they had acted quickly to upgrade the Emergency Department. The investment was being used to develop a dedicated entrance and improved environment for the emergency care area (minors); an additional 12 assessment spaces in the Medical Assessment Unit; expansion of the existing Medical Ambulatory Care Unit to include Surgical Specialities. The investment would also be supported by a new Emergency Care Model which would seek to maximise resources and see patients triaged by a specialist nurse on arrival.

The Commission discussed:

vi. Where the new Emergency Department entrance was located and how patients would access it. The Director of Integrated Commissioning offered to provide a map and more details as part of a future CCG update.

vii. How looking at it on paper the new Emergency Care Model looked complicated. The Director of Integrated Commissioning explained how the new arrangements were based on a strong clinical model and the new system would continue to be refined.

viii. The difficulties associated with recruiting and retaining GPs and the need to ensure the general public was aware of the challenges so they could better understand changes that were underway in primary care.

ix. If the hospital had enough staff to deliver on the investment. The Director of Integrated Commissioning explained that patient safety was always a key driver and the hospital was in the process of recruiting to ensure the refurbished department was effectively staffed.

x. Whether patients would still need to register using the touch screens on arrival or whether the screens would be removed under the new care model. The Director of Integrated Commissioning understood that the screens would be removed but she would seek clarification and report back to Members.	
Recommendations:	**Reasons for Recommendations:**
Agreed: a. The Commission welcomes the progress made in appointing a new provider to deliver the non-emergency medical transport contract, and asks that the eligibility criteria for non-emergency medical transport, is circulated to Members off agenda for information. b. The Commission notes the ongoing performance of Thames Ambulance Service Limited and will continue to receive performance updates until the contract terminates so effective overview and scrutiny can take place. c. The Commission welcomes the investment in the Emergency Department at Hull Royal Infirmary and notes the changes that have been made to the Emergency Care Model with a view to improving patient care. d. The Commission receive a copy of the new Emergency Department floor plan so Members can see where changes have been made, and the location of the main access points. e. The CCG is also asked to confirm if the patient information screens located in the Emergency Department are to be removed following the introduction of the new Emergency Care Model.	a) As per the minute b) As per the minute c) As per the minute d) As per the minute e) As per the minute

30	**HULL HEALTH AND WELLBEING SURVEY 2019**	**(a-b)** T. Fielding / D. Cooper

T. Fielding, Assistant Director City Health and Wellbeing, Hull City Council, and D. Cooper, Public Health Intelligence Manager, Hull City Council, attended for the item.

The Public Health Intelligence Manager advised the Commission that the first healthy lifestyle survey had been undertaken in 2003; this year's survey had been undertaken between March and June and 4137 adults had participated; fieldwork was undertaken by Information by Design; quota sampling and a knock and drop approach had been used; the findings would be integrated into the Joint Strategic Needs Assessment (JSNA) and would be used to inform commissioning, strategy development and funding bids;

Topic areas covered in the survey included:

- General physical health
- Mental wellbeing
- Social isolation
- Diet, physical activity and weight
- Smoking and e-cigarettes
- Alcohol
- Financial Resilience
- Problem gambling
- Social capital
- Caring

In regard to general health, key messages included; most people reported their usual health as 'good' (34%) or very good (27%); the proportion reporting their usual health as 'excellent' or 'very good' declined from 43% in 2007 to 36% in 2019; people living alone aged under 65 reported higher levels of poor/fair health at 39%; three in ten people had a limiting long-term illness or disability (a similar proportion to previous surveys).

The latest smoking figures were positive with fewer people now smoking but levels were still much higher than the national average and smoking prevalence was much higher in more deprived areas of the City. In regard to alcohol, one in five respondents never drank alcohol, while more harmful levels of alcohol were being consumed by people living in the least deprived areas of the City. The alcohol results were complex with different drinking behaviours being reported across different segments of the population. More analysis would need to be undertaken.

The Commission discussed:

i. The fact that over 4000 people had participated in the survey, which the Commission welcomed.

ii. Whether information could be distilled to a ward level. The Assistant Director City Health and Wellbeing explained that there was so much data that the applications were almost endless.

iii. How people in more deprived areas of the City could afford to smoke given the cost of cigarettes. The Assistant Director City Health and Wellbeing explained that there had always been a strong correlation between smoking and areas of high deprivation. In terms of affordability it simply meant lots of people spent a high percentage of their income on tobacco. Some people also bought illicit tobacco as it was much cheaper. They were always looking at new ways of encouraging people to stop smoking or not to smoke in the first instance. People living in more deprived areas tended to be more fatalistic which meant they were less likely to see the benefits in stopping smoking. The Commission also discussed the excellent work that had been undertaken with the Foredyke Area Team in regard to staff training.

iv. The mental wellbeing data and particularly the data for under 25s which highlighted the number of young people who felt socially isolated. The Assistant Director City Health and Wellbeing explained that the team had been surprised by the findings. They would carry out some further analysis, which was likely to act as a catalyst for future work.

v. The fact that the presentation only outlined the initial findings and much more analysis would need to take place to better understand the data; how the findings would be presented at other forums; peoples' attitude towards mental health.

vi. Whether it was the first time they had used the survey to address financial concerns and whether they would ask the same questions in future surveys in order to monitor the situation going forward. The Public Health Intelligence Manager confirmed it was the first time the questions had been asked and they would look to include them in the next survey so the issue could be monitored over time.

vii. If the new data was already on the system and whether Members would be able to access data for their own wards. The Public Health Intelligence Manager advised the Commission that they were looking to update the ward profiles. The Assistant Director City Health and Wellbeing informed the Commission that there were also plans to upgrade the JSNA website and the associated engagement strategy.

Recommendations:	Reasons for Recommendations:
Agreed: a) The Commission welcomes the presentation on the headline findings of the Health and Wellbeing Survey 2019, and notes how the information will be used to inform the Joint Strategic Needs Assessment, which in turn will inform the Health and Wellbeing Strategy and commissioning process b) The Commission also welcomes the intention to examine the data in much more detail with a view to producing a suite of information and in depth analysis partners and Members can use to inform their work.	a) As per the minute b) As per the minute

31	**NEW SPECIALIST STOP SMOKING SERVICE**	**(a-b)** T. Fielding / C. Farrow

T. Fielding, Assistant Director City Health and Wellbeing, Hull City Council and C. Farrow, Programme Lead Behaviour Change, Public Health, Hull City Council, and Joy Ainsworth, Deputy Director, Change Grow Live Hull. attended for the item.

The Programme Lead for Behaviour Change advised the Commission that great strides has been made in reducing smoking prevalence in the City. The latest figures showed 25% of adults now smoked, down from 31% in 2014, and smoking prevalence had dropped from 43% to 35% in the most deprived areas of the City. There had also been a small fall in the number of women smoking at the time of delivery, from 21% to 19.9%. Despite significant reductions in smoking prevalence, there was still a lot of work to do. That work was supported by the Hull Alliance on Tobacco (HALT) a multi-agency partnership. The partnership had developed a number of key work streams with the aim of reducing smoking prevalence in the City.

The new stop smoking service had gone live on the 1st of October, 2019 and was being delivered by 'Change Grow Live Limited' (CGL). Staff had transferred across. The minimum target was 1000 quits a year. Training was also a key element of the programme. A marketing contract had also been let and two separate campaigns would run each year to inspire quit attempts across the region. The next campaign was due to focus on young people.

The new service was evidence based and that evidence showed people were three times more likely to quit if they received appropriate support. The service specification had also been updated to ensure it met the needs of the population. Changes to the service specification were outlined in section 3.4 of the paper. It included a target of 90% of quits coming from target populations. They had also introduced relapse management provision to help smokers who had started smoking again and needed some follow up support.

The Deputy Director, Change Grow Live, explained that the organisation was a registered charity. They already delivered alcohol and drug recovery services in the City and they hoped to bring that experience and expertise to the smoking cessation service. They were confident population targeting would be effective. They had already had 90 referrals in the first month which suggested the communications strategy was working. Engagement had begun before the contract went live. The name of the service had been retained to ensure continuity and a new website was now online (although still in development). Work was ongoing to form strategic partnerships and they hoped pharmacists would play a bigger role. Developing marketing material to target key population groups was an immediate priority.

The Commission discussed:

a) If the Stop Smoking Service was a universal service that all residents could access or whether it was restricted to those segments of the population that were being targeted. The Assistant Director for City Health and Wellbeing explained that services were being targeted to maximise outcomes but anyone living in the City could access the service and seek support.

b) Whether the provider used examples and people stories to demonstrate and encourage people to stop smoking. The Deputy Director, Change Grow Live, explained how they were looking to develop community advisers to help support people and that would include using examples to inspire residents. One of the questions was how to persuade young people to stop smoking. The Programme Lead for Behaviour Change explained that people tended to have trigger moments that made them take action but 20% of mothers were still smoking at the time of delivery. The Assistant Director City Health and Wellbeing advised the Commission that in regard to young people it was about establishing social norms and removing historic expectations around smoking. They continued to work towards a 'smoke free generation'.

c) If partners had the resources to support and refer people to the service. The Programme Lead for Behaviour Change outlined the work that was about to get underway in regard to the 'Smoke Free NHS' initiative. Staff were under a lot of pressure but referring patients to the stop smoking service would save time and resources over the long term. The project would start in the New Year and would seek to train staff and embed the approach across sites. The Assistant Director City Health and Wellbeing advised the Commission that the initiative had been supported by 'Committees in Common' which had identified some pilot funding on the back of the NHS 10 Year Plan and the push for smoke free hospitals. The Deputy Director, Change Grow Live, highlighted the importance of wrap around support for patients with mental health problems.

d) Whether it would be possible to provide smoking cessation services in custody suites and the acceptance that it may not be practical.

e) The Commission's recommendation regarding the potential introduction of 'smoke free bus stops'. The Programme Lead for Behaviour Change advised the Commission that they had held a meeting with officers from Streetscene to discuss potential options. As part of that process they had learnt that three sided bus shelters were actually covered under the existing legislation. The Council had only received one complaint in 2018. The meeting with Streetscene had been extremely positive, further work would be undertaken, which included meeting with the bus shelter contractor, and updates would be provided to the Commission.

f) If non-smokers were taking up vaping. The Deputy Director, Change Grow Live, advised the Commission that they were not seeing evidence of that. The Assistant Director, Health and Wellbeing, confirmed there was national evidence to support that hypothesis. The use of e-cigarettes as a tobacco diversion continued to be assessed but they were also doing work to help people stop using e-cigarettes. The Deputy Director, Change Grow Live explained that they did pursue a swap to stop message but it was not their primary approach. The Programme Lead for Behaviour Change advised the Commission that they would continue to review the latest evidence with a view to informing service delivery.

g) Whether the new provider had looked to work with the probation service. The Deputy Director, Change Grow Live, explained that resources were limited but they could definitely look at support routes including training provision for staff.

Recommendations:	Reasons for Recommendations:
Agreed: a) The Commission welcomes the update on the aims and objectives of the new Stop Smoking Service and looks forward to receiving a full performance update in 12 months in order to review the progress and effectiveness of the service. b) The Commission also welcomes the follow up work that has been done in regard to the Commission's 'smoke free bus stops' recommendation, and looks forward to receiving further updates as and when appropriate.	a) As per the minute b) As per the minute