



**Health and Wellbeing Board**

**Tuesday 20 March 2018**

**PRESENT:**

- Councillor Inglis, Hull City Council (Board Chair)
- Dr. Dan Roper, Chair, NHS Hull Clinical Commissioning Group (Board Deputy Chair)
- Dr Amy Oehring, NHS Clinical Commissioning Group
- Emma Sayner, Chief Finance Officer, NHS Clinical Commissioning Group
- Councillor Gwen Lunn, Portfolio Holder for Public Health, Prevention & Safeguarding Adults, Hull City Council
- Councillor Dorton, Hull City Council
- Councillor Bridges, Hull City Council
- 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
- Karen Marshall, NHS Hull Clinical Commissioning Group
- Chris Jewesbury, Head of Health and Justice Commissioning, NHS England

**IN ATTENDANCE:**

- Tim Fielding, City Health and Wellbeing Manager, Hull City Council
- Dr James Crick, Consultant in Public Health Medicine / Associate Medical Director, Hull City Council and NHS Hull CCG
- Claire Farrow, Programme Lead, Behaviour Change, Hull City Council
- E. Daley, Director of Integrated Commissioning, NHS Hull Clinical Commissioning Group
- Martyn Fisher, Projects and Commercial Lawyer, Hull City Council
- Antony Spouse, Scrutiny Officer, Hull City Council

**APOLOGIES:**

- Councillor Pantelakis, Hull City Council
- Councillor Tock, Hull City Council
- Councillor Fareham, Hull City Council
- Emma Latimer, Chief Officer, NHS Hull Clinical Commissioning Group
- Dr James Moulton, NHS Hull Clinical Commissioning Group

Minute No.	Description/Decision	Action By/ Deadline
37.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>Dr Oehring declared a pecuniary interest in agenda item 12 (minute 47) the Draft Pharmaceutical Needs Assessment, in so far as she was employed as a general practitioner at Sutton Manor Surgery, which was a dispensing practice.</p>	

<p><b>38.</b></p>	<p><b>MINUTES OF THE MEETING HELD ON TUESDAY, 21 NOVEMBER, 2017</b></p> <p>Explaining it was the Chair's last meeting, the Deputy Chair took the opportunity to thank Councillor Inglis for his hard work and dedication to the role, highlighting the strong focus he had placed on health inequalities and welfare issues. The Chair thanked the Deputy Chair for his words and asked that the Board also recognise the work of Councillor Dorton (who was also stepping down at the election) and Martyn Fisher, the Board's legal support who was leaving his role at the Council.</p> <p>The Board considered the minutes from the November Meeting.</p> <p><b>Agreed:</b></p> <p>a) The Board thanks Councillor Inglis for his hard work and dedication in his role of Chair, and his determination to see the Board tackle health inequalities and welfare issues.</p> <p>b) That the Board also places on record their thanks to Councillor Dorton for driving forward the anti-poverty agenda and his work with Outcome Group 2 (Healthier, Longer, Happy Lives).</p> <p>c) That the Board also places on record their thanks to Martyn Fisher for providing legal support to the Board and wishes him well following his decision to leave the Council.</p> <p>d) That the minutes of the Board meeting held on Tuesday, 21 November, 2017, having been printed and circulated, be taken as read and correctly recorded and signed by the Chair.</p>	<p>(a) Chair</p> <p>(b) Cllr Dorton</p> <p>(c) M. Fisher</p> <p>(d) Scrutiny Officer - AS</p>
<p><b>39.</b></p>	<p><b>MINUTES OF THE MEETING HELD ON TUESDAY, 16 JANUARY, 2018</b></p> <p>The Board considered the minutes from the January Meeting.</p> <p>Dr Oehring asked that the minutes of the January meeting be amended to show that she declared an interest in regard to minute 31 (Public Health Budget Proposals – NHS Health Checks) in so far as she was employed as a general practitioner at Sutton Manor Surgery in Hull.</p> <p><b>Agreed:</b></p> <p>a) That pending the above amendment the minutes of the Board meeting held on Tuesday, 16 January, 2018, having been printed and circulated, be taken as read and correctly recorded and signed by the Chair.</p>	<p>(a) Scrutiny Officer - AS</p>
<p><b>40.</b></p>	<p><b>MINUTES OF THE MEETING HELD ON FRIDAY, 16 FEBRUARY, 2018</b></p> <p>The Board considered the minutes from February's Special Meeting.</p>	

	<p><b>Agreed:</b></p> <p>a) That the minutes of the Board meeting held on Friday, 16 February, 2018, having been printed and circulated, be taken as read and correctly recorded and signed by the Chair.</p>	<p>(a) Scrutiny Officer - AS</p>
<p>41.</p>	<p><b>ACTION LIST MARCH 2018</b></p> <p>The Scrutiny Officer submitted the latest action list for consideration.</p> <p><b>The Board discussed:</b></p> <p>i. The fact the Affordable Warmth Strategy was still on the action list and its broader links to the 'inclusivity' agenda and the suggestion the Board may want to explore different elements of the agenda e.g. finance, food, child poverty as part of its 2018/19 work programme. The Chair explained that the Leader of the Council had attended a recent meeting of Overview and Scrutiny Management Committee to discuss the anti-poverty agenda. A perceived lack of corporate ownership was raised by Members and following a positive response from the Leader, he was hopeful progress would be made.</p> <p>ii. When the 'Dying Well in Hull' item was due to be considered. The City Health and Wellbeing Manager explained that the item had originally stemmed from a reference to the high quality end of life care provided by Dove House Hospice, and he wondered what form the Board would like the session to take. The Board discussed the contrast between hospice and hospital 'end of life' care; work being undertaken by the CCG on deaths in hospital within 48 hours of being admitted from residential care; the need for a culture change so people were not afraid to talk about death or plan for it; work that was taking place to develop a 'respect form' which would protect peoples wishes as they approached the end of their life; work that was taking place to improve care pathways for people with dementia to ensure their end of life wishes were protected; how some hospital end of life care was very good; how primary care was becoming much more involved in end of life care and planning.</p> <p><b>Agreed</b></p> <p>a) That the 'Dying Well in Hull' development session is scheduled for the start of the new Municipal Year in order to determine how partners are working to support residents planning for, or nearing the end of their lives, and includes the work being undertaken by the CCG in regard to residential care and the development of a 'respect form' to protect peoples wishes.</p>	<p>(a) J. Weldon / T. Fielding / E. Daley</p>

<p><b>42.</b></p>	<p><b>WORK PROGRAMME 2018/19</b></p> <p>The Scrutiny Officer submitted the latest Work Programme for consideration.</p> <p><b>The Board discussed:</b></p> <ul style="list-style-type: none"> <li>i. The lack of representation from Humberside Police (Community Safety Partnership) on the Board after Chief Superintendent Ward stood down, and the suggestion that the Chair should write to the Chief Constable inviting him to nominate a senior replacement to sit on the Board.</li> <li>ii. The item relating to methadone dispensing and the suggestion it could be addressed under agenda item 8 (Drugs and Alcohol Service Commissioning) removing the need for a briefing paper.</li> <li>iii. That the item relating to child sexual exploitation would be better titled 'Tackling Child Sexual Exploitation' and a paper could be prepared for the new Municipal Year.</li> </ul> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>a) That the Chair write to the Chief Constable of Humberside Police inviting him to nominate a new representative to represent Humberside Police (Community Safety Partnership) on the Health and Wellbeing Board.</li> <li>b) That the update on methadone dispensing is covered at today's meeting (item 8) removing the need for a separate briefing paper.</li> <li>c) That the item relating to child sexual exploitation is retitled 'Tackling Child Sexual Exploitation' and a paper is scheduled for the start of the new Municipal Year.</li> </ul>	<p>(a) Chair</p> <p>(b) J. Weldon / T. Fielding</p> <p>(c) A. Murphy</p>
<p><b>43.</b></p>	<p><b>DRUGS AND ALCOHOL SERVICE COMMISISONING AND SERVICE SPECIFICATION</b></p> <p>J. Weldon, Director of Public Health, Hull City Council and Dr J Crick, Consultant in Public Health Medicine / Associate Medical Director, Hull City Council and NHS Hull CCG, attended for this item.</p> <p>The Consultant in Public Health Medicine / Associate Medical Director, Hull City Council and NHS Hull CCG introduced the paper and explained that it provided the Board with an overview of the draft service specification. He explained that the existing service was performing reasonably well, with performance particularly good in relation to opiates. An issue identified at national level was getting people with alcohol problems to access treatment. Alcohol users tended to set themselves apart from drug users and as consequence they were looking to set up separate access points. A broad working group had been established to oversee the procurement process.</p>	

**The Board discussed:**

- i. The budget for the recommissioned service. Confirmation it was just under £5.6 million which included a £500k budget reduction.
- ii. The level of financial support from the office of the Police and Crime Commissioner.
- iii. The fact that the procurement process only applied to adult substance misuse services.
- iv. The lower level service for people who had been in treatment for over 5 years and which was referenced in paragraph 3.15 of the paper; what form the service would take; who would deliver it; whether it had to be delivered by a primary care provider; the suggestion that the wording might be amended to reflect the fact other providers may wish to deliver the service.
- v. How alcohol services and support for people in long term treatment had been identified as areas for improvement.
- vi. Affordability and whether the service was deliverable within the reduced budget envelope. The Director of Public Health advised the Board that commissioners were as confident as they could be bearing in mind budget constraints and the provider market.
- vii. How a small cohort of people attracted a large chunk of funding; the importance of early help and prevention in trying to ensure people did not develop high level treatment needs; moves to develop closer links with the Acute Trust and housing services in order to drive forward the early help and prevention agenda.
- viii. The aims and objectives of the service; the delivery model outlined in paragraph 3.5, and the fact more detail would be included in the new service specification.
- ix. Community detoxification and how it referred to providing support in a community setting rather than a clinical setting, and how that shift in approach had already been taking place.
- x. How the new service model would differ from the old model; the fact the new model would deliver a more integrated approach with links to other services; how the new service would build on the learning from the current model.
- xi. Treating clients with a dual diagnosis; how the Council was working closely with the CCG to ensure appropriate care pathways were in place; confirmation that a paper had gone to health scrutiny outlining new care pathways and the paper could be circulated to Health and Wellbeing Board Members.
- xii. How the emergence of new illegal drugs within the prison system had forced commissioners to re-engineer support services, and whether that would be reflected in the new service specification.

- xiii. Ongoing support for older service users who had been receiving treatment for complex health needs over a sustained period.
- xiv. An acknowledgement that not everyone would be able to make a full recovery from sustained substance misuse.
- xv. The need to ensure more people accessed treatment services and felt confident in doing so.
- xvi. The decision to participate in a national review by Public Health England into the provision of alcohol support services.
- xvii. How interventions within the courts system and custody suites had appeared to be effective; the role of the voluntary and community sector in providing personal support; the need to ensure every budget line worked and represented value for money; how funding from the office of the Police and Crime Commissioner was channelled through the Community Safety Partnership; the intention to strengthen links with the police and other partner agencies via the procurement process.
- xviii. How the figure of 3500 heroin/cocaine users had been calculated and whether it included synthetic substances; confirmation that Public Health England data had been used to establish approximate figures for Hull; the suggestion that there would be some issues we were not fully aware of; concerns regarding transition and support services for young people moving into adulthood.
- xix. Methadone dispensing; how it would form part of the new contract; how the new provider would co-ordinate the service in conjunction with local pharmacies; a mapping exercise that was taking place to determine demand across the City and how that information could be shared with the Board; an understanding that some Councillors had raised concerns regarding particular pharmacies operating within their wards; the fact there would be a greater demand for methadone in certain areas of the City.

**Agreed:**

- a) The Board noted the progress that had been made in developing the new service specification for drugs and alcohol services prior to the commencement of the procurement process.
- b) That following the discussion around dual diagnosis, the briefing paper on new care pathways (that went to Health Scrutiny in March), is circulated to Board Members, so they can review the work taking place.

(a) J. Weldon

(b) Scrutiny Officer - AS

<p><b>44.</b></p>	<p><b>IMPROVED BETTER CARE FUND (IBCF)</b></p> <p>E. Daley, Director of Integrated Commissioning, NHS Hull Clinical Commissioning Group attended for this item. She explained that they had presented the slides at a number of national events as the Better Care work taking place in the City had been recognised as good practice.</p> <p><b>The presentation:</b></p> <ul style="list-style-type: none"> <li>• Explained the local demographics and the healthcare demands facing the City and outlined the three initiatives underpinning IBCF; integrated commissioning and market development; reducing pressures on health and social care; sector excellence</li> <li>• Showed how IBCF fitted alongside other work streams</li> <li>• Highlighted the importance of integrated commissioning and market development</li> <li>• Explained how investments in active recovery, the rapid responder service, housing support in acute services, homecare responders, rapid recovery team, aimed to reduce the pressure on other services</li> <li>• Highlighted the elements that had seen Hull's IBCF gain national recognition including; the community and early help pathway; 7 day working, local multi-disciplinary teams, workforce development, positive prevention reducing elective activity</li> <li>• Provided an example of how the new integrated system helped a resident return to independent living following a hospital admission</li> <li>• Updated the Board on the construction of the Integrated Care Centre build which was due to open in May 2018</li> <li>• Outlined the work that had taken place to redesign the frailty pathway prior to the opening of the Integrate Care Centre</li> <li>• Explained how the work of multi-disciplinary teams provided interventions at a much earlier stage, which benefited the resident and removed the need to involve other services.</li> <li>• Confirmed that challenges remained, including; recruitment and infrastructure; embedding HomeFirst and early discharge planning; uncertainty over funding beyond 2020</li> </ul> <p><b>Agreed:</b></p> <p>a) The Board noted the progress made in developing the Improved Better Care Fund; welcomed the national recognition the work had received; thanked all those involved for their hard work and commitment.</p>	<p>(a) E. Daley</p>
<p><b>45.</b></p>	<p><b>HEALTHY SCHOOL MEALS FAMILY COST REDUCTION UPDATE</b></p> <p>T. Fielding, City Health and Wellbeing Manager, Hull City Council and C. Farrow, Programme Lead, Behaviour Change, Hull City Council attended for this item. The Programme Lead for Behaviour Change explained that the paper updated the Board on efforts to explore research opportunities with York University as well as providing an update on the latest school meal figures.</p>	

The Programme Lead for Behaviour Change explained the unfortunately none of the master students at York University had chosen school meals for their dissertation topic. The topic would be offered again to part-time students in May 2018. The City Health and Wellbeing Manager advised the Board that they were also speaking to Hull University with a view to progressing research opportunities. The Commission discussed the possibility of approaching the 'The Joseph Rowntree Foundation' to see if they would be interested in supporting a school meals study.

The latest schools meal data emphasised the increased take up of school meals since 2014. The paper also outlined the significant financial saving a family paying for school meals made over the course of a school year as a result of the school meal subsidy.

Next steps included further conversations with institutions regarding research options, continued monitoring of school meal uptake, and ongoing work with schools to ensure their meals met school food standards.

**The Board discussed:**

- i. The need to ensure we received school meal data from all schools receiving a Council subsidy whether they used Hull Catering or not.
- ii. The absence of information relating to Victoria Dock School, the funding formula, and the need to ensure school meals funding was being spent appropriately.
- iii. If there was any benchmarking available in order to assess take up rates in other parts of the country were local authorities were not subsidising school meals.
- iv. Whether a rise in migrant workers in certain parts of the City was impacting on free school meal numbers and thus reducing the amount of funding schools were receiving through the pupil's premium.
- v. The fact the Council had deliberately introduced a universal school meals scheme in order to ensure people did not have to go through a complicated application process.
- vi. The different factors associated with take up, including local demographics and the attitude of individual schools. If some schools were reluctant to promote school meals as some parents were not paying for the meals. The suggestions that it was better for schools that parents were not paying 50p per meal than £1.70 per meal. The concern some parents were still struggling to pay for school meals even though it was only 50p per meal.
- vii. The rationale behind the introduction of subsidised school meals and the associated benefits identified in Professor Colquhoun's evaluation report.

	<p>viii. The role of school meals in tackling obesity and the fact school meals in themselves would not tackle obesity but formed part of a wider whole system approach.</p> <p>ix. If there was a reason why the take up of subsidised school meals was not increasing despite the ongoing austerity agenda. The Programme Lead for Behaviour Change explained that take up of free school meals had increased from 73.3% in 2014 to 77.6% in 2017, which at least suggested families who needed free school meals were accessing them.</p> <p>x. What impact the roll out of 'universal credit' might have on families and the school meal figures.</p> <p>xi. If the Council might have taken the decision to commit an additional £500k at the outset in order to provide universal free provision and whether that could still happen.</p> <p><b>Agreed:</b></p> <p>a) That the Public Health Team continues to explore potential research opportunities (including those with York and Hull universities), as well as approaching the Joseph Rowntree Foundation, to see if they would be interested in supporting a school meals study.</p> <p>b) Officers are asked to explore the queries raised in regard to Victoria Dock Primary School with a view to ensuring the school was meeting its responsibilities in regard to delivering healthy value for money school meals.</p> <p>c) That if possible the latest benchmarking data is circulated to Board members (off agenda) in order to review local performance against that of comparator authorities with a view to better understanding current trends and underlying factors.</p>	<p>(a) T. Fielding / C. Farrow</p> <p>(b) A. Murphy / (Chief Executive)</p> <p>(c) T. Fielding / C. Farrow</p>
<p><b>46.</b></p>	<p><b>SMOKE FREE PLAYGROUNDS UPDATE</b></p> <p>T. Fielding, City Health and Wellbeing Manager, Hull City Council and C. Farrow, Programme Lead, Behaviour Change, Hull City Council attended for this item.</p> <p>The Programme Lead for Behaviour Change explained that the scheme had launched in August 2017. The decision had been taken to implement a voluntary code and the early signs were positive. Hull Culture and Leisure (HCAL) had reported good levels of compliance, no complaints and no vandalism. The launch of the scheme had also been very well received and the media coverage had been uniformly positive. They proposed to continue the voluntary approach, improve compliance monitoring with HCAL, and expand the scheme to include other sites and initiatives such as 'Smokefree school gates'.</p>	

	<p><b>The Board discussed:</b></p> <ul style="list-style-type: none"> <li>i. The positive response from schools and parents to the ‘Smokefree school gates’ initiative. The City Health and Wellbeing Manager outlined how the different strands formed part of a wider whole system approach. The Programme Lead for Behaviour Change explained how de-normalization was one of the strands.</li> <li>ii. How bespoke signs designed by pupils would be used to promote the ‘Smokefree school gates’ programme. The City Health and Wellbeing Manager explained how securing hearts and minds was essential in ensuring the schemes were a success.</li> </ul> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>a) The Board welcomed the initial results and the positive feedback being generated in regard to ‘Smokefree playgrounds’ and ‘Smokefree school gates’.</li> </ul>	<p>(a) T. Fielding / C. Farrow</p>
47.	<p><b>PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021</b></p> <p>J. Weldon, Director of Public Health, T. Fielding, City Health and Wellbeing Manager and Dr J. Crick, Consultant in Public Health Medicine / Associate Medical Director, Hull City Council and NHS Hull CCG, attended for this item.</p> <p><b>The Board discussed:</b></p> <ul style="list-style-type: none"> <li>i. The development and regulation of online pharmacies going forward.</li> <li>ii. How NHS England used the information contained in the Pharmaceutical Needs Assessment 2018-21 to inform their decision making regarding pharmacy provision within the City.</li> </ul> <p><b>Agreed:</b></p> <ul style="list-style-type: none"> <li>a) That the Health and Wellbeing Board approves the publication of the Pharmaceutical Needs Assessment 2018-2021.</li> </ul>	<p>(a) J. Weldon / T. Fielding</p>

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