

**Health and Social Well-Being Overview and Scrutiny Commission**

**10.00am on Friday, 6 February 2026**

**Room 77, The Guildhall, Alfred Gelder Street, Hull and MS Teams**

**Present:** Councillors Burton, Henry, Kemp (C), Matthews, Payne (DC), C. Randall, Thompson A, Wareing and Wood

**In attendance:**

E. Daley, NHS Place Director Hull, Humber and North Yorkshire Integrated Care Board  
 A. White, Screening & Immunisation Coordinator (Place Lead - Hull & East Riding), Yorkshire & Humber Public Health Programmes Team, NHS England  
 K. Horsfall, Principal Screening & Immunisation Manager, Yorkshire & Humber Public Health Programmes Team, NHS England  
 L. Davidson, Head of Safeguarding partnership, Hull City Council  
 A. Spouse, Scrutiny Officer, Hull City Council  
 C. Brennan, Scrutiny Officer, Hull City Council

**Apologies:**

Apologies were received from Cllr. C. Randall (subbed by Cllr. A Collinson), T. Meyerhoff, A. Patey,

<b>44.</b>	<b>(2) DECLARATIONS OF INTEREST</b>
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There were no apologies.

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<b>45.</b>	<b>(3) MINUTES OF THE MEETING HELD ON FRIDAY THE 16<sup>TH</sup> JANUARY 2025</b>	<b>a) Scrutiny Officer - CB</b>
The Scrutiny Officer submitted the minutes from the January meeting for consideration and approval.		
<b>Recommendations:</b>		<b>Reasons for Recommendations:</b>
a) That the minutes of the meeting held on Friday, the 16 <sup>th</sup> January 2026, are agreed, and having been printed and circulated, and taken as read.		a) As per the minute.

<b>46.</b>	<b>(4) ACTION TRACKER</b>	<b>(a) Scrutiny Officer - CB</b>
The scrutiny officer submitted the action tracker for consideration by the Commission.		
<b>Recommendations:</b>		<b>Reasons for Recommendations:</b>
a) The updated action tracker was noted.		a) n/a

<b>47.</b>	<b>PARTNERSHIPS UPDATE – RENEWED DIRECTION FOR HUMBER AND NORTH YORKSHIRE ICB (5)</b>	<b>(a-c) E. Daley</b>
<p>E. Daley presented the Partnerships Update and highlighted some of its key points, including</p> <ul style="list-style-type: none"> <li>i. The timeline around the staff consultation and its outcomes.</li> <li>ii. The purpose and role of the ICB, and the 1<sup>st</sup> April date to deliver proposed changes.</li> <li>iii. The four core functions which included understanding local context, developing long-term population health strategy. Delivering the strategy through payer functions and resource allocation, and evaluating impact. The functions would be delivered across five business units which designed around five commissioned programmes of care.</li> <li>iv. Performance and Contract Delivery around Neighbourhood Health and Primary Care.</li> <li>v. Six of the 17 functions identified to transfer from ICB's had been recommended to remain in the proposed model.</li> </ul>		

- vi. The anticipated changes to ICB roles and responsibilities.

The Commission discussed:

- i. Outcomes based contracting. Officers explained that this was where previous health commissioning had been criticised for focusing on activity-based monitoring. Rather than basing commissioning on units of activity such as the quantity of operations, they would look at the quality of outcomes like experience and improvements to quality of life.
- ii. It was clarified that there had been 155 redundancies out of a total of around 700 staff.
- iii. The 10-year plan. Officers explained that the similarity to the previous plan was due to the value gained from a consistent approach which provided sufficient time for the plans to materialise and embed.
- iv. Joint projects between the University and ICB. Officers advised that this area was being assessed in relation to the work that was ongoing and where this would sit in future.
- v. The analogue to digital strategy. Officers agreed that they would inform the commission off agenda on whether Palantir would be used locally as part of the transition.
- vi. Where the functions transferred from the ICB would sit. Officers advised that the performance and assurance function for local provider would be fulfilled by NHS England while the ICB would focus on the strategic commissioning. The work as system coordinators that the ICB undertook would become the responsibility of local partnerships to carry out themselves.
- vii. Under-served communities and what this meant. Officers informed that the neighbourhood based health agenda would help to champion the local needs of populations and address inequalities by reaching populations that are less likely to seek out services.
- viii. The Hull neighbourhood Health Board. Officers clarified it was an oversight group that over the last 12 months brought together key stakeholders. It had reported to the Area Committees, Health and Wellbeing Board, Portfolio Holder, and Health and Care Partnership.
- ix. NHS Dental services. Officer informed that this would sit within neighbourhood health programme and primary care. The details would be developed once the final structure was announced and could be shared once ready.

**Reasons for Recommendations:**

- a) The Commission noted the report.
- b) That an off-agenda update on whether Palantir was involved in the local transition from analogue to digital be provided to the commission
- c) That an off-agenda update on the new NHS dental programme be circulated to the committee when available.

- a) n/a
- b) For further information.

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48.	<b>SCREENING AND VACCINATIONS (6)</b>	<b>(a-c)</b> M. Greensmith, A. White, and K. Horsfall
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A. White and K. Horsfall presented the Screening and Vaccinations report and highlighted some of its key points, including how the restructuring of NHS England and the ICB, the challenges and opportunities in increasing vaccine and screening uptake, and the importance of community engagement and collaborative partnership working.

The Commission discussed:

- i. HPV cervical screening and vaccinations uptake. Officers advised that the decline was a national trend, but engagement was improving following the Covid-19 dip. There were efforts to address existing barriers in communications, awareness, cultural differences, regional inequalities, consent, and procurement.
- ii. Spread of misinformation. Officers clarified they would focus on local level myth busting, positive messaging, and an evidence-based approach.
- iii. Vaccine programmes and the resurgence of some diseases. Officers advised that vaccine programmes were determined nationally and that some vaccines, like the BCG, were targeted based on if an individual or child had originated from World Health Organisation identified priority country.
- iv. Men’s health, national programmes, and eligibility. Officers informed that screening programme criteria was set nationally in line with evidence-based reviews.
- v. Breast screening and barriers presented by travel. Officer notified the Commission that there were mobile units stationed in accessible areas to mitigate travel constraints.

<b>Recommendations:</b>	<b>Reasons for Recommendations:</b>
d) The Commission noted the report.	c) n/a

49.	<b>HULL &amp; EAST RIDING PODIATRY SERVICE UPDATE (7)</b>	<b>(a)</b> E. Daley
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E. Daley presented the Podiatry Service Update which outlined the changes to the Hull and East Riding podiatry service eligibility criteria. Key points include a summary of the caseload cleanse, the positive impact on wait times, how those with lower needs had been offered alternatives, and that the service was now in line with comparable services across the country.

The Commission discussed:

- i. The table shown on page 3 of the report outlining KPI's around referrals. which Members requested that Officers clarify how data around the percentage of priority referrals assessments related to unseen waits.

Recommendations:	Reasons for Recommendations:
<ul style="list-style-type: none"> <li>a) The Commission noted the report.</li> <li>b) That the Commission receive an off-agenda update that clarifies the data presented in the table detailing priority referral assessments and unseen waits.</li> </ul>	<ul style="list-style-type: none"> <li>a) n/a</li> <li>b) To clarify information presented in the report.</li> </ul>

50.	HULL SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2024/25 (8)	L. Davidson
<p>L. Davidson presented the Hull Safeguarding Adults Partnership Board Annual report and highlighted some of its key points, including</p> <ul style="list-style-type: none"> <li>i. the CQC findings of improvements to the partnership between Children's and Adult's Services, the service delivery framework which now had a strong multi-agency safeguarding partnership, governance arrangements, and a strengthening in structure, assurances, and learning.</li> <li>ii. The sub-group partnership approach.</li> <li>iii. The strengthening of referral pathways for agencies to refer learning into the Hull Safeguarding and partnership Board.</li> <li>iv. "Line of Sight" meetings.</li> <li>v. Safeguarding adult reviews.</li> <li>vi. Next steps.</li> </ul> <p>The Commission discussed:</p>		

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i. The timing of the report. Officers advised that the report was originally scheduled for late 2025 but had been delayed to February.	
<b>Recommendations:</b>	<b>Reasons for Recommendations:</b>
<ul style="list-style-type: none"> <li>a) The commission noted the report.</li> <li>b) That an off-agenda report providing further assurance on adult services, and an update on progress made against the forward plan be provided to the commission.</li> </ul>	<ul style="list-style-type: none"> <li>c) n/a</li> <li>d) To provide further oversight on adult services.</li> </ul>

<b>51.</b>	<b>(10) WORK PROGRAMME 2025/26</b>	<b>a) Scrutiny Officer - CB</b>
<p>The Scrutiny Officer submitted the update Work Programme.</p> <p>The Commission discussed:</p> <ul style="list-style-type: none"> <li>i. The referral from Full Council recommending the Commission consider adding an item around support for parents of child bereavement to the work programme</li> </ul>		
<b>Recommendations:</b>		<b>Reasons for Recommendations:</b>
<ul style="list-style-type: none"> <li>a) The work programme is noted</li> <li>b) That an informal workshop is convened on the matter of additional support for parents of child bereavement.</li> </ul>		<ul style="list-style-type: none"> <li>a) N/A</li> <li>b) To resolve the referral from Full Council.</li> </ul>