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Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	23 February 2016
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), Cannon, Craghill, Richardson and Looker (Substitute for Councillor S Barnes)
Apologies	Councillor S Barnes

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## 68. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda.

Councillor Doughty declared a personal interest in agenda item 5 (Practice Mergers: Clifton Medical Practice, Petergate and York Medical Group) as he was registered with York Medical Group.

Councillor Richardson updated his standing declaration of interest, in that he had recently had an operation on his knee.

No other interests were declared.

## 69. Minutes

Resolved: That the minutes of the Health and Adult Social Care Policy and Scrutiny Committee be signed and approved by the Chair as a correct record subject to the following correction;

Minute Item 64- Implementation of CQC Action Plan by York Teaching Hospital NHS Foundation Trust

- The Hospital had spent **£19 million** on agency staff nurses this year.

## **70. Public Participation**

It was reported that there had been no registered speakers under the Council's Public Participation Scheme.

## **71. 2015/16 Third Quarter Finance and Performance Monitoring Report- Health & Adult Social Care**

Members received a report which analysed the latest performance for 2015/16 and forecasted the financial outturn position by reference to the service plans and budgets for all of the services falling under the services falling under the responsibility of the Director of Adult Social Care and the Interim Director of Public Health.

Questions were raised about the following issues;

- The current financial situation in light of recent developments at the CCG.
- Changes to Elderly People's Homes provision. Due to government changes, housing associations had stated that they would not be able to provide supported housing. Had any analysis been done about the affect of this?
- Could money that was being paid for the care of customers at one residential home in York be recovered, now that it had been judged inadequate by the CQC?

It was reported that conversations were currently being held with the CCG in regards to the spending of the Better Care Fund, to ensure that the money to keep people out of hospital was protected. Officers informed Members that there would be a new set of guidelines for the Better Care Fund on how it would be governed, which would be received by the Health and Wellbeing Board at its next meeting.

Officers stated that they would investigate the question about Changes to Elderly People's Homes provision further.

The Committee were informed that Officers did not ask for care costs to be returned as the residents had been at significant risk of harm due to the closure and because the Council had worked with another provider to take over the business. They deemed this to be a financial risk worth taking.

Resolved: That the report be noted.

Reason: So that the Committee is updated on the financial and performance position at Quarter 3 for 2015/16.

## **72. Practice Mergers: Clifton Medical Practice, Petergate and York Medical Group**

Members received a report which provided them with a briefing on the engagement process undertaken by three GP practices on their proposals to merge into one Medical Group.

Doctors from the three practices, Clifton Medical Practice, Petergate and York Medical Group, informed the Committee how they felt a merger would benefit patients of the three practices in the long run.

In response to Members questions it was noted that;

- Patients did not have to be seen at the practice at which they were registered at if they wished to be seen at another within the merged group.
- A larger group of practices created a larger training base and group of skilled doctors and nurses across all sites.
- They had not focused on specialisms whilst looking at integration, as they looked at focusing on the needs of the patients.
- It was easier to integrate alongside voluntary services such as Age Concern when the practice was a larger size.

The Chair stated that if the merger reduced overheads without compromising care then he felt it was a good idea.

Resolved: That the report be noted.

Reason: So that the Committee is kept informed of the practice merger.

## **73. Update report on Vale of York Clinical Commissioning Group (CCG) Turnaround Plans**

Members received a report on the Vale of York CCG's action plan to address the deteriorating financial position and recent classification as an organisation in turnaround.

The Chief Operating Officer and Chief Finance Officer from the CCG and a GP were in attendance to answer Members questions.

In introducing the report the Chief Operating Officer gave some context to the action plan.

It was reported that in terms of finance, some of the focus of the action plan was;

- The long term financial plan for five years.
- Looking internally at finance teams
- How they reported internally and externally
- Control and governance

Questions and comments from Members included;

- How were the organisation planning on bringing down its deficit? What were its annual targets for savings?
- Partners needed to be involved in joint governance, therefore how would this be monitored?
- What were the causes of the deficit?
- In order to achieve savings there needed to be a period of double funding, otherwise services would stop.

It was reported that the CCG had been given savings targets each year, which would mean that their deficit position would worsen in the first year. However to get to a balanced situation, recover or to get to a surplus, they had agreed with NHS England a multi year timeframe of 3 or 4 years, subject to approval.

The Committee were informed that an Integrated Finances and Transformation Board was being developed with a membership formed from the CCG, City of York Council and the NHS Foundation Trust, which would performance manage the delivery of targets.

In relation to the causes of the deficit, some reasons given were; significant spending in unplanned care such as in Accident and Emergency and other unplanned activity in hospital, out of area placements in mental health and primary care prescribing.

One Member requested that CCG brought a Year 1 plan about how integration work would reach the 3.1% target, as set out in the action plan.

The Chief Operating Officer stated that she would be happy to bring this along in May.

Resolved: (i) That the report and its annexes be noted.

- (ii) That the Vale of York CCG be invited to a future meeting to update Members on the progress of the action plan.

Reason: To keep Members informed of the progress of the action plan.

## **74. Co-Commissioning of Primary Care Services**

Members received a report which provided them with a briefing on the establishment and working of the Clinical Commissioning Group's Primary Care Commissioning Committee.

Questions from Members included;

- Did co-commissioning introduce financial risks to services?
- Membership of the Committee-outside bodies such as Healthwatch were 'invited' to the meeting and did not have a vote, to what extent were they involved?
- What work was being undertaken with charities?

In response it was felt that core GP services should not be affected and had historically low funding risks.

All of the Primary Care Commissioning Committee meetings would be held in public, the decisions being made would be very small. In regards to the process of the meeting, non voting members from outside bodies would take an active part in the discussion. However, the vote would only be taken at the end of the meeting.

In regards to the work with charities, it was reported that the CCG was currently undertaking work in regards to winter resilience and they saw it as key to integration work.

Resolved: That the report be noted.

Reason: So that the Committee is kept informed of the Co-Commissioning of Primary Care Services in the city.

## **75. Work Plan including verbal updates on agreed scrutiny reviews**

Consideration was given to the Committee's work plan for the municipal year.

Confirmation of the date of the next Bootham Park Hospital Scrutiny Review Task Group were shared amongst Members along with the dates of visits to Roseberry Park and Bootham Park Hospital.

The Scrutiny Officer reported that there would now be an additional report from Healthwatch at the March meeting in relation to the Bootham Park Hospital scrutiny review report. This meant that the Healthwatch six monthly performance update report could be moved from the April meeting to May.

Councillor Cannon requested that an item be added on to the work plan on the Better Care Fund.

The Assistant Director for Adult Social Care stated that he would be able to give an update on this at the financial year end 2015/16.

Resolved: That the work plan be noted and the following amendments be made;

- That a Healthwatch Report on the Bootham Park Hospital Scrutiny Review be added to the March meeting work plan.
- That an item on the Better Care Fund be scheduled for the April meeting.
- That the Vale of York CCG present a plan to the Committee in May on how integration work would reach the 1<sup>st</sup> year target, as set out in their action plan.
- That the Healthwatch six monthly performance update report be rescheduled.

Reason: To ensure that the Committee have a planned programme of work in place.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.50 pm].