
Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	12 December 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Richardson and K Taylor
Apologies	Councillors Warters

47. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they may have in respect to business on this agenda. None were declared.

48. Minutes

Resolved: That the minutes of the previous meeting held on 14 November 2018 be approved and signed by the Chair as an accurate record.

49. Public Participation

It was reported that there had been no registrations to speak on items relating to the general remit of the committee under the Council's Public Participation Scheme.

50. Half Yearly Report of the Chair of Health and Wellbeing Board

The Chair of the Health and Wellbeing Board, Cllr Runciman, was in attendance to brief the committee on the work of the Health and Wellbeing Board. It was noted that there had been a number of changes to the board's membership in this period.

Members questioned the Chair on her view of the current provision of mental health support services particularly in relation to those in crisis. The Chair reported that she was content with the current provision however it would be

something she would continue to challenge to ensure that it is meeting the needs of the population.

The committee questioned Cllr Runciman on flu vaccinations and the reported queues at surgeries. It was explained that this can happen for a number of reasons, but that there had been issues with vaccine supplies this year. It was also noted that it was not too late to receive a vaccination and that the take up had been lower this year than in previous years.

Members discussed the new Mental Health hospital and Cllr Runciman agreed with members that it would be useful to receive an update from TEWV on the development of the facility.

Members were reassured that the Student Health Network would not cease to exist but that current issues were being discussed around strategic leadership of the group and that this was ongoing.

Questions were raised regarding new birth health visitor visits and that there had been a dramatic improvement since 2016. It was also noted that whilst this service is voluntary, it is highly unusual to see families refuse this service.

Members discussed the upcoming changes to the Children's Safeguarding Board and its new working arrangements. The accountability of the statutory officers involved in the process was also discussed with Cllr Runciman highlighting to the committee that it was important that the new working arrangements and the accountability were clarified in order to help manage risks.

Officers also explained to members that a Sexual Health Needs Assessment had been carried out and had informed a procurement process that was currently underway for the provision of sexual health services in the city. It was noted that there had been a good response and that a provider would be chosen by the end of January.

51. York an evolving Asset Based Area

Members questioned officers on the Local Area Coordination programme. Officers informed the committee that there were hopes to expand the programme outside of the initial three

wards that have been used in the trial. It was noted that expanding the model was a tried and tested approach that had proved successful in other areas of the country. Officers also explained to Members how the social value of the programme will be assessed and discussed future funding, with officers highlighting the importance of the Improved Better Care Fund in the short term, whilst also noting that further work needed to be done on securing the programmes long term future.

Officers gave some insight into the kind of work that Local Area Coordinators do and members suggested that this was an area in which further information sharing and training would be greatly appreciated as they could play an important role in promoting the programme in the future and ensuring that their residents were aware of the services and support available.

Members requested some clarification on the 'levels' that were described in the report. Officers explained that:

- Level 1: referred to information, advice and signposting
- Level 2: related to more in depth work with a member of the community, where perhaps more complex issues were present.

52. The impact of the Elective Surgery Criteria

Roland Crooke, a resident, spoke to the committee about his experiences of the elective surgery criteria. Mr Crooke explained his situation and how it had forced him to pay for his own surgery privately due to the amount of pain he was experiencing. Mr Crooke explained that he thought the policy discriminated against the overweight and the elderly.

John Clark, Chair of Healthwatch York, then addressed the committee to explain that this issue would be analysed in Healthwatch's current work stream on changes to services and that this report would be published in early 2019.

Dr Nigel Wells, the Chair of the CCG, and Michelle Carrington, Head Nurse for the CCG were in attendance to answer questions. The officers explained the 'individual funding request' (IFR) and the approach to the policy.

Members discussed the criteria and questioned officers on the 'postcode lottery' that was experienced as a result of the differing criteria between bordering Clinical Commissioning

Groups. Officers explained that there were a number of subtle differences between the policies and that it was not just in relation to BMI. Officers explained that the policy allowed clinicians to have an open and honest discussion with patients about lifestyle and that as a system there was a need to encourage prevention and that lifestyle changes were an important part of that.

Officers agreed with Members that improvements needed to be made regarding communication with patients and with healthcare professionals to ensure that the policy was being implemented as intended and with the secondary support that was required.

Concerns were raised regarding the impact this policy would have on private healthcare providers and a potential increase in the demand for private healthcare. Officers explained that whilst this may be true, the entire healthcare system in York had to work together to resolve issues around the CCG's fixed funding arrangements and the best use of funds available to it.

Members requested that in future it would be very useful to have data from the CCG that related only to the City of York, as the report contained data for whole of the Vale of York. Officers said they were happy to explore this for future reports.

53. Work Plan

Members discussed the work plan for the remainder of the municipal year. It was noted that there was a desire to receive a report on the integration of health and social care services and that this was to be arranged.

Members agreed that they would receive a report from Humber Coast and Vale on their work on Mental Health Partnerships in February.

Cllr Richardson informed the committee that this would be his last meeting and he thanked the committee for their work whilst he had been a Member.

Cllr P Doughty, Chair

[The meeting started at 17:30 and finished at 20:30].