

Meeting	Health and Wellbeing Board
Date	17 May 2017
Present	<p>Councillors Runciman (Chair), Cannon, Craghill, Rawlings</p> <p>Keith Ramsay (Vice Chair, Lay Chair NHS Vale of York Clinical Commissioning Group (CCG) [not present for minute 71]</p> <p>Sharon Stoltz (Director of Public Health, City of York Council)</p> <p>Martin Farran (Corporate Director-Health, Housing and Adult Social Care, City of York Council)</p> <p>Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG) [not present for minutes 67, part of 68, 70 and 71]</p> <p>Lisa Winward (Deputy Chief Constable, North Yorkshire Police)</p> <p>Sarah Armstrong (Chief Executive, York CVS)</p> <p>Mike Padgham (Chair, Independent Care Group)</p> <p>Siân Balsom (Manager, Healthwatch York)</p> <p>Eoin Rush (Assistant Director, Assistant Director Children's Specialist Services, City of York Council) - substitute for Jon Stonehouse</p> <p>Mike Proctor (Deputy Chief Executive York Teaching Hospital NHS Foundation Trust) - substitute for Patrick Crowley</p>

Ruth Hill (Director of Operations for York and Selby, Tees, Esk and Wear Valleys NHS Foundation Trust) - substitute for Colin Martin

Shaun Jones (Head of Assurance and Delivery, NHS England) - substitute for Julie Warren

Apologies  
Jon Stonehouse, Julie Warren, Colin Martin, Patrick Crowley

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### **63. Declarations of Interest**

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda.

There were no further declarations.

### **64. Minutes**

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 8 March 2017 be approved as a correct record and signed by the Chair.

### **65. Public Participation**

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

Councillor Chris Cullwick spoke in respect of agenda item 7 - NHS Vale of York Clinical Commissioning (CCG) Group's Medium Term Financial Strategy. He stated that at the CCG's last Governing Body meeting a risk was noted and he quoted from the associated meeting papers: 'on 7<sup>th</sup> April the CCG was informed by both NHS England and NHS Investment that the York, Scarborough and Ryedale health economy was being formally placed into the capped expenditure process'. Firstly,

he asked whether the CCG could provide a copy of the letter received from NHS England and NHS Investment informing them of the capped expenditure. Secondly he asked what being subject to capped expenditure actually meant and thirdly what the total funding available was for the financial year and how it differed from current expenditure levels.

Councillor Cullwick continued by saying that the CCG's Governing Body papers stated that following the original submission, which has not been accepted by NHS England: 'financial plans will be revised in line with capped expenditure requirements.' He asked a further three questions: Can the CCG confirm what the precise impact of the revision will be? Can the CCG outline which services currently provided will no longer be, or are in danger of not being available under the revised financial plan? Can you tell us how the public will be informed and consulted about any new proposals there may be to cut services?

He also asked for assurance that the commitments in the NHS constitution would be met in full.

Responses to Councillor Cullwick's questions were made under Item 7 (NHS Vale of York Clinical Commissioning Group: Medium Term Financial Strategy).

## **66. Appointment to Health and Wellbeing Board**

Board members received a report which asked them to confirm a new appointment to its membership.

Resolved: That Phil Cain, Assistant Chief Constable for Local Policing, be appointed as the second substitute for the Deputy Chief Constable, North Yorkshire Police.

Reason: In order to make this appointment to the Health and Wellbeing Board.

## **67. Initial Draft Mental Health Strategy for York 2017-2022**

Members received a report that presented them with an initial draft of a mental health strategy for York; they were asked to

consider this draft, recommend amendments and agree to further public and stakeholder consultation.

The draft mental health strategy was based on the joint health and wellbeing strategy and the themes and priorities for mental health contained within that document. Learning disabilities was not included in the draft mental health strategy as there was likely to be a separate strategy developed around this.

Board members welcomed the draft strategy and made the following comments:

- the role of children isn't strong enough yet and needs to link with other strategies
- it needs to be clear how action plans will be developed and prioritised
- welcome the references to the promotion of good mental health and wellbeing and intervening early
- good to see the emphasis on young mothers and children
- clarity on whether service users had been involved at this first stage of producing the strategy – it was confirmed that due to timing this hadn't happened but it certainly needed to happen
- emphasis should be on need rather than targets
- children should be referenced in the strategy as a whole rather than in a separate section
- more should be made of the fact that beds are required to back up the community provision
- would like to see more on community capacity, adding, for example, some of the things that can add to the support people with mental health problems need, such as advocacy
- right that this is an all age strategy

The Corporate Director for Health, Housing and Adult Social Care explained some of the background to the development of the draft mental health strategy. Both he and the Accountable Officer at the CCG had recently met with the Mental Health and Learning Disabilities Partnership Board who welcomed the work that had happened on this to date. A formal consultation on this will take place early in the summer post election and the Mental Health and Learning Disabilities Partnership Board has been asked to lead on this; they have also been asked to lead on the

development of action plans. The importance of co-production and less reliance on the statutory sector leading pieces of work like this was discussed and it was agreed that the Mental Health and Learning Disabilities Partnership Board would review its terms of reference and look to split mental health and learning disability creating two groups with a stronger focus on delivery.

Resolved: That the initial draft mental health strategy be noted and the comments made by the Health and Wellbeing Board be incorporated into it.

Reason: To provide the Health and Wellbeing Board with input to and oversight of the development of a mental health strategy for York.

## **68. Status report on the Better Care Fund Programme**

Board members received a report on the current position in relation to the Better Care Fund Programme (BCF) programme 2016/17 and progress towards developing plans for 2017/19.

The Accountable Officer, NHS Vale of York CCG stated that national guidance for 2017/19 had not yet been received. The, as yet, unresolved financial context for the local NHS was also a factor in reaching a resolution to some of the issues in relation to the BCF.

The CCG' Strategic Programme Consultant gave the board assurance that despite not having yet received the guidance conversations were ongoing with partners about the 2017/19 BCF.

A number of performance issues were highlighted including non-elective admissions; the ambulatory care activity element of this was positive and was below the national average. The delayed transfer of care element has settled down and admissions to residential care and other elements of people living at home are positive. Injuries due to falls are on track and consideration will be given to an increased focus on this during 2017/19, including consideration of whether to expand a pilot scheme in Clifton to other areas.

Governance arrangements for the BCF had recently changed and these were highlighted in the report. The Health and Wellbeing Board were asked to approve the Accountable Officer

at the CCG and the Council's Corporate Director of Health, Housing and Adult Social Care act as a direct link between the HWBB and the BCF Task Group.

As the guidance for 2017/19 had not yet been received it is unknown as to when BCF plans need to be submitted. This may mean that submission of plans may not coincide with when the HWBB meets. If possible it was agreed the plan would come back to HWBB before submission, however the HWBB were also therefore asked to approve delegated authority to the Chair and Vice-Chair in conjunction with senior officers at the CCG and City of York Council to sign plans if necessary.

The Corporate Director Health, Housing and Corporate Services confirmed that performance was positive and that partnership working had been exemplary. In relation to Delayed Transfers of Care York had gone from relatively poor performance to being recognised as one of the best in the country and delivering better outcomes for people.

The trajectory has been to reduce the number of people needing long term care and this has been successful and has been a partnership effort.

A question was asked around what work the Council were doing to engage housing associations and it was confirmed that the Council's housing team had taken the lead on a falls service. Additionally the recent symposium around the Trieste Model was cited as were York's gold standard for dealing with homelessness and ongoing conversations with TEWV around mental health and housing.

In response to a question about performance it was clarified that the performance dashboard reports on both local and national metrics. The draft guidance for 2017/19 indicates that there will be no requirement to report on local metrics in the future. However the BCF Task Group agreed they should continue to monitor on a local level, with one of the focuses being falls.

Resolved:

1. That the revised reporting arrangements set out in paragraph 14 of the report be agreed

2. That delegated authority be given to the Chair and Vice Chair of the Health and Wellbeing Board to sign off the final BCF plans if required
3. That the reporting frequency for 2017/19 be quarterly and in line with national reporting requirements

Reason: To ensure that Health and Wellbeing Board have oversight of the BCF programme

## **69. NHS Vale of York Clinical Commissioning Group: Medium Term Financial Strategy**

Board members received a report on the CCG's Medium Term Financial Strategy (MTFS) which sought to outline a plan for how the CCG could reach a balanced and sustainable financial position as well as deliver operational and constitutional targets.

The Chief Financial Officer from the CCG presented the MTFS which covered the period through to 2021. She stated that the strategy sought to articulate the financial plan over the medium term including how to take cost out of the system; address the underlying causes of the CCG's deficit and identify a path to sustainability.

An evidence based exercise was undertaken that looked at the health needs of the population and a range of benchmarking information including from the Humber, Coast and Vale Sustainability Plan, the NHS England RightCare Programme and local benchmarking.

This resulted in the identification of 6 key opportunities for financial savings that wouldn't be to the detriment of quality of service or patient safety; these were detailed in section 4 of the MTFS.

The Chair invited the Accountable Officer, NHS Vale of York Clinical Commissioning Group to respond to the questions that had been asked during the public participation section of the meeting. For context around funding and cost of services for 2016/17 he confirmed that the allocation for the 350,000 population of the Vale of York was just less than £450 million allocation. In 2016/17 the cost of care and treatment for this population exceeded this allocation by £28 million. Broadly two thirds of this increase was attributable to the cost of acute care;

approximately 20% was attributable to an increase in the cost of Continuing Health Care and the remainder to the cost of mental health services which were either out of the contract held with the provider and/or out of the area.

NHS financial planning cycles are annual and the work NHS Val of York CCG did in preparing for 2017/18 projected an increase in the cost of care and treatment that would exceed the allocation by £44 million; the reasons for this are largely the same as those in 2016/17. GP referrals and attendances at Accident and Emergency are fairly stable however what has been seen is an increase in the complexity and acuity of the patients that present to the hospital. It is therefore far more difficult for the hospital to care for and treat those patients in a way that enables us to stay within our financial allocation.

The commissioner's role is to deploy resources based on need; however there are contracts and financial rules in place that mean we are unable to deploy those resources in a way that meets need. They are now deployed on the basis of contractual structure and activity volumes and this is what is leading to the differential between the allocation and the cost.

The CCG prepared its plans for 2017/18 and 2018/19 and the regulators (NHS England) have not accepted the plans because of the increase in cost. The regulators also found that it had similar concerns with the plans that had been developed by Scarborough and Ryedale CCG. Additionally the regulator of the providers (NHS Improvement) has started to work with NHS England to see whether or not they shared a concern about any potential increases in cost in the provider area. The regulators worked together and were concerned about the potential increased risk of cost that they have asked the three organisations to work together to one financial envelope. The Vale of York CCG, Scarborough and Ryedale CCG and York Hospital were now working together to align their financial plans for 2017/18. The regulators have asked the three organisations to submit one plan rather than three plans that contains cost and gives consideration to cost reduction.

It was suggested that the request from Councillor Cullwick for the letter should be made to the regulators as the originators of that.



Councillor Craghill mentioned that there had been a previous commitment from the CCG to engage with the public. She flagged the 6 key areas for cost reduction (section 4 of the MTFS) as well as the CCG's financial position and asked what the plans were to engage with the public and what the terms of the engagement would be. It was confirmed that there would be a number of events in the summer covering all of the Vale of York population and the CCG wanted to hear about what works well in the different localities and how they could do more of this. The CCG would also talk about the financial context and wanted people to tell them what was most important to them and their families. The information received would help the CCG think about how they moved forward. It was confirmed that stakeholders would be invited to these events.

The Chair highlighted the need for strong partnership working between all organisations to address the financial situation and acknowledged that the CCG could not do this alone.

Resolved: That the contents of the report and Medium Term Financial Strategy be noted.

Reason: To ensure the Health and Wellbeing Board are aware of the CCG's financial situation and consider the risk / impact this creates on the health and social care provision.

## **70. Healthwatch York Reports**

The Health and Wellbeing Board received a report from Healthwatch York in relation to appointment changes at Unity Health. The report looked at the experiences of people using a changed appointment system at Unity Health.

Resolved: That the report be received

Reason: To keep members of the Health and Wellbeing Board up to date regarding the work of Healthwatch York

## **71. Urgent Business: NHS Cyber Attack**

In light of the recent cyber attack affecting NHS computer systems, the Chair agreed to an item of urgent business under Section 100B (4)(b) of the Local Government Act 1972, in

relation to the above to enable the Deputy Chief Executive from York Teaching Hospitals NHS Foundation Trust to give an update on the recent cyber attack and how this had affected the hospital.

It was confirmed that the hospital did not use Windows XP but Windows 7 and this was fully supported. The hospital had demonstrated vulnerability in its IT systems and lessons had been learned and staff had worked round the clock to maintain services to patients.

Councillor C Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.30 pm].