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Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	24 May 2016
Present	Councillors Cuthbertson (Vice-Chair), Doughty (Chair), S Barnes, Craghill and Richardson (apart from Minute Items 94-97)
Apologies	Councillor Cannon

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#### **94. Declarations of Interest**

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests that they had in the business on the agenda. No interests were declared.

#### **95. Minutes**

Resolved: That the minutes of the meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 25 April 2016 were approved as a correct record and then signed by the Chair.

#### **96. Public Participation**

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

#### **97. Musculoskeletal (MSK) Service Update Report**

Members received an update report on work being undertaken to provide musculoskeletal care across the Vale of York Clinical Commissioning Group area.

Dr Tim Maycock from the Vale of York Clinical Commissioning Group (CCG) introduced the report.

In response to Members' questions it was reported that;

- It was hoped that the new integrated model would encourage self awareness and self management, i.e. that the service would integrate itself.
- It was also hoped by embedding physiotherapists into the service, that the first point of contact and patients would not be passed by GPs to another person who would not be able to treat the muscle pain.
- It would not be a financial incentive to have a physiotherapist placed in a GP surgery, the idea was to make the service as a whole more efficient for patients.

It was reported that with the new service there would be a website with triage where patients would be directed to a physiotherapist.

The Chair thanked Dr Maycock for his attendance.

Resolved: That the report be noted.

Reason: So that Members are kept up to date with the work being undertaken to provide musculoskeletal care across the Vale of York area.

## **98. Healthwatch York: Performance Monitoring/Six Monthly Review Template**

Members received a report into the performance of Healthwatch York over the past six months.

Siân Balsom, Healthwatch York Manager introduced the report.

Questions and comments from Members in regards to the report included;

- How did Healthwatch avoid consultation with the same people?
- Were people happy with the health service in general?
- Instant feedback was preferable for most people.

In response to the first question, specific groups were consulted. General feeling in regards to the Health Service had been that people had been giving it a hard time and that it was generally great.

However, they had also commented on the confusing nature of where to feedback these comments. Did they send their comments to their GP, MP or to Healthwatch?

A full discussion took place around how to keep people connected with one another.

The Chair thanked the Healthwatch York Manager for her attendance.

Resolved: That the report be noted.

Reason: To keep up to date with Healthwatch York's performance.

## **99. NHS Vale of York Clinical Commissioning Group Turnaround Action Plan**

Members received a report which updated them on the NHS Vale of York CCG Turnaround Action Plan.

Rachel Potts, Chief Operating Officer and Michael Ash McMahon Deputy Chief Finance Officer from the Vale of York Clinical Commissioning Group presented the report and answered Members' questions.

It was reported that the Turnaround Action Plan had not been given formal approval by NHS England, and as a result there was still a high degree of risk in the first year.

Questions from Members included;

- In regards to the Continuing Healthcare programme was there a target for delivering this within the Action Plan?
- Did the total deficit of the CCG stand at £20.3 million?
- What was the cost of implementing the Action Plan?

In response to the first question about the Continuing Healthcare programme, it was difficult to establish a target as plans had not yet been costed due to minimal information.

One of the reasons for the deficit was because of the need to set aside 1% of the budget for non recurrent healthcare schemes. This year it had to be done without a spend. The CCG felt it should be able to spend this, and it would free up additional money.

Two separate funding pots would be used to finance the Action Plan, and a saving would be made on the back office budget but as it was not part of the core budget allocation it would be used up without affecting care. The savings could be transferred to healthcare.

The Chair thanked the CCG for their attendance.

Resolved: That the report be noted.

Reason: So that Members are informed of the Turnaround Action Plan.

### **100. Update Report on Better Care Fund (BCF)**

Members received a verbal update from Officers on the Better Care Fund (BCF).

The Committee were told that a joint spending plan for the total fund of £12.2 million had not been agreed nor signed off by the Health and Wellbeing Board and the Vale of York Clinical Commissioning Group's Governing body. There had been a recognition from all sides that there needed to be system wide transformation and a focus on how to pool budgets and jointly commission services. Officers underlined the priority being given to agreeing the BCF, to try to avoid the escalation process which could lead to withdrawal of funding for a period of time or external intervention in one form or another.

The CCG were looking to use some of the BCF to deal with financial pressures by reducing the amount of funding available for transformation. If the council agreed to use money in this way it would result in some successful activities for vulnerable people being de-commissioned.

The council and the CCG were looking to identify additional activities and spending that could be added to the pooled budget that would enable joint working and more efficiencies to be identified. A number of potential areas were suggested including learning disabilities and mental health, continuing health care, services designed to facilitate discharge from hospital.

Members asked whether there were any other cost pressures that came in to affect the spending plans. The CCG pointed out that they

had under-spent on their staffing budget. They had also brought in some additional capacity to assist them with the BCF.

Resolved: That the update be noted.

Reason: So that Members are kept informed of progress on the Better Care Fund.

## 101. Work Plan

Discussion took place on the Committee's work plan. In regards to the Bootham Hospital Scrutiny Review Task Group, it was highlighted that its composition would need to change as Committee memberships at Annual Council would remove two members from the Committee, and therefore from the Task Group. The Chair highlighted that this was also the case with the Public Health Spending Scrutiny Review Task Group. It was agreed that in both cases, to co-opt those members back on to the Task Groups.

Resolved: (i) That the work plan be noted.

(ii) That Councillors Cannon and Cuthbertson become co-opted members on the Bootham Park Hospital Scrutiny Review Task Group.

(iii) That Councillor Cuthbertson become a co-opted member on the Public Health Spending Scrutiny Review Task Group, as would Councillor Cannon should she wish to continue.

Reason: (i) To allow for the two named Members to continue to make contributions to the Task Group recommendations following their previous work.

(ii) To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.40 pm].