
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	30 November 2016
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Derbyshire, S Barnes, Richardson and D'Agorne (Substitute for Councillor Craghill)
Apologies	Councillor Craghill

33. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests, not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests they may have had in respect of business on the agenda.

Councillor Richardson declared a personal interest in Agenda Item 5 (Briefing report on Ambulance Cover in York) in that he had recently been admitted into hospital in an ambulance.

Councillor Doughty declared a personal interest in Agenda Item 7 (Update on Progress of Humber, Coast and Vale Sustainability and Transformation Plan) in that his partner worked for MIND and had been involved in meetings relating to the Sustainability and Transformation Plan.

No other interests were declared.

34. Minutes

Resolved: That the minutes of the last meeting held on 18 October 2016 be signed and approved by the Chair subject to the insertion of Councillor Cullwick on the attendance list.

35. Public Participation

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

Gwen Vardigans spoke regarding concerns that she had about community services in light of the closure of the Archways Unit. She questioned whether the agenda item scheduled for the committee's April meeting which was a hospital update on the development of community services in the light of the Archways closure, would go into greater depth.

One Member felt that although a report into how the new model of care was up and running would be limited at the moment, it would be good to receive an update.

36. 2016/17 Second Quarter Finance and Performance Monitoring Report - Health & Adult Social Care

Members considered a report which analysed the latest performance for 2016/17 and forecasted the financial outturn position by reference to the service plans and budgets for the relevant services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care and the Director of Public Health.

In response to Members' questions it was reported that;

- The two group managers were cover for part of the year due to sickness.
- The causes of major staff sickness reported in adult social care were musculoskeletal problems, stress and mental health issues, and an ageing workforce.
- The pressure in the Adult Social Care Reduce Budgets related to a small number of additional individuals.
- The pressure in the Adult Social Care Delay Budgets related to customers who had changing needs and were on exception contracts.
- Factors for the rise in winter deaths included; issues with housing and hazards.

Further information was requested on the factors which contributed to the rise of winter deaths.

Resolved: That the report be received and noted.

Reason: To update the committee on the latest financial and performance position for 2016/17.

37. Briefing report on Ambulance Cover in York

Consideration was given to a briefing report and Powerpoint presentation on proposals to implement A&E improvement initiatives on Ambulance cover in York.

The Deputy Director of Operations and Locality Director for York from Yorkshire Ambulance Service were in attendance to answer Members' questions.

They informed Members by reporting that;

- 30,000 more emergencies had been handled this year, which had been challenging for drivers and call handlers.
- Consultation on the new rotas had been extended to January at the request of staff.
- More doubled crewed ambulances would be introduced which would allow for additional time to assess the patients' needs.
- The CCG had funded ten Emergency Care Practitioners for the ambulance service to complement their existing staff.

In response to Members questions it was reported that;

- If time was shaved off the transfer of the patient between the ambulance and the hospital in Accident and Emergency, this could lead to a greater number of ambulances on the road. Work was ongoing between the Ambulance Service and the Hospital to improve the situation.
- Employee working hours would be monitored by staggering shift starts and finishes.
- Changes in shift arrangements meant there would be two extra ambulances available in York when they were most needed during the day, with a reduction in the number of vehicles overnight. 7 ambulances would be available for 24 hours.

The Chair thanked the Deputy Director of Operations and Locality Director for York for their attendance.

Resolved: That the briefing report and Powerpoint presentation be noted.

Reason: So that Members are kept aware of the new proposals for ambulance cover in York.

38. Healthwatch Six Monthly Performance Update Report

The Healthwatch York manager sent her apologies for missing the meeting as she was unwell and the Healthwatch Six Monthly Performance Update Report was deferred to be considered at a future meeting.

Resolved: That the report be deferred.

Reason: In order so an appropriate amount of time be taken to consider the report.

39. Update Report on Progress of Humber, Coast and Vale Sustainability and Transformation Plan (STP)

Members considered an update report on the progress of the Humber, Coast and Vale Sustainability and Transformation Plan (HCV STP). An additional report provided by NHS Vale of York Clinical Commissioning Group providing further details on the Improvement Plan was circulated. This was attached to the online agenda, following the meeting.

The Chair expressed his disappointment at having received additional information at late notice, but was pleased to see a focus on cancer and mental health in the report.

The Accountable Officer from NHS Vale of York Clinical Commissioning Group and the Programme Director from Humber, Coast and Vale STP presented the report and informed Members that the STP was more of a programme or movement with proposals to improve services over time. It had five years to do so, but might take longer, and aimed to change the perception of health service. It was also an attempt to bring together the NHS and Local Government to plan on a broader footprint.

Members were informed about “accountable care”, which meant organisations taking responsibility for care jointly. This would be carried out through an Accountable Care Partnership, which would allow for the coherent delivery of money granted from central government to the CCG for services to be deployed on a local level.

Mental Health was seen as a priority in the STP because there had been no forward view of integration between physical and mental

health due to the NHS being distracted by the facilities in which it provided the services, when it is care that matters.

Questions and comments from Members included;

- What plans were in place for accessing services, particularly to GP services, as there were parts of the city where it was difficult to get an appointment.
- What mechanisms were there on the Joint Commissioning Committee to ensure that York's interests were protected?
- What was their definition of 'co-production'?
- How could the preventative and positive messages of the plan be promoted to the public, rather than the privatisation and cuts?
- The plan showed that 50% of hospital beds were used by those who did not need them, how would services be used differently?

In response to Members' questions it was reported that;

- There would be a national strategy for urgent and emergency care. This would be part of a wider vision for primary care to be integrated with improved community care, with extended hours which would be offered into the weekend. This would dissuade people from automatically ringing A&E. It was expected that hospital consultants would become part of a locality set up.
- A Joint Commissioning Committee had not yet been established as relationships were still being restored between the Governing Board and GPs following a vote of no confidence in the CCG earlier in the year. It was clear that the Joint Commissioning Committee would need to be trusted by the GPs in the Vale of York CCG area, Members and York residents.
- Co-production was a duty to communicate, to share the vision of what the STP was about. This involved encouraging local groups, GP practices, and Members on how it might work in practice. They added that process of engaging with the public could begin before any options for plans were committed. Communication would not be presented as consultation. It was in their interest to ensure that the work was carried out correctly.
- It was noted that if services were delivered at the current demand levels in 2021, the deficit for the CCG would rise to

£420m. Therefore, two proposed solutions were to think at a system wide level; to have different forms of contracting out services that did not reward processing greater numbers of people to generate more income, and to create a joint bank account.

Resolved: That the update report and the additional report be noted.

Reason: So that Members are kept informed about progress of the Humber, Coast and Vale Sustainability and Transformation Plan (STP).

40. NHS Vale of York Clinical Commissioning Group (CCG) Improvement Plan - Update Report

Members considered a report which provided them with a update on the NHS Vale of York Clinical Commissioning Group (CCG) Improvement Plan. This was accompanied by a Powerpoint presentation. The slides were uploaded to the online agenda following the meeting.

The Accountable Officer from NHS Vale of York Clinical Commissioning Group presented the report and gave some background to the committee into how the CCG came under Legal Directions issued by the NHS Commissioning Board (NHS England).

He underlined how the CCG has a deficit of £24.1 million. He informed the Committee that there would be an agreed financial plan in January. There would also be a restructure to support this. The Improvement plan also aimed to;

1. Stabilise resources
2. Stay on top of deliverables
3. Have a clear sense of purpose
4. Promote and actively collaborate
5. Position the health and care system going into the next electoral cycle

Questions and comments from Members in respect of the report and Powerpoint presentation included;

- Why had an obesity and smoking criteria been adopted for operations in the Vale of York area?

- What was the understanding of the Health and Wellbeing Board?
- When would public engagement be carried out, if the deficit of £24.1m increased?
- How much were the salaries of the Executive Management Committee?

In response to their questions, Members were told that;

- The new obesity and smoking criteria for patients awaiting operations, had been clinically led and was compatible with the JSNA. It had been adopted in other parts of the country and had not been a blanket ban. It was also felt to be an encouragement for people to adopt improved lifestyle choices.
- The CCG viewed the Health and Wellbeing Board as partner to the NHS to achieve shared ambitions for the wellbeing of York and to balance carefully holding to account organisations.
- Public engagement in regards to the Improvement Plan was currently underway. The Corporate Director of Health, Housing and Adult Social Care was part of the selection panel for the Joint Engagement Post.
- None of the posts on the Executive Management Committee would be substantive, due to Legal Directions any salary information would be released on appointment.

The Accountable Officer confirmed that the draft financial plan would be presented to the NHS Vale of York CCG Governing Body on 1 November and that Members would be able to see this and a wider financial plan at a later date. This would be kept in a draft form, as the two year contracts would not be agreed until 23 December.

Resolved: That the report and Powerpoint presentation be noted.

Reason: So that Members are updated on the Improvement Plan.

41. Work Plan

Consideration was given to the Committee's work plan for the municipal year 2016-17.

Discussion took place regarding the consultation around the new mental health hospital for the city. It was noted that Members were satisfied with the level of consultation that had been carried out.

One Board Member questioned if the workplan item on community services in the light of the Archways closure could be considered at an earlier date. The Chair suggested that a written update be circulated to Members.

Another Board Member mentioned investigating the link between fuel poverty and an excess of winter deaths when further information was received, as a future possible scrutiny topic. The Chair suggested that the Director of Public Health find some more information on this topic before any scrutiny work was conducted.

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

- That the Healthwatch Six Monthly Performance Update Report be received in December.
- That an update on the model of care provided and development of services following the closure of Archways be circulated to Members.

Reason: 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 8.55 pm].