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Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	19 April 2017
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Derbyshire, S Barnes and Craghill
Apologies	Councillor Richardson
In Attendance	Councillor Cannon

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## **75. Declarations of Interest**

Members were invited to declare at this point in the meeting any personal interests, not included on the Register of Interests, or any prejudicial interests or disclosable pecuniary interests that they might have in the business on the agenda. No interests were declared.

## **76. Minutes**

Resolved: That, following discussion, the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 27 February and 29 March 2017 be approved and signed by the Chair as a correct record

## **77. Public Participation**

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

## **78. Delivering Home First: Re-Providing Archways Intermediate Care Unit Update Report**

Members received a report which identified the background to the decision to close the Archways Intermediate Care Unit and reinvest resources into an expanded range of community services. It provided an update on the success of measures planned and implemented.

Mike Proctor, Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust and Steve Reed, Head of Strategy for Out of Hospital Services were in attendance to present the report and answer Members questions.

Members were given some background on the community services that were being provided following the closure of Archways. These included a Community Response Team (CRT), Community Discharge Liaison Team (CDLT), Advanced Clinical Practitioners and Outreach Pharmacists. Staff from the Archways Unit were either redeployed into other units and additional staff were recruited to work in the CRT.

They informed Members that as a result of the work of the CDLT, and the closure of Archways they had been able to support an additional 129 patients than in the previous year. They had planned that the expanded CRT team from January- March 2017 would be able to support 430 people as opposed to 360 people previously supported at home. 422 people had been admitted into inpatient beds, but this was 40 fewer admissions than previously and showed that those people who went to Archways were now going to other units. In addition more people were receiving care at home.

Further information was given on the how the Community Response Team would work alongside other teams such as voluntary sector services, Reablement and Physiotherapy services from York Hospital. It was noted that the CRT would be based in the Archways building, which would allow for an integrated space to deal with referrals.

The Deputy Chief Executive admitted that the Hospital had not carried out consultation on the closure of the Unit to the best of its ability.

In response to a Member's question it was confirmed that patients who had been discharged from Archways into the Community Response Team would be monitored on the outcomes of their care and if they would recommend the service to others. It was noted that the rehabilitation period between community units and home based care was different and that rehabilitation was quicker at home.

The resilience of the system was brought up by a Member as the measures were introduced in winter time when travel to other units out of the area could be difficult due to the weather. It was also highlighted that with home based care, staff could have difficulty with travel.

The Deputy Chief Executive felt that although it there had been mild weather, it had been the toughest winter for the NHS. He felt that the hospital were in a better position for no longer having Archways and that more work could be undertaken to expand community services to prevent hospital admissions.

Further discussion took place over regarding financing the community services contract. Members were informed that it cost £1.5m to run Archways and that £1.2m had been spent on the community services contract. This meant 20% of the money available for community services had been spent elsewhere by the CCG.

However, it was acknowledged by the Deputy Chief Executive that it was the decision of the Clinical Commissioning Group to divide this portion of the money and given their financial difficulties he was unsure as to whether £300,000 of funding would go into the Community Contract.

Members expressed their disappointment that they had previously been provided with different information.

One Member questioned whether it was up to the commissioner of community services (NHS Vale of York CCG) to provide a 20% cut in services, particularly given that they had previously informed the Committee that the money from the sale of Archways would be reinvested and the provider (York Hospital NHS Foundation Trust) was unaware of the location of the money.

Members asked that a request for an answer to this question be made to NHS Vale of York CCG.

Members also requested an email update on figures in the community service provision. It was confirmed that an emailed report could be produced in six months time.

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

(ii) That a letter be written to NHS Vale of York Clinical Commissioning Group (CCG) to explain where they had invested their share of the Community Contract money.

(iii) That an email update report including figures on community services provision be circulated to Members in six months' time.<sup>1</sup>

Reason: To keep Members updated on the progress of actions taken following the closure of Archways Intermediate Care Unit.

### Action Required

1. Write letter to NHS Vale of York CCG  
informing them of the Committee's request

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## **79. City of York Council Adult Safeguarding Peer Challenge Report**

Consideration was given to a report which presented the results of the first City of York Council Adult Safeguarding Peer Challenge which took place in January 2017.

Members questions related to the following;

- How far could safeguarding services be provided through the voluntary and community sector?
- Early discharges which increased the needs of patients in the community-who were balancing the resources needed for the increased needs?
- The provision for affordable housing.

In response it was noted that the provision of safeguarding services through the voluntary and community sector was at an early stage, and it was crucial to ensure that engagement from partners on the Health and Wellbeing Board and the CCG were engaged.

Members were informed that data of people after reablement was currently being analysed as to whether early discharge allowed them to become more independent.

It was noted that affordable housing was a key issue in social care in regards to mental health and wellbeing, but also to the workforce. Members were informed that housing strategies were being reviewed to ensure their urgency and deliverability.

Resolved: That the report be considered and accepted.

Reason: To provide further scrutiny to support CYC and partners in improving outcomes for people with care and support needs and developing the sustainability of the health and social care system.

Resolved: That the contribution to adult safeguarding made by our frontline staff and partners, our broader stakeholders, including service users, carers and scrutiny Members be recognised.

Reason: The contribution made by front line staff and partners is highlighted by the Peer Challenge as is the need to celebrate our success.

## **80. Work Plan**

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

A request had been received from the Chair of the Health and Wellbeing Board to present the Annual Report of the Health and Wellbeing Board at the June meeting, as it related to the end of the municipal year. The Health and Wellbeing Board Six Monthly Update Report would then be received in December.

It was noted that following Full Council that the Committee would also be responsible for monitoring the performance of the Housing portfolio.

Resolved: That the work plan be noted subject to the following amendments:

- A report including figures on community service provision in light of the closure of Archways Intermediate Care Unit in six months time via email.
- The Annual Report of the Health and Wellbeing Board be considered be at June and December's meetings.

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 7.10 pm].