

Meeting	Health and Wellbeing Board
Date	20 April 2016
Present	Councillors Runciman (Chair), Craghill, Douglas (Substitute for Councillor Brooks) and Looker (Substitute for Councillor Cannon) Sharon Stoltz,(Director of Public Health- CYC) Martin Farran, (Director of Adult Social Care- CYC) Jon Stonehouse, (Director of Children's Services, Education and Skills) Rachel Potts, (Chief Operating Officer, Vale of York Clinical Commissioning Group) Sarah Armstrong, (Chief Executive, York CVS) Julie Warren, (Locality Director (North) NHS England) Siân Balsom, (Manager, Healthwatch York) Mike Proctor, Deputy Chief Executive York Teaching Hospital NHS Foundation Trust (Substitute for Patrick Crowley), Ruth Hill, Director of Operations, York and Selby, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Martin Barkley), Keren Wilson, Chief Executive, Independent Care Group (Substitute for Mike Padgham), Richard Anderson, Superintendent, North Yorkshire Police (Substitute for Tim Madgwick)

Apologies

Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group), Councillor Brooks and Councillor Cannon

60. Introductions

Introductions were carried out.

61. Declarations of Interest

Board Members were invited to declare any disclosable pecuniary interests in relation to the business on the agenda.

Sarah Armstrong confirmed that York CVS received grant funding from CYC and the Vale of York CCG.

Keren Wilson from the Independent Care Group confirmed that they received money from both the Council and the CCG.

Siân Balsom stated that Healthwatch York received funding from the Department of Health.

Ruth Hill informed the Board that Tees, Esk and Wear Valleys NHS Foundation Trust received funding from CYC and the CCG.

Mike Proctor confirmed that York Hospital NHS Foundation Trust were commissioned by the CCG to provide them with acute medical services.

Councillor Douglas declared a standing personal interest as a governor of Tees, Esk and Wear Valleys NHS Foundation Trust.

No other interests were declared.

62. Minutes

Resolved: That the minutes of the meeting of the Health and Wellbeing Board held on 9 March 2016 be signed and approved by the Chair as a correct record.

It was noted that all actions in the Action Grid from the previous meeting had all been completed.

63. Public Participation

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

64. Appointment to York's Health and Wellbeing Board

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

Resolved: That;

Colin Martin, the newly appointed Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust be appointed to replace Martin Barkley former Chief Executive from 1 May 2016.

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

65. Better Care Fund

The Board received a report which updated them on progress to finalise a submission for the Better Care Fund (BCF) in 2016/17 and beyond.

Officers reported that the Council and CCG had not yet agreed a balanced draft spending plan, but had got a projected £2.3 million overspend with limited room for manoeuvre. Progress had also been hampered by the financial situations of both the CCG and the Council. It was felt that the BCF must not divert from the bigger idea of system transformation in health and social care.

Reasons for why an agreement had not been reached were as follows;

- The starting point of the 2015/16 plan contained stretched targets that weren't achieved.
- It would be very difficult to scale back the 2015/16 plan without having a knock on effect on delayed discharges from acute settings.
- In trying to resolve some of the issues locally there was a need to look at the wider health and social care system

- Partners needed to work in a more integrated way to deliver efficiencies and plans and this needed to be brought forward to be able to do this.

It was reported that there was a small task and finish group that would be reviewing each BCF project in the 2015/16 plan to assess it in terms of its impact.

Board Members continued to state how the BCF was a tool, a set of principles to follow to enable system change and further integration, and was not just about delayed discharges. It would do this in the following seven areas;

- Reduce inappropriate admissions
- Shift money into early interventions/prevention
- Speed up discharge from acute settings
- Support for Carers
- Reablement/Intermediate Care Funding
- Care Act Funding
- Delayed Transfers of Care

One Board Member informed the Board that the submission date for the Better Care Fund had been extended from 3 May to 15 May. There was now a commitment to transformation from partners through the Integrated Transformation Board.

One Board Member felt that the schemes funded by the 2015/16 BCF were not delivering what was required or wanted. The original idea behind the BCF was how to get the best mechanism across local government, the Board had this through the Integrated Transformation Board. He felt that there needed to be a medium term financial strategy, performance metrics, that all partners needed to share problems and make shifts in the way they operated and it was the role of the Board to hold them to account. In addition, he felt other agencies needed to be brought on board when decisions were being made. He also felt that further risk impact analysis needed to be carried out.

It was noted that neither the Council nor the CCG were allowed to have deficit budgets as these were illegal. It was reported that NHS England believed that an agreed submission from York could be delivered by the new deadline of 15 May.

Discussion took place amongst Board Members.

One Board Member commented that although the BCF was intended to be a tool to 'speed up the integration' of health and social care, discussions around integration seemed to take place outside of it. It was not yet known which specific schemes were under threat from being cut, given the financial gap that needed to be closed.

It was reported that the total cost of the schemes exceeded the budget by £1.4 million two weeks ago, and £2.3 million earlier in the week. However, the original figure had not been assured by NHS England and the CCG was now working to £2.3 million. Therefore the model had been changed to bring things back under budget. The areas where the CCG had particularly high levels of spending in its budget were;

- Reablement
- Mental Health Care and Out of Hours
- Delayed Transfers of Care
- Mental Health and Learning Disabilities
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Another Board Member questioned how the public had been engaged with the process, and how was the financial situation communicated in regards to the financial reality? How is transformation going to be carried out without initial investment?

Another comment shared was that it sounded as if it was all about cuts, but there was a positive opportunity to do things differently and improve things.

However, there was a need to make sure that the public understood that this was an improvement.

There was also an opportunity to look at other areas that had been successful with their BCF plans as they were not all going to have the same approach.

One Board Member commented that the BCF by itself could become divisive between partners, and needed to be seen as part of a broader transformation. Difficult questions needed to be asked in regards to implications of decommissioning services. There needed to be clear reasons given as to why this action was being taken.

Further Board Members issued concerns about the risks and benefits of the Better Care Fund proposal.

The Chair commented that she felt that the risks had not been considered or shared with the Board, and that the deadline for submission would not be met. However, rushing to complete the work would ruin the work already carried out and could give time for pressures to ease on the CCG budgets. She suggested to the Board that they could recommend that a smaller budget be put forward and that a system of arbitration be used if no agreement was reached. This would be between the Health and Wellbeing Board, the Vale of York Clinical Commissioning Group and the Council. They would be represented by the Chair of the Board (Councillor Runciman) and the Chair of the Vale of York Clinical Commissioning Group.

A Board Member agreed with the Chair that the Council and the CCG were unlikely to reach agreement by the deadline but that she felt that she did not have sufficient information or risks about the various schemes included in the BCF and therefore she could not sign off the plan. She felt it was sensible for the Chair of the Health and Wellbeing Board and the Chair of the Vale of York Clinical Commissioning Group to explore arbitration.

It was suggested that NHS England and Association of the Directors of Adult Social Services (ADASS) be approached informally to support the arbitration.

Resolved: (i) That the report be noted.

(ii) That the Chair and Chair of Vale of York Clinical Commissioning Group explore arbitration to resolve ongoing discussions.

(iii) That the sign off the submission of the Better Care Fund (should it happen) be delegated to the Chair in consultation with the Chair of the Vale of York Clinical Commissioning Group.

Reason: To progress the Better Care Fund submission.

66. Forward Plan

Board Members were asked to consider the Board's Forward Plan.

Following discussion it was;

Resolved: That the Forward Plan be approved with the following amendments;

- To reschedule Healthwatch reports
- An additional report on the Care Act

Reason: To ensure that the Board has a planned programme of work in place.

Councillor C Runciman, Chair

[The meeting started at 4.30 pm and finished at 6.00 pm].