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Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	29 March 2017
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), S Barnes, Craghill, Richardson and Looker (Substitute for Councillor Derbyshire)
Apologies	Councillor Derbyshire

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## 66. 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 or prejudicial interests or disclosable pecuniary interests that they might have had in respect of business on the agenda. None were declared.

## 67. Minutes

The Chair requested that the following amendments be made to the minutes dated 27 February 2017:

- Councillor Cullwick be added to the list of Members present.
- Under minute item 61 the line *'This allowed for a 32% reduction in discharges'* should read *'This allowed for a 32% reduction in delayed discharges'*.

Resolved: That the minutes of the last meeting held on 27 February 2017 be amended as above and brought back to the next meeting for approval.

## 68. Public Participation

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme on the following item:

### 6) Council Motion-Access to NHS Services

Dr Shaun O'Connell, Joint Medical Director of Vale of York CCG.

Paula Evans, GP at York Medical Group.

Both speakers were invited by the Chair to address the Committee under the relevant item and to take part in discussion of the report.

**69. Bootham Park Hospital: Update of Action Plans following NHS England Review**

Members considered a report which provided them with an update on the action plans of partner organisations following the NHS England Reflections, Learning and Assurance Report into the Transfer of Services between Leeds & York Partnership NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust following the closure of Bootham Park Hospital.

The Director of Nursing, NHS England (North) presented the report and was in attendance to answer Member questions. She clarified that the action plan resulting from the review had been monitored over a period of 12 months and all actions were now complete, with the exception of the three listed on page 15 of the agenda, which were on track to be complete by April 2017.

In response to Member questions the Director of Nursing stated:

- The Care Quality Commission (CQC) were not involved in operational decision making, however they did acknowledge that the specialist report should have been made available.
- In terms of lesson learnt, there was a clear need for improved communication and an awareness that NHS England should have been involved earlier. There were things that all agencies could have done better, and would improve upon going forward.
- NHS England would be more aware of issues like this one in future as quality information was now received in a more structured format and monitored by a Quality Surveillance Group. There would also be the ability to put in place Single Item Surveillance Groups to consider one specific item e.g. mental health services.

The Scrutiny Officer clarified to members that all of the Bootham Park Scrutiny Review recommendations had been

signed off at the previous meeting, with the exception of the protocol, which could now be signed off having seen the action plan.

Resolved: That Members agree to sign off the remaining recommendations of the Bootham Park Scrutiny Review as being implemented.

Reason: To complete this scrutiny review.

## **70. Vale of York Clinical Commissioning Group Operational Plan 2017-19 and Medium Term Financial Strategy**

Members considered two Vale of York Clinical Commissioning Group (CCG) reports - the Operational Plan 2017-19 and the Medium Term Financial Strategy.

The Accountable Officer for the Vale of York CCG, the CCG Head of Planning and Assurance and the Chief Financial Officer were in attendance to present the report and answer questions from Members.

The Accountable Officer gave a comprehensive background to the reports and explained that the plans represented how the CCG would work to balance care outcomes with the need to address a forecast £44.1 million deficit in the coming year.

The Chief Financial Officer stated that the medium term financial plan was evidence based and aligned with the Operational Plan. There was a need for the CCG to show a 1% improvement, despite the challenge of receiving 11% less per head to provide services, due to the comparatively healthy population in York.

There followed a lengthy discussion with Members, during which some of the following points were made by CCG Officers:

- The CCG was a statutory body with a duty to live within the resources it was allocated. Many people had raised concerns about cuts to services. In answer to this the CCG wanted to make clear that, whilst the allocation York received made producing these plans extremely challenging, the financial plan being put forward had been highlighted as 'best practice' in other areas of the country.
- The production of these plans had been in full consultation with NHS England.

- Reductions in cost were not the same as cuts to services. The plans were considering different ways of care being delivered in order to try and bring costs back in line with the CCG's allocation. This did not mean cutting services.
- This strategy was the first stage of proposals, both plans still needed approval. The process would continue with the same level of transparency that had been seen so far. The reports were a starting point and the CCG was working closely with York Teaching Hospital NHS Foundation Trust to consider how the plans would be delivered.
- There were plans for events to consult with residents (6-8 events) and the CCG would make sure that plans were accessible and made clear.
- Benchmarking data had been used as a starting point but due weight was always given to the local context of that information. It was important to use this for signposting and to consider what was happening from a patient point of view. The CCG was completing work with York Medical Group in this area.
- Private providers had been used to deliver care that the NHS did not have the capacity to provide. The CCG had received additional funding to reduce backlogs in certain areas.

The Chair thanked CCG Officers for their attendance and ongoing work.

Resolved: Members considered, and commented upon, the Operational Plan and Medium Term Financial Strategy.

Reason: To continue to inform members of the progress of the CCG Operational Plan and Financial Strategy.

## **71. Public Health Services Commissioned by NHS England – Vaccinations, Immunisations and Screening**

Members received a report which focused specifically on the screening, vaccination and immunisation responsibilities of the local authority.

The Director of Public Health was in attendance to present the report and answer questions from Members. She explained that the report gave an oversight of the uptake of programmes and helped identify areas for improvement. Some points to note were:

- The uptake of seasonal flu vaccinations for those under 65 and eligible was still lower than hoped for.
- Improvements in Chlamydia screening and detection were due in part to the work which had been done on partner notification.
- HIV early diagnosis was crucial in managing the illness and good treatment outcomes.

Members were asked to take up any offer of screening and/or vaccination and to act as advocates within their communities to help improve take up.

Resolved: That;

- i. the report be received and its content noted
- ii. Members agree to act as advocates for the early detection of cancer through supporting and promotion of the national screening programmes and to support the uptake of immunisations and vaccinations where appropriate.

Reason: To assure the Committee that the health protection arrangements meet the needs of the local population.

## **72. Council Motion - Access to NHS Services**

Members considered a report which responded to the Council motion on Access to NHS Services, which was passed at the Council meeting on 15 December 2016, when the Executive was asked to commission the Director of Public health to assess the impact of this policy, including health inequalities, and report back to the Health & Adult Social Care Policy & Scrutiny Committee. The report also updated the Committee on subsequent discussions with the Vale of York Clinical Commissioning Group (CCG).

The two speakers who had registered under public participation were invited to speak on this item and to address Member questions:

Dr Shaun O'Connell, Joint Medical Director of Vale of York CCG, who was also co-author of the report being considered, spoke on the obesity epidemic, and the financial impact this was having on already severely overstretched budgets. He

clarified that any delay to operations would be temporary but explained that improvements to an unhealthy lifestyle would significantly improve the chances of success for each procedure and speed up recovery times. He also stated that the greatest impact on an unhealthy lifestyle was intervention from a GP.

Paula Evans, GP at York Medical Group, stated that her patients were predominantly from Westfield ward, one of the most deprived areas of the City. Levels of childhood obesity and smoking were higher and patients were far more likely to access health care at a young age. Whilst York was considered a relatively healthy population this was not reflected in areas like Westfield and there were high instances of diabetes, high blood pressure and use of painkillers for weight related aches and pains.

During discussion between Members, the Director of Public Health and the two speakers, the following points were raised:

- There was a need to be more preventative and less reactive.
- A Public Health and Wellbeing Service had been set up with funds from the decommissioning of GP 'wellbeing' services. However, there were currently 8 Wellbeing Officers covering the whole City which meant they were extremely overstretched.
- In terms of delays to procedures, GP's would make a record of lifestyle advice given to patients and the time from that initial intervention would count if they were subsequently referred for surgery.
- The new Integrated Assessment Tool which was being used in Council decision making did include public health. However, a discrete Health Impact Assessment during the decision making process was an aspiration.
- Whilst there were other things which posed a threat to public health e.g. alcohol, smoking and obesity were considered two of the most significant problems in terms of preventable impact.
- There were clear exemptions to the policy and these were recorded to ensure that nobody was unfairly disadvantaged.
- At the time of implementation around 50 'delay' letters were being sent out per week. This was now down to around 30 per week.

- Whilst the NHS were looking closely at CCG's who were rationing services, they understood the rationale behind the VoY policy and considered it to be robust.

Resolved: Members recommend to Executive that;

- I. the Executive Member for Adult Social Care and Health review her decision on the level of support for smokers and in particular the provision of free Nicotine Replacement Therapy for smokers and funding for Varenicline (Champix) stop smoking medication.
- II. the Council set itself an ambition to increase prevention spending and integrate preventive action into all decision making to tackle inequalities utilising a "Health in all Policies" approach.
- III. the Council, through the Health and Adult Social Care Policy and Scrutiny Committee, and the Health and Wellbeing Board, hold the leaders across the health and care system to account for looking beyond the interests of their own organisations and driving forward improvement in health and wellbeing outcomes for the citizens of York, leading a cultural change to a health and care system in which different organisations work together to narrow the gap in inequalities across the City.
- IV. the Council, together with its partner organisations, be required to establish innovative ways of tackling inequalities within existing resources, working in partnership with communities using a coproduction approach.

Reason: To respond to the Council Motion on Access to NHS Services.

Action Required  
Report to Executive with Committee  
recommendations.

SS

### **73. Public Health Grant Spending Draft Final Report**

Members considered a report which provided them with information gathered in support of the scrutiny review into Public Health Grant Spending, together with the review analysis and draft recommendations.

The Director of Public Health presented the report and was in attendance to answer Member questions. She reiterated that York had a substantial deficit and expressed the view that money was not currently being spent in the areas it should be in order to be most effective.

In response to questions from Members she stated:

- Some Section 106 money was made available to Public Health and there was clear guidance as to how this should be used e.g. sports facilities.
- In terms of the Council having the ability to fulfil the recommendations it was important to remember that, by prioritising this important area of work, there would be long term public health benefits.
- A Student Health Needs Assessment was being undertaken and was expected to be taken to the Health and Wellbeing Board in May. There was particular concern over the mental health of the student population.

Resolved: That Members agree to the draft review recommendations.

Reason: To conclude the work on this review in line with scrutiny procedures and protocols thereby enabling this report to be presented to a future meeting of the Executive.

### **74. Work Plan 2016/17**

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

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

- The Annual Report of Health & Wellbeing Board due in April had been delayed.



- Hospital update report on Winter Experience – be deferred until May
- A scoping report be prepared for the May meeting on the potential of establishing a Task Group to engage with the CCG on the delivery of their financial recovery and operational plans.

Reason: To ensure that the Committee have a planned programme of work in place.

Councillor Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.35 pm].