

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	30 January 2017
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Derbyshire, S Barnes, Craghill and Richardson

### **51. 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 that they might have had in respect of business on the agenda. None were declared.

### **52. Minutes**

Resolved: That the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 20 December 2016 be approved and then signed by the Chair as a correct record.

### **53. Public Participation**

It was reported that there was one speaker registered to speak under the Council's Public Participation Scheme.

Gwen Vardigans spoke about the loss of intermediate care centres and referenced that she had spoken at the Committee's meeting in November when she had asked whether the item scheduled for April's meeting on the development of community services in the light of the Archways closure would go into greater depth. She felt that the response had been unclear and asked if a review was in hand.

The Chair commented that Members were receiving reports on this topic and the Committee had also received emailed reports about re-provision at Archways.

The Scrutiny Officer confirmed that no commitment had been made by the Committee to undertake a review into the development of community services, but the Committee would receive a report from health partners.

#### **54. Safeguarding Vulnerable Adults Annual Assurance**

Members received an update report which outlined arrangements in place to ensure that City of York Council discharges its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and wellbeing.

The Assistant Director of Adult Social Care presented the report and highlighted that;

- There would be a new performance framework in place in time for the next report.
- Initial feedback from the Association of Directors of Adult Social Services (ADASS) Peer Review which had been shared with the Chair of the City of York Safeguarding Adults Board, commended the personal approach to safeguarding and good leadership.
- An action plan created using the recommendations from the ADASS Peer Review would be brought before Members.

With regard to Members' queries it was noted that;

- Clifton House had originally been run by NHS England and that partners had only been communicating within the past few months, particularly in regard to specialist commissioned services.
- A Suicide Prevention Co-ordinator had recently been appointed and the recommendations of the Suicide Audit had been endorsed by the City of York Safeguarding Adults Board and the Health and Wellbeing Board.
- One of the recommendations from the Suicide Audit had already been carried out. This was to establish a York Group which was a sub group of the North Yorkshire and York Suicide Prevention Task Group.

The Director of Public Health suggested that an update report be brought back on the work of the York sub Group of the North Yorkshire and York Suicide Prevention Task Group.

Resolved: (i) That the report be noted and that it is assured arrangements for safeguarding adults are satisfactory and effective.

(ii) That the Committee continue to receive further updates on a six monthly basis.

(iii) That an update report be received at a future meeting following the Safeguarding Adults Peer Review.

(iv) That a report on the work of the York sub group North Yorkshire and York Suicide Prevention Task Group be considered by the Committee at a future date.

Reason: To keep the Committee assured of safeguarding arrangements for Adults within the city.

## **55. Healthy Child Service**

Members received an update report on the review of the Healthy Child Service (health visiting and school nursing) to inform them on the new service.

The Director of Public Health and Assistant Director, Education and Skills introduced the report and highlighted that;

- A number of efficiencies were being realised and the Service was stopping doing some things it no longer needs to provide.
- Hearing testing –routine screening was being stopped a more focused preventative approach was being introduced.
- The proposal to discontinue vision screening had not yet been discussed with the hospital's eye clinic.
- Boots had developed an eye test for children and it was hoped that CYC could work with the hospital and the CCG in order to offer vision screening without having to fund it, in order to offer parental choice.

- Regular engagement was carried out with schools and signposting towards health provision was undertaken with vulnerable families.
- It was hoped that the new Healthy Child Service would narrow health inequality gaps and maximise outcomes.

Some Members felt that there was a difference between a universal service and a service where the onus was on parental action. Others suggested that social media could help to promote the newly developed service.

It was noted that no detailed data for service coverage existed. There was sufficient amounts of data to measure trends and work was underway to develop further measures and user case studies, along with Key Performance Indicators (KPI), before the Service's launch in June. This would then link into the performance of the NHS Local Area Teams.

Resolved: That the report be received and noted.

Reason: To provide an update on development and proposed changes in the Healthy Child Service.

## **56. Vale of York Clinical Commissioning Group**

Members received updates on issues that been had requested from the Vale of York Clinical Commissioning Group such as the 2017/19 Operational Plan, Delayed Transfers of Care, Continuing Health Care and the Partnership Commissioning Unit.

In attendance to present these updates were the Accountable Officer, the Head of Planning and Assurance, the Interim Executive Director of Joint Commissioning and the Chief Nurse from the Vale of York Clinical Commissioning Group. The Director of Operations for York and Selby from Tees, Esk and Wear Valleys NHS Foundation Trust accompanied them to present the updates and answer Members questions.

## 2017/19 Operational Plan-Accountable Officer

The Accountable Officer informed the Committee that he could not present the Operational Plan, as the CCG was still under Legal Direction from NHS England which meant that they needed to wait to receive feedback before sharing the Operational Plan.

It was confirmed that although the Vale of York CCG had a financial deficit of £24.1m at the end of the year in 2016/17 this had now been revised to a forecast deficit of £28.1m. They predicted that within the plan the percentage spend was divided in the following way;

- 60% on acute care
- 25% on Continuing Health Care
- 15% on Mental Health and other issues (legacy issues not those with the current provider)

In order to secure the acute cost, a position had been agreed with the hospital to work together to contain the cost. This position would be agreed by 31 January. The Operating Plan would not be made public until March.

Members were informed that there were three localities from which the Operational Plan would be delivered were; the northern, city and central and southern areas of the Vale of York area.

It was felt that the new localities model reflected a realisation that the 'one size' fits all approach previously adopted had not worked. There would be a benefit to come together as these areas had distinct populations and so priorities in these areas could be bespoke, along with efficiencies that needed to be made alongside the financial deficit.

One Member asked about whether consideration would be given to how NHS building stock could be used. It was noted that to reduce costs, it was necessary to give encouragement to providers to design services around care in general practice, or nearer to people's homes. A challenge still remained that the buildings themselves often inspired loyalty.

### Delayed Transfers of Care (DTOCs)-Interim Executive Director of Joint Commissioning

The Interim Executive Director of Joint Commissioning informed Members that there had been a difficulty in providing mental health beds in the city earlier in the year due to a change in the method of reporting. Due to a change in provider to Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust the method in reporting had become more rigorous and this had led to a leap in the figures.

It was felt that the DTOC figures were only a proxy measure and did not give the full picture. Further joint work was needed and it was noted that Continuing Health Care (CHC) assessments were also often not measured alongside DTOCs.

### Continuing Healthcare (CHC)- Chief Nurse, Vale of York Clinical Commissioning Group

Members were informed that there was an increasing cost in providing CHC. There was however, no one waiting in hospital for CHC above the timeframe.

### Partnership Commissioning Unit

It was noted that staff consultation on service lines for commissioning arrangements would be taking place on 1 February, but no further details could be released.

The Accountable Officer confirmed to the Committee that he would show in a future report further details of the £28.1m deficit. The CCG would set out with partners that the allocation they had been given by NHS England would not exceed the cost of care. He stated that subject to availability, a report would be prepared in time for the March Committee meeting.

Resolved: (i) That the information provided in the report and its annexes, and at the meeting be received and noted.

(ii) That a report be received by the Committee in March to include further details on the Vale of York CCG deficit.

Reason: To continue to inform the Committee of the Vale of York CCG Improvement Plan and related issues.

## 57. Work Plan

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

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

- That a report be received on the work of the York sub group of the North Yorkshire and York Suicide Prevention Group at a future date.
- That a report be received with further details on Vale of York Clinical Commissioning Group's deficit at the March meeting.
- That a report be received in relation to the motion agreed at Council in regards to Access to NHS Services at the March meeting.
- That a report on public health services that are commissioned by NHS England be received, particularly in order to evaluate performance data. This report be received March meeting.
- That a report and the action plan from the City of York Safeguarding Adults Board Peer Review be received at the March meeting.

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

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.55 pm].