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| Meeting | Health & Adult Social Care Policy & Scrutiny Committee |
| Date | 17 December 2019 |
| Present | Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane, and Melly (left the meeting for Agenda item 5, recorded at Minute 48) |

44. 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 discloseable pecuniary interest that they might have in respect of the business on the agenda.

Councillor Melly declared a prejudicial interest in item 5 of the agenda the item 5, NHS Vale of York Clinical Commissioning Group (CCG) - Mental Health GP Services Closure report in that she had knowledge of this service. Councillor Melly did not take part in the discussion on that item. There were no further declarations of interest.

45. Minutes

Resolved: That the minutes of the previous meeting of the committee held on 11 November 2019 be approved and signed as a correct record.

46. Public Participation

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

Cllr K Taylor, Ward Member for Holgate spoke on agenda item 4, Older Persons' Accommodation Overview to express his frustration that limited information had been provided within the report regarding the options under consideration for the Oak Haven site. He requested that an option appraisal on the site be received for scrutiny at this committee prior to any decision being taken by the Executive Committee.

Ms Rowena Stephenson spoke on agenda item 5, NHS Vale of York Clinical Commissioning Group (CCG) - Mental Health GP Services closure. She had registered to speak as a user of this service at the time of the decommissioning, and also as one of the founders and facilitators of the York Survivors of Bereavement of Suicide (SoBS) group. She praised this service and spoke about how it had benefitted her because the treatment had been flexible and tailored to her specific needs. She asked the following questions of the CCG:

- (i) When it had been decided to accept “non-recurrent funds” in “complex financial circumstances” what had been the strategy for continuing the service when that funding ceased?
- (ii) If there had been a plan in relation to funding the service going forward, what took priority?
- (iii) If it had not been possible to secure further funding when the pilot had finished, why weren't front line staff notified and vulnerable patients forewarned that their treatment could be curtailed?

47. Older Persons' Accommodation Overview

Members received a report which provided an update on the progress of the Council's Older Persons' Accommodation programme and the various projects within it.

The Older Persons' Accommodation Programme Manager was in attendance to present the report and to respond to questions. The following information was provided in response to questions from committee members:

- Oak Haven - due to planning objections regarding the mass and scale of the site and related costs that would have been passed on to residents, the original scheme had not been viable. A report providing an options appraisal would be received at the Executive Committee in March. This committee would have the opportunity to comment on proposed options and to receive the report, prior to Executive.
- Further information on the Lowfield Green developments would be included in the above report to Executive in March.
- Previously the housing programme had focused on modern care home accommodation moving towards delivering independent living programmes. Findings from the recent consultation had shown a shift in that 74 per cent of

residents wished to give consideration to 'right sizing' to smaller, safe, manageable properties.

- To support 'right sizing' their team were working with partners in the City such as Age Concern and the Joseph Rowntree Housing Trust to put together a directory of living options and a support package to assist with this.
- Conversion of current properties and assisting people in their own homes would be delivered through the Housing Revenue Account.
- Further plans to meet demand for smaller more manageable properties included: a number of other private applications to provide 140 accommodation units; 2 further care home schemes on Tadcaster Road for 25 units. The programme currently had plans for 319 units.

Resolved: Members noted the report.

Reason: In order to inform the Members of development of future projects within the Older Persons' Accommodation Programme

48. CCG - Mental Health GP Services closure

Cllr Melly left the meeting area for consideration of this item.

Members received a report which provided an explanation of the circumstances regarding the set up and eventual closure of the Primary Care Mental Health team service.

The Primary Mental Health Team (PMHT) had been set up by Priory Medical Group (PMG) in January 2019 on behalf of nine Vale of York Practices. The service had been established to support frontline general practitioners by providing additional services to refer patients with mental health issues. The source of funding was from the NHS General Practice Forward View Practice Transformation Support Scheme. The funding source was non-recurrent money. Based on previous funding allocations to the CCG there had been an expectation that this would be maintained. However in 2019/20 the NHS had made significant changes to the GP contract and the fund was re-allocated to fund the establishment of Primary Care Networks (PCN). The re-allocated funds for PCNs have strict instructions on their use and had left no scope to channel these resources to the existing Primary Care Mental Health staff.

The Executive Director for Primary Care and Population Health, NHS Vale of York Clinical Commissioning Group and the Accountable Officer for the NHS Vale of York Clinical Commissioning Group, were in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- CCG budgets are committed years in advance. It had therefore not been possible to draw down funds.
- The Financial Plan 2019/20 was for a deficit of £8.8m, a reduction on the previous year. The CCG were under a legal obligation to stick to that. Budget allocation had to be recognisable in terms of waiting times for example children's waiting times. The CCG went through a process of prioritising what it had to do in terms of its statutory obligation to reduce waiting times.
- The CCG's Governing Body had prioritised mental health and had committed to the minimum requirement for the next 5 years. In terms of equality of access to services, there are 360,000 people in the city of York, it would not have been fair to put extra resources to one small area.
- Mental health funding for the City of York had increased by £3.5 million of dedicated funding this year compared to 2018/19.
- In response to Members questions on why this service had not been considered to be vital and incorporated in the additional £3.5 million spent on mental health this year it was explained that the CCG had made budgetary decisions a long time prior to this service being established and was not in a position to draw down committed funds.
- The timeline for closure had been that the CCG were aware at the beginning of the year that the funding had not been recurrent. PMG had approached the CCG in September for financial assistance. The service had closed in October.
- There had been no exit strategy because the intention had been to support the service, unfortunately, that had not been possible.
- A learning point had been not to use non-recurrent funding to launch a new service particularly in relation to those most vulnerable.
- There had not been an evaluation or data analysis undertaken as the service had not been in operation for a full year.

- There had not been a business plan as the decision to establish this service had been made by Healthwatch Members and GP practices. The practices make their own internal business cases.
- The direction that the CCG is going in it will become more of a funder with GP practices taking commissioning decisions so it is their responsibility to have exit strategies.
- Patients receiving this service had been provided with two further sessions then returned to the care of their GPs to be directed to the most appropriate existing alternative service. (A list of these services can be found within the report at p.16 of the Agenda).
- They were unable to discuss what had happened to some members of staff who had been recruited to this service as they would now be involved in a HR process. A number of staff had been retained by practices or gone on to work for other mental health providers.
- Had the service not been in existence GPs would have directed service users to the most appropriate service as listed in the report (at p.16 of the agenda).
- Following the closure of this service there had been an increase in those accessing the appropriate existing services.
- Other practices had used the Practice Transformation Support Scheme funding on: complex care teams, care coordinators, health care assistants and checks for people with hearing disabilities. Practices to the North used it for mental health assistants, Selby District did not draw down the money.
- Practices are being encouraged to pool resources and work together. PMG had been ambitious and innovative in terms of taking the lead and creating a service on a scale that has not been seen before. It is unfortunate that this service had to close but PMG should be commended for their hard work and forward thinking.
- Plans in regard to mental health spend next year included improvement to access of the following services: dementia and autism services, talking therapies, mental health services for children, eating disorders and personality disorders. There will be significant improvements with recurrent funding to that of the last 2 years and a commitment for the next 5 years.

Resolved: That Members will communicate with each other via

email to agree suitable phrasing of a question that could be put to colleagues in the CCG to ensure further accountability on this matter.

Reason: To ensure that Members are kept informed of changes to services.

49. York Multiple Complex Needs Network Update Report

The Chair informed the committee that this item would be deferred to the next meeting of this committee due to the fact that the Lead Officer was unable to attend the meeting this evening.

50. Corporate Review of Poverty in York

Members received a report which presented the committee with a request by the Customer and Corporate Services Scrutiny Management Committee (CSMC) to undertake a review into elements of poverty in the city which fall within the Health and Adult Social Care Policy and Scrutiny Committee's remit, as part of a corporate review of poverty in York.

Resolved: That Cllrs: Kilbane, Melly, Cullwick and Cllr Doughty would form the Health Review of Poverty in York task group and would arrange to meet prior to the next meeting of this committee on the 21 January to define the remit, aims and objectives of the group. This would be received as a report to this committee on 18 February.

Reason: In order to progress a scrutiny review on this key aspect.

51. Work Plan

Members considered the work plan for 2020. The following were agreed as alterations and/or additions to the Work Plan for 2020.

21 January

Adult Safeguarding (if possible within the reports timeframe).
Multiple Complex Needs Update

February

Older Persons Accommodation – Independent Living with Extra Care

Action: The retreat Schoen Clinic – Members requested further clarity on what services would be provided to ensure there is not duplication. The Scrutiny Officer to check this via email with a view to possibly inviting them to a future meeting of this committee.

Cllr Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.20 pm].