
Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	18 February 2020
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly

58. 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 Perrett declared a personal non-prejudicial interest in item 7 of the Agenda, the 'Work Plan', in that she had suggested that the Committee considered looking at the 'Learning Disability Strategy', a strategy she had been involved in drafting during her time working for York CVS.

During discussion of item 7 of the Agenda, the 'Work Plan', the Chair, Councillor Doughty, declared a non-prejudicial interest in an item on 'Dying Well' suggested for consideration at a future meeting of the Committee, in that his partner is a CEO of a hospice.

There were no further declarations of interest.

59. Minutes

Subject to the following amendments:

(1) Page 2 of the Agenda, Minute 53 'Minutes'
...at The Retreat for its two 'impatient' eating disorder services...
This should read two 'in-patient'....

(2) Page 5 of the Agenda, Minute 57 'Work Plan' the addition of the following emboldened wording:

- The performance and effectiveness of City of York Council's public health services **'specifically work undertaken in relation to smoking cessation and health checks which were areas the committee wanted to consider in more detail'**.

Resolved: That the Minutes of the previous meeting of the committee held on 21 January 2020 be approved and signed as a correct record.

60. Public Participation

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

61. Half Yearly Report of the Chair of Health and Wellbeing Board (HWBB)

Members considered a mid-year update report from the Chair of the Health and Wellbeing Board (HWBB), Cllr Runciman. Cllr Runciman and the Director of Public Health were in attendance to present the report and to respond to questions.

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

- Regarding sub-structures and the need to identify a lead group for work on the living and working well priority, Cllr Runciman explained that this was a broad theme and that there were various groups that were working on different aspects of this such as Health Trainers in relation to healthy weight.
- Confirmed that the Ageing Well priority would also include 'dying well'. NHS colleagues had undertaken work on this as it had been recognised from surveys that people were not wanting to die in hospital. Members were interested in receiving a report on dying well and mentioned work undertaken by St Leonard's Hospice who were involved in organising 'York's Dead Good Festival' last year, an event organised with the aim of encouraging people to be more open about dying, death and bereavement.
- It was noted that further to extensive consultation with Healthwatch and the Older Persons Assembly, the HWBB priorities had remained similar to that set previously.

- The HWBB Chair spoke about GP's in their commissioning role and how this was evolving to joint commissioning with other practices within Primary Care Networks.
- GPs were increasingly drawing from a broader spectrum of treatment options, which included social prescribing, where appropriate.
- In response to concern regarding access to GP's and gaps in some areas in relation to the supply of GP's, it was explained that the role of the HWBB was to raise these concerns to the clinical representation on the Board.
- The HWBB recognised that if it was going to improve the health of the city in terms of its living and working well priority, all things such as: homelessness, economic concerns and work strategies etc. had an impact on health. The role of Board was to have good communication and links with the relevant decision makers so that the Board could influence and challenge those responsible.
- The Council and our NHS partners appreciated and understood the vital role of carers. The subgroups, on behalf of the HWBB, were undertaking work to support them.
- The HWBB Co-ordinator works with Healthwatch and will write to partner organisations on the Board asking them to respond to recommendations within a set amount of time. This scrutiny committee would be notified should an organisation fail to respond.

Resolved: Members considered and noted the report.

Reason: To keep Members of Health and Adult Social Care Policy and Scrutiny Committee up to date with the work of the Health and Wellbeing Board (HWBB).

62. 2019-20 Finance and Performance Third Quarter Report - Health and Adult Social Care

Members considered a report which analysed the latest performance for 2019-20 and forecasted the financial outturn position by reference to the service plans and budgets for all the relevant Health and Adult Social Care services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care. The Corporate Director of Health, Housing and Adult Social Care, the Head of Finance: Adults, Children & Education and the Strategic Support Manager (Adults and Public Health), were in attendance to present the report and to respond to questions.

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

- Officers provided assurances that the budget set for 20/21 would be sufficient given predicted overspend on a range of the 19/20 accounts. £4.8m revenue would be directed to the Adult Social Care budget. Some of that would mitigate some of the pressures in existing growth in the 20/21 budget. Officers would consider underlying causes of these pressures.
- The Corporate Director along with colleagues in the Finance team held weekly monitoring meetings to consider pressure points in budgets across the whole directorate and was confident that areas of her directorate were under control. However, noted that York had a markedly high number of self-funders which drives up the cost of care in this area. Further work needed to be undertaken in influencing how care was provided.
- In relation to the length of time it had taken to transition to a model more focused on independent living, officers explained that one obstacle had been that the term 'independent living' had encompassed a range of differing definitions and approaches and had varied between different care settings.
- Members were very interested to hear about The Grand Care Pilot and requested further information on this in due course. Officers explained that twenty service users were trialling different technologies apps and sensors which would help pick up vital signs and inform carers. The feedback had been positive. The City of York Council had the opportunity to be at the forefront of this kind of project.
- Regarding Continuing Health Care funding and whether the Council or the NHS pay for this and the implications for patients if funding were to be denied, the Corporate Director assured Members that staff had been employed to undertake these assessments working alongside colleagues in the health service to ensure a completely integrated assessment of health care based on patient need and without delay.
- Regarding mitigations totalling £0.9m and some of that sum arising from direct payment contingency levels, officers clarified that there had been a concern regarding the Council not being able to reclaim payments to client accounts which had not been spent. A system had been put in place this

year which had allowed the Council to reclaim £600k. Work was being undertaken to put a permanent technological solution in place.

- Officers confirmed that overspend and underspend can be balanced out between the different directorates and all directorates consider where savings could be made.
- Officers confirmed that where single patient use equipment such as crutches, frames etc. were no longer required by that patient, they were not necessarily collected and re-issued for use to another service user. Officers agreed to give this consideration and to report back to this Committee in due course.
- In relation to forecast overspend at: The Small Day, Supported Employment services and The Avenue, officers explained that they were working with services to increase efficiency and make improvements. Members requested further information on the help offered.
- Regarding supporting those with mental health issues to live independently, this depended upon the degree to which service users could live independently. This could be about physical or mental health problems, the living environment and a range of variables. Sometimes people struggle even with a lot of help. Support services listen and are responsive and flexible.
- Key performance Indicator: ASCOF1H regarding percentage of adults in contact with secondary mental health services living independently had indicated that this aspect was deteriorating. Paragraph 34 of the report had explained this. There had been a slight deterioration which would represent 6 people. This indicator had also been due to a recording issue regarding the source of data as originally the information had been provided by Tees, Esk and Wear Valleys (TEWV), and then from NHS England.
- Members requested further information on spend options under consideration for the additional budget allocations to the current substance misuse contract totalling £200k.
- Officers clarified that planned budgetary reductions in relation to Substance Misuse were likely to go ahead. The Council would usually know the amount of allocation regarding the Public Health budget in November. As this was not known, officers were not in a position to make plans regarding this funding. If an uplift was received that was significantly higher than estimated, there may be an opportunity for Executive to review this.

- Regarding £49k overspend on long active reversible contraceptive (LARC) there had been higher than expected take up. This is jointly commissioned with VOY CCG. This is a free choice based service that both the Council and NHS are legally obliged to offer. There may be other budgets the service could draw from to support this.
- Regarding alcohol and substance misuse and the York rates being lower than the national average, the figures do not take into account local factors which are complex in terms of mental health and involvement with the criminal justice system. Changing Lives were working with TEWV and North Yorkshire Police on this aspect. This was discussed regularly within the CCG and is a priority of the Health and Wellbeing Board (HWBB).
- Childhood Obesity – the Healthy Child service will weigh and measure every child in reception year and year 6. It was noted that work needed to be undertaken for young people on the pathway from identifying a child as being above a healthy weight in the school based child measurement programme. This was a cultural issue and a complex area of health. York does not have a dedicated service to work with families, although health workers cover mandatory requirements and many aspects of this work unintentionally, such as: weaning, what is a healthy diet and exercise.
- Regarding The 2019/20 Q2 data on improving access to psychological therapies (IAPT) in the Vale of York CCG area shows referrals to IAPT (504 per 100,000) are lower than the England average. Members requested further information regarding why there was a lower rate of referral.

Resolved: That the Committee considered and noted the 2019/20 Finance And Performance Third Quarter Report for Health And Adult Social Care.

Reason: So that the Committee is updated on the latest financial and performance position for 2019/20.

63. Lowfield Green: Responding to Older Persons' Accommodation Needs

Further to the meeting of this committee in December, where officers were asked to provide further information regarding the progress being made on the development of older persons' accommodation on the Lowfield Green site and on the Oakhaven site. Members considered options on how these

sites should be used to support the accommodation needs of our older residents. The Director of Health, Housing & Adult Social Care and the Head of the Older Person's Accommodation Programme were in attendance to present the report and to respond to questions.

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

- Although they had provided specific information within their report regarding the Lowfield Green site, this hadn't been possible in relation to the Oakhaven site as the situation was changing all of the time and needed to remain flexible.
- Information regarding the Oakhaven site would be received at Executive in April as part of another report. Officers confirmed that this Committee would receive an update on Oakhaven at their next Committee meeting in March.
- In a procurement exercise, the Council would set a criteria and score bidders in accordance with specific identified priorities agreed at Executive.
- These dwellings would be specialist older persons accommodation, which therefore would fall outside 'Right to Buy' legislation and would remain in social rented stock.
- Officers had kept an open dialogue with private landlords, and independent industry experts regarding a delivery model aligned to the Council's priorities.

Members discussed a range of options outlined in the officer report and considered the following concerns to be relevant to any brief for the sites:

- Concerned about meeting need and having the right balance of housing and care provision in each part of the City.
- Access to shops and services, particularly at Lowfield Green location.
- A variety of tenure, particularly at Lowfield Green site where there were opportunities to have a broader range of options.
- Dwellings built to passivhaus standard in line with the housing delivery programme.
- Members were supportive of adaptable, technologically smart housing, which enabled service users to remain in their home.

Members agreed that option (d), to "appropriate the older persons' accommodation plot on Lowfield Green into the HRA and for the

Council itself to develop extra care accommodation within the housing delivery programme,” was the closest to what they would support and considered that there would be no benefit to pursuing options (a) and (b).

Resolved:

- (i) The Committee noted the report.
- (ii) That the comments of Committee Members would be reflected in the Executive reports.

Reason: So that Members are kept informed of options for this site and so that the views of the Committee are communicated to the Executive.

64. Work Plan

The Committee considered its draft work plan for the municipal year 2019/20.

March :

- Update on Oakhaven
- Update on the situation regarding rough sleepers
- Poverty review sub-committee scoping report

Suggested items for consideration at future meetings:

1. The NHS led provider collaborative will be in place from April 2020. It would be beneficial to invite relevant colleagues to a future meeting to gain an understanding of these changes.
2. The ‘All Age Learning Strategy’ York CVS to be considered in future.
3. ‘Dying Well’ – a theme arising from a discussion earlier in the meeting (Minute 61). Under this broad heading would include consideration of hospices. The Chair mentioned that they are not supported financially by the Health Service and raise almost all of their own funding. At this point, the Chair declared a non-prejudicial interest in that his partner is a CEO of a hospice.
4. Blue Badge Guidance for implementation
5. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. This report would need to cover identifying funding streams to support work on this aspect.

6. 'Children's Dental Health' - an item for allocation to a future committee.

The Scrutiny Officer suggested the addition of an extra box on the Work Plan to note pending items where the Committee had requested further reports yet to be allocated to a future committee meeting.

Resolved: That the work plan be approved, subject to the above amendments/additions.

Reason: To keep the Committee's work plan updated.

Cllr Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.30 pm].