

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

10 NOVEMBER 2011

WORK PROGRAMME REPORT

1.0 Purpose of Report

- 1.1. The Committee has agreed the attached work programme
- 1.2. The report gives members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1 The scope of this Committee is defined as:

'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

3.0 Dementia Day Services

- 3.1 Recorded in the minutes of the last meeting is the discussion that took place on the petition received regarding Dementia Day Services in the Hambleton and Richmond area. It was agreed to fund these services until April 2012. In the meantime, assessments and consultations will be undertaken with carers and service users.
- 3.2 Group Spokespersons were advised of the timescale for this at their recent Mid-Cycle Briefing. Key officers plan to meet to continue the dialogue regarding future services with carers and service users during November and the early part of December.
- 3.3 Group Spokespersons may receive a more detailed briefing on progress at their meeting on 6 January, to which all members will be invited. A view can then be taken as to whether it would be timely for a report to be brought to the February Committee meeting.

4.0 Safeguarding

- 4.1 North Yorkshire County Council has a duty to safeguard adults, to ensure that all vulnerable people can live their lives free from violence and abuse. Under the 'No Secrets' guidance (2000), NYCC has the

lead responsibility to co-ordinate a multi-agency response to safeguarding and this is achieved through the North Yorkshire Safeguarding Adults Board.

- 4.2 All councillors share a responsibility in relation to safeguarding those adults whose circumstances make them vulnerable. Reviewing the Annual Report of the Board is just one way you discharge that obligation and as a Committee satisfy yourself that there is clear evidence of strong and effective partnership commitment.
- 4.3 The Annual report is available on the County Council's website. Because of the range of other items on your agenda, we would have struggled to do more than briefly review the content. It is important that we do justice to the topic by looking at some of your wider responsibilities and obligations around safeguarding in the community. For that reason, it has been agreed we will major on Safeguarding in its broadest sense at the next meeting.

5.0 Alcohol Related harm

- 5.1 In March this year together with representatives of the Corporate and Partnerships Scrutiny Committee, you examined the impact of commissioning efforts to tackle the effects of alcohol misuse needs, against a backcloth of changed structural arrangements within the National Health Service.
- 5.2 The question was how to reallocate resources to intervention and preventative services, especially on combating alcohol abuse, which then benefits other services 'upstream' (especially Health).
- 5.3 There were many comments at the meeting about the risk factors associated with drinking, its impact upon healthcare services and the wider society. Alcohol misuse is a causal factor in many medical conditions but excessive drinking contributes to increased risky sexual behaviour, accidents, absenteeism, violence and drug misuse. A profiling report had concluded that the level of alcohol related harm across the region had increased considerably over the last 6 years. The argument in support of public health initiatives to reduce the level of alcohol related harm was overwhelming.
- 5.4 As a Committee you were attracted to the notion of supporting some high impact changes - see briefing attached Appendix B.
- 5.5 You were advised however that the Substance Misuse Commissioning Team was currently working on a countywide partnership strategy on combating alcohol misuse and related harm. You wanted this to be very much part of your work so that you could decide how, with the support of partners; the County Council might assume leadership of this agenda.

- 5.6 Since that date, DAT colleagues have been working with colleagues from the PCT public health department in revising thinking about the best approach to take in ensuring it is something that assists the stakeholder partnership. Instead of refreshing the alcohol strategy, it was decided to start by undertaking an alcohol needs assessment.
- 5.7 The objective is to include this in the JSNA and could also be used in developing a high level alcohol harm reduction strategy. This in turn would be used to give direction and focus on future commissioning intentions.
- 5.8 A very early draft has now been received (this can be sent to you on request) and your Chairman has agreed this will be reviewed with officers at a meeting to be arranged in late November /early December to which Committee members are invited; I shall report progress on fixing dates for this at the Committee meeting.

6.0 Welfare Benefits

- 6.1 A number of Members attended the Welfare Benefits information session on 5 October 2011. Briefing notes from this together with a calendar depicting the implementation of welfare benefit reform have been sent to all Committee Members. The Committee now has the opportunity to decide if it wishes to return to this subject at some point, although an undertaking was given to keep Members advised of the implementation of these reforms and the impact upon service users the directorate supports.

7.0 Recommendations

- 7.1 The Committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

BRYON HUNTER SCRUTINY TEAM LEADER

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2 November 2011

Background Documents: None

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE - WORK PROGRAMME – January 2011

Vision for Social Care

P1. Prevention	P2. Personalisation	P3. Partnership	P4. Plurality	P5. Protection	P6. Productivity	P7. People
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In-depth Scrutiny Projects

SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM	PARTNERSHIP ISSUES	TIMESCALES
Access to Dementia Services	<ol style="list-style-type: none"> 1. To assess local interpretation of the National Dementia Strategy. 2. To develop proposals for a good Dementia Service. 3. Preparation of a Joint Commissioning Strategy 4. Further work on the Dementia Declaration and elected Member involvement in local Dementia forums. 5. Possible work in relation to Carers, Personalisation and Respite Care. 	Follow Up Actions Final Report agreed by Executive February 2009	Network involves partners from all sectors	September 2011

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE - WORK PROGRAMME – January 2011

Valuing Employment	<ol style="list-style-type: none"> 1. To assess and contribute to our and our partners' preparedness for the implications of Valuing Employment Now. 2. What are the numbers of people with learning disability in employment in North Yorkshire now? 3. What worked/did not work in getting these individuals into employment in North Yorkshire? 4. What are the success stories from elsewhere in the country and what lessons might be brought back to North Yorkshire? 5. How do the Committee assist the Corporate County Council understand this agenda? 6. What awareness is there among other critical partners? 7. What should be the role of ACS? 	Task Group	Working with partners in all sectors to encourage a positive approach	Final Report to 8 September together with Learning Disabilities Review
Extra Care Development	Report to January Committee regarding objectives of review and potential Terms of Reference	To be decided	Collaborative venture involving developer and role of housing authorities	8 September 2011
Re-ablement	To review and report upon the shape, impact and effectiveness of reablement services that are being and/or are planned to be delivered in North Yorkshire	To be decided		Update June 2011 deferred to 8 September 2011
Drugs and Alcohol Team	<p>Focus around the strategic assessment on the fitness of the DAAT to deliver against its core objectives.</p> <p>Review of the structure of how the corrosive effects of substance abuse in the North Yorkshire is tackled in the county area.</p> <p>Wider analysis of the balance of activity and relationship between alcohol and drug use in our communities</p>	Task Group with Corporate and Partnerships		Final report spring/summer 2011

	2011/12						
<i>Scheduled Committee Meetings</i>	3 February 10:30 am	17 March 10:30 am	2 June 10:30 am	8 September 10:30 am	10 November 10:30 am	2 February 10:30 am	12 April 10:30 am
<i>Scheduled Agenda Briefing</i>	3 February 9:30 am	17 March 9:30 am	2 June 9:30 am	8 September 9:30 am	10 November 9:30 am	2 February 9:30 am	12 April 9:30 am
<i>Scheduled Mid Cycle</i>	24 February 10:30 am	14 April 10:30 am	14 July 2:00 pm	13 October 10:30 am	6 January 10:30 am	8 March 10:30 am	24 May 2:00 pm

Overview Reports

Overview / Update Topics							
1. Personalisation/Self Directed Support			Update				
2. Safeguarding Adults (Board)					Annual Review		
3. Early Intervention and Prevention							
4. Dignity Champion	Report Due						
5. Library Consultation	Update		Review Results now at special meeting				
6. Care Charging				Review Results 10 November 2011			
7. JSNA, Adult Vision for Social Care, Big Society and Commissioning	Overview Report						
8. Learning Disabilities and Out of County Placements	Overview Report						
9. Extra Care for people under 50, especially those with long-term conditions	To be decided						

HIGH IMPACT CHANGES

Work in Partnership

PCTs and their local partners will wish to prioritise alcohol in relation to local need and co-ordinate action to maximise the impact on alcohol-related harm.

They should investigate their alcohol-related needs within their Joint Strategic Needs Assessment (JSNA) and reflect their plans within the NHS Operational Plan using the Vital Signs alcohol indicator (VSC26) and the Local Area Agreement (LAA) indicator (NIS39).

In order to work effectively in partnerships, partners must be agreed on a vision for the area. It is not enough for a vision to simply record the things that partners want less of (e.g. less crime and anti-social behaviour, fewer alcohol related injuries, fewer people dying prematurely, fewer alcohol problems).

Partners should be able to describe what an area will look like at the end of their endeavours so that they can maximise the potential to work collaboratively and reduce the risk of becoming target-focussed and working in silos.

Develop activities to control the impact of alcohol misuse in the community

Make use of all the existing laws, regulations and controls available to all the local partners to minimise alcohol related harm. Make use of the powers under the [Licensing Act \(2003\)](#) and the [Violent Crime Reduction Act \(2006\)](#). Use the Local Development Framework to 'design out' alcohol harm and enable planners to reject inappropriate proposals at an early stage. Manage the night-time economy to reduce alcohol harm.

Influence change through advocacy

Find high-profile champions to provide leadership within partner organisations and a focus for action to reduce alcohol harm. This is never easy but a champion within the PCT, the acute hospital, Social Services, local authority, elected members, Probation, the Police and other partners can galvanize change and action. Champions can help build the case for local investment and potential savings to the NHS, the community and the public purse. Particularly, identify a clinical champion who can influence and support positive changes in the attitudes and skills of those within health settings responding to, or caring for, individuals with alcohol-related problems.

Improve the Effectiveness and Capacity of Specialist Treatment

Dependent drinkers represent a very high-risk group for alcohol-related hospital admissions. Providing evidenced based, effective treatment as well as increasing treatment opportunities for dependent drinkers may offer the most immediate opportunity to reduce alcohol-related admissions. Reviewing care pathways, access times and blockages into treatment offer opportunities to improve the local treatment system.

Appoint an Alcohol Health Worker

Since their report in 2001, The Royal College of Physicians have advocated the appointment of a dedicated Alcohol Health Worker or an Alcohol Liaison Nurse in each major acute hospital, to work with a named Consultant/Senior Nurse Alcohol Lead, to provide a focus for:

Medical management of patients with alcohol problems within the hospital

Liaison with community alcohol and other specialist services

Education and support for other healthcare workers in the hospital

Implementation of case-finding strategy and delivery of brief advice within the hospital.

IBA - Provide more help to encourage people to drink less

Identification and Brief Advice (IBA) is opportunistic case finding followed by the delivery of simple alcohol advice (in the research literature, this is referred to as Alcohol Screening and Brief Interventions). These are effective interventions directed at patients drinking at increasing or higher-risk levels who are not typically complaining about or seeking help for an alcohol problem.

IBA can be effectively implemented in a number of settings including:

Primary Care - targeted at increasing and higher risk groups

A&E Departments - possibly with the use of Alcohol Liaison Nurses or Alcohol Health Workers

Specialist settings - e.g. maxillofacial clinics, fracture clinics, sexual health clinics

Criminal justice settings such as Probation and arrest referral schemes (evidence to support this setting is still emerging)

Amplify national social marketing priorities

Social marketing is the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals, for a social good.

For alcohol, the goal is to reduce alcohol-related hospital admissions by influencing those drinking at higher risk to reduce their use of alcohol to within lower risk levels.

PCTs and partners are advised to commission local social marketing activity which builds on the evidence, strategic framework and tools emerging from the national alcohol social marketing programme, such as direct marketing materials, wall charts and fact sheets for GPs, and the Your Drinking & You booklet.