

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday 24 January 2013 at 10.30 am at County Hall, Northallerton.

Present:-

County Councillor Don Mackenzie in the Chair

County Councillors: John Batt, John Fox, Polly English (as substitute for Bill Hoult), Margaret Hulme, David Ireton, John McCartney, Dave Peart, John Savage, Helen Swiers, Herbert Tindall

Representatives of the Voluntary Sector: Alex Bird

County Councillor Clare Wood, Portfolio Holder – Adult Services

Officers: Helen Taylor (Corporate Director Health and Adult Services), Dr Lincoln Sargeant (Director of Public Health (Health and Adult Services)), Debbie Hogg (Assistant Director Resources (Health and Adult Services)), Alastair Dewar (Health Co-ordination Project Manager (Health and Adult Services)), Bryon Hunter (Scrutiny Team Leader (Policy and Partnerships), Ray Busby (Scrutiny Support Officer, (Policy and Partnerships))

Apologies: Pat Marsburg, Brian Marshall, Mike Padgham, Lynne Webb-Thorius,

Copies of all documents considered are in the Minute Book

141. Minutes

Resolved –

That the Minutes of the meeting held on 12 November 2012, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

142. Public Questions or Statements

The Committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

143. Public Health Team Functions

Considered –

The report of the Director of Public Health.

To inform the Care and Independence Overview and Scrutiny Committee on public health responsibilities transferring to North Yorkshire County Council (NYCC) in April 2013.

Dr Lincoln Sargeant advised that the transfer of public health staff to the Health and Adult Services Directorate, both in terms of responsibility and office relocation was almost complete.

Lincoln referred to the Public Health Outcomes Framework and two major outcome measures would guide the work of his unit.

1. Activity whereby partners would collectively improve the health and life expectancy of the population, focusing particularly on length and quality of life.
2. Tackling the variations and differences in life expectancy and general health among communities in North Yorkshire. Part of this would be about identifying poorer areas and where investment might enable them to catch up faster.

Responsibilities and duties of his service fell broadly into three areas:

1. Working closely with Public Health England and ensuring that all parties had adequate plans in place to deal with at the outbreak of emergencies.
2. By collaborating with national health service commissioners his service would ensure appropriate access for North Yorkshire residents to advice on sexual health.
3. Services to address drug and alcohol misuse would be commissioned from NHS providers. The Council would need to consider a range of services, some of which were already in place.

In response to questions Lincoln explained that whilst he is not a budget holder for (CCG) health services and is not involved in the financial management of transferring the PCT debt, he would be helping colleagues, as far as he was able, to manage the situation. Being a Board member on each of the CCGs would help joint working.

Ultimately, the public health budget would be part of the Council's mainstream financial settlement, but the decision to ring-fence it for two years gives a degree of certainty around investment and confidence to planning.

Members were pleased to hear Lincoln's reference to the need to support prevention schemes.

Local smoking rates are coming down which was consistent with national trends, but there are still categories of use where public health would focus attention, for example, smoking during pregnancy. The aim was to prevent young people from smoking but also help and persuade the small percentage of people who continue to smoke throughout their lives to kick the habit.

Alcohol spend was the single largest item of service expenditure in the public health budget. Intervention measures would be commissioned from a range of providers. A good deal of alcohol misuse, particularly in this County, was hidden and an increasing number of relatively affluent people were drinking beyond safe limits; tackling this was a key development area.

Responding to a question, Lincoln advised that the activity of "school nurses" fell within the remit of public health functions, but he would be looking to commission on behalf of the NHS so that the traditional 'School Nurse' role was expanded to promote healthy living within a school environment.

Lincoln referred to the appointment of his counterpart in the City of York, Paul Edmondson-Jones, with whom he will be working on a regular basis to ensure a co-ordinated approach.

Resolved –

That the information given be noted.

144. (a) Budget Issues

Considered –

The report of the Corporate Director – Strategic Resources.

To provide an opportunity for the Committee to contribute to discussions and plans for achieving the additional budget savings required in 2013/14 (Year 3) and 2014/15 (Year 4) in the Health and Adult Services Directorate.

(b) Social Care Issues

Considered –

The presentation of the Corporate Director – Health and Adult Services

Helen Taylor referred to the set of proposals the Health and Adult Services Directorate would be offering up to help the authority meet additional savings required in 2013/2014 and 2014/2015. Seven areas had been identified:

1. Additional resources had previously been provided for the anticipated number of people being supported for the Directorate as a result of demographic trends. The success of Reablement approaches meant more numbers of people would not need the level of on-going services as predicted. Consequently because of this changed approach to services £1m could be freed up.
2. £14m was the current budget for supporting people within a range of services across the County. Although funding had already been reduced previously, a range of initiatives will be deployed to deliver the savings required. These will include retendering, undertaking individual negotiations with providers, reducing subsidy to other local authorities and fee negotiations for all providers during 2013/2014.
3. Changes to domiciliary care. The Directorate spends £28m in the independent sector, through approximately 150 providers. Procuring a greater proportion of support through block contracts would release economies of scale and a reduction in the hourly rate. This could potentially save in the region of £2m. It was acknowledged however that this could potentially lead to a contraction in the number of suppliers in the market.
4. By reviewing the number of policy, project and management posts as well as management support in the Directorate, it was anticipated of a saving of £0.5m could be found.
5. Approximately 50 people living in residential care approach North Yorkshire County Council for financial support when their initial capital reduces to the threshold figure of £23,250, each year. The aim of this initiative was to assist people more at an early stage with financial advice and information so that their financial assets would not deplete so quickly and they therefore remain self-funding for a longer period. The Directorate is exploring opportunities for enabling people to seek out financial products without making recommendations as these are regulated services and the Council is not registered to offer such advice or signposting. It was projected that a saving of £700,000 could be offered up under this category.

6. The Directorate received a specific grant from 2013/2014 for public health funding. Support for public health staff was to be absorbed within HAS staffing current arrangements and accommodation, thereby releasing £100,000 of existing NYCC funding.
7. £1.4m had been identified from resources channelled via health to promote joint working.

Helen Taylor confirmed that the Directorate's offer totalled £6.7m, which when combined with those from other directorates, would meet the £24m the Council required to reach a balanced budget. This would be contingent upon the final figures in relation to the Council's financial settlement, which had yet to be received.

A Member sought reassurance that bearing down on domiciliary care by increased use of block contracts would not, as providers sought to reduce costs, result in a lowering of quality standards. The Director replied that getting the specification of contracts right would maintain the appropriate level of quality. But she acknowledged this was an area that would need to be monitored closely.

Resolved –

That the information given be noted.

145. Care and Support White Paper

Helen Taylor covered the key elements arising out of the Care and Support White Paper. The presentation covered the vision, the need for change. Each of the main chapters of the White Paper:

- Support and maintain independence
- Information and understanding on how care and support works and an outline of entitlement and responsibility
- Quality of care and support
- Dignity and respect
- Control of an individuals care and support

Helen also advised that moving nationally funding in respect of Dilnot remained a highly sensitive issue and further information and guidance was expected soon.

Resolved –

That the information given be noted.

146. Annual Report of the Older People's Champion

Considered –

Shelagh Marshall expanded upon the topics covered in her report.

She encouraged people to sign up with the telephone preference services.

The development of the seven hubs in rural communities across North Yorkshire continues to offer preventative social care and early intervention. Shelagh mentioned Horton Community Association which had received a grant for a series of community café hubs aimed at vulnerable adults, particularly older people. An alternative to day care, activities

included independent living skills, education opportunities, death management and healthy cooking.

Shelagh spoke about the Warm Homes Funding Schemes, highlighting the success of the County Council in obtaining a grant for all householders. She also mentioned the Green Deal which will be launched in 2013, which provided loans of up to £10,000 for each eligible applicant.

Shelagh stressed that loneliness and isolation was her main focus of attention.

A number of Members commented upon community transport issues and it was agreed that the business mapping and planning work currently being undertaken by practitioners across the County would be made available to the Committee.

Resolved –

That Shelagh Marshall be thanked for her report as Older People's Champion for North Yorkshire.

147. Local Health Watch Development and Update

Considered –

The report of the Scrutiny Team Leader.

This report updated the Committee on progress in commissioning a Local HealthWatch for North Yorkshire.

Bryon Hunter expanded upon the report updating Members particularly on the competitive tendering exercise for procuring services.

Resolved –

The Committee is recommended to note the current position regarding the setting up of a LHW from 1 April 2013.

148. Work Programme

Considered –

The report of the Scrutiny Team Leader.

Ray Busby advised Members that the co-option of the Independent Care Sector Representative to the Committee membership had been for a temporary period, to be reviewed prior to the next County Council election. It would therefore be reported to the April 2013 meeting.

A date for the Dementia Commissioning Event with the Dementia Network had still be fixed.

Resolved –

That the information given be noted and appropriate changes be made to the work programme.

The meeting concluded at 12:45 pm.