

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

22 January 2015

WORK PROGRAMME REPORT

1.0 Purpose of Report

- 1.1. The Committee has agreed the attached work programme (Appendix 1).
- 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 Mental Health Telephone Support Services Consultation

- 3.1 A consultation has just concluded on proposals regarding mental health telephone support services; Crisiscall and Mental Health Telephone Support Line.

Background information

- 3.2 North Yorkshire County Council provides two telephone support services that cover different areas of the county. These are CrisisCall and the Mental Health Support Line. These services are for people who have mental health needs and are worried or upset and need somebody to give them advice or support.
- 3.3 CrisisCall is jointly funded through North Yorkshire County Council, Tees Esk and Wear Valley NHS Foundation Trust and the clinical commissioning groups. The service is available for people living in Craven, Hambleton, Harrogate, Richmondshire, Ryedale, and Scarborough.
- 3.4 The Mental Health Telephone Support Line is provided by City of York Council on behalf of North Yorkshire County Council and covers Easingwold, Selby and Tadcaster.
- 3.5 Since these services were set-up statutory mental health services have developed the crisis resolution and home treatment teams. The way that the telephone support services are being provided has remained the same for many years, and there has been very little change to reflect the changing needs of customers or the use of technology.

- 3.6 The services have recently been reviewed and we found that different services were offered within North Yorkshire. These differences included:
- In some areas the service is offered 24-hours a day but in other areas it is only available out of normal working hours;
 - One service was available to anybody who felt they needed it. The other service was only available to people as part of their support plan; and
 - In one service the phone was answered by a support worker. In the other, callers leave a message and a support worker calls them back.

3.7 What is being proposed:

- Proposal 1: The current mental health telephone support services will be replaced.
- Proposal 2: There will be more than one way to contact the service including telephone, text, email and webchat. The service will also be staffed by call handlers who answer the call rather than the caller having to leave a message and get a call back.
- Proposal 3: The service will be available out of normal working hours and at weekends.

3.8 The consultation closed on 21st December 2014.

3.9 With the agreement of the Chairman the Corporate Director intends to give an update on the results of the consultation process verbally to your meeting. A similar update is to be provided at the next meeting of the Scrutiny of Health Committee.

4.0 Members involvement in Inspection Matters: Group Spokespersons Mid-Cycle Briefing

4.1 Group spokespersons looked again at how how elected members - not just those on this committee - are informed about, and possibly connected to, the regulation and inspection of care establishments.

4.2 Group spokespersons had the elected member role in promoting stronger communities in mind when they gave some thought to this question, but acknowledged the sensitivities about entering what is, after all, someone's home. Equally, the group spokespersons wanted to understand just how manageable any such arrangement would be so that they can ask themselves, objectively, how (if at all) Members can contribute positively.

4.3 Members will recall that at the last meeting that I reported that Janine Tranmer, Contracting, Procurement & Quality Assurance Manager, had come forward with options as to how Members could become involved in and add value to the quality assurance and monitoring of care homes. One approach which mirrors the Care Quality Commissions (CQC) risk profile, which forms part of the new CQC inspection methodology, is to look at options for members to be a conduit in the community to channel information to the Contracting, Procurement & Quality Assurance team.

- 4.4 Constituents regularly contact local Members about issues they are experiencing personally or in relation to family members. A clear route to feed this information into the internal inspection process regarding concerns and positive experiences would help the team form a picture of the home's performance over time.
- 4.5 In addition, the team can share performance data about the care home and domiciliary care market with Members which would inform on what is happening locally, for example regarding suspensions. Scrutiny and the relevant local Member could be notified automatically when a provider is suspended or ceases trading. This will now happen as a matter of routine. Regular updates could be given to the Overview and Scrutiny Committee Mid Cycle Briefings.
- 4.6 When told that between now and April the directorate is redesigning its quality assurance process and paperwork, with links to the requirements of the Care Act and provision information to the public, your group spokespersons saw an opportunity to make progress. They liked the idea that this would link into the inspection of HAS by CQC as a commissioner of adult social care, demonstrating Members are informed of quality and safeguarding activity, demonstrating openness.
- 4.7 Data is also collated on the care market on a quarterly basis which is shared with HAS Leadership Team, and will now form the basis of occasional discussions at Mid Cycle Briefings and reported to Committee as appropriate.

5.0 Adult Substance Misuse Service for North Yorkshire

- 5.1 Your Group Spokespersons reviewed the introduction of the new integrated substance misuse service called "North Yorkshire Horizons" due to start on 1 October 2014. Members discussed this with representatives of the two providers, Developing Initiative Supporting Communities (DISC), its director Danny Glew and Dolly Dalton, Service Manager, Lifeline Project. DISC is responsible for the new treatment services and Lifeline is responsible for the new recovery and mentoring service.
- 5.2 A copy of the frequently asked questions is attached. This largely summarises the line of enquiry Group Spokespersons took at the meeting. It is still early days in the progress of this new service and Group Spokespersons have agreed that a fuller update on the work of the contract be made later in the year – probably to the September meeting of the Committee. The representatives of the provider organisations will be invited.

6.0 Sexual Health Services – Redesign and Procurement

- 6.1 Group Spokespersons considered the attached paper which provided an update on the redesign of sexual health services and procurement of an integrated sexual health service for North Yorkshire. The report outlines the progress of North Yorkshire public health in a procurement process for a new North Yorkshire Integrated Sexual Health Service. It is expected that this will be provided by a single provider although there may be a consortium arrangement. At its next meeting in March Group Spokespersons will be informed about the successful tender. But, bearing in mind the service commencement date is not until July 2015, it would not seem sensible for the Committee to receive an update on

process until the service has had time to bed down. Especially bearing in mind this service is to run up until 31 March 2018 and there is the power to extend the contract period for a further two years. This item will, therefore, be provisionally scheduled for consideration early next year.

7.0 The Care Act

7.1 In July you learned that the Care Act introduces a broader care and support role for local authorities towards the local community.

7.2 The Care Act received Royal Assent in May 2014. The Act is the first overhaul of social care legislation for more than 60 years, building on a 'patchwork' of Acts. Whilst much of the legislation leaves practice as it is now, there are a number of significant changes. These include:

- Introduction of a principle of wellbeing that needs to be applied to every element of care and support;
- A national minimum eligibility threshold;
- Carers being placed on an equal footing with service users;
- A general duty on local authorities to prevent, reduce and delay the need for care and support;
- Every person receiving care from the local authority to receive a personal budget;
- Adult Safeguarding Boards becoming a statutory requirement; and
- Local authorities having to promote greater integration with the NHS and health-related services – eg, housing.

The Act also embodies the Dilnot recommendations for the funding of social care. These changes will not come into effect until April 2016.

7.3 It has been agreed that progress against this wide ranging agenda will be considered at the March Mid-Cycle Briefing, to which all Members will be invited, so that the Committee can examine the evidence of the Council's state of readiness for implementing the Act. Each subsequent Mid-Cycle Briefing will look at each of these new duties in turn with the benefit of an update from the relevant workstream lead. Group Spokespersons will then take a view as to how this matter should be raised at the subsequent Committee.

8.0 Better Care Funding: Health and Social Care Integration

8.1 In his July statement the Chairman referred to the Committee's consideration of Better Care Funding, making reference to the ambition reflected in the Government's creation of a £3.8b pool budget for 2015/16, intended to help move care out of hospital and into the community and improve working and integration between health and social care.

8.2 The Committee was pleased that, together with health partners, the North Yorkshire Plan set out our three main priorities; to improve health, self-help and independence for North Yorkshire people; invest in primary care and community services; and create a sustainable system. Your Group Spokespersons have

agreed that an update on progress will be provided to the March Mid-Cycle Briefing and this will help shape the way the Committee takes an interest in the Better Care Funding issue itself, but also the wider Integration agenda.

9.0 Recommendations

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

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Background Documents: None

Care and Independence Overview and Scrutiny Committee – Work Programme Schedule 2015

Scope

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

Meeting dates

<p>Scheduled Mid Cycle Lead Members of Committee</p>	Tues, 24 March 2015 at 10:30am	Thurs, 11 June 2015 at 10:30am	Thurs, 3 September 2015 at 10:30am	Thurs, 3 December 2015 at 10:30am	Thurs, 31 March 2016 at 10:30am
<p>Scheduled Committee Meetings <i>Agenda briefings to be held at 9.30am prior to Committee meeting. Attended by Lead Members of Committee</i></p>	Thurs, 23 April 2015 at 10:30am	Thurs, 2 July 2015 at 10:30am	Thurs, 1 October 2015 at 10:30am	Thurs, 21 January 2016 at 10:30am	Thurs, 21 April 2016 at 10:30am

MEETING	SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM
23 April 2015	Financial Abuse review	Update report	Task Group
	Developing the local market - services to support personalisation		

Please note that this is a working document, therefore topics and timeframes might need to be amended over the course of the year.