

## NORTH YORKSHIRE COUNTY COUNCIL

24 February 2016

### CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

#### CHAIRMAN'S STATEMENT

##### 2020 Savings Equipment Services and Telecare

1. Over the last eighteenth months the Committee has examined the Directorate's progress in achieving a number of the 2020 Savings areas. We wanted to understand: A) how the service will be different; B) whether financial targets are being achieved; and C) how the Directorate is managing the impact on service users. At our last meeting our focus was directed towards the Directorate's statutory duty to provide aids to daily living following a person's assessment.  
  
Equipment Services
2. The arrangements for the assessment, provision and delivery of equipment are shared between NYCC and Health via the Clinical Commission Groups (CCGs). There is an equipment budget and also a contract that is currently with the Harrogate and District Foundation Trust (HDFT) for the running costs of the Equipment (Loans) Store. Harrogate and Rural District (HaRD) CCG have lead responsibility for the contract.
3. The growth in demand is mainly evident in the increasing use of health funded items, with the result that the CCGs are facing overspends. The emphasis on prevention and timely discharge from hospital has made reductions in social care equipment difficult to achieve.
4. When identifying this as a potential savings area, it was acknowledged that as these services were often complementary to other community services, they could not be viewed in isolation. Making savings whilst maintaining quality of service was never going to be easy. The required reduction in the HAS budget has to a degree been achieved by an increased use of Public Health funding.
5. A joint procurement between NYCC and the CCGs has just been launched. A key area that is now nearing completion is engagement with users of the services to ensure that the new service meets their needs. Alongside the procurement, health are running a similar exercise for the provision of wheelchairs. This may indirectly lead to some efficiencies of scale.
6. This is a major procurement project which will come to fruition in 2016. Early indications are that there will be some changes as to how equipment is provided. For example, delivery may be directly from the supplier rather than through a store

(known as a “retail model”). The Committee would like to be kept informed of progress.

Telecare

7. A significant development in North Yorkshire has been the growth in use of telecare. The basic element of this is a “lifeline” alarm system but more sophisticated developments include pressure mats, door and incontinence alarms that allow people to retain independence, whilst maintaining their safety. Telecare services rest solely with NYCC and as a consequence this has been a simpler area for HAS to review. A fundamental review of the process has resulted in better outcomes for customers and evidence of improved quality. This has included better and more consistent quality control of equipment provided.
8. These changes to the service represent both a reduction in the staffing budget and changes to existing processes. Evidence shows that they have resulted in a more efficient service which has made the required saving of £92,000. This has not impacted on the provision for users as it centres on better procurement and a reduction in staff numbers. Further work is ongoing to retain the achieved changes in culture, and to make best use of changes in technology
9. Each time the committee has examined a 2020 savings area in this way, we have been struck by the complex and inter-related nature of services, but this appears to be especially the case with equipment and telecare. Changes elsewhere in service delivery have evidently led to an increase in preventative services, which in turn affects the feasibility of achieving the original projections for the savings.
10. Nevertheless, we supported the Directorate’s assertion that the end result of the project may be radically different services but ones that will reflect the changing needs of service users

### **Annual Report of the Older People’s Champion**

11. For sixteen years Shelagh Marshall has reported to us on her work as Older Peoples Champion, promoting the interests of people aged 50 and above. This year’s report is again an impressive account of the sterling work Shelagh does in the three areas older people mention as the most important factors in their lives: health, financial security and social connections.
12. Shelagh highlighted some of the key activities and initiatives in local communities which successfully contribute to older people’s health and wellbeing, and which will be crucial if we are to meet that demographic challenge, and the NYCC 2020 programme.
13. Shelagh shares the committee's enthusiasm for the contribution the Stronger Communities and the Living Well teams will make to reducing loneliness in older

age in their communities. Loneliness is a massive public health issue which councils across the UK are beginning to take seriously

14. There is a general imperative for public services to do what they can to alleviate personal suffering and distress, but there is also very strong evidence that loneliness can increase the pressure on a wide range of council and health services. Indeed, it can be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries. Shelagh reminded us how small interventions, which bring together all local actors and make the best use of existing capacity within the community, will deliver results and help people to interact thus making communities more conducive to healthy and independent ageing.
15. I cannot praise Shelagh's dynamism and energy highly enough. We are indeed fortunate to have such a respected ambassador for North Yorkshire older peoples' interests.

### **CQC Inspection of Homes**

16. By law, all care homes in the UK must provide services to minimum standards of safety and quality. We all want to see a thriving care provider sector that builds resilience and maintains a strong focus on quality. The Care Quality Commission has promised to be a "strong regulator" and to "take action to force improvement" in care homes. Dianne Chaplin, Regional Inspector at the Care Quality Commission, explained how she and her colleagues make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. We heard how the Commission monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and how findings are published, including performance ratings to help people choose care.
17. We saw evidence of close and effective liaison between CQC and the quality and monitoring function within HAS. Staff seem committed to sharing information and views about services where there are concerns, particularly where services are in enforcement measures.
18. Dianne acknowledged that it is early days for the new CQC rating system. The increased transparency that comes from posting the results online is self-evidently a good thing, but many of us know from experience that people are struggling to understand what the ratings categories actually mean in practice. It seems constituents regularly contact local Members about issues they are experiencing personally or in relation to family members. How elected members - not just those on this committee - are informed about, and possibly connected to, the regulation and inspection of care establishments is something the committee continues to

look at periodically. We regularly review options as to how Members are involved in and add value to the quality assurance and monitoring of care homes.

### **Health and Social Care Integration**

19. We are moving to a different world of care, characterised by increasing and significant areas of overlap as health and social care provision is no longer distinct. One way the committee has approached understanding this change has been to look at where the Health and Wellbeing Board supports vulnerable people to live independently.
20. Evidence suggests that joint commissioning between health and social care that results in a multi-component yet unified, approach is likely to achieve better results than those that rely on a single or limited set of strategies. Our interest in this area has tended to centre on briefings on specific jointly funded initiatives, especially those aimed at transforming care so that people are provided with better integrated care. We saw examples of these in a progress report of the Better Care Fund which showed variable but, overall, solid performance across the whole plan.
21. We also reviewed the Board's Joint Health and Wellbeing Strategy, which is before the Council for adoption. We were pleased that the strategy is about more than health and social care services. Underpinning the strategy is the notion that every aspect of public life – education, childcare, housing, employment, the quality of the local environment and the type of community we live in – can affect our health and wellbeing at any point through our lives.

### **COUNTY COUNCILLOR PATRICK MULLIGAN**

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5 February 2015

Background Documents - Nil.