

NORTH YORKSHIRE STRATEGIC PARTNERSHIP
ADULTS STRATEGIC PARTNERSHIP &
HEALTHIER COMMUNITIES THEMATIC PARTNERSHIP

MINUTES OF THE JOINT MEETING HELD ON
6 September 2010

Grand Committee Room, County Hall, Northallerton

Present:

Derek Law, Corporate Director Adult & Community Services, NYCC (Joint Chair)
 Katie Needham, Consultant in Public Health, NHS NYY (Joint Chair)
 Andy Trowsdale, Assistant Chief Fire Officer, North Yorkshire Fire Rescue Service
 Carly Walker, Teenage Pregnancy Coordinator, CYPS, NYCC
 Carol Gibson, Directorate Support Team, ACS, NYCC
 Carol Johnson, PSI Partnership Board, NYCC
 Clare Slater, Head of Transformation, Ryedale District Council
 George Lee, Senior Commissioning Manager, NHS NYY
 Gill Cashmore, Chief Officer, Selby District AVS
 Helen Christmas, Health Improvement Manager, NHS NYY
 James Crick, Specialty Registrar in Public Health, NHS NYY
 Janet Seymour Kirk, Chair, Physical & Sensory Impairment Partnership Board
 Judith Bromfield, Chief Officer, Richmondshire CVS
 Judith Knapton, Head of Commissioning (Vulnerable People), NHS NYY
 Kate Tayler, Chief Executive, NYFVO
 Katharine Bruce, Senior Advisor Inclusion Health & Wellbeing, CYPS, NYCC
 Larry Hollando, Performance & Change Manager, ACS, NYCC
 Linda Slough, Incoming Chief Officer, Selby District AVS
 Nigel Staton, Manager, Whitby Disability Action Group
 Paul Lightfoot, Director of Care Services, Broadacres Housing Association
 Rachel Davies, Physical Activity Lead, North Yorkshire Sport
 Rob Salkeld, Chair, Older People's Partnership Board
 Rose Norris, Head of Service – Partnerships & Commissioning, Selby DC
 Seamus Breen, Assistant Director – Commissioning & Partnerships, ACS, NYCC
 Sue Vasey, Chief Officer, North Yorkshire Learning Consortium Limited
 Sukhdev Dosanjh, Assistant Director – Performance & Change Management, ACS, NYCC

		Action
ASP 17/10	<p>Welcome and introductions</p> <p>Apologies were received from Lynn Webb-Thorius, Chris Anderson and Linda Burgon.</p>	
ASP 18/10	<p>Minutes of ASP meeting held 7 June 2010 and HCTP held 21 June 2010</p> <p>The minutes were agreed as a correct record and will be circulated.</p>	CG / HC
ASP 19/10	<p>NHS White Paper <i>Equity and Excellence: Liberating the NHS</i></p> <p>KN updated the partnership on what the implications of the NHS White Paper will be. The paper signals radical changes to the whole infrastructure of the NHS, and details of how the changes will be implemented are awaited – and should be available when the bill is taken through parliament.</p> <p>Proposals in the White Paper include the abolition of strategic health authorities, whose roles will be transferred to GP consortia which will be set up around the country. The GP consortia will be responsible for commissioning</p>	

services, with the exception of specialist / primary care services.

The new structure will be accountable to a national commissioning board; the document "Commissioning for Patients", available from the Department of Health website, gives more detail. A number of public health functions will be moved; local government will have a greater role in the wellbeing agenda, public health and health improvement functions will transfer to local authorities.

There will also be more joined up commissioning between NHS and other organisations. The consultation ends mid-October. All documents available from the DoH website.

DL advised that the vision for adult social care will be published in the autumn, another commission on how we deal with long term funding issues for older people will be convened ACS has been setting up meetings with PCT colleagues and practice based commissioning groups around the County to discuss the implication of the changes within the NHS. Local authorities can offer to be a supportive infrastructure for the GP consortia at a later stage, but it cannot be a duplication of what has gone before. DL also expressed concern that PCTs will struggle to deliver the changes required while staff are leaving and looking for work elsewhere. He also expressed the view that changes will bring an opportunity to work together with GP consortia to shape future services.

SB noted there will be challenges ahead during interim period and asked whether there was potential to pre-empt some of them, e.g. will GP consortia commission drug and alcohol services? Who would be responsible in the interim? Could voluntary groups start to develop joined up service level agreements which GPs could then inherit?

It was agreed that interim risks could be explored further at an extended session. The partnership will consider whether representatives from GP consortia could be invited.

ASP 20/10 Impact of coalition government's policies on local government services

DL updated the partnership on the adult and community services directorate's response to the coalition governments announced cuts. The view is that there are two different approaches. Some changes are being made with immediate effect as they are announced – e.g. Supporting People cut with immediate effect three months ago; £14m of funding for the service, which supports 12,000 people. There is also the 20 October CSR, which we are informed to expect at least 25% cut from current funding. The concern is that the government has pledged to protect health, education and defence, which might mean an even greater impact on local government share than 25%.

Senior managers in ACS are working on what the impact might be. It is likely to equal £40m over next five years which is further worsened by the predicted demographic increase equating to £4m each year of increased pressure for ACS.

ACS are working with independent and voluntary sector colleagues on what the changes will mean, and remaining focussed on good quality outcomes and value for money.

KN noted that the changes in the NHS mean that they are going through an efficiency saving process.

DL noted that the changes will mean there will be new ways of working and an increased focus on prevention and the need to protect preventative services, which KN said would be supported by the NHS approach.

ASP 21/10 Ageing Well – developing a North Yorkshire response

The partnership received an update on “Ageing Well: Supporting local solutions to improve quality of life for older people” (originally called “A Good Place to Grow Older”) the government’s older people’s strategy, which was presented at the NYSP in May. LH introduced the report, which sets out general and familiar aims around providing a better quality of life for older people, and recognising the contribution they can make to their local communities.

The details of the programme are still being developed, and there is an opportunity to hold a workshop on 28 October, which would be facilitated by a DWP representative, and would use the DWP self assessment toolkit involving key officers and local people. LH confirmed that although the strategy was initiated by the previous government, it will still move forward under the coalition government, and asked the partnership for a decision about whether to proceed with the workshop.

DL noted that the Council had been awarded a green flag for older people’s services in the last CAA and asked what the purpose of the workshop would be.

SB explained that the workshop would enable the use of the self assessment tool as a way of assessing best practice, as well as providing a means of engagement with older people in the local community, and said that although there would be a pressure in terms of time and resource, he was in principle supportive of the tool as a useful exercise. DL expressed concern at the timing of the work, with all resources currently needed for the preparatory work to deal with the pending cuts, he also felt that if we decided to progress the work needed to be focused on a small number of specific outcomes. KN added that there were also capacity issues for the PCT so the session would need to be short, sharp and focussed

Further discussion was required within ACS and if the work progressed the partnership agreed that a smaller group would be convened, to include a cross section of key stakeholders and community representatives, to find a practical way forward. . . It was suggested that a GP consortium representative might be invited, and an older people’s champion. SD noted the timetable set out in the report, which would need to be adhered to if the proposal is adopted.

ASP 22/10 Alcohol – update

The partnership received a verbal presentation from GL about the refresh of the alcohol harm reduction strategy for North Yorkshire and the alcohol-related hospital admissions LAA target. GL noted alcohol misuse is a cross cutting theme and highlighted some of the ways in which it affects large numbers of people, e.g. over 50 acute and chronic health problems associated with alcohol misuse. Estimates for North Yorkshire indicate over 22,000 people classed as ‘dependent drinkers’. GL said this is a ‘time-bomb’, with a need to invest in prevention now to avoid further spend in future.

GL noted that the North West Public Health Observatory has a lot of useful information and gave some examples of work being done in different areas, including Barnsley working with local supermarkets to end the practice of selling loss leading alcohol brands at discounted prices. GL suggested looking for new ways to address the issues, such as working with GPs on identification

and brief advice around alcohol reduction, which would be likely to see even more people make a change than with smoking cessation initiatives (which are considered very successful and cost effective). He is also working to develop plans for hospital-based alcohol workers, which again has a strong evidence base.

The partnership discussed the issues raised and agreed that there are less costly ways to tackle some of the issues, noting the move from the government giving advice on these issues, to encourage people to take more individual responsibility. It was also suggested that elected members could be brought on board, as many do already recognise alcohol as a priority around issues such as crime, abuse, etc.

KN noted that the HCTP is keen to put alcohol forward as a key priority for 2011/12 and noted the cross cutting theme, and that some policies can potentially contradict each other (e.g. high number of pubs in North Yorkshire a negative in terms of alcohol reduction, but a positive for community development, mental health and wellbeing). KN said that all of the NYSP needs to be signed up to deliver common priorities.

GL advised that the draft strategy is being developed and will be taken to the relevant partnerships in December/January following consultation.

ASP 23/10 Centre for Independent Living – update

The partnership received a presentation from Nigel Staton on North Yorkshire Centres for Independent Living, setting out the background, mission, values, aims and objectives of the NYCIL. Outcomes for the NYCIL include increasing awareness of the NYCIL, and to increase partnership working with voluntary and independent sectors, and statutory agencies within North Yorkshire. Nigel highlighted the case story of someone who was referred to the NYCIL through Whitby DAG, and was featured in the latest issue of the Putting People First newsletter.

SV asked whether similar discussions were taking place in York, and NS confirmed that they were discussing all the same issues, with an emphasis on service delivery, and were hoping to attend the launch of the York CIL.

SB noted that NYCC is continuing to invest in CILS, and is encouraging the shift towards more users running and managing their own services. SB encouraged more and more organisations to become part of the NYCIL consortium.

ASP 24/10 Partnership Boards (OPPB and PSIPB) – progress reports

Physical and Sensory Impairment Partnership Board

JSK suggested that the partnership board could work with NYCC and NHS NYY to improve the way information is provided to the public; e.g. providing information that is clear and easy to understand, accessible to everyone, available in different formats, and avoids the use of acronyms and jargon. JSK suggested that all partnerships could sign up to such an agreement. She also commented on the difficulties of reading documents when watermarks were left on documents as it was the case with one of the document circulated for the ASP meeting.

JK acknowledged that the PCT does use acronyms but was sure that guidance

exists for providing information to the public. SB said that for NYCC there had been close working with the North Yorkshire Advice Partnership over accessibility of information, but that he would be in support of a North Yorkshire guide for partners to sign up to. SB suggested the PSIP Board could lead on developing a guide.

JSK reported that the partnership board had recently received a presentation on the Equal Lives Strategy from Kay Ritchie, Senior Policy Officer, but it was not clear how the Board were to be involved and how the work would be taken forward. JSK said that the partnership board would like to be involved in this sort of work from the beginning – not at a later stage as part of the consultation process.

CJ said that she had been working with the NYSP web officer and that the design of the NYSP website is very challenging to people who are visually impaired as the text is so small. This is being looked at.

It was agreed that SB, JSK, SV and CJ will follow up on the points raised.

Older People's Partnership Board

RS reported that the OPPB has been working closely with the transport group, and have asked people locally to look at the impact of timetables, e.g. whether sufficient time is being given on particular routes to spend sufficient time at destination before having to catch the bus home. This information will be collated and fed back to the transport group.

The lifelong learning group is trying to identify areas of unmet need in the area of lifelong learning.

The winter issues conference has been cancelled due to poor take up. It has been decided to hold smaller sessions on a district basis – starting with Richmondshire. Clarification is being sought from a legal perspective that neighbours can clear snow from pathways without being held 'liable' for health and safety.

JSK commented that she could not recall receiving notification from NYCC that people over 60 could use their bus passes before 9.30am.

ASP 25/10 LAA2 Performance Reporting

SD reported that the ASP had achieved all of its targets except one (L12 – number of additional extra care units occupied). For LAA2 there had been £3m performance reward grant available across all thematic partnerships. LAA3 has been postponed.

Performance reward grants, which will be considered later today, have totalled £5m against approximately £2m available.

HC advised the partnership that most indicators report annually so new information was not available. L1 – reduce smoking in pregnancy – achieved a partial stretch which is very welcome news. Performance against the alcohol related admissions target is concerning – GL had covered the initiatives being developed to address this in the earlier agenda item.

ASP 26/10 Key messages from NYSP Executive

**SB/JSK/
SV/CJ**

The NYSP conference has been rescheduled to 8 November. More information will be available shortly.

ASP 27/10 Any other business

KN advised that “The Landscape of Health in North Yorkshire and York. The Annual Public Health Report of the Director of Public Health” is now available from the NHS NYY PCT website.

ASP 28 /10 Date and time of next meeting

Date of the remaining ASP meeting this year is 20 December and of HCTP meeting is 15 December.

If you have any enquiries about items on the minutes or you would like to receive a copy of the minutes in an alternative format, please contact Carol Gibson – 01609 535852 or email carol.gibson@northyorks.gov.uk