

Report from the Executive Member for Health & Adult Social Services

Last year, I was unable to report to the Committee the improvement in performance for 2008/9 of Adult Social Services in York due to the Care Quality Commission (CQC) embargo, placed on their report. I am pleased that the timing of this meeting means that I can report the outcome of the CQC assessment for the year 2009/10.

As members will know, this is the last time the CQC will be carrying out an assessment of Council performance and along with the move away from prescriptive performance indicators, this gives us greater freedom to set our own goals and to reflect the priorities of our own community in shaping our health and social care agenda. I would hope that we can agree those goals, so that the Overview and Scrutiny Committee can concentrate on holding the Executive to account on their achievement.

I expect we can certainly agree on some of the pressures, which will be facing us in trying to achieve our objectives. On the one hand, growing demand especially from the increase in the proportion of older people in the population. On the other, a 4-year spending review which will see reductions in funding to local government generally and, inevitably, placing pressure on budgets for adult social care. I think it is important that we try and understand these pressures.

As far as the demand for services is concerned, the trend towards higher than expected demand continues this year. Last year the Committee was asked to consider the demand for home care packages that was 25% above that predicted in the Review of elderly persons services. The council is unusual in setting its eligibility criteria at "moderate" rather than "substantial" or "critical". The rationale for this is that early intervention means less people reach the "substantial" and "critical" or do so less quickly. On this basis, we should expect to see a lower increase in demand rather than a higher one.

In response to such trends but more importantly to deliver what our residents are asking for, it is important that we do all we can to assist people to live independently for as long as possible. An increasingly important tool will be reablement, which may not be a very elegant name but makes a great deal of sense in practice, by encouraging people to recover or rediscover the skills they need to live independently. Investing in such services can see a real reduction in ongoing residential and home care costs.

In other areas, such as those on which the CQC has recently reported progress, an improvement in the service we offer means increasing pressure on budgets. Progress on personalisation, safeguarding and the timely completion of assessments have all led to an increased demand on resources. These trends will no doubt continue as further progress is made in these areas.

As far as budget pressures are concerned, I appreciate that in this Council, Scrutiny Committees do not have the involvement in the budget process that they do in some other Councils, or indeed as the previous Executive Member Advisory Panels did. However, I believe that the Committee would be right to recognise the effect of budgetary constraints in deciding how to exercise its scrutiny function. In particular, I would hope that this Committee can use its links with our partners in the Statutory and Voluntary sectors to encourage imaginative working which will make the most of the limited resources available in these sectors. For example, as well as scrutinising decisions about the withdrawal of funding, the Committee may be able to share in the challenge of seeing how resources may be maximised by the involvement of the voluntary sector. I believe a proposed topic on carers could demonstrate the value of such partnerships.

In the area of health inequalities, this Committee will have an important role in ensuring that inequalities which exist in health outcomes across the city are addressed. Again, not all the factors that can make a difference require the input of significant resources. When Professor Sir Michael Marmot introduced his report on Health Inequalities, I was struck by his comment to this effect, the example he gave being parents reading bed time stories to their children. It is this wider view of health that makes the proposed reforms to the Health Service both challenging and exciting. With the proposed transfer of Public Health functions to the local authority and the greater involvement of GPs in the commissioning of health services, there is a great opportunity to see the Health Service continuing the trend away from a concentration on purely medical outcomes to becoming a health service in the true sense of the title.

I have concentrated in this report on the areas in which I believe this Committee could have a particularly strong contribution to make. Of course, the Committee will make its own decisions on its priorities. I recognise the importance of the Committee's independence in this role, and, indeed, I endorse its comments, in response to the recent White Paper on Liberating the Health Service, on the importance of an independent scrutiny role in any new arrangements for the Health Service. I understand that we are likely to hear that the government has taken such comments on board and will be including a continuing role for Health Scrutiny in future proposals.

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