
Executive Members for Housing and Adult Social Services and Advisory Panel

16th July 2007

Report of the Director of Housing and Adult Social Services

Update on joint working with North Yorkshire and York Primary Care Trust

Purpose of Report

1. To update the Members on the current position on joint working with North Yorkshire and York Primary Care Trust (NYYPCT) and the impact of the overall financial position within the local NHS on local authority responsibilities.

Background to NYYPCT

2. North Yorkshire and York Primary Care Trust (NYYPCT) came into being on 1st October 2006 as part of a national re-organisation of the NHS and replaced 4 predecessor PCTs – one of which covered the York, Selby and Easingwold area.
3. Selby and York PCT was known to be in substantial financial difficulties and had been the subject of intense scrutiny. A 'turn-round' team had been brought in to work with the interim Chief Executive and a programme of savings and efficiencies identified during the Summer and early Autumn of 2006.
4. In fact, NYYPCT inherited historic debt from all four predecessor PCTs – all of which were operating in financial deficit. According to an answer given at the January 2007 meeting of the NYYPCT board meeting the 4 predecessor PCTs were operating at £36m over their revenue resource limit at the end of 2005/6 – of which £23m was attributable to the former Selby and York PCT.
5. At one point NYYPCT were facing an overspend of about £78m for 2006/7 but a combination of in-year savings and one-off support from the Strategic Health Authority meant that the final outturn was an overspend of approximately £32m. For 2007/8 NYYPCT is facing a net gap of about £48m and has consequently announced savings programmes to achieve approximately £33m and projected savings from targeted commissioning of approximately £15m.

Context of joint working with NYYPCT

6. The reorganisation of the NHS is intended to make it more patient-centred with commissioning being the driving force behind change and

improvement. The Government has a vision of what patient-led services actually look like from a patient's point of view:

“Everyone involved in a patient-led service makes sure they:

- ❑ *respect people for their knowledge and understanding of their own clinical condition and how it impacts on their life;*
- ❑ *support them in using this knowledge to manage their long-term illnesses better;*
- ❑ *provide people with the information and choices that allow them to feel in control and fit their care around their lives;*
- ❑ *treat people with dignity and respect, recognising them as human beings and as individuals, not just people to be processed;*
- ❑ *ensure people always feel valued by the health and care service and are treated with respect, dignity and compassion;*
- ❑ *understand that the best judge of an individual's experience is the individual;*
- ❑ *ensure that the way clinical care is booked, communicated and delivered is as trouble free as possible for the patient and minimises the disruption to their life; and*
- ❑ *explain what happens if things go wrong and why, and agree the way forward.”*

7. PCTs are at the forefront of this change and their main focus should become commissioning for health and health care and improving their ability to support practice based commissioning. By implication this means that PCTs should review their direct provision and ensure that, if it remains within the PCT, it is in line with the commissioning priorities.
8. PCTs are therefore highly important partners to work with the council to improve health in York and to commission effective health and social care services. The core roles of the PCT are to:
 - ❑ Improve and protect the health of the local population.
 - ❑ Secure, through effective commissioning, a range of safe and effective primary, community, secondary and specialised services which offer high quality, choice, and value for money.
 - ❑ Reduce health inequalities.
 - ❑ Develop and sustain strong relationships with GPs and their practices and implement a system of Practice Based Commissioning.
 - ❑ Work closely with local authority partners and other commissioners to ensure integrated commissioning of health and social care, including emergency planning.
 - ❑ Provide appropriate clinical leadership in a system of diverse providers.
 - ❑ Develop robust communication and involvement systems to manage relationships and engage with their local residents and communities.

9. At the local level the key issues for the council arising from NHS restructuring were set out in the formal response to the consultation in early 2006 that resulted in the creation of NYYPCT. These are still relevant:
- Maintaining the important partnerships set up with Selby and York PCT and their transition to NYYPCT
 - Ensuring that NYYPCT's work in York is characterised by strong local governance and accountability arrangements that relate well to the City of York Council and the needs of its citizens
 - Ensuring that City of York has an active role in commissioning health and social care services jointly with the PCT. The White Paper "Our Health, Our Care, Our Say" set out a prominent role for local authorities in health improvement with a lead role for the statutory post of Director of Adult Social Services (DASS) working with the Director of Public Health (DPH). The key structural link will be through the Local Strategic Partnership and by means of the Local Area Agreement which came into effect in April 2007.
 - Ensuring a strong voice in the re-shaping of provider services for mental health, learning disabilities, children's services and community health care generally. This also means playing a strong role in strategic planning and commissioning.

Progress on joint working and key issues

10. Recruitment to key posts at NYYPCT took longer than expected (due to the need for the financial situation to be confirmed) and this has meant it has been difficult to make progress on joint working issues. However, most staff appointments should have been completed by the end of June and we have been able to move some issues forward in the interim.
11. Good contact was made from the outset with the two non-executive Board members who live in York and there are regular meetings with the Director of HASS and the Executive Member for Adult Social Services. NYYPCT have also nominated Jane Marshall, Director of Commissioning and Service Development, as the link Director for York. Regular meetings are also now in place for the Director of HASS to meet with Janet Soo Chung, NYYPCT Chief Executive.
12. At an early stage NYYPCT identified that expenditure with York Hospitals Trust (YHT) was to be a focus in their Financial Recovery Plan. This was based on the view that more referrals were being made to YHT than could be met within the PCT budget. The premise was (and still is) that effective alternatives to hospital admission could be put in place that would reduce referrals and admissions and therefore reduce costs. The debate has therefore not been about the principle of reducing hospital admissions but rather about the speed of change, the readiness of community based services to support more people and the funding needed to facilitate this change.
13. Near the end of 2006/7 NYYPCT and YHT came to an agreement about the level of activity to be carried out by YHT that NYYPCT was able to pay for. This resulted in reductions in the level of YHT provision and the

closure of 95 beds. This in turn has led to intense local discussion about the impact of bed closures on the local health and social care economy.

14. Staff in Adult Services have been fully engaged in these discussions. There has been additional pressure to ensure that delayed discharges are kept to a minimum and that patients with non-acute needs are discharged from acute beds as soon as possible. (Members will probably be aware that NYYPCT also transferred some patients to Selby from York pending their discharge.)
15. Weekly meetings take place to manage these issues and some of the initiatives agreed include:
 - The creation of a Fast Response Team able to provide care to maintain people in their own home
 - Developing a more effective Falls prevention service
 - Bringing GP expertise into decisions about admissions to York District Hospital (YDH)
 - Additional PCT staffing in YDH to assist in managing timely discharges
16. Staff from HASS have been actively supporting the work with NHS colleagues to bring the local health economy within financial balance although we have emphasised this cannot be achieved by transferring risk or cost to the council. We have been advocating a long term, joint commissioning approach in line with recent work on older people presented to this EMAP earlier in the year. Such an approach would focus on options for community-based initiatives e.g. to support people with dementia and to provide rehabilitation and recovery services outside hospitals. The use of more sophisticated assistive technology in the home is also beginning to have an impact.
17. Good contact has been made with the York Practice Based Commissioning Consortium. (Practice Based Commissioning is a national initiative about GP practices taking on delegated indicative budgets from their PCT to become more involved in commissioning decisions for their patients. Practices then have the opportunity to redesign services that better meet the needs of their patients, and reinvest resources freed up in further patient care.) We are working with the government's Care Services Improvement Partnership to develop practical ideas about joint working with primary care staff.
18. Promoting health and well being is a key partnership activity and a lot of work has been done with NYYPCT to develop the Healthier Communities and Older People block of the Local Area Agreement for York. For example, joint planning is underway for a campaign to promote awareness and improve standards of nutrition and hydration for older people by exploring publicity, commissioning, assessment and staff training opportunities. An appointment has now been made to the Associate Director of Public Health post that will be a joint post between NYYPCT and CYC. This post will be key to providing the leadership, advice and support to move forward on health improvement issues in York.

19. Partnership working remains central to the council's relationship with NYYPCT, which inherited two formally constituted partnership agreements for Mental Health and Learning Disability services. In relation to Mental Health (where the PCT is the lead partner) NYYPCT has now restructured to set up a provider 'arm' for the whole PCT area with separate arrangements for commissioning. Discussions have now begun through a reconstituted Mental Health Partnership Board (chaired by the Director of HASS) on updating the partnership agreement to reflect the changed organisational arrangements and to focus on long term goals and managing performance. In relation to Learning Disability services the council remains the lead commissioner and provider of health and social care in what was the former York/Selby/ Easingwold PCT area. Different arrangements exist in the rest of NYYPCT. The Director of HASS chairs the Learning Disabilities Management Board that oversees the partnership agreement.
20. Complaints services staff are working together to examine a new Department of Health publication "Making Experiences Count: A new approach to responding to complaints". This consultation paper provides a set of proposals to unify and reform the current arrangements for making complaints across health and social care. As well as fulfilling the commitment in "Our health, our care, our say", it proposes a new approach to joint complaints handling which is more flexible and supports organisational learning.

Consultation

21. There has not been any specific consultation on this report.

Options

22. Options are not part of this report, which is intended to provide updated information.

Corporate Priorities

23. The strongest link is to the corporate priority to:
 - Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Financial Implications

24. There are no financial implications arising from this report but the cost pressures on adult social services and the financial deficit within the local NHS economy remain matters of great concern.

25. **Other Implications**

Human Resources (HR)

None arising specifically from this report.

Equalities

None arising specifically from this report.

Legal

None arising specifically from this report.

Crime and Disorder

None arising specifically from this report.

Information Technology (IT)

None arising specifically from this report.

Property

None arising specifically from this report.

Other

None

Risk Management

26. The major risk relates to the financial position (see para 24 above)

Recommendation

27. That the Advisory Panel advises the Executive Member to note and comment on the content of this report

Reason : So that the Executive Member is briefed on the current position in terms of the partnership with NYYPCT.

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Chief Officer Responsible for the report:

Bill Hodson
Director

Report Approved



Date 21st June 2007

Specialist Implications Officer(s)

None

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers: None

Annexes: None