

**Minutes of Thriving Third Sector Steering Group  
Held on 20 March 2012**

**Present:**

Alex Bird	Age UK/ REACT North Yorkshire
Ray Busby	NYCC, Policy, Performance & Partnerships
Gary Fielding(Chair)	NYCC, Policy, Performance & Partnerships
Stephen Harrison	NYCC, HAS
Bryon Hunter	NYCC, Policy, Performance & Partnerships
Hazel Kirby	Northallerton District Voluntary Service Association
Judith Knapton	NHS North Yorkshire & York
Kate Senior	Craven District Council
Leah Swain	Rural Action Yorkshire
Helen Taylor	NYCC, HAS
Kate Taylor	North Yorkshire & York Forum
Sue Vasey	Your Consortium Ltd
Anna Walters-Holliday	NHS North Yorkshire & York

**Apologies:**

Rachel Bowles	Harrogate Borough Council
Ann Byrne	Harrogate Borough Council
Richard Gunton	NY Moors National Park Authority
Avril Hunter	NYCC, HAS
Neil Irving	NYCC, Policy, Performance & Partnerships
Trevor Lund	NY Fire & Rescue
Mark Mason	NYCC, Children & Young People Service
Milton Pearson	Craven CVS
Nigel Staton	Whitby Disability Action Group
Clare Slater	Ryedale District Council
Mike Webster	NYCC, Health & Adult Services

**1. Minutes of meeting held 29 September 2011**

These were agreed as an accurate record, subject to the text "Age UK" being amended to "Age UK/REACT North Yorkshire" and the title of "NY Learning Consortium" be changed to "Your Consortium Ltd".

**2. Matters Arising from the Minutes**Compact

Issues around the Compact would be brought to a future meeting.

Big Society: Commissioning Strategy

Gary advised that NYCC thoughts on commissioning activity issues linked to the Big Society had not progressed internally as quickly as he would have liked. The Group asked Gary to convey the importance of this work to all service leads in the authority.

### **3. NHS 111 – The New Number for the Future of Non-Emergency Health Services**

Anna Walters-Holliday, NHS North Yorkshire and York, gave a presentation on the planned introduction of the new number for the future of non-emergency health services. The NHS 111 Service is timed for introduction in April 2013 following its pilot earlier this year.

This is a new free to call telephone service providing a single point of access to urgent healthcare, available 24 hours a day, 365 days per year. The notion is to make it easy for people to access local health services when they need help quickly but it is not life threatening or when they don't know who to call.

It would provide consistent clinical assessment at the initial point of contact in order to direct people to the right service. Patients who need to speak to a nurse will have an opportunity to do so. Those who need to speak to a doctor will be directed accordingly. If an ambulance is required, one will be despatched without the need for the patient to repeat any information. This will replace the current NHS Direct service, but until then NHS Direct will continue to provide the current service.

A directory service will be locally developed and maintained. This will include web-based access to the availability, both in and out of hours, of healthcare services.

The system will be populated with three stages of information on services:

1. Primary Care: this is a priority for self-referral
2. Urgent Services: Emergency
3. The third tier will be for those that require referral to community and voluntary services

The first part of the process for the system is being handled and procured locally, with one contract for the North Yorkshire and Humber. This will be managed by one organisation; who will hold this contract is still under consideration.

**Agreed:**

**That the presentation be circulated and a watching brief be held over this issue.**

### **4. Health and Adult Services Directorate and the Third Sector**

Helen Taylor gave an overview of current challenges and issues in health and social care.

2012 promised to be significant year for social care with the long-awaited White Paper. Initially it was thought to be released in April but

current messages coming out of the Department of Health were no more precise than “spring”.

The Law Commission would also be releasing clarification regarding self-funders, which because of the demographic profile was a significant matter for North Yorkshire.

The White Paper would look to consolidate the earlier Vision for Social Care, commonly known as the 7Ps. Work in North Yorkshire in this area was well advanced.

Other issues of significance included the extent to which people needing long-term support or personal care move to personalised packages of care. Its implications could undoubtedly affect the commissioning and funding relationship between HAS and Third Sector providers.

Helen identified three key challenges lying ahead for the directorate,

1. Personalisation: provides challenges for providers, commissioners and service users alike. Third sector organisations, used to negotiating block contracts with public sector commissioners, are making adjustments to marketing their services direct to consumers, as well as introducing far greater flexibility into their service offer. Use of the Innovation Fund, she thought would be successful in encouraging innovative thinking. Her directorate was now in the second stage of evaluating bids.
2. Health and Social Integration - a personal priority and commitment. Without question people wanted joined up services.

There was a consensus that the fundamental building blocks were in place, although some areas were still under discussion, particularly around Re-ablement, where people needed a high degree of support for the longer term.

3. Budget Issues: over the next three years £22m would need to be taken out of a Directorate budget of £140m. Retaining front-line services remained the overriding priority; achieved in part by managing demand through Re-ablement and negotiation of better deals with suppliers. With regard to the latter, options were constrained as 75% of services were delivered by providers outside the Directorate. Some of the changes to management capacity as part of budget action may have been seen by partners.

Many providers would be affected by the modernisation of Learning Disability Services where HAS was moving away from the traditional day centre based North Yorkshire approach to more personalised options.

From a personal perspective, the Group could be particularly helpful in feeding back on intelligence and experiences around the changing roles of user led organisations. This was in the context of the challenges to the public sector of reducing state involvement and the potential growth of public sector mutuals and not for profit enterprises in social care.

Comments raised in the meeting were communicating the results of the Securing the Future exercise; and the capacity and intention of the Directorate invest in low level intervention and prevention measures.

Helen advised that the North Yorkshire was one of the few social service authorities in England to set fair access to care criteria at moderate and maintain that level.

The transfer of public health responsibilities to the local authority was discussed. The voluntary sector can help make this a smooth transition by encouraging an agenda that recognised the importance of co-ordinating activity around low-level intervention initiatives. Helen agreed there was increasing evidence of the need to do that. Some shared understanding of evaluation and monitoring techniques and shared language might help this transformation.

Comments were made about the national informal learning exercises and its links to the preventative nature and social care.

Concern was expressed about equity of provision across the county and the impact of the changing nature of advocacy services.

**Helen Taylor was thanked for her presentation.**

## **5. HealthWatch**

Bryon Hunter updated on developments. The Health and Social Care Bill 2012 had received its last reading. The Bill contains provisions covering five themes:

- strengthening commissioning of NHS services
- increasing democratic accountability and public voice
- liberating provision of NHS services
- strengthening public health services
- reforming health and care arm's-length bodies.

It was now clear that HealthWatch will be a corporate body in its own right, if appropriate employing and sub-contracting with non-profit organisations.

Formal procurement for HealthWatch would start shortly. Next steps would be a soft marketing exercise followed by an agreed pre-qualification questionnaire.

Key individuals had been brought together as an initial reference group to provide advice on a specification now being drawn up.

Helen Taylor reported on the first two meetings of the Shadow Health and Wellbeing Board. Encouragingly, many organisations had expressed a desire to be involved. However, it had been necessary to reconcile the case for large Board membership to ensure it was inclusive whilst of a manageable size to ensure focus and effective business. In addition, the unusual status of the Board, comprising diverse membership whilst still being a Committee of the Council, was an adjustment many were still finding their feet with.

In essence, it had the role of guardian of integration. Its key task was to own the JSNA and drive forward on a health and wellbeing strategy. It would not have a veto as such over GP Clinical Commissioning Group activity but could review commissioning plans to check they matched JSNA priorities and its own health wellbeing strategy. It was vital the board was strategic in its outlook and had the requisite processes to stay so.

It was suggested it was inevitable there was a high level of interest amongst organisations but there remained some confusion at a local level about how the new health changes all fitted together in governance terms.

## **6. Terms of Reference**

The Group discussed its terms of reference and purpose. Difficulties had been encountered in arranging meetings, but this should not be seen as a lack of enthusiasm or commitment. Comments included the following:

- Group meetings were a useful sounding board and litmus test for items that might be potentially controversial.
- Having a “safe” area for some discussions to take place in advance of known key challenges was welcomed.
- Whilst members should be comfortable with exploratory discussions, it was equally important that the group was satisfied it had achieved positive outcomes when it assessed progress at the end of the year
- Therefore, identifying the top priorities the Group should pursue is crucial.
- It was valued that this Group was the only arena that the voluntary sector was the primary focus and it was important that the sector took advantage of that.
- Not having many a variety of statutory partners represented round the table was a drawback for those looking to use the meeting as a vehicle for integrating activity.

- It was important to retain the Group's role over Compact compliance.
- Whilst there was a general understanding and consensus around the purpose and usefulness of the Group, it was not always clear what the Group wanted to achieve in each of its meetings.
- Representatives were encouraged to advise at an earlier stage of the business in between meetings, the topics they would like raised.

**Agreed:**

**That representatives provide a list of the top two or three priorities they would wish the Group to consider over the course of the next year in order that an appropriate work programme might be developed.**

Sue Vasey gave a briefing on the National Citizen's Service Group Liaison Project where £10k was available for groups and represented an opportunity for some voluntary bodies.

**7. Transforming Local Infrastructure Fund**

The report was received.

**8. Making it Happen – Executive Summary**

The report was received.

**9. NY Partnerships Conference**

Gary reported on the notion being discussed within the County Council that on the afternoon of the Wider Partnerships Conference on 18 October a question and answer session be held with the Leader and/or Chief Executive. Group representatives were invited to add their comments on possible format options

**10. Volunteering Week**

This year volunteers Week fell within the Queen's Jubilee week. Representatives advised that a good deal of local Volunteer Centre activity was geared towards health and social care contributions rather than specific events.

The County Council was anxious to celebrate the diversity of volunteering, not just of those volunteers who assisted the County Council in its work, but its employees who volunteered.

**11. Dates of Next Meetings**

Dates of next meetings:

- 13 June 2012 at 2:00 pm in the Pink Room
- 27 September 2012 at 10:00 am in MR2