

Time started - 6.00pm  
Time finished - 9.04pm

**ADULT SERVICES AND HEALTH COMMISSION  
25 JANUARY 2010**

Present: Councillor Hussain (Chair)  
Councillors Keane, Nath, Tuplin, Turner and Winter

**61/09 Apologies for Absence**

Apologies were received from Councillor Williams.

**62/09 Late Items Introduced by the Chair**

There were no late items.

**63/09 Declarations of Interest**

Councillor Tuplin declared a personal interest in item 10 due to his wife's employment.

**64/09 Minutes**

The minutes of the meeting held on 7 December 2009 were agreed as a correct record and signed by the Chair.

**65/09 Call-in**

There were no items.

**Items for Discussion**

**66/09 Councillor Call for Action**

There were no items.

**67/09 Neonatal Intensive Care Services update**

Julie Grace of the East Midland Specialised Commissioning Group (EMSCG) addressed the commission on the subject of developing a responsive system of care for neonatal services. It was explained that the Department of Health-commissioned Carter Report had recommended in 2006 the formation of

specialised commissioning groups to designate specific providers of specialised services within neonatal care, and that EMSCG was responsible for delivering this in the East Midlands.

It was reported that in the last 18 months to two years, EMSCG had concentrated on working together with PCTs, optimising resources and ensuring that babies born prematurely were cared for in the right place according to their needs. The EMSCG objectives were detailed as:

- Achieving the highest possible standards and delivering care to meet the needs and expectations of the population
- Provide a responsive system to optimise resources
- Put clinical decision making at the centre of care delivery
- Support clinical cooperation across the networks
- Ensure appropriate and effective access to quality care as close to home as possible.

It was reported that the specialist lead neonatal centres in the East Midlands would be in Nottingham and Leicester and that the actual affect on Derby would mean only approximately two more babies being transferred to the lead centre. Members were informed that the East Midlands PCTs had invested £1.7 million in the creation of a 24/7 stand-alone transport system to quickly transport mothers and babies to the appropriate unit within the region. A dedicated call centre would handle all the calls at one central point. These calls would result in a clinical discussion to decide the best course of action and most suitable unit for patients.

Members were informed that the Regional Maternity Reference Group had endorsed the new system of care, and that it was approved by the EMSCG Board in November 2009. It was due to be implemented in April 2010.

The Commission asked what systems were in place to cater for expectant mothers considered to be at risk of delivering prematurely. It was explained that the transport system being established would cater for new mothers with babies but that existing practices would cater for expectant mothers where there was a transport need, with ambulances referred by hospitals.

The Commission asked whether the new transport system would result in dedicated vehicles. It was reported that the existing East Midlands Ambulance Service (EMAS) fleet would continue to provide the actual transport but that specialist incubators would be provided as well as specialist clinical staff. Members were informed that EMSCG were working closely with EMAS to develop a service level agreement that would ensure EMAS could respond to EMSCG's demands.

**Resolved to note the presentation.**

## Revenue Budget Scrutiny

The Commission considered a report from the Corporate Director of Corporate and Adult Services detailing the revenue budget proposals for 2010/11 – 2012/13. The Senior Assistant Director for Adult Services highlighted challenges facing the service including:

- The Adult Social Care Green Paper being consulted on in the previous six months
- A National Review of Social Care Finance predicting five per cent increases in adult social care year-on-year spending
- Learning disability rising by eight per cent year-on-year due to better medical care for patients' associated physical conditions.

The Senior Assistant Director reported that the council had reduced the number of people in residential care, with the figure standing at 1,100 in October 2009. However, it was explained that this attracted risks. The example was given that if 25 more people entered the service than forecast in a year it would result in an additional £500,000 pressure. Conversely, if 25 people left the service early, it would result in savings of £500,000.

The Acting Assistant Director for Commissioning and Performance detailed the £2.4 million of new pressures facing the service in 2010/11:

- £500,000 on increasing support to carers. It was reported that there were an estimated 8,000 people delivering at least 20 hours of care per week in the city but that the council was only formally aware of around 1,000 people.
- £700,000 on delivering the Dementia Strategy. Members were informed that there were 1,000 registered sufferers but that there were up to 3,000 sufferers in the city.
- £500,000 on older people's home care, prompted by a projected three per cent growth in demand as a result of people living longer.
- £500,000 on learning disability, prompted by a projected eight per cent growth in demand as a result of better care for physical conditions.
- £200,000 on autism and dual sensory loss given a greater demand for services.

It was reported that the pressures would be met through the service's underspend in 2009/10.

Members expressed concerns over the reliability of the statistics, particularly in relation to the numbers of dementia sufferers. Members considered the figures to be over-reliant on national statistics which could not be properly founded. Members asked about the costs to the PCT of referring potential dementia sufferers and the impact this could have on the statistics. The Senior Assistant Director explained that the PCT had already recognised this as a pressure, had allocated resources and was committed to addressing the issue.

Members highlighted that the £2.4 million being used from the £2.9 million underspend in 2009/10 to meet the new pressures would leave a surplus of £500,000. It was suggested that this money could instead be invested in further

developing services and meeting additional demand. Members were reminded that the underspends in 2008/9 and 2009/10 had followed a substantial overspend in 2007/8.

**Resolved to note the report.**

## 69/09 Capital Budget Scrutiny

The Commission considered a joint reporter of the Corporate Director of Corporate and Adult Services and the Corporate Director of Resources detailing capital budget proposals in 2010/11 – 2012/13.

It was reported that the proposed programme was likely to be one of the heaviest ever in terms of capital investment in adult social care with the development of extra care housing, the development of dementia care and investment on the Derventio site.

Members were informed that much of the capital expenditure would be funded through prudential borrowing with HCA funding, council match funding (including the contribution of land) and developer funding proposed to fund the extra care schemes. It was explained that the greater amount of funding generated by the HCA and the council as opposed to developer funding would result in fewer units being sold by the developer and a higher number available instead for council nomination rights.

**Resolved to support the proposals.**

## 70/09 Work Programme

Members were updated on the 2009/10 work programme. It was reported that three of the four areas identified at the June meeting for coverage during the year had been before members, but that Pharmacy First remained outstanding.

Members were informed that a review of Pharmacy First could look at:

- Level of take-up within the city
- Level/types of services provided by the pharmacy
- How well the scheme is understood by the public
- How the scheme is publicised by the PCT
- GP's views about the scheme and its impact on doctors' workloads.

It was agreed that the Commission should invite the PCT to explain the scheme in order that members could decide whether to proceed with a full review.

**Resolved to invite the PCT to the next commission meeting to provide a presentation on the Pharmacy First scheme.**

## Retrospective Scrutiny

### 71/09 Identify items for Retrospective Scrutiny

There were no items.

### 72/09 Council Cabinet Forward Plan

A member raised concerns over the inclusion of a report on the allocation of grant funding to community organisations for Council Cabinet consideration on February 16. The member highlighted that there is no opportunity for the Commission to review the report prior to it being considered by Council Cabinet but that it had not previously appeared in the Forward Plan and suggested holding a special meeting if necessary to consider the report. Members requested further information about the item to enable them to decide whether a special meeting should be held.

**Resolved to request additional information on item 60/09 of the Forward Plan - Payment of Grants to Voluntary Sector Organisations to enable members to decide whether to hold a special meeting.**

### 73/09 Responses of the Council Cabinet/Health Bodies to reports of the Commission

Members received responses to queries put to John Topham following a presentation at the previous meeting on a review of childhood obesity.

**Resolved to note the responses.**

### 74/09 Matters referred to the Commission by Council Cabinet

There were no items.

MINUTES END