

Time commenced – 6.00pm
Time finished – 8.50pm

**ADULTS AND PUBLIC HEALTH BOARD
5 NOVEMBER 2012**

Present: Councillor Hillier (Chair)
Councillors Harwood, Jennings, Martin, Pegg, Skelton, Turner, Webb and Whitby

In attendance: Councillor Hussain

Councillor Whitby arrived during consideration of 40/12.

Councillor Hussain left the room during consideration of 42/12 and was absent for 43/12 to 45/12 inclusive.

Councillor Martin left the room during consideration of 43/12 and was absent for 44/12 and 45/12 inclusive.

35/12 Apologies for Absence

There were no apologies for absence.

36/12 Late items introduced by the Chair

There were no late items.

37/12 Declarations of Interest

There were no declarations.

38/12 Minutes of the meeting held on 1 October 2012

The minutes of the meeting held on 1 October 2012 were agreed as a correct record and signed by the Chair.

39/12 Call-in

There were no items.

40/12 Ambulance Services Trust Consultation – Being the Best

The Board received a presentation from the Business Manager of the East Midlands Ambulance Services Trust (EMAS) on their proposal to change the way they deliver care and services. It was reported that the consultation involved making changes to their 66 ambulance stations and creating 131

community ambulance posts, standby points and hubs, across the region.

Members asked whether other ambulance services had made similar changes. It was reported that Staffordshire and others were at various stages of change.

Members asked about clinicians getting vehicles ready at the start of their shift. It was reported that there were some checks that clinicians had to undertake as a minimum requirement, but there were other tasks, such as re-stocking of the vehicles that were proposed to be undertaken by support staff at hubs.

Members noted that it was proposed that one hub be located in Derby and one in Chesterfield. Members raised concerns around travel to work time and parking issues at the hubs. It was reported that some staff would see an increase in travel to work time and that EMAS would work intelligently to provide as much parking as possible.

Members asked whether the community ambulance posts would be fully stocked with supplies for ambulances. It was confirmed that all stores would be kept at the hubs and that ambulances would be properly provisioned to be able to complete a shift.

Members asked about the time taken to clean vehicles. It was reported that every 28 days an ambulance would receive a full clean and that would take eight hours. It was further reported that a pre-shift clean would take nearly an hour with two people. Members questioned how the service would operate with vehicles out of operation for an hour after a shift. It was explained that spare vehicles would be provided and shift starts would be staggered.

Members agreed that improving response times and quality of care must underpin any changes made to EMAS.

Resolved:

- **to note the presentation; and**
- **to recommend that improving response times and quality of care must underpin any changes made to EMAS.**

41/12 31/12 Short Breaks for Adults with Learning Disabilities

The Board received a report from the Strategic Director of Adults, Health and Housing on Short Breaks for Adults with a Learning Disability. The report was also presented by the Director of Younger Adults and Housing, the Director of Business Intelligence and Sector Development and the Learning Disability Modernisation Programme Lead. The Cabinet Member for Adults and Health provided an introduction.

It was explained that the report provided a summary of the consultation responses to the proposed changes in how adults with a learning disability were offered short breaks, involving ceasing the residential respite service currently offered at Ashlea Hostel, a 22-bed care home managed by the

Council. It was further explained that the report provided a summary of the findings from the Equality Impact Assessment that had taken place involving key stakeholders.

Members noted that the report recommended that short breaks needed to be made available in a range of ways, taking into account the needs and preferences of the disabled person as well as those of their family carers. Members also noted that the report supported the position of the Council continuing to develop its Shared Lives scheme to provide community based short breaks, whilst recognising that further work to identify appropriate alternatives to Ashlea Hostel for those with the most complex disabilities may be required.

It was explained that Shared Life carers offered short breaks for adults with learning disabilities. Members raised concerns around visitors to the carers' houses. It was explained that checks would be carried out to ensure the environment was safe and secure and met the adult's needs.

It was reported that if Ashlea hostel was to close, Warwick House was proposed as a respite care alternative for adults with the most complex disabilities. Members questioned how Warwick House would be adapted as a specialist facility. It was reported that approximately five beds were in use at Ashlea Hostel, and the same would be provided at Warwick House. It was further reported that a wing of the building had been looked at to provide a discreet unit.

Members noted that the average cost per night at Ashlea Hostel had risen to £149 per night and that the cost of 100 per cent occupancy of a five bed unit was approximately £202 per night. Since a discreet five bed unit was being developed at Warwick House, Members were concerned about costs associated with this unit and wished it to be closely monitored.

It was reported that not all service users and carers fully understood the proposed changes. Members agreed that effective communication should be carried out, that reassured carers and service users about the benefits of the Shared Life scheme and the facilities to be offered at Warwick House.

Members agreed that there should be a smooth, seamless transition between services ceasing at Ashlea Hostel and the provision of services at Warwick House, so that there was no reduction in the quality of service.

Resolved:

- 1. To recommend that Ashlea Hostel remains open until alternative facilities at Warwick House are fully operational for the needs of service users with more profound disabilities and emergency care provision on a long term basis; and that the Shared Lives scheme also meets the needs of service users with appropriate levels of need.**
- 2. To recommend that a Transition Plan should be developed and**

implemented before the above can take effect, which comprises of:

- a. Specifications and adaptations needed to meet complex and health needs of service users at Warwick House and their full implementation i.e. room size, lifting equipment etc.**
- b. Effective communications to service users and their carers to assure and offer clarification around the solutions being delivered, communicating effectively with service users/carers about the proposed changes, inviting them to visit and experience the facilities available at Warwick House.**
- c. A risk assessment which addresses the contingencies needed for implementing the Shared Lives scheme i.e. safeguarding, training needs, and complies with the Care Quality Commissions standards; and also the complex needs of service users at Warwick House.**
- d. Adequate and appropriate plans for the provision of emergency care, for both Warwick House service users, and Shared Lives service users.**
- e. A continued model of care, which holds onto or improves valued standards such as social inclusion, providing opportunities to socialise and also network with existing friends where possible.**

3. Closely monitor the costs of providing the service at Warwick House.

42/12 32/12 Daytime Support for Adults with Learning Disabilities

The Board received a report from the Strategic Director of Adults, Health and Housing on Daytime Support for Adults with a Learning Disability. The report was also presented by the Director of Younger Adults and Housing, the Director of Business Intelligence and Sector Development and the Learning Disability Modernisation Programme Lead. The Cabinet Member for Adults and Health provided an introduction.

It was explained that the report provided a background and summary of the work to modernise the way the Council offered daytime support to adults with a learning disability. Members noted that the report explained the rationale for the public consultation approved by Council Cabinet on 15 August 2012, but did not provide recommendations as the public consultation was still in progress.

It was reported that the proposal affected the service provided by the Council at the Wetherby Centre, a large building on a light industrial estate in Alvaston, a base from which a total of approximately 120 people were supported. Members noted that this would involve the Council offering personal budgets to

all those people who were using the Wetherby Centre and supporting them to explore a range of options that focused on achieving greater independence, social inclusion and involvement in community life.

The Board noted that service users valued their social networks, which gave them the opportunity to meet and socialise with their friends. The Board felt that this element of the service should be maintained in some way if the changes took place and would involve service users pooling budgets.

Members felt that there were many different types of services available which needed to be explored further to extend choice of services available for people with learning disabilities.

It was reported that some service users still did not fully understand personal budgets. The Board agreed that any information communicated should be in a form that people could readily understand.

Resolved:

- 1. to recommend that any changes to services should maintain a network of service user circles where people are offered the opportunity to meet and socialise with their friends;**
- 2. to recommend that the Council Cabinet continue to work with carers and services users to identify and offer a greater choice of provision and ensure that adequate choices are available before closure of the Wetherby Centre took effect; and**
- 3. to recommend that clear and easy to understand information on personal budgets and details on how to access the choices be provided.**

43/12 Southern Derbyshire Clinical Commissioning Group Draft Commissioning Plan

The board received a presentation on Southern Derbyshire Clinical Commissioning Group Draft Commissioning Plan from the Chief Operating Officer. It was reported that the Southern Derbyshire Clinical Commissioning Group was taking over clinical commissioning responsibilities from the primary care trust, which included publication of a Commissioning Plan for its area. Members noted that the Commissioning Plan was a strategic document that specified allocation of resources to address the health needs of its population.

It was reported that the Open Access Centre was well used, but was possibly more expensive to operate than it should be and that it possibly took patients away from other practices.

It was reported that the Commissioning Group was a member organisation with 57 practices delegating to the body. In respect of governance, Members asked how GP's could affect the Commissioning Group. It was explained that each

practice had a commissioning lead who would feed into the Commissioning Group and that each practice would have one vote, when necessary.

The Board felt that the focus should be on increasing the health of patients. It was reported that the two key drivers for the changes were:

1. not to send people to hospital if they don't need to be there; and
2. if a service was available at a surgery it would be better than going to a hospital.

Members agreed that it was important to make services available in the community, as some people found it hard to access services and that there should be an equal spread of services available. It was noted that some GP surgeries offered enhanced services and some didn't. It was reported that some enhanced services could be offered at a locality and made available to all patients of GP's in a defined area.

Resolved:

- 1. to recommend that the Board work closer with the Health and Wellbeing Board to ensure fairness and equality;**
- 2. to recommend that the Board scrutinise Open Access through the Walk-in Centre and GP's surgeries; and**
- 3. to recommend that the Board are given the opportunity to consider and comment upon the Draft Commissioning Plan, once consultation has been completed.**

44/12 Mental Health/Substance Misuse - Presentation

The Chair reported that the presentation would not be taking place as apologies had been received from Sarah Carter and Katherine Blackshaw.

45/12 Council Cabinet Forward Plan

An extract of the Council Cabinet Forward Plan including items relating to the board's terms of reference was considered. Members were keen to have an opportunity to consider and comment upon the following item:

- Item 43/12 – Review of Funding for the Carelink Service

Resolved to recommend that Forward Plan item 43/12 be brought to a future meeting of the Adults and Public Health Board for consideration and comment.

MINUTES END