

# ITEM 5

Commenced – 5.03 pm  
Concluded – 6.04 pm

## **Adults and Public Health Overview and Scrutiny Board**

**18 November 2013**

Present: Councillor Dhindsa (Chair)

Councillors Harwood, Jennings, J Khan, Pegg, Turner, Webb and L Winter

In attendance: Councillor Tittley

### **36/13 Apologies for Absence**

Apologies for absence were received from Councillor Skelton.

### **37/13 Late Items**

There were no late items.

### **38/13 Declarations of Interest**

Councillor Webb declared a personal interest in minute number 40/13 (Revenue Budget Proposals) as he was the Chair of a board which managed a care home in Derby.

Councillor J Khan declared a personal interest in minute number 41/13 as he worked for a care agency in Derby.

### **39/13 Call-in**

There were no items.

### **40/13 Revenue Budget Proposals**

The board was consulted on elements of the Revenue and Capital Budget Proposals from 2014/15 to 2016/17 which fell within the Adults, Health and Housing portfolio. Following a presentation from the Director of Finance and Procurement, together with the Head of Finance, the board understood that the proposed savings were intended to address the multi-million pound budget deficit facing the council in 2014/15. The board was informed that in line with the overall projected saving of £81m, which was required to balance the budget over the forthcoming three years, a total of £29m savings was required in 2014/15. The Head of Finance confirmed that £9.291m of required savings had been attributed to the Adults and Health and Housing Directorate in 2014/15, which represented 12% of the net budget.

The board gave careful consideration to the key pressures within the directorate, as outlined by the Strategic Director of Adults, Health and Housing, particularly the council's obligation to support a growing demographic of young people and adults, together with the imposition of a mandatory eligibility threshold for care services and additional responsibilities linked to the public health function of the council.

It was reported that the council continued to await confirmation of central government's funding allocation but a caveat accompanied the budget proposals which addressed the possibility of divergence from estimated figures.

The Cabinet Member for Adults and Health advised the board that in devising the proposed savings, the need to continue provision of statutory services was a primary concern. In addition, mitigating measures had been undertaken such as the renegotiation of existing contracts (where possible) to ensure best value was being achieved.

The board considered savings proposals within public health division and felt that more information on the services could have been provided to give a clear picture of the proportion of reductions against the remaining budget.

In response to questions regarding the provision of sexual health services, the Strategic Director explained that services would be retained but the way that they were administered would change. The council intended to re-profile the way the public health element of the budget was spent to maximise health benefits for people across the city.

Following discussion concerning various proposed (reconfigured) service models within the directorate, the board was reassured that a significant level of funding remained available within the public health budget to meet local needs. The board expressed a desire to see a greater level of detail provided within the budget documents, which would reassure the public that important needs would continue to be met.

In response to concerns linked to the proposed increase in council care home charges, the Cabinet Member asserted that the change would create a consistent price structure which was unsubsidised by the council, more affordable for the council and encouraged a fair level of competition with the private sector providers.

The board was mindful that health and social care organisations would be setting their budgets for the coming year in financially challenging times. The board recommended that taking decisions in isolation was unlikely to achieve the best outcomes for the local population. A co-ordinated approach was endorsed by the board.

**Resolved to recommend that the Health and Wellbeing Board works closely with partner organisations and co-ordinates discussions on proposed budget savings to enable effective spending on key areas and achieve improved outcomes for local residents.**

MINUTES END