

Time commenced – 6.00pm  
Time finished – 8.35pm

**ADULTS AND PUBLIC HEALTH BOARD  
13 AUGUST 2012**

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

In attendance: Councillor Hussain

Councillor Martin left the room during consideration of 22/12 and was absent for 23/12 and 24/12 inclusive.

**10/12 Apologies for Absence**

There were no apologies for absence.

**11/12 Late items introduced by the Chair**

There were no late items.

**12/12 Declarations of Interest**

Councillors Jennings and Skelton declared an interest in 16/12, 18/12 and 19/12 as a previous Cabinet Member and left the room during consideration of 16/12.

Councillor Webb declared an interest in items 16/12 and 19/12 as a previous Cabinet Member and left the room during consideration of each item.

**13/12 Minutes of the meeting held on 18 June 2012**

The minutes of the meeting held on 18 June 2012 were agreed as a correct record and signed by the Chair.

**14/12 Call-in**

There were no items.

**15/12 Tier 4 Psychological Therapy Services**

The Board received a report on Tier 4 Psychological Therapy Services. It was reported that a three month formal consultation on the Tier 4 service was completed in December 2011. It was explained that a report on the consultation went to the PCT Cluster Board who agreed with the recommendations below:

1. To design a service that is available to ALL people who need them across Derbyshire and one that the 4 Clinical Commissioning Groups (CCG) will want to commission (purchase) for their patients (CCGs are the emerging groups that will replace the PCT in future and who will be responsible for commissioning services on behalf of patients)
2. To develop a service model/pathway with clinicians, service providers, and CCGs that will enable patients to receive therapies that have the best evidence within affordability

Members noted that Hardwick Clinical Commissioning Group was leading on mental Health Commissioning on behalf of the PCT Cluster and had organised a steering group which included provider managers and clinicians, service receivers and GPs. It was reported that a stakeholder event had been held to look at three elements of a care pathway:

1. pathways into specialist services;
2. the specialist services pathway; and
3. the pathway out of services (stepping down)

It was reported that the steering group was carrying out further work on the specialist services pathway that it hoped to complete by the end of August.

The Board asked about current service receivers. It was explained that there should be no changes to therapy for current service receivers and that any plans about future services would involve them.

The Board noted that there was a level of uncertainty for staff and questioned when the situation would be resolved. It was agreed that this was a concern and a resolution was being sought as quickly as possible.

Members noted that the aim of the reports recommendations was the equalising of access to services and asked how this balanced with different areas making their own decisions. It was explained that when the CCG started to form it was still thought that the spread of funding would be equitable, but the decision had subsequently made to divide funding historically. It was confirmed that each CCG would be responsible for its own commissioning.

**Resolved:**

- 1. to note the report;**
- 2. to recommend that mitigations are put in place for current service receivers;**
- 3. to recommend that mitigations are put in place for staff under threat;**
- 4. to request that the finalised specialised service pathway be brought to a future meeting of the Adults and Public Health Board.**

## 16/12 Transformation of Housing Related Support Service (Supporting People)

Councillors Jennings, Skelton and Webb declared an interest in this item and left the room.

The Board received a report from the Head of Integrated Commissioning, Younger Adults, on Transformation of Housing Related Support Service. It was explained that the report detailed proposed savings, commissioning priorities and procurement programme that would transform the housing related support sector in Derby. It was reported that a public consultation on the proposals and their impact had recently closed and a final report was due to be considered by Council Cabinet on 13 September 2012.

Members noted that it was proposed that remaining funding be spent on the following four types of service and support:

1. information, advice, advocacy and general support about housing-related matters;
2. emergency/crisis interventions for those people who need immediate assistance;
3. recovery and re-ablement services that support people to have the confidence and skills to obtain and/or maintain their accommodation; and
4. preventative housing related support for people already living independently.

Details were provided to the Board on the results of the public consultation and it was confirmed that a detailed Equalities Impact Assessment (EIA) had been undertaken on the changes being proposed. Members agreed that the EIA's needed to be ongoing.

The Board recognised that supporting those at high level risk was a priority, but felt that it was also important to explore alternative strategies in terms of mitigation for those at low level risk.

**Resolved:**

- 1. to recommend that Equalities Impact Assessments be carried out on a temporary basis to assess the ongoing changes and the impacts on those at higher risk;**
- 2. to recommend that new ways of working be explored to reduce the changes and impacts on those at higher risk;**
- 3. to recommend that alternative strategies to support those at lower risk be explored; and**
- 4. to recommend that the Adults and Public Health Board consider again the transformation of housing related support service at a future meeting.**

Councillor Webb returned to the room.

## **17/12 Derby LINK Annual Report**

The Board received the Derby LINK Annual Report 2011/12. It was reported that the Local Involvement Networks (LINKs) were established to give local people a greater role in influencing local health and social care services.

The Board noted that LINKs were required to present their reports to their respective health overview and scrutiny committees and questioned whether that function would cease once Derby LINK had become Healthwatch Derby. It was confirmed that the function would not cease.

**Resolved to note the report.**

## 18/12 Transition from Derby LINK to Healthwatch - Update

The Board received a report on Healthwatch Derby Update from the Director of Business Intelligence and Sector Development. It was reported that under the Health and Social Care Act 2012, Derby City Council was required to have a local Healthwatch organisation in place by April 2013. In January 2012, the Derby Health and Well Being Board approved the set up of a new organisation to deliver the functions of a local Healthwatch in Derby. A small steering group was set-up in April 2012 to facilitate the formation of the new organisation. Members noted that a skeletal organisation would be in place by the end of September 2012.

Members asked whether Healthwatch Derby would include the Patient Advice and Liaison Service (PALS). It was explained that some aspects of PALS would be transferred to Healthwatch Derby. It was confirmed that PALS would still operate from Royal Derby Hospital as an important first point of resolution.

The Board agreed that there should not be duplication between PALS and Healthwatch Derby and that PALS should feed into Healthwatch Derby. Members also felt that Healthwatch Derby should be able to receive formal complaints directly rather than them being received through escalation from PALS.

Members questioned whether Healthwatch Derby would be independent of hospitals. It was confirmed that it would be independent and that the legal form for the new organisation would be as a company limited by guarantee which would also be a charity.

The Board noted that Healthwatch Derby would receive funding from Derby City Council and asked who it would be accountable to. It was reported that it would be accountable to the Council in terms of value for money, but not its work programme or service areas.

Members noted that the Health and Wellbeing Board, the Adults and Public Health Board and Healthwatch Derby all had a scrutiny role and agreed that duplication should be avoided.

The Board noted that Healthwatch Derby would be located in the Council House and questioned how it would be distinguished from the Council. It was explained that Healthwatch Derby would have its own branding and would be one of a number of separate organisations using the Council House.

**Resolved:**

- 1. to note the report; and**
- 2. to request that the final draft of the service specification report be brought to a future meeting of the Adults and Public Health Board.**

**19/12      Impact of change in Adult Social Care Fair Access Criteria from Moderate to Substantial**

Councillor Webb declared an interest in this item and left the room.

The Board received a report on Fair Access to Care Services from the Director of Business Intelligence and Sector Development. It was reported that Local Authorities with Adult Social Services responsibilities were required to set an eligibility threshold within the overall eligibility framework called Fair Access to Care Services (FACS) guidance. Following a public consultation, the findings of which were reported to Council Cabinet on 15 March 2011, a decision was made to change the FACS eligibility threshold from Moderate needs and above, to Substantial and above with effect from 4 April 2011 for all new customers.

Members noted that existing customers were reassessed between April and September 2011. It was reported that 1293 assessments of need were completed. Of these, 425 customers were assessed as not meeting the new FACS criteria and services were discontinued, 99 customers had a reduction in service and 21 had an increase in the care package.

Members noted that some customers had transferred to private care and asked whether they could buy services from Derby City Council. It was reported that customers could not buy services and to be able to do so the local authority would have to set up a new structure to trade as a care provider.

Members asked about the Local Area Coordination pilot. It was explained that the role of a coordinator was to identify assets and strengths in the local community and signpost customers to them.

Members noted that reassessments of existing customers would be undertaken on an annual basis.

**Resolved to note the report.**

Councillor Webb returned to the room.

**20/12      DoH Consultation on Scrutiny Health Regulations**

The Board received a report on Local Authority Health Scrutiny Consultation. It was reported that the Department of Health had launched a consultation on proposed revisions to the local authority health scrutiny functions. Members noted that the proposal would require:

1. local authorities to publish a timescale for making a decision on whether

- a proposal will be referred;
- 2. local authorities to take account of financial considerations when considering a referral;
- 3. the introduction of a new intermediate referral stage for referral to the NHS Commissioning Board for some service reconfigurations;
- 4. the full council of a local authority to discharge the function of making a referral.

The Board felt that the introduction of timescales at a local level would be beneficial, especially in light of some past experiences where it had been difficult to obtain findings from organisations. However, Members felt particularly strongly that timescales would be adversely affected by the introduction of an intermediate referral stage to the NHS Commissioning Board and full council making referrals rather than Overview and Scrutiny. The Board also felt that taking referrals to full council could make them more political and that Overview and Scrutiny worked well and offered impartiality.

Members agreed that a response to the consultation should be sent on behalf of the Adults and Public Health Board.

**Resolved to agree that the Chair and Vice-Chair will collate Members responses to the consultation questions, draft a response and forward it to all Board Members for approval.**

## 21/12 Briefing on the future of children's congenital heart services

The Board received a report on Briefing on the future of the children's congenital heart services. It was reported that the Joint Primary Care Trust had agreed the future of children's congenital heart services following comprehensive consultation. The specialist surgical centre in the Midlands would be based at Birmingham Children's Hospital and the Children's Cardiology Centre would potentially be based at Glenfield Hospital in Leicester.

Members noted that Leicestershire County Council was considering appealing to the Secretary of State against the decision to locate the specialist surgical centre in Birmingham. The Board agreed that in the interests of the people of Derby it would be more desirable for the specialist surgical centre to be based in Birmingham.

**Resolved to note the report.**

## 22/12 Adults and Public Health Board's Work Programme

The Board considered items for possible inclusion in the work programme for the 2012/13 municipal year.

Members noted that the following would appear as agenda items at future Adults and Public Health Board meetings and therefore did not require to be included in the work programme:

- 1. Independent Complaints and Advocacy Service
- 2. Supporting People budget

3. Transfer of previous NHS public health 'functions'
4. Impact of change in Adult Social Care Fair Access Criteria
5. Early discharges from NHS Acute Hospitals and impact on Adult Social Care resources
6. EM Ambulance Service re-closure of stations and impact

**Resolved to agreed the following items for inclusion in the work programme for the 2012/13 municipal year:**

- 1. Personal budgets and direct payments**
- 2. "Barriers and enablers" on developing and delivering Extra Care facilities**
- 3. Revisit Health Inequalities Review Report**
- 4. Health Inequalities and access to GP services**

**23/12 Council Cabinet Forward Plan**

There were no items.

**24/12 H&WB Forward Plan**

There were no items.

**Resolved to request more detail be provided in future H&WB Forward Plans.**

MINUTES END