

# ITEM 4

Commenced – 6.00 pm  
Concluded – 8.59 pm

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

**23 September 2013**

Present: Councillor Dhindsa (Chair)  
Councillors Jennings, J Khan, Pegg, Turner, Webb and L Winter

In attendance: Councillor Tittley

Councillor J Khan vacated the meeting for the duration of minute number 24/13 (Grant Aid Funding Levels for Voluntary and Community Sector Organisations) following his declaration of a pecuniary interest.

### **16/13 Apologies for Absence**

Apologies for absence were received from Councillor Harwood.

### **17/13 Late Items**

There were no late items.

### **18/13 Declarations of Interest**

Councillor J Khan declared a pecuniary interest in minute number 24/13 (Grant Aid Funding Methodology for Voluntary and Community Sector Organisations) as he worked for a care agency in Derby.

### **19/13 Minutes of the meeting held on 12 August 2013**

The minutes were agreed as a correct record and signed by the Chair, subject to the addition of Councillor Jennings' apologies.

### **20/13 Call-in**

There were no items.

### **21/13 Update from East Midlands Ambulance Services Trust on the *Being the Best* Programme**

Further to the Board's statutory health scrutiny responsibility (which enabled it to review and scrutinise any matter relating to the planning, provision and operation of the health service in the city) the Board received a presentation from the Director of Corporate Affairs of the East Midlands Ambulance Service (EMAS) (service provider) and the Chief Executive of Erewash Clinical Commissioning Group (service commissioner) on EMAS's performance and *Being the Best* programme.

Both presenters assured the Board that EMAS's performance in the city with regards to 8 minutes and 19 minutes response times had exceeded their targets, although they conceded that there had been regional problems.

EMAS responded to the Board's questions and outlined some of their initiatives to improve performance, including:

- Reconfiguration of their estates programme to provide a streamlined and efficient service.
- Community ambulance station which would include co-location with partner organisations to share facilities.
- Reconfiguration of their management structure.
- A winter pressure campaign, due to be launched on 7 October 2013, which would offer advice regarding when it would be appropriate for people to request the assistance of the ambulance service.
- 111 service triages and reduced pressures.
- The use of mobile treatment centres, particularly during peak times such as Friday and Saturday nights, together with the approach to Christmas.
- PolAmb – A fast response vehicle within the city centre which would be accompanied by a Police Officer.
- General Practitioners accompanying paramedics to treat people in the community.
- The establishment of a Specialist Falls Team – to assess and treat people at home and therefore reducing admittance to hospital.

**Resolved to:**

- 1. note and welcome the fact that despite the financial pressures, the East Midlands Ambulance Service (EMAS) had met its targets within Derby city and maintained services;**
- 2. recommend that any future changes to EMAS should ensure that the quality of services provided to Derby be maintained or improved but not reduced to the lowest common denominator;**
- 3. recommend that regional initiatives which aim to improve services to patients should also be considered and applied in Derby as in other areas; and**
- 4. request an update on EMAS's performance in respect of winter pressures be provided to the Board at the meeting due to be held on 14 April 2014.**

## **22/13      Review of Walk-in Services in the City of Derby by Southern Derbyshire Clinical Commissioning Group**

The Chief Executive and the Commissioning Manager of Southern Derbyshire Clinical Commissioning Group presented the consultation programme on Review of

Walk-in Services. They explained that there were two walk-in services in the city; a nurse led walk-in centre based at Osmaston Road and the Open Access Centre operating from St Thomas Road. During 2012, the two centres between them treated more than 80,000 patients. It was explained that without these centres, it was likely that Accident and Emergency services would have come under even more pressure. Contracts for both centres had been aligned and extended to March 2015, allowing the Clinical Commissioning Group to conduct a detailed review.

Following the presentation and a question and answer session, the Board resolved to:

- 1. Note that although the need and demand for walk-in services is growing, funding has been allocated by the Clinical Commissioning Group to maintain and improve the service; and**
- 2. Request an update on the consultation at the meeting due to be held on 11 November 2012.**

## **23/13      Derby Safeguarding Adults at Risk Board's Annual Report 2013/13 and Action Plan 2013/15**

The Board received a report from the Strategic Director of Adults, Health and Housing, which invited it to consider current performance in safeguarding adults who may be at risk, as well as the effectiveness of partnership plans to improve the systems and joint-working across the city to keep people safe. The Board understood that leadership in the safeguarding of adults was delivered via a multi-agency board with an independent chair.

Allan Breeton, Independent Chair of the Derby Safeguarding Adults Board presented the annual report, together with the 2013-15 action plan. Members considered Derby's recent performance in safeguarding adults. It was reported that safeguarding referrals within the city had dropped, suggesting that the provision of clearer guidance on thresholds had been effective.

The Board noted that the Care Bill 2013, which was passing through parliament, would put the Safeguarding Board onto a statutory footing and would further raise the profile of Safeguarding Adults at Risk. The Council would remain the lead agency, with Health and the Police being the other key statutory partners. The Board understood that Derby had recognised the need for housing representatives on the Safeguarding Board and appointed accordingly, thus complying with new requirements likely to come into force.

The Safeguarding Board was focused on its engagement with individuals and was keen to receive feedback from its customer inclusion group. The Board was keen to channel its efforts into two strategic priorities, thus giving its work a clear direction across the next two years. The key role of Councillors, in their capacity as community representatives, was reiterated as it was recognised that they had built relationships within the community and would be well placed to make referrals, should the need arise.

The Board noted the thanks expressed by the Independent Chair of the Safeguarding Adults Board to the Strategic Director of Adults, Health and Housing on behalf of the Council, in respect of the support provided to the Safeguarding Board.

**Resolved to:**

- 1. note the report and the hard work undertaken by the Safeguarding Board, which is reflected in its annual report;**
- 2. commend the high level actions plan proposed by the Safeguarding Board;**
- 3. recommend safeguarding training to all councillors to help them fulfil the duty of care they owe in respect of safeguarding adults, particularly with regards to reporting adults at risk, in view of the fact that the nature of councillors' work brings them into direct contact with vulnerable people;**
- 4. encourage efforts to raise awareness and build confidence amongst the hard to reach groups, enabling them to recognise and report suspected abuse; and**
- 5. request that Derby Safeguarding Adults at Risk Board returns to a future scrutiny meeting to present it's next annual report, together with an update on the effectiveness of the 2013/15 Action Plan.**

## **24/13 Grant Aid Funding Levels for Voluntary and Community Sector Organisations**

The Board received an updated report from the Cabinet Member for Adults and Health which requested the Board to consider and comment on the methodology used to determine grant funding levels to voluntary community and faith (VCF) sector organisations. It was reported that the Council faced a very serious financial situation in terms of the level of savings required to achieve a balanced budget for 2014/15 and beyond. The Board understood that an estimated saving of circa £30m per annum would be required annually over the next five years.

The Cabinet Member for Adults and Health explained that as part of the medium term financial plan, £493k of savings had been identified primarily in 2014/15 against VCF sector grant funding allocations.

The Board was reminded that the grants budget prior to the comprehensive spending review of 2010 stood at approximately £1.5m. Following the latest round of reductions, however, the budget would reduce to £522k. This equated to a funding reduction of approximately £1.0m. The Cabinet Member asserted that this savings requirement was a direct result of the funding restrictions imposed on the Council by the coalition government.

The Board was informed that although the scale and impact of the funding reductions on the city's VCF sector would inevitably reduce the sectors ability to provide early intervention and preventative services, the need to protect statutory services was of paramount importance.

The Cabinet Member explained that the methodology adopted to allocate funding to VCF sector services was based on intelligence gathered by commissioning officers

for each service and applied judgements based on that information. In trying to preserve as many of the services as possible, the methodology introduced further rationing of resources.

The Board considered the key principles detailed in section 4.5 of the report which were used to determine the grant funding allocation. The Cabinet Member maintained his intention to preserve a broad spectrum of services within his portfolio. The Director of Business Intelligence and Sector Development confirmed that the principles contained within the 2012 Voluntary Community Funding Strategy had not been departed from. In response to questions from the Board, the Director identified the four strands within the 2012 strategy as being the provision of support, advice and information; early intervention and prevention; the provision of direct care within the community and investment in community infrastructure.

The Strategic Director for Adults, Health and Housing observed that where there was a failing provider, it was important for the Council to be assertive. In decommissioning an ineffective service, the Council could re-invest the funding, thereby protecting the use of the money and the provision of services. The Strategic Director reminded the Board that funding from the Council was not only source of funding available to the VCF sector. Grant Aid funding, for example, was another source.

The Board discussed the proposed percentage reductions, particularly for those organisations which would receive a 100% reduction in funding. The Cabinet Member explained that the approach used to determine the reductions aimed to achieve consistent outcomes but the budget constraints required a focus on the provision of statutory services. The information provided by organisations, as part of the consultation process, had been a key factor in evaluating their contributions. The Strategic Director advised the Board that it was important to preserve a range of services to ensure, where possible, that any risk posed to Council was spread across a range of service providers.

**Resolved to:**

- 1. note the implications of the massive reduction in grant aid funding levels for voluntary, community and faith sector organisations and the impact this will have on the services provided by those organisations;**
- 2. note that any further reduction in funding will have a devastating impact on preventative services provided by voluntary, community and faith sector organisations;**
- 3. note that Adults Health and Housing Directorate continues to work with National Health Service and other partners to provide joint funding to voluntary, community and faith sector organisations;**
- 4. recognise the need to employ the methodology cited in section 4.5 of the report to determine the grant funding allocation; and**
- 5. recommend that new services providers be given an opportunity to bid for grant aid funding if existing providers are assessed as not providing effective services.**

The Board considered the Forward Plan, which was published on 17 September 2013.

**Resolved to request that the consultation results in relation to the Review of Day Support for Older People (reference number 16/13) be presented at a future board meeting.**

## 26/13 Adults and Public Health Board Work Programme

The board discussed potential work plans and topic reviews for the forthcoming municipal year. The Scrutiny and Civic Services Manager circulated a proposed work programme for 2013/14.

**Resolved to agree the work programme reproduced in Table 1 below.**

<b>Table 1</b> 24 October 2013	<ul style="list-style-type: none"> <li>• Visit to Royal Derby Hospital Emergency Department to assist members' understanding of how the hospital is coping with increasing pressure on emergency services and its progress in adopting the Cardiff model - recording patients details to prevent violence and alcohol related injuries.</li> </ul>
11 November 2013	<ul style="list-style-type: none"> <li>• Budget Scrutiny</li> <li>• Mental Health - Dr Steve Trenchard               <ul style="list-style-type: none"> <li>○ How do people with multiple mental health problems access services locally?</li> <li>○ What outcomes are achieved?</li> <li>○ How do we know services are effective and that people with multi problems, alcohol dependencies and criminal activities are given the right treatment?</li> </ul> </li> </ul>
20 January 2014	<ul style="list-style-type: none"> <li>• Review of Commissioning Processes between Health and Social Care: Are we getting value for money? - Cath Roff</li> <li>• Review of the Enablement Service - Cath Roff/ Royal Derby Hospital               <ul style="list-style-type: none"> <li>○ Hospital care plan and transition from hospital to the community</li> <li>○ Is it fit for purpose?</li> </ul> </li> <li>• How do people access services provided by Milestone House and other similar services – Cath Roff/ Royal Derby Hospital</li> </ul>
14 April 2014	<ul style="list-style-type: none"> <li>• Review of patient experience of booking appointments with their GP</li> <li>• Quality Assurance in Care Homes</li> <li>• Review of patient experience linked to hospital discharge and interface between different health and social care services</li> </ul>
Unassigned	<ul style="list-style-type: none"> <li>• Update on Substance Misuse – Derek Ward</li> <li>• Dementia Care –Derbyshire Health Services Foundation Trust/ Derek Ward/ Royal Derby Hospital</li> </ul>

	<ul style="list-style-type: none"><li>• Joint Strategic Health Needs Assessment – Alison Wynn</li></ul>
--	---

MINUTES END