

ITEM 4

Time commenced – 6.00pm

Time finished – 8.23pm

ADULTS, HEALTH AND HOUSING COMMISSION 20 JUNE 2011

Present: Councillor Hussain (in the Chair)
Councillors Ashburner, Radford, Shanker and Webb

01/11 Apologies for Absence

Apologies for absence were received from Councillors Atwal and Dhindsa.

02/11 Late items introduced by the Chair

There were no late items.

03/11 Declarations of Interest

There were no declarations of interest.

04/11 Minutes

The minutes of the previous meeting held on 14 March 2011 were agreed as a correct record and signed by the chair.

05/11 Call-in

A) Procedure for the Call-in of an Executive Decision

The Commission considered a report which set out details of the procedure and associated protocol for the Call-in of an executive key decision.

Resolved to note the report

B) Matters Referred

There were no items referred to the Commission in relation to the Call-in of a Key Decision.

06/11 Councillor Calls for Action

The Scrutiny Manager, Mahroof Hussain, described the circumstances under which a Councillor Call for Action could be necessary.

There were no Councillor Calls for Action.

07/11 Terms of Reference of the Commission and Work Programme

The Commission considered a report of the Scrutiny Manager, outlining the terms of

reference of the Commission and inviting Members to identify areas of interest for scrutiny. These would be collated for the next meeting to enable the Commission to agree its work programme. The Chair noted that if Members were seeking information on a complex or cross-cutting issue, then a topic review may be appropriate.

Resolved to note the report

08/11 Learning Disability Presentation

Personalisation in Learning Disabilities

The Commission received a presentation from Brian Frisby, Director of Younger Adults and Housing, giving an overview of Personalisation in caring for people with learning disabilities in Derby. It was explained that the current situation results in professionals and parents deciding what is best for people and with individuals being offered a limited range of pre-purchased services. Areas for development included the focus on services rather than inclusion, the over reliance on residential care and the low number personal budgets, rather than being person centred. It was reported that spend on people with learning disabilities is 26% (£20.9m) of all Adult Social Care in Derby, compared with a national norm of 23%. It was explained that Adult Social Care is now undergoing a transformation to move towards an individualised and personalised support service. This would enable people with learning disabilities to be treated as citizens with equal rights and access equal opportunities. The focus would move to self-directed care, with people having an individual budget, agreeing a support plan and which aims to deliver independent living. This follows the current social policy context as set out in Improving the Life Chances of Disabled People (2005), the Putting People First Concordat (2007) and the Localism, Public Health and Health and Social Care Bills.

Councillor Hussain asked how a learning disability is defined and it was reported that the NHS defines this as an IQ of lower than 70, however the council is less strict in its interpretation. He further questioned how much improvement would be possible for people with severe disabilities compared to those with relatively minor disabilities, who could move towards independent living more easily, suggesting that the decision to raise the eligibility criteria was contradictory to their aims. The Director of Younger Adults and Housing reported that the life chances of even the most functionally disabled people could be improved, and that raising the eligibility criteria was suggested when asked for recommendation on how to save money.

Resolved to note the presentation

Work of the Learning Disability Forum

The Commission received a presentation from Dean Davis, Partnership Board Coordinator, and Nav Rai, Strategic Commissioner on the work of the Derby City Learning Disability Partnership Board. It was reported that the board is a partnership of several organisations, agencies and individuals including the Learning Disability team, Job Centre plus, Health and Housing officers, Parents, Carers. Also included are 4 ambassadors, employed by the council, who are people with learning disabilities that represent the views of other people with learning disabilities. The Partnership Board Advisory Group meets prior to each partnership board to decide the agenda. The Partnership Board is the business part of the meeting where outcomes are discussed. Their achievements so far include the input to the closure of NHS campus accommodation and the installation of

changing place facilities at Westfield. Other projects initiated by the Partnership Board include a review of shorts breaks provision and the Safe Places scheme, to be launched in the Westfield Shopping centre. It was noted that the Partnership board delivery plan for 2011-12 was built around the keys to citizenship, which are Self-Determination, Direction, Money, Home, Support, Community, Health and Relationships and was the first Partnership Board in the country to have a peer review.

Members welcomed the work of the board and asked who could attend the meetings. It was reported the meetings were open for anyone to attend and the challenge was to get people involved. Members also enquired as to whether there was a trend with what people with learning disabilities were asking for and it was reported that these were consistently no different to anybody else, including relationships, wealth (leading to choice) and respect.

Resolved to note the presentation

09/11 Health Scrutiny Items

Members received an update from Trish Thompson and Valerie Winn of NHS Derby City and Derbyshire County on the following items:

a) Outcome of the Direct Access Consultation

It was reported that NHS Derby City entered into a public consultation on the provision of direct access services in Derby from 31st January to 31 March 2011. Following consideration of the evidence, it was recommended to the Trust Board to retain the Walk-in centre and Derby Open Access Centre. The Scrutiny Manager noted that the outcomes had been a success story for the Commission, as its views had been reflected in the recommendations to the Trust Board.

Members enquired as to what the PCT was doing to improve access to GPs. It was noted that the trend of Derby practices closing on Wednesdays was being stopped, and core hours had been extended to 8.00am – 6.30pm to maximise access. It was added that the PCT had sourced external support to review the demand and supply of the Derby Direct Access Centre with a view to better managing capacity.

Members asked how performance and accessibility were being measured in surgeries and it was reported that mystery shoppers and a balanced scorecard were being used. Members asked to see a copy of the scorecard at a future meeting, and it was reported that this would have to be anonymous as some surgeries did not agree with the recording technique.

Resolved:

- 1. to note the update;**
- 2. to request that the PCT brings a copy of the balanced scorecard to a future meeting**

b) Update on reform and Clustering Arrangements

It was reported that 5 consortia were being created in the Derby area: Southern Derbyshire, Erewash, Hardwick, North Derbyshire and High Peak however the clusters were yet to be decided. It was noted that Southern Derbyshire was likely to be the largest

consortium due to patient flows. It was added that a further update could be provided at a future meeting once the clusters had been decided. Members also enquired as to how many people the PCT was employing and it was reported that the deadline for the PCT voluntary redundancy scheme had just passed and it was anticipated that the final numbers would be known by September.

Resolved:

- 1. to note the update;**
- 2. to receive further updates at a future meeting**

c) Primary Care Update

Members considered updates on Primary Care.

Resolved to note the reports

d) PALS report – Recent Themes and Trends

Members received an update on the Patient Advice and Liaison Service (PALS). It was reported that the service offers information, advice and support about local health services, and that feedback from this is used to improve services. The main issues identified for the period March-May were access to NHS Dentistry, long waiting times for Chiropody services and the availability of Phlebotomy services at the Revive Clinic. It was added that the commissioning manager is aware of and will be addressing these issues.

Resolved to note the report

e) Children's Paediatric Cardiac Review

Members received a copy of a letter highlighting the consultation document *Safe and Sustainable: a new vision for children's congenital heart services in England*. Members were informed that the Commission had submitted a response as agreed at the previous meeting.

Resolved to note the update

10/11 Member Training

The Scrutiny Manager outlined the role of scrutiny in the Council decision making process for Members, noting that effective scrutiny is a key element of the decision making process. The training also gave guidance on the role of Topic Reviews, Key Decisions, the Call-in process and Councillor Calls for Action.

Resolved:

- 1. to note the report;**
- 2. to ask to Scrutiny Manager to circulate the presentation slides.**

11/11 Retrospective Scrutiny

There were no items.

12/11 Forward Plan

The Commission identified the following items from the forward plan for consideration at future meetings:

- 86/10 – Day Care Services for Older People
- 87/10 – Home Care Services for Older People
- 38/10 – Housing Renewal Policy
- 99/10 – Local Investment Plan Refresh

13/11 Matters Referred to the Commission by Council Cabinet

There were no items.

Chair of the next ensuing meeting
at which these minutes were signed