



## ADULT SERVICES AND HEALTH COMMISSION 7 July 2008

Report of the Director of Corporate and Adult Social Services

### Annual Work Programme of the Adult Services and Health Commission

#### RECOMMENDATION

- 1.1 To consider and Select items for the Commission's annual work programme 2008-09.

#### SUPPORTING INFORMATION

- 2.1 At the last meetings members were asked to identify items they wished to review during the current year as part of the Commission's annual work programme. A number of suggestions have been received and these are listed below:

#### 1. Mental Health Services Budget Overspend

The Council has devolved the responsibility for managing mental health services to Derbyshire Mental Health Services Trust. The Trust provides these services primarily through commissioning from the independent sector and charges a management fee for this role.

The Resource Monitoring Statement detailing forecast outturn at March 2008 shows that mental health budget 2007/08 was overspent by £1.023m, difference of 33% from £3.069m budget.

#### Resource Monitoring Statement for Mach 2008

Revised Budget 2007/08	Service Activity	Forecast Outturn 2007/08	Variance against budget
£000's		£000's	£000's
75	Mental Health Services Management	112	37
1224	Care Management and Purchasing – Social Work	1283	59
2120	Residential Care – Independent Sector	2120	776
	None residential care services		
246	Home care	435	189
140	Day Care	97	(43)
40	Community Support	46	6
<b>3069</b>	<b>Total</b>	<b>4093</b>	<b>1023</b>

Members may wish to examine the role played by the Derbyshire Mental Health Services Trust in managing this service on behalf of the Council, consider the reasons behind the large budget overspend and how the budget could be managed in the future. A detailed review could consider:

- Types of services mental health delivered to services users
- The contract with the Trust and what the council gets in return
- Reasons for the budget overspend and whether this is one off or likely to be repeated
- How this service is monitored by the Council
- What could be done to manage the budget in future
- What risks are associated for the Council to manage this service in-house

## **2. Handy Persons Scheme-**

The Handy Person Scheme has been established to assist elderly people to retain their independence by carrying out a wide range of minor household repairs which are too small for a tradesperson. There is no specific definition of the types of jobs that can be carried out other than those jobs that take up to two hours to complete. These can include changing light bulbs, turning mattresses, hanging curtains, putting up bathroom cabinets etc. No charge is made for the Handyperson's time or travel expenses but clients are charged for the cost of any materials required for the work. This service is only available to people receiving income benefits and applicants are means tested to qualify.

The Handy Person Scheme was part of the larger Decent Homes contract with Spirita (formally known as Walbrook Housing Association) to carry out improvements in the private housing sector. It initially operated as a pilot scheme with a single van but this has now increased to three vans. The scheme is funded through the Supporting People Programme at approximately £110,000 per year and is contracted to carry out 1200 jobs per annum.

The scheme is monitored by the Supporting People Team and the figures for the last year show that they carried out 900 jobs. Although this is significantly less than the contract of 1200, quarterly performance profile shows that figures are increasing and are close to achieving the 300 jobs per quarter target. One possible reason for not meeting the target could be due to lack of public awareness about the scheme as initially it was difficult to forecast future demand and therefore the publicity was kept to a minimum in case the service and not raise expectations that could not be met.

The Commission may wish to examine the reasons for under performance and whether the scheme is being targeted at those

people who need the service most. The review could also examine whether the Handy Persons Scheme compliments or supports the work provided through minor adaptation programme.

### **3. Rehabilitation/ re-enablement services**

Rehabilitation can be identified as a whole process of managing disability, with the aim to enable individuals, their families and carers to adjust and cope with their change in circumstances. It must be based on on-going assessment, planning and evaluation and involve partnership between the individual, their social network and the health and social care team. It typically needs to involve a range of essential disciplines such as a Specialist Consultant, Physiotherapists, Occupational Therapists, Specialist Rehabilitation Nurses/Nurse Consultant, Doctors, Psychologists, Speech and Language Therapists, Psychiatrists, Social Workers, Community Staff and Employers. However effective rehabilitation is dependent on this group of people functioning as a team, engaged in collaborative goal planning, focusing on the disabled person and their family.

Rehabilitation services aim to rebuild skills and confidence in doing everyday activities in people who may have had some sort of accident or traumatic experience. It can for example teach new skills to:

- Help people manage at home
- Keep people out of hospital, permanent residential care or nursing care, unless this really is the right choice for them.

The Commission may wish to examine who is currently providing these services, the level and type of support available to services users, how it is funded and whether it meets the needs of the service users.

### **4. Provision of GP surgeries for the areas of new build around the city**

Derby has seen significant numbers of new housing over the last few years with 4441 of residential developments completed over the last five years. The Draft Regional Spatial Strategy states that approximately 700 new properties per year are required between 2001 and 2026. Based on these estimates a further 13000 units will be required over the next 18 year.

There are 38 General Practitioner surgeries in the city listed on the Derby PCT website many of whom have more than one GP. The new developments are increasing level of demand on GP health services. It is expected that all new developments need to take into account community and health facilities as part of the planning approval.

In 2005 a national survey by a market intelligence specialist GMAP Consulting found Greater Derby PCT to have one of the highest numbers of residents per GP in the country. However this was disputed

the Trust which stated that the ratio was much lower. The latest information on the PCT website shows that there are 176 GPs in the city. Since the Derby has a population of approximately 240,000 people and discounting the small number of surgeries who have patients registered from outside the city boundary, the patient per GP ratio is 1363. More up to date figures are being sought from the Primary Care Trust on the patient GP ratio. The Commission may wish to examine patient access to GPs particularly in new build areas, whether patient health needs are being taken into account during the planning approval stage, what measures are being taken by the PCT to improve access to health service in the new build areas.

- 2.2 All commissions are expected to consider and agree their annual work programme at the start of each new municipal year and submit them to the SMC for approval. The Councils Constitution allows commissions to conduct policy reviews and submit up to two reports to the Council Cabinet each year. However since this commission has the statutory health scrutiny responsibility, it may conduct as many external health reviews as it can manage within its resources. The Commission should also be mindful that there are likely to be issues raised in the Our NHS Our Future –A vision for Better Health and Health Care in Derbyshire report that may be brought to the attention during the forthcoming year. The Commission should retain some flexibility to be able to respond to these as and when the need arises.
- 2.3 It is suggested that Members adopt a flexible work programme for the coming year.

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<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 - Implications

# Appendix 1

<b>IMPLICATIONS</b>
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## **Financial**

1. None arising from this report.

## **Legal**

2. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

## **Personnel**

3. None arising from this report.

## **Equalities impact**

4. Effective scrutiny will benefit all Derby people.

## **Corporate Priorities**

5. This report links with Council's priority for 2007-10 to help us all to be healthy and active.