

Time commenced – 6.00pm  
Time finished – 8.06pm

**ADULTS AND PUBLIC HEALTH BOARD  
17 DECEMBER 2012**

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

In attendance: Councillor Hussain

**50/12 Apologies for Absence**

There were no apologies for absence.

**51/12 Late items introduced by the Chair**

There were no late items.

**52/12 Declarations of Interest**

Councillor Webb wished it to be noted that he declared an interest in the budget item relating to residential/nursing homes as he was Chair of a residential care home.

**53/12 Minutes of the meetings held on 5 November 2012 and 29 November 2012**

The minutes of the meetings held on 5 November 2012 and 29 November 2012 were agreed as correct records and signed by the Chair.

**54/12 Call-in**

There were no items.

**55/12 Revenue Budget Proposals 2013/14 – 2015/16**

The Board Received a report on Revenue Budget Proposals 2013/14 – 2015/16 from the Strategic Director of Resources. The report was presented by the Director of Finance and Procurement. It was reported that the Council had proposed three year budget plans for 2013/14 to 2015/16 in response to Government cuts and in line with the Council's budget strategy agreed by Council in September 2012. It was further reported that the latest forecast required savings of £62.2 million over the next three years to balance the budget.

Members noted that the proposals would be under consultation until 4 January

2013 and that the outcomes from the consultation exercise and the final proposals would then be presented for approval to Council on 30 January 2013.

Members considered the budget proposals relating to the Adults, Health and Housing Directorate.

Members noted that it was proposed that service transformation and reconfiguration work would end between 2013/14 and 2014/15. It was reported that the focus was upon service delivery and providing greater choice for individuals.

It was reported that the commissioning function would be reduced over the next three years. Members asked whether this would involve the commissioning of services through the voluntary sector. It was explained that this would be the case and that engagement work had been carried out and a number of micro providers had been identified. It was further explained that work shops had been carried out with more traditional providers to look at how they should market and position themselves in the future and that there was an opportunity through personal budgets for them to charge for services.

Members noted that it was hoped to have public health commissioning of preventative services in the next few years. Members raised concerns that some preventative services could be stopped for a period before being re-commissioned and asked that the Cabinet investigate whether the public health budget could be brought forward to prevent this. It was recognised that this budget could help some services affected by future reductions in voluntary sector grants.

It was reported that savings in care at home services would be sought through efficiencies in community based support. Members raised concerns over the large amount to be saved over a two year period and were worried that people would be presenting to go into nursing and residential care. It was explained that residential care may be the right decision for some, but for those staying at home it would be important to strengthen family and friends support and lessen the pressure on social services.

Members noted that it was proposed to make saving through changing the service delivery model for older persons day care by maximising use of older persons homes. Members felt that some use could be made of Derby Homes facilities to help in this matter.

Members raised concerns over the proposed restructuring of staffing within the deaf service. It was reported that it was hoped that this could be done without an impact upon services. Members recommended that consultation be carried out with the deaf community to ensure that any changes were fair and equitable.

It was reported that savings were proposed through reductions in preventative support around dementia. Members felt that with an increasingly older

population and increasing dementia cases, it was important to do more preventative work to lessen the impact on service users. It was agreed that the Clinical Commissioning Group should take over the provision of preventative support services.

Members raised concerns over the proposed reduction in voluntary sector grants and felt that any reductions should be treated carefully. Members agreed that services should be prioritised rather than having cuts across the board.

Members were interested in the proposal to charge the independent sector for training services and felt that this was an area of growth and it would help the department to cover its costs.

Members noted that in terms of younger adults residential care services, savings were proposed through robust fee negotiation and moving people to more cost effective alternative homes or community setting. Members were concerned that young adults could be negatively affected by being moved from one home to another. Members agreed that it was important to enter into negotiations around fees, but also maintain choice.

**Resolved to recommend the following:**

- 1. The Revenue Budget Proposals show a budget saving of £400k in 2015/16 for Public Health Commissioning of preventative services. The Boards asks the Cabinet to investigate whether these could be brought forward into next year, 2014/15 rather than being allocated in 2015/16. It seems inappropriate to stop providing some preventative services for one year before re-commissioned a year later and bringing these forward could assist with continuation of some services that could be affected by reductions in the voluntary sector grant.**
- 2. For the proposal to restructure staffing and achieve savings in deaf services posts, it was recommended that appropriate consultation which meets the needs of the deaf community be carried out and enable them to present their views.**
- 3. The Board recommended that proposals for reducing support for dementia need to be treated very carefully as early intervention can have a significant impact on services downstream. The Board also asked that the Health and Well-Being Board be consulted and encouraged to take up this issue as it would be in the Clinical Commissioning Groups (CCG's) interest to address dementia at an early stage.**
- 4. Proposals for reduction of 50% in the voluntary sector grant should be carefully considered and any reductions should be based on prioritising services rather than make a cut across the board.**

- 5. Consider introducing an appropriate level of charge for delivering training programmes to the independent sector. Making a charge will not only help the department to cover their costs but as this is considered to be a growth area for the independent sector, these businesses may be able to claim tax relief for training activity.**

## **56/12 Council Cabinet Forward Plan**

There were no items.

MINUTES END