

Commenced –6.02 pm  
Concluded – 8.07 pm

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

**10 November 2014**

Present: Councillor Pegg (Chair)  
Councillors Hillier, J Khan, Skelton and Webb

### **17/14 Apologies for Absence**

No apologies for absence were received.

### **18/14 Late Items**

There were no late items.

### **19/14 Declarations of Interest**

There were no declarations of interest.

### **20/14 Minutes of the meeting held on 15 September 2014**

The minutes of the meeting held on 15 September 2014 were agreed as a true and accurate record.

A matter arose from these minutes, which was a request by the Board for a full update on East Midland Ambulance Services Trust strategy regarding their policy on the estates plans, this will be available at the next meeting on Monday 26 January 2015.

### **21/14 Council Cabinet Forward Plan**

The Board considered the Forward Plan published on 21 October 2014.

Members noted that Item 8/14 – Implementation of the Care Act 2014 was on the Board's work programme for the municipal year and would be considered at the Board's next meeting on 26 January 2015 meeting.

Members also noted that item 38/14 – Public and Health, Children and Young People services for 2015/16 and Beyond falls under the remit of the Adults and Public Health Board.

**Resolved to note the Forward Plan.**

## 22/14 Modernisation of Learning Disability Day Opportunities

The Board received a report of the Strategic Director of Adults, Health and Housing on the Modernisation of Learning Disability Day opportunities.

Members were informed that following a decision by Council Cabinet in December 2012, the Wetherby Centre closed in May 2013. Customers using the centre were given a personal budget to arrange their own daytime care and support. The change delivered financial savings totalling £436,000, and was also intended to deliver improved social care outcomes for adults with a learning disability.

A review of the care and support that customers now purchase from new and existing providers has been carried out as it has been a year since this change was implemented. The report stated that providers had engaged well with the review process by undertaking a self-assessment and supporting peer review visits by independent young adults with a learning disability.

The analysis of the self-assessments and the peer challenge visits appeared to demonstrate improvements in social inclusion for people with learning disabilities and highlighted areas for further improvement. It was reported that the review process is not yet complete. Meetings were underway with each provider to support them in producing their own improvement action plan.

The Director of Prevention, Personalisation & Professional Standards presented a verbal overview and slide presentation of the report along with Janine Cherrington, Head of Service for Transition 2. The Board thanked Janine Cherrington for her input and hard work.

The Board discussed the reported outcomes of the changes and the way in which services were provided to people with learning difficulties at length. Members recognised the changes that had been made were positive and asked to promote the report's findings.

**Resolved to note the report.**

## 23/13 Whole system transformation of health and adult social care

A joint report was presented by the Strategic Director of Adults, Health and Housing and the Chief Officer of Southern Derbyshire Clinical Commissioning Group to the Board.

The report stated that health and social care services were facing unprecedented pressures: a combination of a tight fiscal squeeze alongside demographic pressures, advancements in medical science and citizens' expectations for services. The pressures for change were coming from every direction: the short term crisis in Accident and Emergency, the long-term need to move more care out of hospitals, the need to improve access to GPs while reducing their workload, the tightening economics of general practice and the need to improve clinical quality and the relentless squeeze on local authority budgets.

The report highlighted the size of the financial challenge to the NHS in Southern Derbyshire was £25m-£30million per year for the next five years. Adult social care was facing an underlying budget pressure of £5million (which was due to be addressed through the Council's medium term Financial Plan) with an annual demographic pressures in the region of £1 million per year and further anticipated pressures due to the introduction of the funding reforms contained in the Care Act.

Derby City Health and Wellbeing Board had agreed a draft vision for the future of services in Southern Derbyshire. This was set out in the Better Care Fund submission and has been endorsed by the Southern Derbyshire Leadership Group (which includes commissioners and providers working within the Southern Derbyshire geography).

Although the draft vision originally focussed on meeting the needs of the frail and elderly population, it was now intended to cover all aspects of care, including health and social care, physical and mental health, adult and children's services, and planned and unplanned care. The articulation of our strategy for organising the delivery of services to achieve the vision is summarised via the 'care wedge' diagram (See section 4.3).

The following guiding principles were stated in the report, where care must:

- Be organised around the needs of individuals (person-centred)
- Focus always on the goal of benefiting the service user
- Be evaluated by its outcomes, especially those which service users themselves report
- Include community and voluntary sector contributions
- Be fully inclusive of all communities in the locality
- Be designed together with the users of services and their carers
- Deliver a new deal for people with Long Term Conditions (including Mental Health)
- Respond to carers as well as the people they are caring for
- Be driven forward by commissioners
- Be encouraged through incentives in the right place
- Aim to achieve public and social value, not just to save money
- Last over time and allow for innovation

The report stated the Better Care Fund provided £17.403million worth of funding for 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for citizens. In 2014/15, in addition to the £900million will transfer already planned from the NHS to adult social care, a further £200million will transfer. At a local level this translated to a total of £17.403million for 2015/16 and an additional £1.153million for 2014/15. The process of drawing up a plan to spend the Better Care Fund resources had helped develop commissioners' thinking and realised what we needed was a five year integrated business plan that looked at the totality of health and social care spend with a view to drawing up a strategic plan that can bring the system into financial balance whilst meeting people's health and social care needs at an acceptable standard.

The Strategic Director for Adults, Health & Housing informed the Board that an "easy read" version of the "vision" would be produced in co-production with Transition 2 which is a Derby based college for 18 – 25 year olds with learning disabilities.

The Board asked the Chief Officer of Southern Derbyshire Clinical Commissioning Group how the need for a change in the workforce would be accommodated, who responded by

saying that there are a number of ideas including training staff to provide services in the community so that people didn't necessarily have to go into hospital.

**Resolved to note the report.**

## 24/14 Re-commissioning Derby Walk-In Services

The Board received a report of Interim Strategic Director of Resources on the Re-commissioning of Derby's Walk-In Services, the Chief Operating Officer, NHS Southern Derbyshire Clinical Commissioning Group (CCG) was also present.

The report explained that the current contract for the two Derby Walk-in Services expires on 31 March 2015 and is being re-commissioned by Southern Derbyshire Clinical Commissioning Group. The report provided an overview on the tendering and implementation of the walk-in services for the city.

The Board had a keen interest in walk-in services as this provides easy access to primary care services and helps to reduce pressures on A&E and GP services. The Board formally responded to the CCG's consultation programme at its November 2013 meeting and recommended retaining two walk-in centres in the city. The Board further recommended upgrading the Osmaston Road nurse led centre to a GP led service as this is considered to provide better value for money and help reduce duplication of scarce resources with patients being referred on to GP's and the Emergency Department.

Members of the Board sought reassurance that the Walk-In-Centres wouldn't be placed under too much pressure; the Chief Operating Officer, NHS Southern Derbyshire Clinical Commissioning Group responded by saying that the key would be how the service adapted to the pressures placed upon them.

**Resolved to note the report.**

MINUTES END