

# Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 1 September 2010

## PRESENT:

Councillor Ricketts, in the Chair.

Councillor Coker, Vice Chair.

Councillors Bowie, Delbridge, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Viney.

Co-opted Representatives: Chris Boote – Plymouth LINK

Apologies for absence: Margaret Schwarz - Plymouth Hospitals NHS Trust

Also in attendance: Councillor Grant Monahan – Cabinet Member Adult Social Care, Carole Burgoyne – Director for Community Services, Pam Marsden – Assistant Director for Adult Social Care, Deb Laphorne - Director for Public Health, Giles Perritt – Lead Officer.

The meeting started at 3.00 pm and finished at 4.20 pm.

*Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

## 30. DECLARATIONS OF INTEREST

There were no declarations of interest in accordance with the code of conduct.

## 31. MINUTES

Agreed the minutes of the 20 July 2010 be approved as a correct record.

## 32. CHAIR'S URGENT BUSINESS

The Chair confirmed a special meeting of the panel would take place on the 16 September to consider issues arising from the White Paper "Equity and Excellence, Liberating the NHS".

## 33. TRACKING RESOLUTIONS

The Democratic Support Officer updated Councillors on progress against tracking resolutions, it was reported that-

- a. although recommendations on the centralisation of Gynaecological Cancer Surgery had been submitted it was unlikely that feedback would be available until the new Coalition Government outlined plans

for cancer treatment;

- b. the action plan for the Carers Strategy would be available after the initial meeting of the Carers Strategic Partnership Board;
- c. a number of briefings had been circulated by email and the relevant resolutions would be removed from the tracking document.

Agreed that-

1. the centralisation of Gynaecological Cancer Surgery would be removed from the tracking resolutions and if required would return to the panel when feedback was available;
2. the tracking resolutions were noted.

34. **ADULT SOCIAL CARE DELIVERY PLANS AND PERFORMANCE MONITORING REPORT**

The Cabinet Member for Adult Health and Social Care introduced the quarterly performance and budget report. It was reported that-

- a. there were comprehensive delivery plans in place and these were progressing well;
- b. the Cabinet member met with the Adult Social Care senior management team on a weekly basis to monitor progress against delivery plans;
- c. changes in the National Health Service and the impact of Adult Social Care services would be closely monitored.

The Assistant Director for Adult Social Care provided the panel with a progress report against 2010/11 delivery plans. It was reported that-

- d. a review of administration had taken place across the department and the projected savings had been realised;
- e. there had been a review of specialist teams and occupational therapy services, savings had been made by changing management structures;
- f. nil inflation had been awarded to service providers for 2010/11. The savings realised from this action were likely to exceed the £1m stated in the report;
- g. there had been a review of residential care contracts. In-house services had been improved which had led to a number of efficiencies;
- h. there had been a redevelopment of in-house domiciliary care services. Savings had been made on short respite care following the change of

focus to providing an enabling service;

- i. the move to personalisation resource allocation system would result in savings but until the completion of pilot schemes it was unclear whether the savings would be at the level stated in the report;
- j. following a review of day care services, differences were found in costs across individual 'spot' contracts. The department had developed a new commissioning framework which would ensure consistent unit costs;
- k. all requests for care funding were reviewed through a panel to ensure management oversight. This approach was implemented to combat the "gift mentality" and prevented staff over prescribing in peoples homes;

It was reported by the Director for Community Services that-

- l. there was a delivery board in place to realise savings outlined at budget scrutiny, delivery plans were progressing well;
- m. the department had a estimated net overspend in the current year of £1.635m, further plans would be provided to the delivery board to address this overspend;
- n. the delivery board provided high level scrutiny of delivery plans ensuring they are managed correctly and a high level of performance is maintained.

In response to questions from members of the panel it was reported that-

- o. the estimated savings in delivery plan six were linked to personal budgets and direct payments, savings were expected in this area but it was unlikely that they would total £0.87m;
- p. there was a review underway to see where efficiencies could be made in the current system to address the in-year over spend, the figures in the report were from month three and were forecasts, and it was possible improvements would be made in coming months;
- q. the service was not aware of any cross subsidy of residential care places from self funding clients following the nil inflation award to residential care service providers;
- r. there was not a reduction in funding for residential care;
- s. risks to consider included the growth of demographic requiring care packages, along with the changes in the NHS and the impact that it would have on the social care system;

- t. there were forecasted overspends in some service areas, delivery plans were being developed to address these forecasted overspends and would be presented to scrutiny in the future;
- u. Adult Social Care did not hold a funding reserve for abnormally cold winters although NHS services in Plymouth had started winter planning, building additional capacity in services;
- v. corporate resources were developing a different way of buying goods, the savings that could be available to Adult Social Care have not yet been identified;
- w. an action plan was in place to improve data collection around supporting adults with learning disabilities into accommodation and employment;
- x. demand for dementia services would be managed through existing budgets and the service would work closely with NHS Plymouth to manage services.

Agreed -

- 1. that the Assistant Director for Adult Social Care investigate any disparity between fees charged to the local authority and self-funding clients for residential care and whether or not there is a risk of cross subsidy;
- 2. that following the comprehensive spending review a report is provided to the panel on whether there is a structural deficit affecting the NHS in Plymouth and if so what are the implications to the Local Authority?
- 3. to ensure that the implications of continuing under spend in the provision of domiciliary care are covered in future performance and finance reports if applicable.

35. **QUARTERLY REPORT**

Agreed to commend the panel's quarterly report to the Overview and Scrutiny Management Board.

36. **WORK PROGRAMME**

The Chair had met with Paul Roberts, Chief Executive NHS Plymouth Hospitals Trust, who advised that a number of future substantial variations would require scrutiny by the panel. The Lead Officer and Democratic Support Officer would ensure there would be sufficient flexibility in the work programme to ensure substantial variations would receive adequate scrutiny.

Agreed to –

1. add the special meeting on the 16 September 2010 to the panel's work programme;
2. that further provisional dates would be identified and added to the panels calendar to allow for scrutiny of possible substantial variations within NHS services in Plymouth;
3. note the panel's work programme.

37. **EXEMPT BUSINESS**

There were no items of exempt business.