

### Membership

#### Councillors

● absent

Ged Clarke (Chairman)  
Fiona Asbury (Vice Chair)  
Victor Bobo  
John Clarke  
Barrie Cooper  
Mike Cox  
Jim Creamer  
Bob Cross  
Vincent Dobson  
Rod Kempster  
Bruce Laughton  
Geoff Merry  
● Alan Rhodes  
Mel Shepherd  
Chris Winterton  
Brian Wombwell  
Vacancy

#### Other Councillors in Attendance

Kevin Rostance  
Stuart Wallace

#### Officers

Paul Davies – Governance Officer  
Matthew Garrard - Senior Scrutiny Officer  
David Pearson - Corporate Director, Adult Social Care and Health  
Robert Knott - Adult Social Care and Health Department  
Liz Lambert - Adult Social Care and Health Department

### 1. Minutes

The minutes of the previous meeting held on 6 December 2010 were confirmed and signed by the Chairman.

### 2. Apology for Absence

An apology for absence was received from Councillor Rhodes (on other County Council business).

### **3. Declarations of Interest**

There were no declarations of interest by members or officers.

### **4. Adult Social Care and Health Strategic Plan Objectives**

Liz Lambert gave a presentation on the Adult Social Care and Health Department's progress in meeting its strategic plan objectives. She circulated a monitoring report for the first two quarters, which showed good progress under all but one headings. She stated that the department also reviewed its business plan priorities on a monthly basis. The key themes of the department's approach to performance management were the outcomes achieved for service users, the quality of those outcomes, and transparency. Assessment was based on peer review, the collection of data and targeted inspections by the Care Quality Commission. Ms Lambert emphasised that the department should present information in a meaningful way, and should expect to be challenged, for example by voluntary organisations. She responded to members' questions and comments.

- Was the new performance framework a step forward, and did it overcome previous criticisms that performance management was inflexible and skewed spending? - There was now a focus on outcomes. Information would allow challenge from the public, the Department of Health and internally.
- Information could be complex. How would it be presented in a transparent way? - The department should understand the questions which people wanted to be answered, and present information to meet those needs. People might need guidance to help them put their question.
- Would performance data be brought to the committee? - The Chair's view was that, given the amount of information which would be available, the committee should focus attention on areas of concern.
- With an increased role for the National Institute for Health and Clinical Excellence (NICE) in social care, would NICE have relevant expertise? - It was anticipated that NICE would be adequately resourced for this role, and had experience of producing effective case studies in the NHS.

It was agreed to request a progress report in due course on any areas of performance which gave concern. Specific queries about Joint Commissioning could be asked at the committee's April meeting.

### **5. Adult Social Care and Health Finance and Performance**

David Pearson gave a presentation on the budget pressures faced by the Adult Social Care and Health Department. He gave the national context and illustrated how an increasing elderly population would create demands for services. He summarised these and other potential increases in costs, together with changes in funding arising from the Comprehensive Spending Review. He then outlined the pressures in the different service areas of learning disability, older people and physical disability. Mr Pearson indicated the action which the department would be taking, the contribution

from regional working and the mechanisms for challenge and review. He answered members' questions about the presentation.

- What was understood by the Secretary of State, Eric Pickles's comment to a House of Commons Select Committee that the County Council did not understand the Revenue Support Grant and use of the Supporting People budget? - Initially the Comprehensive Spending Review had given national figures for Supporting People. The more detailed announcement before Christmas had given figures of for the next two years, but not for the following two years. The profile of savings proposed in the County Council's draft budget was in line with this. The Supporting People grant was no longer ring-fenced, allowing authorities to set their own priorities to reflect the needs of the population. Mr Pickles might have singled out Nottinghamshire because the County Council had published budget proposals earlier than other authorities.
- What would be the county's share of the £1bn being transferred from Health? - £9.6m, of which £4m was proposed to offset budget pressures in Adult Social Care and Health. Discussions were in progress about the use of the remaining £5.6m.
- How would the service manage the additional money arising from the ending of the Independent Living Fund? - Spending would be at local discretion. Local government's responsibilities for public health had been recognised by ensuring that the needs of the population shaped the budget proposals.
- How would training be funded for people who might increasingly be looking after themselves, or for training their carers or volunteers? - There were no proposals in the budget to reduce spending on carers, whose importance to the service was recognised. Volunteers were used to support some services, but were not suitable for the most complex cases.
- What proportion of Supporting People expenditure was statutory, and what discretionary? - The County had created a larger Supporting People budget than comparative authorities. About 80% of the spending was statutory. The priority for discretionary services would be people who were unable to look after themselves, eg people with learning disabilities.
- At a time when each organisation appeared to be seeking to protect its own budget, the customer's interest was in receiving the best possible service. Was it possible for budgets to be focused on the individual? - A change in the law would be necessary for budgets to follow the individual in social care and health. In adult social care, there would be an emphasis on personal budgets from October 2010. The Government was keen to extend personal budgets into the NHS. Personal budgets were best suited to people with long term conditions. The NHS White Paper proposed closer coordination between the NHS and local authorities. It was important that the service user had a coherent package of services, regardless of the sources.

Councillor Wallace, Deputy Cabinet Member, referred to discussions with providers to reduce the cost of services, and to consideration of where the Big Society would fit in. Councillor Rostance, Cabinet Member, drew members' attention to a recent meeting with the clergy, the services provided by the churches, and the possibility of extending them.

It was agreed to note the presentation and information provided.

## **6. Programme of Work**

Matthew Garrard introduced the report on the committee's work programme. He stated that NHS Bassetlaw had delayed formal consultation on their clinical services review until May. The work programme had been reshaped to reflect this.

Mr Garrard referred to a request by the pressure group Save Newark Hospital to make further representations to the committee. He reminded members that the committee had completed its review of the proposals for service changes at Newark Hospital. Save Newark Hospital had been asked to write with details of the points they wished to raise, in order to assess whether there were sufficiently significant grounds for reopening discussion. Members discussed the request, and concluded that the Chairman should consider including Newark Hospital in the work programme only if a written submission from Save Newark Hospital gave significant grounds for doing so.

Members asked about preparation for them scrutinise of GP commissioning. It was agreed to present proposals to committee on 28 February.

The programme of work, as appended to the report, was agreed.

The meeting closed at 11.45 am.

CHAIR

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