

WRITTEN STATEMENT OF A KEY DECISION CABINET

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| ITEM: | RESPONSE TO THE SCRUTINY COMMITTEE REVIEW OF LEARNING DISABILITIES SERVICES |
| Members Present: | Councillors: RJ Phillips (Leader), Mrs LO Barnett, PJ Edwards, Mrs JP French, JC Mayson, DW Rule MBE (Deputy Leader), DB Wilcox, RM Wilson. |
| Date of Decision: | 12th October 2006 |
| Exempt: | No |
| Confidential | No |
| This is a key decision because It is significant in terms of its effect on communities living or working in Herefordshire in an area comprising one or more wards | |
| The item was not included in the Forward Plan. | |
| IF NO | |
| A notice was served in accordance with section 15 of the Local Authorities (Executive Arrangements) (Access to Information) Regulation 2000 | |
| Urgent Decision: | No |
| Purpose: | To set out the Cabinet's response to the Adult Social Care and Strategic Housing Scrutiny Committee's review of Learning Disabilities Services in Herefordshire Council. |
| Decision: | THAT the response to the Scrutiny Committee's review of Learning Disabilities Services be approved. |
| Reasons for the Decision: | <p>The Scrutiny Committee's review was designed to gain a fuller understanding of the operation of learning disability services, the demands on the service and, in particular, the factors behind the significant budget pressures that had become apparent over recent years.</p> <p>In addition, the Committee examined the existing change project plans and reviewed the current balance of services.</p> <p>The Review's aim was to provide guidance to the Cabinet Member (Social Care Adults and Health) on the current and future service needs and service models and the allocation of resources.</p> <p>Recommendations from the review have been considered and an action plan prepared.</p> |
| Options Considered: | There are no alternative options. |
| Declaration of Interest: | None. |

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| Date the key decision is due to take effect: | 19th October 2006 |
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| COUNCILLOR RJ PHILLIPS LEADER OF THE COUNCIL | Date: 12th October 2006 |
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| <p>To be completed by officer:</p> | |
| <p>Date consent received from Chairman of Scrutiny Committee:</p> | |
| <p>Subject to Call-in:</p> | <p>No</p> |
| <p>If yes was the decision modified?</p> | |
| <p>If yes Cabinet Member (.....) decision reference:</p> | |
| <p>Date original decision took effect:</p> | |