

Minutes



To: All Members of the Adult Care & Health Cabinet Panel, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Elaine Manzi
Ext: 28062

ADULT CARE & HEALTH CABINET PANEL MONDAY 3 JULY 2017

ATTENDANCE

MEMBERS OF THE PANEL

E H Buckmaster; E M Gordon; S Gordon; K M Hastrick; D J Hewitt; F R G Hill (*Vice Chairman*); T Howard; J S Kaye; M D M Muir (*substituting for F Guest*); N A Quinton; R G Tindall; C B Wyatt-Lowe (*Chairman*)

OTHER MEMBERS IN ATTENDANCE

None

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 3 July 2017 as circulated, copy annexed, conclusions were reached and are recorded below:

Note: No conflicts of interest were declared by any member of the Cabinet Panel in relation to the matters on which conclusions were reached at this meeting.

PART I ('OPEN') BUSINESS

1. MINUTES

The Minutes of the Cabinet Panel meeting held on 16 June 2017 were confirmed as a correct record and signed by the Chairman

2. PUBLIC PETITIONS

There were no public petitions.

3. WEST HERTS HOSPITAL TRUST - STRATEGIC OUTLINE CASE

(Officer Contact: Edward Knowles, Assistant Director – Health Integration (Herts Valleys) (Tel: 07812 324788))

ACTION

- 3.1 Members were invited to consider West Hertfordshire Hospitals NHS trust Strategic Outline Case for the future provision of acute hospital services within West Hertfordshire and agree the recommendation to Cabinet regarding the formal response to this proposal from the council.
- 3.2 The Panel were advised that the Trust had written to all partner agencies as part of the formal consultation process and noted that Section 5 of Appendix B, the Strategic Outline Case, outlined the key points of the proposal, which fundamentally were to re-develop the existing building or create a new building to enable continued provision of existing services.
- 3.3 During general discussion it was established that the detail of the forecast activity had been as thoroughly calculated as practicable at the present time.
- 3.4 It was noted that although the official deadline given to respond to the proposal was 23 June 2017, this had been extended to incorporate the comments from the council and other partners as appropriate.
- 3.5 Members learnt that the proposals had been discussed and approved by the Board of Herts Valleys Clinical Commissioning Group.
- 3.6 The proposals had also been considered by district councils and , and by local MP's and in general it had been acknowledged, though not widely accepted, that whilst a new build would be the preferred option, the current climate dictated that refurbishment of
- 3.7 the current site was the viable solution at the present time .

It was established that the main level of concerns centred around the fact the proposals were perceived to not be fully providing a long term accommodation solution that would effectively meet patients current and future needs, bearing in mind the increasing demography of the area, the risk of funding not being available in the future to further develop or build a site, and the fact that

3.8 Watford was felt to not an ideal location for a site.

Members were advised that although a response would be made, ultimately the council could not influence the final decision that would be made by West Hertfordshire Hospitals NHS Trust.

Conclusion:

- 3.9 The Panel made the following conclusions:

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- The Panel noted the information contained in the Strategic Outline Case
- The Panel noted the comments of the Health Scrutiny Committee.
- The Panel recommended to Cabinet that a formal response is made to the letter received from West Hertfordshire Hospitals NHS Trust stating that the Council recognised the attraction of an entirely new hospital on a site that would be convenient to the residents of the whole area served by the Trust but understood that, if early funding was not available to progress such a project, patient services and safety may be put at risk. Therefore, if it should be impossible to develop a new hospital swiftly, the Council would support West Hertfordshire Hospitals NHS Trust's application for funding to enhance the Trust's buildings and facilities as outlined in the Strategic Outline Case.

Elaine Shell

4. LEARNING DISABILITY TRANSFORMATION

Officer Contact: Helen Maneuf, Assistant Director Planning & Resources ([Tel: 01438 845502](tel:01438845502))

- 4.1 Members considered a report detailing the proposal to close the current Invest to Transform Bid relating to the Accommodation for Independence project with the view to replacing this with a new Invest to Transform Bid which adopted a whole systems approach in relation to accommodation for people with Learning Disabilities.
- 4.2 It was noted that since the original investment of £1.65 million to the current Invest to Transform Bid as agreed at Cabinet in November 2015, there had been the directive from central government to change the benefit funding framework to a Universal Credit system. This had created uncertainty amongst the residential home providers as to how they would receive funding in the future to convert residential care homes for people with learning disabilities into supported living accommodation. The new bid of £1.14m to be spent over over three years would enable strategic planning and commissioning capacity solutions to be undertaken to address this change of framework.
- 4.3 Members acknowledged that this was a large area of expenditure for the directorate, and discussed the reasons why Hertfordshire had higher costs in this area compared with other comparable local authorities This was ascertained to be due to a number of factors:
1. The increasing aging population within the county;
 2. The large number of care homes within the county;

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- 3. Hertfordshire's strong reputation for providing care for people with learning disabilities encouraging people to move to the area;
- 4. The preferential level of pay provided to adult care social workers within Hertfordshire.

4.4 It was noted that where it was assessed that residents required ongoing health need rather than ongoing social care need, the directorate were liaising with health providers to make arrangements for the health service rather than the council to fund any provision of care that was required.

4.5 It was explained to Members that at present, Universal Credit is paid at a capped rate and as such this does not cover the cost of funding adaptations required for residents with learning difficulties on top of any rental costs. There are some early indications that a 'top up' fund may be provided by central government to cover this deficit, but this has yet to be confirmed.

4.6 In response to a Member question, it was noted that not all residential homes are the same, and as such there would be a mix and match policy to ensure the provision of placements for residents with learning difficulties.

4.7 Members received assurance that the quality assurance of provision would always be considered and liaison with the district councils would be an ongoing consideration.

4.8 **Conclusion:**

Members noted the report and recommended to Cabinet that it:

- a. Agreed to the closure of the Invest to Transform Bid for the 'Accommodation of Independence Project.
- b. Agreed to the new Adult Disability Service Efficiency Programme Invest to Transform Bid designed to deliver better choice and control in relation to accommodation for people with learning disabilities and improve value for money in this area by taking a 'whole systems' approach.

5. **DRAFT SUPPORTED ACCOMMODATION STRATEGY**

Officer Contact: Kulbir Lalli, Head of Integrated Accommodation Commissioning (01438 843217)

5.1 Members were presented with the 10 year supported accommodation strategy which set the vision for accommodation across and range of care needs and age groups within Hertfordshire.

Elaine Shell

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- 5.1 Members broadly commended and supported the strategy, although they noted that the implementation of it would be challenging.
- 5.2 In response to a Member question it was explained to Members that a 'step up, step down bed' was the terminology used for describe the increasing or decreasing level of hospital provision required by patients.
- 5.3 During general discussion it was noted that overall the length of stay within hospitals did not considerably differ from the East to the West of the county, however the number of adults needing support was higher in the West than the East partly due to the fact that there were a larger number of care homes in the west of the county.
- 5.4 Further to clarification subsequent to a query at the last Adult Care and Health Cabinet regarding the provision of 'step down' beds at St Albans continuing, it was noted that this was only for the short term and this may have further impact on discharge delay.
- 5.5 In response to a Member question, officers agreed to see if there was more up to date information on the potential racial impact of the strategy within the equalities statement, as it was noted that the literature quoted was from 2009 and 2011.
- 5.6 It was agreed that the utilisation of day hospitals should be more widely promoted and officers agreed to discuss this with NHS providers as appropriate.
- 5.7 Members agreed that the draft accommodation strategy should be re-presented at Cabinet Panel in a few months time in order for Members to monitor and assess the progress made.

Kulbir Lalli

Ian Macbeath

Kulbir Lalli/Elaine Manzi

Conclusion:

- 5.8 Panel noted and commented upon the content of the report and the Draft Supported Accommodation Strategy and recommended that Cabinet should agree to adopt the Draft Supported Accommodation Strategy.

Elaine Shell

6. JOINED-UP CARE: ALIGNING ADULT SOCIAL CARE WITH HEALTH

Edward Knowles & Jamie Sutterby (Assistant Directors, Health Integration – West & East) (Tel: 01992 588950)

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- 6.1 The Panel were asked to consider the proposal detailing the council's medium term priorities for joined up care for adults with the NHS, in order to guide partnerships with local health care organisations and inform the next Hertfordshire Better Care Fund covering the period 2017-19.
- 6.2 Members' attention was particularly drawn to Appendix 1 of the report which detailed the vision and priorities for the Joined Up Care.
- 6.3 The panel learned that NHS colleagues are broadly supportive of the joint working and the need to manage demand and invest in the infrastructure.
- 6.4 It was noted that a key objective for integration is to reduce the parallel processes undertaken by health providers and social care into one streamlined service.
- 6.5 Members were provided with a brief explanation of how areas of funding within the Better Care Fund were structured but it was agreed that it would be more beneficial for Members to have a separate briefing on the mechanics of the Better Care Fund outside of the meeting, before the next Adult Care and Health Cabinet Panel in September.
- 6.6 During general discussion, Members highlighted that an area of concern that had been raised by their constituents was the difficulty in receiving test results if their treatment had been undertaken by a health provider outside of the county. Members were advised that this is due to the data protection regulations, but noted that a Bill is currently going through Parliament to re-examine this restriction.
- 6.7 In response to a Member question with regard to health providers data sharing with the council the discharge rates from hospitals, Iain Macbeath, Director of Adult Care Services advised that he receives daily alerts from providers advising of the number of discharges, and consulted with health providers as appropriate to find resolutions to any delays.
- 6.8 **Conclusion:**
Panel noted and commented upon the Report and recommended that Cabinet that it approved the Council's medium term priorities for joined up care with the NHS as outlined in Appendix 1 to the report.

Iain Macbeath

7. OTHER PART I BUSINESS

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There was no other Part I business.

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**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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