

# 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

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## **ADULT CARE & HEALTH CABINET PANEL TUESDAY 30 JANUARY 2018**

### **ATTENDANCE**

#### **MEMBERS OF THE PANEL**

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

#### **OTHER MEMBERS IN ATTENDANCE**

None

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 30 January 2018 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**

- 1.1 The Minutes of the Cabinet Panel meeting held on 10 January 2018 were confirmed as a correct record and signed by the Chairman.

#### **2. PUBLIC PETITIONS**

- 2.1 There were no public petitions.

#### **ACTION**

**3. INTEGRATED PLAN 2018/19 - 2021/22 ADULT CARE AND HEALTH**

Authors:

Helen Maneuf, Assistant Director Integrated Planning and Resources (Tel: 01438 845502)

Lindsey McLeod, Head of Corporate Finance (Tel: 01992 556431)

- 3.1 Prior to the report being discussed, the Chairman made the following announcement:

All Members who have a disclosable pecuniary interest arising from an allowance from the County Council, another local authority in Hertfordshire, or a body to whom they have been appointed by the County Council, have received a dispensation to allow them to participate in debate and vote on the Integrated Plan.

All Members have been granted a dispensation to participate in debate and vote in any business of the County Council relating to setting the council tax or precept when they would otherwise be prevented from doing so in consequence of having a beneficial interest in land which is within the administrative area of Hertfordshire or a licence (alone or jointly) to occupy such land.

- 3.2 Members were presented with a brief overview of the full structure and detail of the council's Integrated Plan for 2018/19 -2021/2 (IP Plan) before discussing the detail of the section pertaining to Adult Care & Health.

- 3.3 The panel's attention was initially drawn to Part A of the IP Plan where a corporate summary highlighted the announcement from central government in their March 2017 budget of the allocation Additional Improved Better Care Fund monies (Point 1.12), and the risk associated with a court judgement in relation to Liabilities to Sleep Duties (Point 3.3). It was noted that both of these points were relevant and had been integral to the considerations and calculations made regarding the Adult Care & Health budget.

- 3.4 The Adults Care Services portfolio in Part B of the IP Plan was then considered by Members. It was noted that in terms of priorities, Adult Care Services had outlined four strategic area priorities for the forthcoming year.

- 3.5 It was noted that in terms of priorities, Adult Care Services had outlined four strategic area priorities for the forthcoming year, as outlined on page 21 of the report.

**CHAIRMAN'S  
INITIALS**

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- 3.6 The pressures and challenges facing the department as detailed on page 22 of the report, were also outlined, with particular emphasis being placed on the market workforce pressures currently being experienced.
- 3.7 In response to a Member challenge as to why improving rates of delayed transfers of care from hospital had been identified as a risk, as detailed in the summary on page 19 of the IP report, it was explained that this was a risk partly due to the fact that the funding that had been received from the improved Better Care Fund, which had been largely directed towards hospital discharge and prevention of admission solutions, was provided in three individual, annually reducing payments over each of the three year span of the current programme, with only £5.8m due to be provided in 2019/20, compared to £13m when the funding had been first provided in 2016/17. Additionally it was noted that there was a further risk as it was currently unclear as to if and how future funding would be provided beyond 2019/20.
- 3.8 Members noted the key projects and programmes scheduled to be delivered by the department as outlined on page 24 of the report.
- 3.9 In response to a Member question it was confirmed that the savings achieved by reducing residential care placements would be offset by the expenditure on additional costs e.g. of homecare. It was confirmed that the savings from residential care placements had been calculated based on the equation that each person who received homecare rather than residential care would receive an average of 16 hours of care per week. In response to a Member question, it was noted that this average had increased annually in line with the increasing complexity of the needs of residents.
- 3.10 Confirmation was received that 'extra care' and 'flexi care' were the same service, with flexi care being the term most commonly used within Hertfordshire.
- 3.11 During Member discussion it was noted that the Net Revenue Budget detailed on page 20 of the IP report was calculated based on a range of different factors including changing funding streams and changes in legislation, but predominantly it was based on increased demand and the yearly increase in demography. Members attention was drawn to page 33 of the IP report which provided further detail on the key budget movements for the department.
- 3.12 Members received assurance that although the budget had been calculated on current demand, demography and legislation, there would be continued monitoring of any changes within these areas, and any significant impact that were to occur as a result of any change it would be responded to as appropriate.

**CHAIRMAN'S  
INITIALS**

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- 3.13 By way of illustration of how legislation would affect the future budget, Members were advised that it was predicted that government policy on increasing the National Minimum Living Wage would end in 2020/21, which would mean that this would no longer be a budgetary pressure that would need to be taken into consideration.
- 3.14 It was also noted that the department recognised that government had yet to formally produce any legislation on the future funding of Adult Social Care, which would also potentially have an impact on future budget planning.
- 3.15 In relation to how the department has reviewed its effectiveness/value for money in delivering service outcomes, as outlined on page 29 of the report, Members were pleased to note that since the report had been published Hertfordshire Adult Care Services had now moved from 84<sup>th</sup> to 79<sup>th</sup> in the recently published 2016/17 Adult Social Care Outcomes Framework Measures.
- 3.16 Members noted the key risks in delivering the projects as outlined on page 31 of the report, and discussed in more detail the issues related to workforce pressures as briefly mentioned earlier in the meeting.
- 3.17 Members heard that 30,000 people work in Adult Social Care in Hertfordshire and annually approximately 1,000 per year leave the sector for alternative employment. In addition, an additional 1,000 posts must be recruited in order to meet the increasing demographic demand.
- 3.18 It was noted that the department had been very proactive in promoting recruitment and had explored a number of solutions to secure staff including a recruitment campaign, rebranding the job title, increasing and protecting the salaries of care workers, and recruiting trainee care cadets to fill vacancies, but there was still a gap in recruitment.
- 3.19 In response to a Member question as to whether there could be consideration of promoting a career in social care in schools, it was agreed that this could be explored. It was noted that local colleges currently run courses, which are sometimes under subscribed. It was agreed that as the care profession was vocational rather than academic, it would not be appropriate to pursue the promotion of care work with the University of Hertfordshire.

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Frances  
Heathcote

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INITIALS**

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- 3.20 Member observations on the cost of travel for care workers, and considerations around the age and gender appropriateness of care workers were noted.
- 3.21 Members were notified that a more detailed paper on the workforce strategy and pressures being experienced by the department would be presented to a future meeting of the Adult Care and Health Cabinet Panel.
- 3.22 The Capital Programme outlined on page 37 of the report was noted by the Panel. Members received clarification that EPH Provision as detailed on the Capital Programme stood for Elderly Person's Home provision.
- 3.23 During further discussion the risk regarding the proposal to submit an Invest to Transform Bid was noted and it was established that robust strategies would be in place should the bid be unsuccessful.
- 3.24 A Member observation that further integration work with the NHS should be considered when planning for future budgets was acknowledged by the panel. Members received assurance that ongoing discussions and meetings were taking place to achieve this.

Iain  
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ances  
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**CONCLUSION:**

- 3.25 The Panel provided comment to Cabinet on the proposal relating to the Integrated Plan in respect of the Adult Care and Health Portfolio. The Panel also identified any issues that it felt that the Cabinet should consider in finalising the Integrated Plan proposals. These are outlined in the preceding text.

**4. ADULT COMMUNITY HEALTH SERVICES – JOINED-UP CARE PROPOSALS**

Author:-Ed Knowles, Assistant Director – Health Integration (07812324768)

- 4.1 Members received a paper outlining opportunities presented to the council by the decision by Herts Valleys Clinical Commissioning Group (HVCCG) to recommission adult community health services within West Hertfordshire.
- 4.2 The panel noted that currently the majority of adult community health services in West Hertfordshire are provided by Hertfordshire Community Trust (HCT).

**CHAIRMAN'S  
INITIALS**

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- 4.3 It was explained to Members that the recommissioning provided the prospect for the council to have an input into the shaping of future services, with the view to providing a better outcome for residents, in line with the ambitions outlined in Adult Care Services 15 year plan.
- 4.4 Members were advised that at this stage there would be no confirmed financial savings to be achieved through creating joined up services, but it was hoped that this could be something that would be achieved in the future.
- 4.5 Further to a Member question, it was confirmed that the Strategic Transformation Partnership were aware of and had discussed HVCCG's decision to recommission.
- 4.6 During discussion, it was established that not all commissioned adult community health services within West Hertfordshire were in-scope to be retendered through this process. It was noted that this was due to two reasons; firstly, either a particular service had just been retendered or were still within their contractual timeframes or secondly, the decision had been made that the service did not need to be retendered.
- 4.7 Members' attention was drawn to Point 4.5 of the report which provided the current list of services in scope to be retendered through this process. Members noted that interest in the tender had been expressed both public and private organisations.
- 4.8 The Panel noted and discussed the detail of the opportunities presented by the retendering as outlined at Point 5.10 of the report.
- 4.9 Members were pleased to acknowledge that the approach to the council by HVCCG heralded a reaffirming of relationships between the two organisations, but expressed concern regarding the impact that the proposal would have on the Hertfordshire Community Trust (HCT) workforce.
- 4.10 Members also expressed concerns regarding the level of risk attached to retendering of contracts to private providers, as illustrated by the recent challenges presented by the private ambulance service that supported West Hertfordshire Hospitals Trust going into receivership.
- 4.11 The panel received assurance that the council were very conscious of the potential level of impact to HCT, and were mindful that there was a level of risk attached to the proposals, but explained that the current evolution taking place within the health service was driving locally focussed collaborative methodology, such as these proposals, as the future direction of service.

**CHAIRMAN'S  
INITIALS**

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4.12 Members were assured that the council would be monitoring the risks, and it was reiterated that by being part of the discussions the council could shape the decisions and therefore minimise or mitigate the risk.

4.13 Members acknowledged the proposal; however the concern expressed by one Member as to where the council would go next in respect to the proposal was noted by the panel.

4.14 The Chairman acknowledged the concerns expressed by the panel and requested that a further paper updating the panel on developments of the proposal be returned to a future meeting of the Adult Care and Health Panel in due course.

Ed  
Knowles/Iain  
Macbeath

4.15 **Conclusion:**

i. The panel noted and comment on the opportunities within the Report for joining up health and care services in Hertfordshire;

and

ii. Recommended Cabinet agree that the Director of Adult Care Services undertake work with Herts Valleys Clinical Commissioning Group to develop a joint specification for adult community health services to align delivery with the County Council's priorities.

**5 INVEST TO TRANSFORM PROPOSALS TO SUPPORT DELIVERY OF ADULT SOCIAL CARE INTEGRATED PLAN PROPOSALS**

Helen Maneuf, Assistant Director Planning & Resources  
(Tel:01438 845502)

5.1 Members considered the proposals for the Invest to Transform (ITT) Programme to support the delivery of the Adult Care Services Integrated Plan Proposals as outlined earlier in the meeting.

5.2 In response to a Member question it was agreed that further information would be shared with the panel as to how many people the £13.9m debt detailed in item 3 of Appendix A represented.

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5.3 During discussion it was established that there had been discussions with finance officers to ensure that the ITT bid would be robust, funding would be appropriately ring-fenced, and the proposals would be able to be sustained over the four year bid

**CHAIRMAN'S  
INITIALS**

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- 5.4 The panel were also advised that officers had met with colleagues in Liverpool City Council, who had already successfully implemented similar proposals within their own authority, in order to gain knowledge and insight to inform the ITT planning and decision making within Hertfordshire.
- 5.5 Members noted that no other official guidance was currently available for work in relation to Assistive Technology (AT) , as Hertfordshire would be one of the first authorities to implement a digital AT strategy, and as such, this may provide the potential for other authorities to learn from its practice.
- 5.6 In response to a Member query regarding Older People’s Accommodation, it was established that local accommodation boards were currently in existence. It was agreed that further work should be undertaken with the district councils and property developers in order to influence informed and appropriate decisions being made with regards to properties being built within districts.
- 5.7 **Conclusion:**  
That Panel recommends that Cabinet agrees the proposed Invest to Transform Programme for Adult Care Services (detailed in Appendix A of the report) designed to support delivery of Adult Care Services Integrated Plan Proposals.

Helen  
Maneuf/Iain  
Macbeath

**6. OTHER PART I BUSINESS**

There was no other Part I business.

**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

**CHAIRMAN** \_\_\_\_\_

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