

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 TUESDAY 6 MARCH 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 6 March 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 30 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. 15 YEARS: FUTURE DIRECTION & STRATEGIC DIRECTION FOR ADULT SOCIAL CARE IN HERTFORDSHIRE

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

- 3.1 Members received a report on the proposed long term direction and strategic ambitions for Adult Social Care.
- 3.2 The panel noted that the strategy had been subject to some consultation with service users, carers and support organisations, and overall the response had generally been positive and supportive, with respondents understanding of the current financial challenges being faced within the authority.
- 3.3 Members were pleased to learn that the outcome of the feedback from the consultation had resulted in greater emphasis being placed on the importance of family carers and workforce challenges within the strategy.
- 3.4 It was further noted that a key element of the strategy was to put service users in control and enhance their ability to be independent.
- 3.5 Members were advised that subject to Cabinet agreement on the strategy, a more detailed three year plan would be presented at the next meeting of the Adult Care and Health Panel.
- 3.6 In response to a Member question as to how it been assured that the consultation had reached service users and carers who were not proficient with the internet, it was explained that the department-led co-production board, whose membership included a number of support organisations had local networks had reached out to wider networks.
- 3.7 During discussion, in respect to the statement made on Section 3 of the strategy which stated 'People will have more money (especially home owners) which will mean more of us are responsible for paying for our own care', Members challenged the sustainability of this statement, given the recent headlines in the media that home ownership was currently on the decline.

CHAIRMAN'S INITIALS

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- 3.8 In response to a question about why the report said people who were home-owners would pay more, it was explained that as the strategy was a fifteen year strategy, the demographic of residents that this would affect were predominantly of the demographic of current home owners. Members were advised that there would be an increase in self-funders year on year for the life of this strategy. It was acknowledged that consideration would have to be made beyond the fifteen years, should the current decline in home ownership continue.
- 3.9 Members discussed the long term projection and methods for social care funding, and acknowledged the complexities surrounding it, and noted that government was scheduled to implement a green paper during the current parliamentary session, which it was hoped would address the current and long term concerns regarding funding sustainability.
- 3.10 In response to Member concern regarding the wording within the 'future shots' outlined in the strategy being aspirational and focusing on carers rather than service users, it was stressed that the examples used were only 'best case' examples based on frequent issues that were presented to the service, and careful consideration had been made to ensure that these were as sensible, relevant and inclusive as possible. Proposals to pilot Assistive Technology and using data to anticipate when people might need additional help were to be developed in consultation with the Information Governance team, and assurance was received that service users would always be at the centre of any considerations, although it was important that the increased use carers, who would be pivotal to the future were subject to awareness raising of the options available to them.
- 3.11 Assurance was also received that the issue of loneliness was something that was always being considered and had been highlighted as an overarching consideration in the covering report at point 4.2.3. The co-production board had set this as a priority which would be reflected in the forthcoming Three Year Plan.
- 3.12 The Panel also noted that there was a strong emphasis on the promotion of individual choice throughout the strategy, and were assured that any risks arising from this would be mitigated through ongoing support, monitoring and guidance.

CONCLUSION:

- 3.13 Panel recommended that Cabinet agree the Fifteen Year Direction for Adult Care Services (ACS), as outlined in Appendix A of the report.

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4. AMENDMENT TO CHARGING POLICY FOR COMMUNITY-BASED ADULT SOCIAL CARE

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

- 4.1 Panel considered a report proposing an amendment to the charging policy for community based adult social care.
- 4.2 Members were advised that further to a discussion at Cabinet on 19 February 2018, it had been agreed that the Adult Care Services budget for 2018/19 would be increased by £310k. The Panel noted that this increase would mitigate the need outlined in the original budget proposal for the department to include consideration of the higher rates of Attendance Allowance and Disability Living Allowance when assessing the financial contribution that people with night time care needs could afford to pay.
- 4.3 Members were pleased to learn of this decision by Council.
- 4.4 **CONCLUSION:**

Panel recommended to Cabinet that Cabinet:

- i) Agree to revise the charging policy agreed on 22 January 2018 and remove the requirement to include the Higher Rate of Attendance Allowance and Disability Living Allowance where people receive care to meet night time needs, when determining how much a person can afford to pay towards their cost of care.
- ii) Agree the Director of Adult Care Services be authorised to make the amendments necessary to give effect to Cabinet's decision outlined in i) above.

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5 ADULT SOCIAL CARE PERFORMANCE MONITOR – QUARTER 3 - 2017/18

Author: Alex Ogle – Adult Social Care Performance Manager (Tel: 01438 844291)

- 5.1 Members received the Adult Social Care Performance Monitor for Quarter 3 detailing the key indicators used to monitor performance within the department.
- 5.2 Members' attention was initially drawn to the Delayed Transfers of Care (DTC) statistics, and the panel was provided with a presentation providing more detail of what DTC's were, and how and why they occur.
- 5.3 The panel were pleased to learn that the Social Care DTC performance statistic was at the most improved level for 2-3 years. It was explained that this was fundamentally attributed to investment of monies received from the Improved Better Care Fund into improve this service.
- 5.4 Members expressed concern at the ongoing high number of NHS DTC issues in relation to West Herts Hospital Trust. Assurance was received that dialogue was continuing with the Trust and Herts Valleys to find ways to improve this statistic. Members noted that in contrast, East & North Herts equated for approximately 1% of the NHS DTC statistics.
- 5.5 In response to a Member question it was confirmed that the figures for the out of county trusts related to Hertfordshire residents only.
- 5.6 Members discussed the statistics in relation to the non-acute Hertfordshire trusts; Hertfordshire Partnership Foundation Trust (HPFT) and Hertfordshire Community NHS Trust (HCT).
- 5.7 The Panel received some assurance that the statistical data that had been produced for HPFT & HCT had been based on some erroneous data, which would be resolved by the final quarter of 2017/18.

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- 5.8 It was acknowledged the reduction of community beds was also having an impact on HCT statistics. Members were advised that consideration was being made to employ the services of a consultancy to undertake an independent view of the local system to providing recommendations for a more efficient use of resources.
- 5.9 Members received explanation of the remaining performance indicators outlined within the report and further to discussion were pleased to note the overall positive performance statistics presented.
- 5.10 It was noted that the number of direct payments had decreased slightly as the department had introduced increased mediation with applicants with regards to how the payments received would be used.
- 5.11 In response to a Member question, assurance was received that although there was a target for residential care admissions, should this be reached and further service users then subsequently required placement, these would not be denied by the service.
- 5.12 Members were also assured that the higher than average Deprivation of Liberty Safeguard Applications and Number of Safeguarding Concerns Raised statistics were positive, as it evidenced the transparency and public awareness of these services.

5.13 **CONCLUSION:**

Panel noted and commented on the performance of the Adult Care Services Directorate for Quarter 3 2017/18 as outlined in the report presented to panel.

6. OTHER PART I BUSINESS

There was no other Part I business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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