

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 24 APRIL 2018

ATTENDANCE

MEMBERS OF THE PANEL

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

OTHER MEMBERS IN ATTENDANCE

None

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 24 April 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 6 March 2018 were confirmed as a correct record and signed by the Chairman.

Upon signing the minutes, the Vice Chairman noted that her name had been omitted from the names of those attending the meeting on 6 March 2018. This was amended and signed accordingly.

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

ACTION

3. ADULT CARE SERVICES PARTICIPATION IN EUROPEAN STRUCTURAL & INVESTMENT FUNDS (ESIF) GRANT: UPSKILLING THE WORKFORCE

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

- 3.1 Members received a report outlining the recent activity by the council in submitting a bid for European Structural & Investment Funds (ESIF).
- 3.2 The Panel were advised that that it was expected that it would be known if the council's bid had been successful by the end of Spring 2018.
- 3.3 Member attention was also drawn to the risks associated with the grant, and these were discussed.
- 3.4 It was noted that assurance had been received that any allocated grant payments would not be affected by the outcomes of any forthcoming Brexit decisions.
- 3.5 It was acknowledged that there was a possibility that any staff who received the training through the grant fund could subsequently decide to work in the private sector, although this risk was mitigated by the fact that part of the training for managers would focus on strategies regarding the retention of staff.
- 3.6 In response to a Member question, it was noted that limited work had been undertaken in respect to ESIF Preparation Plan outlined at Appendix A of the report, as it was not practical to do so until full confirmation had been received that the bid had been successful. Assurance was received that if the bid was successful work would begin on the Preparation Plan, once discussions with the ESIF funding body had been held.
- 3.6 A Member observation that the dates of the strategies used to inform the direction and drivers for the adult social care workforce should be added to the Equalities Impact Assessment (EqIA) was agreed by officers.
- 3.7 Members were pleased to note the consideration for carers being outlined within the EqIA. It was agreed that further exploration of how to particularly support young carers would be made through discussions with officers within Children's Services.

Iain Macbeath/
Helen Maneuf

Iain Macbeath/
Helen Maneuf

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CONCLUSION:

- 3.8 Panel noted the content of the report and considered the advantages and risks associated with the administration of this funding.
- 3.9 Panel agreed to propose to Cabinet that Cabinet agree that if successful in the bid process for European Structural and Investment Funds (ESIF) Grant as referred to in the Report:
- a) The Director of Adult Care Services in consultation with the Executive Member for Adult Care and Health be authorised to finalise the terms on which the ESIF is to be accepted by the Council;
 - and
 - b) Subject to (a) above the Council will take on the responsibility for the administration of the ESIF Grant and will arrange for delivery of the grant objectives

4. THREE YEAR PLAN FOR ADULT CARE SERVICES FOR 2018/19 TO 2020/21

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

- 4.1 Members were introduced to the three year plan for Adult Care Services for 2018/19-20/21, which had been developed as the delivery plan for the first three years of the 15 Year Plan for Adult Care Services, as discussed at Adult Care & Health Panel on 6 March 2018.
- 4.2 In response to a Member question regarding the provision of Information and Advice, the Panel were advised that the council had a duty under the Care Act 2014 to ensure that statutory information and advice was available to the public, and they would also ensure that, through working with 'Herts Help' and other advocacy services, that appropriate leaflets, apps and online formats were developed provide as much information as possible regarding the full portfolio of services available.
- 4.3 The Panel discussed the Information and Advice targets outlined in the three year plan, and in response to concern expressed about the relatively low performance percentage targets, it was noted that the targets were a baseline based on people who had only received information and advice from the council and had not received an ongoing referral to a service. It was noted that there

**CHAIRMAN'S
INITIALS**

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may be a higher proportion of satisfied people who were receiving help and support from the voluntary sector.

4.4 During discussion, Members stated that they felt that customer satisfaction was important, and it was agreed that officers would re-examine the targets to consider if they best reflected broader area of the customer information and advice service provision.

Helen
Maneuf/iain
Macbeath

4.5 A Member comment that closer examination of which areas customers were dissatisfied with should also be undertaken was noted.

4.6 In response to a Member comment regarding community support for older adults and adults with learning needs or disabilities, it was noted that Hertfordshire had a number of organisations and centres within the county who had employment or networking opportunities.

4.7 Members unanimously expressed their support for the community services available and the volunteers involved with them, and during discussion highlighted the requirement to continue to promote the need for volunteers, not just providing frontline support but also in board member roles.

Helen
Maneuf/ iain
Macbeath

4.8 In discussion regarding the Connected Communities targets, the Panel were provided with a brief summary of the breakdown of areas assessed under the Adult Social Care Outcomes Framework (ASCOF).

4.9 Panel's attention was drawn to the fact that in relation to the Valuing Independence Targets, the reablement target for 2017/18 may change as the target was based on 2016/17 discharges

4.10 **CONCLUSION:**

Panel noted, considered and commented upon the Three Year Plan for Adult Care Services for the period 2018/19 to 2020/21.

5 ADULT DISABILITY SERVICES TRANSFORMATION UPDATE

Officer Contact: Shazia Butt – Adult Disability Services Efficiencies Programme Manager (Tel: 07580 744600)

5.1 The Panel were provided with an update on the Adult Disability Services developments, including changes within the operational Adult Disability Service and strategic commissioning arrangements.

**CHAIRMAN'S
INITIALS**

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5.2 In response to a Member concern regarding what would happen to any new service users requiring support once the current allocated budget of £156m for expenditure in relation to adults with physical and learning disabilities was fully allocated, assurance was received that legally, the council were required to support any new service users presenting to the services and assessed as requiring support.

5.3 It was explained that the council would endeavour to work within budget by looking to improve sourcing and working collaboratively with community partners to find community solutions to support individual need and promote empowerment, predominantly by putting the service user's needs at the centre of the decision.

5.4 Members discussed the 'Right Home, Right Time' workstream outlined at point 9.3 of the report, and it was acknowledged that although this would present some challenges, assurance was received that every effort would be made to ensure that this was achieved.

5.5 In response to a Member question, it was noted that improvements have been made through the development of the 0-25 Service to improve employment opportunities for young people with learning needs or disabilities who were leaving education. It was noted that a recent national survey by Leonard Cheshire had established that 66% of the young people with learning needs or disabilities surveyed wanted to work, but only 6% did work. It was agreed that officers would endeavour source the statistics of whether this feedback was equally reflected on a local level by residents with learning needs and disabilities.

Sue Darker

5.6 **CONCLUSION:**

Panel noted and commented on the report on the Adults Disability Transformation Services.

6. **DELAYED TRANSFERS OF CARE**

Chris Badger, Deputy Director of Adult Care Services
Tel: 01992 556343

6.1 Members received a report providing further detail on the background of and the work being undertaken to improve delayed transfers of care (DTC) performance. It was noted that Members had previously raised concerns regarding DTC when the quarterly performance dashboards had been presented to panel.

**CHAIRMAN'S
INITIALS**

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- 6.2 The Panel were advised that in addition to the work being undertaken and outlined in the report, there was a Health Scrutiny Topic Group taking place on 18 May 2018 to examine this issue further, and Members were encouraged to participate in this if possible.
- 6.3 It was also highlighted to Members that a Peer Review had been organised with the Local Government Association for July 2018 which would replicate a CQC inspection, and also aimed to identify any further areas for improvement for DTOC.
- 6.4 In response to a Member question, it was established that the total amount of DTOC could be calculated by combining the figures in figure 1 (social care delays) and figure 5 (hospital delays).
- 6.5 Members discussed the figures for Princess Alexandra Hospital Trust and it was established that significant work had been undertaken with the Trust and Essex County Council to work to a common discharge process, which would improve outcomes for patients and improve the statistics for forthcoming monitoring periods.
- 6.5 Members were also advised that tendering of spot contracts for homecare was also being undertaken in order to address the issues in relation to DTOC being caused by appropriate homecare provision not being available.
- 6.6 **CONCLUSION:**
Panel noted the content of the report and considered progress around reducing DTOC and plans for further reductions.

7. OTHER PART I BUSINESS

Domiciliary Care Provision

- 7.1 Members were advised that Domiciliary Care Provider Allied Healthcare had entered into a Company Voluntary Agreement. It was noted that Allied Healthcare's business operated under the name 'Goldsborough' in Hertfordshire.
- 7.2 It was further noted that the council had a £4.8m per annum contract for domiciliary care in Hertsmere, North Herts, St Albans, Three Rivers, Broxbourne and Welwyn Hatfield. 611 people receive their care from Goldsborough and they employ approximately 325 staff.

**CHAIRMAN'S
INITIALS**

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- 7.3 Members were advised that the council had been speaking on a daily basis to the national Allied Healthcare Chief Executive and the local branch and had been assured that there would be no impact on service users as they continued to operate 'business as usual' at this time. The council had also written to Allied Healthcare staff stating its support for the company and continuity of its business. The council had also written to other domiciliary care providers in Hertfordshire asking for their support of Goldsborough.
- 7.4 Members received assurance that the council had extensive contingency plans in place to deal with provider failure and to manage the continuity of care for service users. It was stressed the safety of the vulnerable adults and older people who are supported by the services was paramount.
- 7.5 It was advised that under the terms of the council's contracts with Allied Healthcare the care staff were entitled to protection under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) and, should it become necessary, the council would ensure that staff were offered the opportunity to transfer to alternative providers of these services, if Allied Healthcare were unable to meet the commitments of their contract with the Council.

CONCLUSION:

Members noted the update.

There was no other Part I business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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