

BERKHAMSTED TOWN COUNCIL

Minutes of a meeting of the

FINANCE & POLICY COMMITTEE

Held in the Council Chamber, Civic Centre, Berkhamsted on

Monday 10 September 2018 at 7.30 pm

MEMBERS PRESENT:

Councillors J Jones (Chairing in Cllr B Newton's absence)
Mrs C Green
T Ritchie
G Stevens
G Yearwood

ALSO PRESENT

Officer Mrs J Mason, Town Clerk

OPENING MATTERS

FP 52/18 To receive **apologies for absence**

These were received from Cllr B Newton and Cllr S Bateman.

FP 53/18 To receive **declarations of interest** regarding items on the agenda

None.

FP 54/18 To approve the **minutes of the previous meeting** held on 9 July 2018.

The minutes of the meeting held on 9 July were **approved** as a correct record and were duly signed as such by the Chair.

FP 55/18 **Chair's Communications**

- (i) HAPTC Bulletin August 22nd
- (ii) NALC Newsletter August 2018
- (iii) Agenda for Dacorum Environmental Forum quarterly meeting on 6 September 2018
- (iv) NALC Chief executive's bulletin 31 August 2018
- (v) Chiltern Society eNews – September

FP 56/18 **To suspend Standing Orders to allow public participation**

No members of the public were present.

FINANCIAL MATTERS

FP 57/18 Grant Application

- (i) To **consider** a grant application for £2,000 made on 28 June 2018 by Herts Vision Loss for a project to provide a monthly support group in Berkhamsted for visually impaired (VI) children. 20 children would attend each session.

Following a discussion, it was **Resolved** that a grant of £250 be made. The Committee all agreed that the project was extremely valuable but were uncertain about the number of Berkhamsted VI children that would benefit. It was **agreed** that the Town Clerk should discuss this aspect with the Herts' Vision CEO.

FP 58/18 Income and Expenditure including Receipts and Payments Schedule

The reports to 31 July 2018 were recently considered at the 20 August meeting of the Town Council. Therefore, this item will next be received at F & P on 15 October 2018.

FP 59/18 Lions Club of Berkhamsted – Contribution to the cost of a commemorative bench at Rectory Lane Cemetery

The Committee **considered** contributing towards the cost of the project to install 8 bespoke benches at the Cemetery. The contribution would commemorate the work of Berkhamsted Lions. Some Lottery funding will be used for the project and the Rectory Lane project team were suggesting contributions of £500 - £1000 from partner organisations such as the Town Council.

Following discussion, it was **Resolved not to make a contribution** towards the Rectory Lane Cemetery benches because this would be a significant departure from the proposal made at the 12 March 2018 meeting of the Committee. Therefore, the Town Clerk was asked to investigate further the cost of a bench and plaque to be located elsewhere in the Town Centre and to report back.

YOUTH MATTERS

FP 60 /18 Youth Town Council

No matters to report due to the school summer holidays.

POLICY MATTERS

FP 61/18 Consultation: Local Government Association green paper for adult social care and wellbeing

- (i) The draft response to be sent to NALC to assist in its co-ordination of a Local Council sector response to the green paper was **received and discussed**. This had been drafted by Cllrs Beardshaw, Reay and Yearwood who were thanked for the time they had spent preparing such a well-considered response.

- (ii) Following a detailed discussion and some minor amendments, the draft was **finalised and approved**. The Town Clerk would forward the finalised version to NALC by 14 September.

(NB A copy of the final response sent to NALC on 11 September is attached for information.)

- (iii) It was also **Resolved** that the arrangements for the merger of GP practices in Berkhamsted and the delay in moving to a single premises should be an item for discussion at F & P on 15 October 2018. This issue is referred to briefly in the response to NALC.

FP 62/18 GDPR Compliance

A verbal update from the Town Clerk was **received** following a recent meeting with the Data Protection Office (DPO) consultancy. (DPO provides the Town Council's Data Protection Officer services.)

She reported that following the GDPR impact assessment undertaken over the course of two days earlier in the summer, feedback had now been received in the form of a red, amber, green risk assessment. This showed that there is work to undertake in terms of office protocols, councillor, staff and allotment rep. training and finalising privacy policies. However, a number of other remedial actions had already been put in place. To give specific examples, 2 Commune has updated the website privacy policy and GDPR compliance statements have been received from major suppliers. A secure portal is now in place for electronic communications between the Town Council and David Lindon and Co, the Council's payroll services provider.

DPO will assist with any further actions required and the Town Clerk will again raise cyber security breach insurance cover with Came and Co. It was **noted** that at 31 July 2018 expenditure on GDPR stood at £2,282 against a budget of £7,200.

FP63/18 Close of Meeting

The meeting closed at 8.47 pm.

Signed.....

Date.....

Consultation: LGA green paper for adult social care and wellbeing, July – September 2018
Response from Berkhamsted Town Council.

1: What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?

Response: There should be much closer co-operation with the NHS and local NHS services e.g. GPs, hospitals, social agencies. Local authorities need to be consulted. To achieve this, there needs to be a national statement/structure designed to give councils more power within the decision making process.

2: In what ways, if any, is adult social care and support important?

Response: It is important to give support for families as they are an essential part of caring for the increasing number of elderly and frail people requiring both health and social care. There are now 6.5million carers in the UK with 9million forecasted for 2035. Due to the stress of caring for others within the family structure, it has been reported that 72%of carers have suffered from some form of mental disturbance with well over a half reporting their physical health has deteriorated. (Carers UK 2018; 11/06/18). To alleviate this alarming increase, a support system for respite care is urgently needed.

3: How important or not do you think it is that decisions about adult social care and support are made at a local level?

Response: Very important as stated above.

4: What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?

Response: As a town council we cannot comment as there have not been any improvements in our local area, indeed there has been a decline in provision.

5: What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?

Response: Due to the closure of a 20-bed adult rehabilitation/intermediate unit in 2016 which was originally a 48-bed adult mental health care unit in the local area, as a result of the reassigning of funds to the Acute Trust in Watford, this has highlighted a dearth of local healthcare provision, putting pressure on already stretched services.

6: What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?

Response: An increasing elderly and infirmed population requiring care from either local or family support has meant it difficult to recruit carers. There is no funding in place to assist with those who need to live or travel to areas to provide adult care.

7: What, if anything, are you most concerned about if adult social care and support continues to be underfunded:

Response: Mental health, family support and a deterioration in care for the frail and elderly.

8: Do you agree or disagree that the Care Act 2014 remains fit for purpose?

Response: The Care Act 2014 sets out clear objectives on a framework for tackling adult and social care issues. It outlines the need to develop a local approach to preventative healthcare provision which needs to have more financial support to assist with decision making.

9: What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?

Response: Funding is the main issue. However, there needs to more collaboration between the Acute Trust and Social Care.

10: Beyond the issue of funding what, if any are the other key issues which must be resolved to improve the adult social care and support system?

Response: There needs to be much more local accountability and requires a greater closer working relationship between local councils and NHS local bodies.

11: Of the above options for changing the system for the better which, if any, do you think are the most urgent to implement now?

Response:

1: Make sure there is enough money to pay for inflation and the extra people who will need care

2: Pay providers a fair price for care

3: Provide care for all older people who need it

4: Provide care for all people of working age who need it

5: 'Cap and floor'

6: Free personal care

The following are also required:

7: Good standard of training provision for care providers

8: Provision of a Regulator specific to the adult social care sector.

12: Of the above options for changing the system for the better which, if any, do you think are the most important to implement now?

Response: Funding remains the critical issue. Providing clinical and other expert support for families who now form a major part of carers will help to alleviate the NHS particularly in relation to the bed blocking situation in hospitals.

13: Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?

Response: It is essential to differentiate between short term and long term provision. For example, there is a need to provide more intermediate care beds within the existing local West Herts town centre hospitals, to reduce the amount of bed blocking (up to 200 beds) at the acute general hospital, to save costs and to provide a more appropriate care closer to where people live whilst differentiating between the management of acute and chronic conditions.

14: Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?

Response: There should be more emphasis on the family as mentioned in the response to Question 7. Despite various measures, this has not been adequately followed through.

15: What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?

Response: It is essential to have the support of everyone to assist with the care and wellbeing of an increasingly elderly and infirm population together with help for those with mental health issues. There must also be greater use of day centres to support the well being of those requiring care.

16: Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?

Response: Due to people living longer, there is an urgent need to provide extra funding. This can be achieved through those who continue to work past retirement age. For example, those aged 65+ who are still working should pay for their care through continuing NI payments. Additionally, people who aged 60+ who are still working should pay prescription charges.

17: Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?

Response: Acute services take the lion's share of funding. There needs to be more co-ordination and joined up thinking to ensure funding is more efficiently spent. For example, the acute general hospital in West Herts is inadequate, outdated and totally unfit for modern NHS standards of clinical care (as evidenced by it being permanently stuck with 'inadequate' or 'requires improvement' CCQ reports) or clinical efficiency (as evidenced by the £125 million accumulated deficit). Expenditure on acute hospital services represents by far the largest part of our local NHS expenditure and needs to be properly and sustainably fixed if local NHS finance is to be meaningfully budgeted for. West Herts needs a new centrally located modern efficient hospital, fit for the 21st century.

18: What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?

Response: All funding should be considered jointly

19: What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?

Response: The Green Paper should ensure the solutions suggested lead to better results for the patient and is sustainable.

20: In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?

Response: Entrenched party views can often close down debate. Community support is also essential in finding a consensus.

21: What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?

Response: Public health support is crucial and needs to lead more in providing education and preventative measures for the long term. This means increased funding for public health services.

22: What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?

Response: Care providers outside the NHS can play an important role in alleviating local care provision to improve patient health. For example, chest services to improve the management of chronic obstructive pulmonary disease now in place at West Herts Hospitals; GPs should take on more responsibility for the provision of lifestyle advice to encourage patients to be more accountable for their health.

23: To what extent, if any, are you seeing a reduction in these other local services?

Response: There has been a significant reduction in the provision of local health services in West Herts. For example, reduced acute hospital beds, reduced intermediate care beds, longer waiting times particularly when obtaining local GP appointments with GP referrals being refused and/or delayed, reduced opening hours of the local urgent treatment centre resulting in a reduction of the range of services. GP training and provision is seriously under resourced throughout the country. The shortage of GPs is particularly severe in our community leading to long delays in obtaining appointments and treatment. This has been exacerbated by the merger of two surgeries. The intention was that the merged practices should operate from a single premises, however, this aspect of the merger has been unacceptably delayed which has impacted adversely on efficiency and service. As a result patient safety will be jeopardised.

24: What principles, if any, do you believe should underpin the way the adult social care and support services and the NHS work together?

Response: There should be much closer collaboration between the NHS and local services with greater accountability to the population which they serve.

25: In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?

Response: It is essential that these decisions are made aware to the local population with accountability by those decision makers firmly understood. This must happen to achieve full

compatibility with services being provided. The current CCG arrangement does not provide sufficient accountability on budgets and priorities to the local community, nor to their elected local political representatives, even at MP level.

26: Do you think the role of health and wellbeing boards should be strengthened or not?

Response: It should be strengthened by involving non-executive membership drawn from the community.

27: Which, if any, of the options for strengthening the role of health and wellbeing boards to you support?

Response: Invest in prevention, primary care and community health services, with multiagency teams working closely alongside the voluntary sector to put in place early help and support.

28: Do you have any suggestions as to how the accountability of the health services locally could be strengthened?

Response: Give more control to local authorities as they are representing their local communities through the election process; have elected local representatives on the local NHS boards.

29: Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?

Response: Take personalisation further with a single assessment and care planning process, which is centred on the individual and what matters to them.

30: Do you have any other comments or stories from your own experience to add?

Response: The closure of a 20-bed adult rehabilitation/intermediate care unit in the local area (already reduced from a 48-bed adult mental health unit) has had a significant detrimental impact on the provision of local care.

SB/IR/GY – Agreed F & P 100918