



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 10 SEPTEMBER 2019 at 5:30 pm

P R E S E N T

Councillor Joshi (Chair)  
Councillor March (Vice Chair)

Councillor Batool  
Councillor Kaur Saini

Councillor Khote  
Councillor Kitterick

In Attendance

Councillor Russell – Deputy City Mayor, Social Care and Anti-Poverty

Councillor Fonseca  
Councillor Hunter  
Councillor Pantling  
Councillor Sangster

Also Present

Micheal Smith – Healthwatch Leicester

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**15. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Thalukdar and Tracie Rees.

**16. DECLARATIONS OF INTEREST**

Councillor Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team in Leicester City Council.

In accordance with the Council's Code of Conduct, the interest was not considered so significant that it was likely to prejudice the Councillor's judgement of the public interest. Councillor Joshi was not therefore required to withdraw from the meeting during consideration and discussion of the agenda items.

## **17. MINUTES OF THE PREVIOUS MEETING**

### 10. Extra Care Housing Update Including Planned Schemes

Officers were thanked for arranging visits to Danbury Gardens and Abbey Mills for Members. The Strategic Director Social Care and Education suggested early evening visits be arranged for Members with work commitments and would forward some dates and times to Members.

### 12. Adult Social Care Integrated Performance Report: Quarter 4

It was agreed at the last meeting to invite Scrutiny Members and Micheal Smith (Healthwatch Leicester) to a reference group to test the new format of the report and would be added to the Work Programme for the Commission.

AGREED:

that the minutes of the previous meeting of the Adult Social Care Scrutiny Commission held on 16<sup>th</sup> July 2019 be confirmed as a correct record.

## **18. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

## **19. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

The Monitoring Officer reported that no questions, representation or statements of case had been received.

## **20. CARER STRATEGY UPDATE**

Members from Children, Young People and Schools Scrutiny Commission were asked to join Members at the table for consideration of the agenda item. Councillors Hunter and Pantling were present.

The Strategic Director Social Care and Education submitted a report which provided an update on the development and implementation of the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland (LLR) Carer Strategy – 2018 to 2021. The Strategic Director also submitted a report with an overview of the actions being taken to support the manifesto pledge for supporting carers in Leicester. The Adult Social Care Scrutiny Commission was recommended to note the Strategy and report and provide any comments and feedback to the Strategic Director Social Care and Education.

Councillor Russell, Deputy City Mayor Social Care and Anti-Poverty introduced the Strategy which she said recognised the impact of caring in the city for families, and the wider benefits of supporting carers and recognising the role they undertook. It was further noted the Council alone would not be able to afford the support for people that the carers provided.

The Strategic Director Social Care and Education referenced that it was an LLR Strategy and it had been agreed to create a collective strategy as carers did not always live in the city and would provide consistency to carers across boundaries.

Bev White, Lead Commissioner, was present and provided the following additional information:

- There was no statutory requirement for a strategy, but there had been one in place for a number of years that required a refresh.
- The Vision at para 4.2 in the report was supported by a wide range of voluntary sector organisations.
- The strategy was completed after a substantial amount of engagement, and young carers had a huge input into the strategy.
- The strategy is owned by the LLR Carers Delivery group, and work was in progress to develop a strategic Carers Partnership Board which would include a carers reference group. The first meeting of the Board would take place in November.
- It was acknowledged that there were different ways to support all carers, engaging with them face-to-face and virtually.
- An implementation plan was being developed and a series of meetings would be held with young carers in October 2019, following which a further draft would be taken back to the implementation group.
- More work needed to be done to engage with hidden carers (and identify them).

In response to Members' questions, the following was noted:

- During new commissioning of the service, officers were mindful of the fact that people did not know where to go for information and advice, and what was needed was a clearer pathway for people – a carers hub so that professionals would become familiar with referring people in, to try to channel people.
- Members referenced ASCOF figures showed that during the last quarter the service was not making gains in supporting people and had spend changed. Members were informed that a better interpretation of the figures would be seen in the annual figures.
- Funding as part of spending savings agenda had reduced voluntary sector funding by £700k.
- People did not always recognise themselves as carers, and services needed to work together towards finding the individuals and finding a way to engage with them.
- Different methods were used to engage with people during the consultation period, for example, through third-party organisations, group meetings such as the Carers Commission. The survey was also advertised as widely as possible, for example, Leicester Mercury. The Young Carers group run by Youth Services had not liked what was in the strategy. Suggested changes had been made and would be presented to the group in October.
- Figures in Appendix 1, Adult Social Care Outcomes were queried. At 1D,

7.2 for 2016-17 what did the figure mean. At 3C it was noted the proportion of carers who reported they had been included or consulted in discussions about the person they care for had fallen to 68.5%. Members of the Commission believed the statistic was the one the Council could influence.

- In reference to the carers allowance with a reported average of 35% unclaimed locally, it was suggested a target increase in this area in the city be considered. It was noted that every identified carer received a financial assessment and were supported to maximise take-up of what they were entitled to.
- The NHS had been full partners in developing the strategy. In commissioning services a conversation was had with carers to find out about their circumstances to signpost them in the right direction to services and support. The NHS received commission-based information to help them care for the person. Individuals had to agree to pass on information to GPs as the commissioning service did not have access to patient level information.
- The Council's website had a portal for carers, which would be sent to Members of both Commissions for Adults and Children and Young People for when meeting with constituents.
- For those people interested in being on the Carers Board, a weblink would be circulated to Members on who to contact as being part of the Board.
- A carer-friendly community was needed to help support carers, raise more awareness of their needs, for example, flexible working practices. It was also important not to assume that family members were close to hand to support, as this was not always the case.
- Community connectors had access to small amounts of funding to pilot tasks to engage with carers.
- Third parties were brought in to interpret to communities when required. Adult Social Care were also fortunate have staff members across a wide range of languages.

*Councillor Sangster left the meeting at this point.*

- When the Care Act 2014 came in it gave carers a statutory right to now be assessed in their own right for support, and/or direct them to services to relieve the carer of responsibility and allow them to have some respite.

Councillor Russell, Deputy City Mayor Social Care and Anti-Poverty informed the meeting the commissioning process would make sure there was a simpler for carers to access information. Officers were also looking at wider work around systems for sharing information, better promote voluntary sector services, and redevelop carers support on the website to provide a full list of support, including voluntary sector services, so they were no spending vital funding on publicity.

The Chair thanked officers, and Members of both Commissions for their contributions, and recommended that an update on progress and a more detailed report on targets when developed be brought back to a meeting in six months.

AGREED:

that:

1. The Joint Social Care and Health, Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy – 2018 to 2021 be noted.
2. The Manifesto Update – Support for Carers be noted.
3. An update on progress and a more detailed report on targets when developed be brought back to a meeting in six months.

## **21. BETTER CARE FUND: OUTTURN REPORT 2018/19 AND PLAN 2019/20**

Members from Health and Wellbeing Scrutiny Commission were asked to join Members at the table for consideration of the agenda item. Councillor Fonseca and Jeremy Bennett, Strategy Implementation Manager for Leicester City CCG were present.

The Strategic Director Social Care and Education submitted a report which noted the outturn of the Better Care Fund (BCF) activity and performance for 2018/19 and summarised the intentions for the 2019/20 plan. It was noted the BCF plan was a two-year plan from 2017-19 and a new plan for 2019/20 was due for submission by 27 September 2019 to be approved for submission by the Health and Wellbeing Board. The Adult Social Care Scrutiny Commission was recommended to note the contents of the report and provide any comments and feedback to the Strategic Director Social Care and Education.

Ruth Lake, Director of Adult Social Care and Safeguarding presented the report, and gave the following additional information:

- Significant funding was received to protect adult social care, and the report set out the delivery of BCF with specific reference to national metrics.
- It was a good news story in times of rising demand and a challenged health and care system.
- There had been an increase in emergency admissions, but growth figures were lower than the national average.
- Two-years figures for delayed transfers of care (DTC) showed improvements for 2017/18. Although strong performance had been sustained for 2018/19, ASC struggled to meet the national targets (as it had done so well in Q3 of 2017/18 and targets were set using 2017/18 performance).
- The graphs showed trajectory around DTC and Leicester was recognised as a regularly top performing authority.
- People were supported to enable them to live in their homes as long as possible, reducing the number of people having to move out of their community.
- The national target of 92% for people aged 65+ discharged from hospital and at home 91 days later was exceeded at 95.3%.
- The iBCF was spent on service in accordance to the following categories: support to adult social care, the NHS, the care market.
- The 2019/20 BCF plan will be submitted 27 September 2019. No significant changes were proposed, and ASC had been able to invest in some new

- preventative services, for example, eye clinic liaison support.
- The biggest challenge facing the service was the ability to plan when it was not known if funding would continue.

In response to Members' questions, the following was noted:

- Whilst My Choice was predominantly online, people had access to professionals and voluntary sector organisations in a format easy to use on mobiles to enable individuals to help people access the service. People could still telephone the council, and a contact response team was maintained to provide information and advice, take referrals, and uphold safeguarding.
- The increase in numbers under the 91-day reablement was relatively small, but because it was an increase it was investigated to see if more could have been done. It was found that sometimes when people on the reablement programme came out of hospital, something unpredictable could occur, and there were no concerns that things could have been done differently.
- Members made reference to revenue outturn underspends at Appendix 2 in the report as a cause for concern that schemes were not being delivered, for example, frailty training for GPs. It was noted that funding in the BCF looked at one-off schemes and had a pooled budget with the agreement of partners. Underspends carried forward a small NHS reserve pot as allocated to the authority and would be considered as carry forward for the next year.
- In terms of support to ASC commissioned services need to be maintained. Three years ago it became evident that ASC was in financial trouble, and rather than give local government funding directly, the government gave money to iBCF, and conversations were had with CCG health colleagues on how to spend the funding. It was not yet known what future funding would be received from government.

Micheal Smith, Healthwatch Leicester, queried the implications for the BCF following the development of Primary Care Networks (PCNs). Steven Forbes, Strategic Director noted that the BCF was essentially a mainstream funding stream for ASC but routed through the NHS by central government. There had been indications that BCF money could be routed through PCNs, which would be challenging if ASC and the CCG were required to negotiate with 10 PCNs about city services. Ruth confirmed that she had discussed the BCF recently with the BCF regional manager and there was no indication that this was likely.

Ruth noted that the PCNs were at different stages of development and ASC / CCG were working with the PCNs to help them to understand the BCF offer and its benefits. Jeremy Bennett agreed with this noting that the Accountable Clinical Directors for the PCNs were unlikely to not want to benefit from the very good range of services offered through the BCF, as their impact was clear and well regarded.

The Chair thanked officers, Members of both Commissions and Jeremy Bennett for their contributions, and asked Members of the Adult Social Care Scrutiny Commission to agree the recommendation in the report.

AGREED:

1. That the contents of the report be noted.

## **22. REVISION TO CHARGING POLICY (ASC NON-RESIDENTIAL)**

The Strategic Director Social Care and Education submitted a report to inform the Commission of a consultation exercise in relation to proposed changes to the charging policy for non-residential care services. The Adult Social Care Scrutiny Commission was recommended to note the contents of the report and provide any comments and feedback to the Strategic Director Social Care and Education.

Councillor Russell, Deputy City Mayor Social Care and Anti-Poverty introduced the report, and noted that the charging policy was being looked at and had gone out to consultation due to budget pressures, though it was stated that people's care needs were still the priority.

Ruth Lake, Director of Adult Social Care and Safeguarding presented the report, and provided the following information, and informed the meeting of the commitment to consult as fully as possible to understand what people thought about the proposals, including visiting groups, online, and public meetings.

In response to Members' questions, the following was noted:

- In relation to people and financial impact, if the proposal was to go ahead there would be some financial impact but it could not be said what on an individual basis at this point, but nobody would be left without the basic level of finance to live on. If people were using benefits to pay for their care needs, it would be taken into account. In simple terms, disability benefits were paid at different rates. The Care Act had removed a cap and all disability benefits could be taken into account.
- The link for the online consultation page had been circulated to all Members for them to pass on to constituents.
- People affected were people receiving services from ASC. Following consultation, the equalities impact would form part of the final report. Individual letters had been sent to those in receipt of services and carers.
- All steps had been taken to inform people about the consultation. Meetings would be held at the Peepul Centre, Brite Centre and in the City Centre.
- There was a ceiling of £14,250 savings for individuals whereby savings up to this level are ignored for the purposes of assessment of an individual's financial circumstances. Any additional capital above this ceiling (up to £23,250) is included in the financial assessment. In summary, for every £250, or part of £250, between £14,250 and £23,250, an individual is assessed as if they have an extra £1 a week in income. The consultation was specifically the treatment around disability benefits, and how ASC regarded the additional bit of benefit that used to be disregarded.
- The Care Act allowed to take into account full disability benefit but if someone was expending full benefit that would be taken into consideration.

Councillor Russell suggested that pending the outcome of consultation, if the revision to the Charging Policy was enacted, a full report be brought back to the Commission on the number of people where the full charge was discounted.

Matthew Cooper, Contract Assurance and Business Manager informed Members that although the revision was a change in policy, it was not a blanket policy and an individual's financial circumstances would be looked at on a case and case basis, taking into consideration an individual's care.

Steven Forbes, Strategic Director, said the revision in policy was to maximise income, and discretion would be used as to what arrangements were in place for each individual.

Micheal Smith, Healthwatch Leicester queried how the figure of estimated £1.3million in generated income had been reached. It was explained that DWP statistics on the higher disability benefit thresholds actually paid had been used to estimate the potential cohort of ASC service users who may be in receipt of the higher level payments and this was applied to reach a potential maximum of £1.3million of additional income. The actual figure was likely to be lower as it was anticipated that a number of affected individuals would be able to demonstrate that they expend all their disability benefit for the provision of their care and support needs. It was agreed that consultation information would be shared with Healthwatch Leicester.

The Chair asked that recommendations and comments from the Scrutiny Commission be fed into the consultation.

AGREED:

that:

1. The reported be noted.
2. If the revision to the Charging Policy was enacted that a full report be brought back to the Commission on the number of people where the full charge was discounted.
3. Consultation would be shared with Healthwatch Leicester.
4. Recommendations and comments from the Scrutiny Commission be fed into the consultation.

## **23. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME**

Councillor March presented a scoping document for a proposed new topic for task group review – Adult Social Care Workforce Planning: Looking to the future.

AGREED:

1. That the review be supported.
2. Councillors Batool, Joshi, Khote and March form the Task Group – meetings to be confirmed.



Members of the Commission were further invited to provide items for the Commission work programme.

**24. CLOSE OF MEETING**

There being no other items of urgent business the meeting closed at 7.27pm.