



Leicester  
City Council

## MINUTE EXTRACT

### Minutes of the Meeting of the HEALTH SCRUTINY COMMITTEE

Held: WEDNESDAY, 9 FEBRUARY 2011 at 6.00 pm

#### P R E S E N T :

Councillor Bayford- Chair  
Councillor Manjula Sood – Vice Chair

Councillor Clayton  
Councillor Cleaver

Councillor Gill  
Councillor Newcombe

#### I N A T T E N D A N C E

Elaine Baker – Democratic Services Officer  
Ivan Browne – Public Health Consultant with NHS Leicester City  
Sarah Cooke – NHS Leicester City  
Aileen Holyland – NHS Leicester City  
Rod Moore – Deputy Director of Public Health and Health Improvement  
Anita Patel – Members Support Officer  
Rod Pearson – Head of Finance (Health and Wellbeing)  
Tracie Rees – Director of Commissioning  
Heather Roythorne-Finch – Local Involvement Network  
Yasmin Surti – Planning & Service Development Officer (Learning Disabilities)  
Ben Smith – Local Involvement Network

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#### **1. DECLARATIONS OF INTEREST**

Councillor Bayford declared a personal interest in the general business of the meeting in that his wife was a salaried GP, although she was not a partner in the practice.

Councillor Manjula Sood declared personal interests, in relation to the general business of the meeting, in that she was a patron of CLASP, the Chair of the Leicester Council of Faiths and an ambassador for the East Midlands for Sporting England.

Councillor Newcombe declared a personal interest in agenda item 6, “2011/12 Budget Proposals – Adult Social Care”, as his partner worked for Adults and

Communities, and other family members also worked for the City Council.

## **5. 2011/12 BUDGET PROPOSALS - ADULT SOCIAL CARE**

The Strategic Director Adults and Communities presented a report seeking the views of the Committee on the draft budget plans for the Adult Social Care divisions.

In presenting the report, the Head of Finance (Health and Wellbeing) drew particular attention to the following points:-

- The budget plan was a one-year strategy, in view of the on-going financial situation;
- The budget plan submitted showed reductions totalling approximately £3.8 million, which had been proposed in line with the “Putting People First” agenda;
- An important aim was to enable as many people as possible to keep living independently in their own homes. To assist in this, the Council was proposing significant investment in enablement and re-ablement services and assistive technology;
- In line with the personalisation approach, services would be charged at cost. The income would be re-cycled to service users through the Resource Allocation System;
- Commissioning was to be improved. This could include providing some services jointly with health authorities;
- The role of the voluntary sector was to change. However, there would be a net investment in that sector, as people with personal budgets often chose to use voluntary sector services;
- The cost to the Council of using taxis to transport service users was high. The use of personal budgets would help reduce this, as some people would be able to make their own transport arrangements more economically;
- The Council no longer had capital funds available to invest in their own care homes;
- It was anticipated that, over the next three years, fewer people would be entering long-term residential care, but would be using alternative forms of accommodation;
- The budget allocated for Home Care was shown as lower than the current year. This was primarily because this money was going into personal budgets. Service users would then decide how the money was spent and

it was very likely that much of it would continue to be spent on Home Care; and

- Service quality issues had been experienced with the Meals on Wheels service. Dis-investment in the service was being recommended. This also reflected the increased use of personal budgets and the choice this gave to people.

The following points were made during discussion on the proposals:-

- There was concern at the speed of the transformation of the service. Although there was an anticipated reduction in client numbers, it appeared to be causing an increase in costs;
- As service users would have a choice of where they spent their personal budgets, the Council needed to be careful how it set its charges. If they were too high, they would not be used, so alternative ways of financing those services would have to be found, or ultimately they could have to close;
- Personal budgets were allocated to people not receiving residential care according to assessed need. Therefore, the higher someone's needs, the higher the budget allocated;
- The actual number of people using personal budgets (following a full assessment and application of the Resource Allocation System) was believed to be less than 25% of the total number of service users;
- Some cases had been identified where Fair Access to Care criteria had wrongly categorised people as having critical or substantial needs. These cases were now being rectified;
- The use of personal budgets would enhance community cohesion, through the increased use of community services;
- There was some concern that personal budgets were not being properly explained, particularly to vulnerable older people, which could result in them feeling that the Council was not interested in them. Care therefore needed to be taken to ensure that communication with the budget holders and those caring for them was appropriate;
- The Council was doing a lot of work to direct people to services they needed. For example, a web site was being developed and brokerage services would be provided;
- In response to a question, it was noted that the pilot personal budget system was not the same as the current system. Under the pilot scheme, individuals had received direct payments of the amount needed to fund the level of the services they were receiving at that time, but they had not been

assessed through the use of the Resource Allocation System;

- Concerns that personal budgets could be misused by the families or carers of budget holders were acknowledged;
- Unfortunately, “double running costs” could not be avoided during the transition period when residential care homes and day centres were closed and current users transferred elsewhere. However, these would be one-off costs;
- The budget proposals were based on the transformation agenda and cuts in public expenditure, which in turn would affect the voluntary sector. Work was ongoing to determine what these effects would be; and
- In response to concern that any reduction in the voluntary sector could leave a gap in services that would affect many of the City’s residents, Members were reminded that the proposals presented were for a net investment in that sector.

RESOLVED:

- 1) that the Director of Corporate Governance be requested to circulate the additional papers relating to Adult and Social Care budget proposals being presented to the Overview and Scrutiny Management Board adjourned meeting on 15 February 2011 to members of this Committee and the Lead Member for Health and Community Safety as soon as they are available; and
- 2) that, in considering the draft budget plans for the Adult Social Care divisions, the Overview and Scrutiny Management Board be requested to take account of the comments recorded above.