



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION AND ADULT SOCIAL
CARE SCRUTINY COMMISSION

Held: THURSDAY, 14 JANUARY 2016 at 5:30 pm

P R E S E N T :

Councillor Chaplin (Chair)

Councillor Alfonso

Councillor Dr Chowdhury

Councillor Singh Johal

Members of the Adult Social Care Scrutiny Commission

Councillor Cleaver (Chair)

Councillor Bajaj (Vice-Chair)

Councillor Dawood

Councillor Halford

Councillor Joshi

Councillor Khote

Also In Attendance:

Councillor Palmer - Deputy City Mayor

Councillor Osman – Assistant City Mayor Public Health

Richard Morris, Chief Corporate Affairs Officer, Leicester City Clinical
Commissioning Group

Philip Parkinson – Healthwatch Leicester

Surinder Sharma – Healthwatch Leicester

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50. APOLOGIES FOR ABSENCE

Apologies of absence were received from Councillors Bhavsar, Cutkelvin,
Fonseca and Sangster.

56. BUDGET 2016/17

The Commission and Members of Adult Social Care Scrutiny Commission
considered the draft General Fund Revenue Budget 2016/17 and its
implications for services within the Health and Wellbeing and Adult Social Care

Commissions' terms of reference.

It was noted that there be a further opportunity to comment upon the draft budget when it was discussed at the Overview Select Committee on 28 January 2016.

The Deputy City Mayor commented that:-

- a) The Adult Social Care Budget continued to be subject to ongoing pressures.
- b) The increase in the national living wage from 1 April 2016 would lead to a significant cost for independent sector care providers who would inevitably seek additional funding from the Council. Although, the Government had recognised this issue by allowing councils responsible for providing social care to increase council tax by 2% for each of the next 4 years over an above the referendum limits, the additional income generated would be a round a third of what was required.
- c) The increase proposed in the Adult Social Care budget was to recognise and meet the acute and growing financial pressures through increased demand for statutory services and increased costs such as the national living wage. It was not a provision for extra growth.
- d) There would be a programme of Service Reviews looking at future savings but it should be recognised that there was limited scope for savings in non-statutory services.
- e) It was important to understand the severity of the current budget situation and the continued budget pressures to be faced over the next 5 years.

The Assistant City Mayor, Public Health commented:-

- a) Public Health services were spread across a number of service areas including health visiting and school nursing, some elements of adult social care as well as specific services relating to smoking cessation, reducing alcohol and drug consumption and mental health initiatives.
- b) The Government's recent decision for an in year reduction of 6% (£1.6 million) in the public health grant represented a significant impact upon service provision, and this would continue in future years.
- c) Further savings of 3.9% were required for 2016/17 and 2017/18. The Council had not received the final settlement yet, but the Commission would be informed when these were received.

The Director of Finance commented:-

- a) The Council received details of the financial settlement on 17 December

2015 and the draft budget proposals were published on 12 January 2016.

- b) There was a requirement to consult business rate payers on the proposals.
- c) The draft budget was published on the Council's website and comments could be submitted through the website, which would be reported to the Overview and Select Committee.

Following Members' questions it was noted:-

- a) That discussions would be held with care providers to discuss the implications of the impact of the national living wage upon services.
- b) All decisions on providing services within care packages were based upon meeting the needs of individuals following assessments using national criteria. Some packages could be increased and others could be reduced if the needs of the individual changed and their care package was reviewed.
- c) A significant amount of public health funds were being redirected to the NHS for services such as school nurses which reduced the availability to find the savings required for future years. Public Health would need to radically rethink ways of getting health benefits through other initiatives rather than those traditionally funded through public health grants.

Members of both Commissions made the following comments:-

- a) Investment in public health campaigns had proven outcomes in keeping people healthier for longer which reduced the burden on more expensive acute sector services.
- b) Members felt that older citizens appeared to be increasingly disadvantaged by current health provision as it was felt that the government were not adequately supporting the continuing demands for Adult Social Care and preventative services.
- c) Further discussion would be welcomed on the public health budget when the final settlement was known.
- d) The reviews for future savings were noted and the Health and Wellbeing Commission would keep under review the impacts upon smoking cessation and reducing the consumption of alcohol and drugs programmes.
- e) It should be recognised that sports, arts and cultural activities all contributed to health and wellbeing, combated isolation, helped to deliver good quality of life to people and helped people stay fit and well.

AGREED:

- 1) That the comments made by Members above be reported to the Overview Select Committee.
- 2) That Members be encouraged to make further comments either through the website or to the Chairs of the two Commissions.