

**ADULTS SCRUTINY COMMITTEE
 28 OCTOBER 2015**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith, M A Whittington, Mrs P A Bradwell, Mrs J Brockway and Mrs J M Renshaw

Councillors: attended the meeting as observers

Officers in attendance:-

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Philip Garner (Adult Health Improvement Manager), Glen Garrod (Director of Adult Care), David Laws (Adult Care Strategic Financial Adviser), David Clark (Programme Officer (Wellbeing and Independence)) and Wendy Crosson-Smith (Consultation Policy Advisor)

29 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S R Dodds and Mrs S M Wray.

An apology for absence was also received from Councillor C R Oxby (Executive Support Councillor for Adults).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillors Mrs J Brockway and J Renshaw as replacement members of the Committee in place of Councillors Mrs S M Wray and S R Dodds, respectively, for this meeting only.

30 DECLARATION OF MEMBERS' INTERESTS

No declarations of Councillors' interests were declared at this stage of proceedings.

31 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 9 SEPTEMBER 2015

RESOLVED

That the minutes of the Adults Scrutiny Committee held on 9 September 2015, be confirmed and signed by the Chairman as a correct record.

32 NON-RESIDENTIAL CARE CONTRIBUTIONS POLICY

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The Chairman welcomed all members of the public who were in attendance and Councillor Mrs P A Bradwell Executive Councillor for Adult Care and Health, Children's Services to the meeting of Adults Scrutiny Committee.

The Chairman advised that a request had been received from a member of the public to address the meeting. In accordance with Overview and Scrutiny Procedure Rules the Chairman asked the Committee if they were in favour of allowing a member(s) of the public to speak. The Committee gave their support to allowing members of the public to speak at the meeting.

The Committee received a joint presentation from Wendy Crosson-Smith, Consultation Policy Advisor and David Laws, Adult Care Strategy Financial Advisor, which outlined to the Committee the consultation exercise to test the seven proposed changes to the Non-Residential Adult Social Care Contributions Policy, which took place between 22 June and 28 September 2015. It was highlighted that the proposals were estimated to result in £920k - £957k in extra contributions from service users and were aimed to make the policy clearer and fairer.

It was reported that 273 people had attended twelve consultation events; and that 275 people had made a response to the consultation document. Full details of the consultation exercise were shown in Appendix 1 to the report presented. The Consultation had been quality assured and had met the requirements from The Consultation Institute and had achieved the requirements for 'Good Practice'.

The presentation also provided details of the responses received to each of the seven proposed changes. The Committee were advised that the new policy would not be introduced until April 2016.

The Chairman then invited members of the public to address the meeting. (Ten members of the public, including carers and support workers were present at the meeting). The issues raised by the members of the public included:-

- The introduction of contribution payments 14 days after the financial assessment form had been issued and the extent to which the level of contribution would be correct and subsequently adjusted. It was reported that currently the policy stated that contributions were applied from the date the service user was told about the outcome of their financial assessment. The Care Act now allowed for councils to be able to ask people to pay contributions backdated to the date their service began. It was proposed that everyone assessed as eligible to pay would pay from 14 days after the financial assessment form was sent to the service user. The introduction of a fixed timeframe would standardise the process and remove the anomalies from when people began to make their assessed contribution. In cases where the authority did not have information from the service user then the charge would be applied retrospectively. The whole process would be conducted in an efficient manner to prevent the service user building up any debt. It was clarified that the time was 14 days not 14 working days;

- Satisfaction of Section 149 of the Equality Act 2010. The report clearly identified in paragraphs 4.1 to 4.14 of the Council's duty to comply with the public sector duty set out in Section 149 of the Equality Act 2010;
- The mitigation of the elements identified in the Equality Impact Assessment. Appendix B to the report on pages 71 to 117 provided evidence of the positive and adverse impacts of the proposed changes on people with protected characteristics and provided ways to mitigate, or eliminate any adverse impacts;
- The overall financial context for Adult Care in the KPMG report. The Committee were advised that a study undertaken by KPMG report had been commissioned by finance colleagues in 2012/13, to see if Adult Social Care was operating efficiently. The report had specifically showed that income from contributions in Lincolnshire was 10% lower on older persons services compared to other councils. As £36m was the needed to provide care, the set of proposals would add to the income required, but would still not make Lincolnshire an excessive charger. The income generated would then be redistributed to those who did not have the means;
- The extent to which the consultation report represented all the responses made in the consultation. Details of the consultation were detailed in Appendix A to the report presented. The Committee noted that all comments had been included. For the report presented the majority of the comments had been themed against each of the proposal. The Committee were advised that a list of all the comments received were available on the Council's website. The analysis had also been checked by three separate people. Officers advised that they were 95% sure that the views were statistically representative of the population overall, and were likely to fall within +/- 6%. Whilst this figure was below the desired margin for error of +/- 5%, the statistical significance of the results was still high, and knowing that the confidence interval would be more informative for the decision makers;
- The review of the non-residential contributions policy was not a requirement of the Care Act 2014. The report presented advised the Committee that the Council had the power to charge for the provision of non-residential care under section 14 of the Care Act 2014. Section 17 of the Act required the Council to undertake an assessment of a service user's financial resources and the amount if any that service user would be likely to be able to pay towards the costs of meeting their needs for care and support. In addition to this, the government had set out a set of principles for charging. Details of the legal requirements were contained within paragraphs 1.13, 1.14 and 1.15 of the report presented;
- The application of Disability Related Expenses (DRE) and whether the care or mobility components of the Disability Allowance would be taken into account. The Committee were advised that the Council were considering introducing a banded system of Disability Related Expenses allowances to use in financial assessments where appropriate. It was reported that the financial modelling used for the proposal for the new service had been based on a cohort of existing service users. It was indicated that 53% of new service users would potentially have an increase in Disability Related Expenditure under this proposal. However any service user who was dissatisfied with an allowance

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awarded through the banded system would still have the right to have their DREs assessed individually; and

- The onus on service users and carers in terms of keeping their records of services received to compare to the charges levied, and the need for improved information from the Council. With regard to a request made for better paperwork for the financial annual review, the Committee noted that officers were aware of the issue had been noted. It was hoped that the MOSAIC IT system would help alleviate the issue when introduced in April 2016.

The Chairman then invited members of the Adults Scrutiny Committee to ask questions to officers, from which the following issues were raised:-

- The extent to which the policy encapsulated the planning needs of future years. The Committee were advised that Adult Care had in the four years from 2011/12 – 2014/15 delivered savings of £38m primarily through efficiency savings including a significant reduction in staff. Income from contributions received by non-residential service users was the key element of the income received by Adult Care, and was one of the main discretionary areas of income received by the Council. In June 2015 further work had been done to establish if any new cost pressures had arisen. It was noted that the Council was still awaiting the Government Spending Review on 25 November 2015. The Committee noted that the proposed changes would ensure increasing service user contributions to help meet the financial challenges ahead;
- The level of the proposed one-off fee of £444 for arranging care packages for self funders. It was reported that there was a new duty on councils to manage services for people who had savings, and or assets over capital limits. The Council was proposing to introduce an arrangement fee of (£444) to cover the cost of arranging non-residential care for people who had savings and/or assets over the capital limits of £23,250. It was highlighted that the fee would be a one off fee, and could be set up as a deferred payment which would not have to be paid in advance;
- The quality of the consultation materials. One member confirmed that officers had taken on board all comments received and had done everything possible to get the best service possible. Some members of the Committee expressed their thanks to staff for the quality and detail of the consultation material, and their dedication in making sure the service offered was the best it could be;
- The overall savings proposed. The Committee were advised that the proposal was estimated to result in savings of £920 - £957 in extra contributions from service users;
- The overall demographic pressures on adult care totalling £12.8 million in 2016/17;
- The importance of MOSAIC and the relationship with the contract with Serco. Some members felt that the introduction of a 72 hour notice period when cancelling care was a positive step forward. It was noted that that there would be an exceptions list being looked into. It was highlighted that service users would be able to request an annual review of the cost of their care

contributions which would take into consideration cancelled or missed care over the whole year. At the annual review stage if the contributions paid by the service user were more than the annual cost of services received a refund would be arranged. Some concern was expressed on this approach and there was a preference that the overpayments should be done on a monthly basis. Officers advised that this would be an expensive way to administer on the current system, and that the potential would be looked at for the new MOSAIC IT system, but there would be extra costs incurred to keep it up to date, as all the information would have to be input on a real time basis. It was highlighted that social care was very variable throughout a year as there were always peaks and troughs, and that the Council did not have the resources to administer monthly. It was further highlighted that this decision would ultimately be made by Councillors. The Committee were advised that current arrangements focussed on an annual review, and the Committee were reminded that the changes to packages would only affect a small group of people and that a more tailored approach would be adopted, Officers agreed to look into a proportionate approach to refunds;

- 63% of respondents disagreed with the introduction of the removal of the cap on the amount of contributions to be made each week. Members of the Committee views were split with regard to the removal of the CAP; and
- The reinvestment of the income generated in services for vulnerable adults. Officers confirmed that monies generated would be recycled and re-distributed to those more vulnerable.

Other general points raised were to ensure that publicity of the changes should be conducted in a simplistic way so that members of the public understand; and the need to ensure that the MOSAIC IT system was brought in timely to ensure the provision of a better service.

The Committee reviewed each of the recommendations contained on pages 13 and 14 of the Executive report individually, and commented as detailed below.

RESOLVED

That the Adults Scrutiny Committees asks the Executive to consider the comments as detailed in bold below before making its final decision on 3 November 2015

1. Notes the results and analysis of the public consultation set out in the Consultation Report at Appendix A; – **The Adults Scrutiny Committee supported.**
2. Notes the Equality Impact Assessment at Appendix B and the equalities considerations in section 4 of the Executive Report; - **The Adults Scrutiny Committee supported.**
3. Approves amendments to the Council's Non-Residential Care Contributions Policy as follows:-

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- a. To introduce a 72 hour (three days) notice period for cancelling care; **The Adults Scrutiny Committee supported.**
- b. To introduce an annual review of the contributions paid from service users where requested and to calculate entitlements to refunds by comparing the total cost of care for the whole year with the total annual contribution paid by a service user and refunding any amounts by which the total contributions paid are more than the total cost of care; **The Adults Scrutiny Committee supported the recommendation, but asked that Adult Care identify those service users with significant changes in their home care, where an annual review would be too long, with a tailored approach to reconciling their accounts; and secondly in the longer term to consider a monthly reconciliation statement for all service users for the care they receive.**
- c. To introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out; **The Adults Scrutiny Committee supported the recommendation, but highlighted the need for the detailed policy to include exceptions for those circumstances, where the introduction of contributions may not be appropriate immediately following the 14 days. The need to reduce the administrative burden on service users was highlighted and the policy should reflect exceptional circumstances, for example, where the personal situation dramatically changes.**
- d. To assess service user contributions against the full cost of the service received; **The Adults Scrutiny Committee supported.**
- e. To reflect the Executive's decision on whether and to what extent to cap service user contributions, or whether to remove the cap on service user contributions and to phase in such decision as shown in section 5.8; **The Adults Scrutiny Committee by a majority of one did not support the removal of the cap. However, if the proposal to remove the cap were to proceed, the Committee agreed by a clear majority to support the phasing of its removal, as set out in paragraph 5.8 of the report.**
- f. To proceed with the application of banded Disability Related Expenses (DRE) to new service users as described at section 5.0; **The Adults Scrutiny Committee supported the recommendation but asked that consideration was given to the impact of using the mobility component of Disability Related Expenses.**
- g. To introduce a one-off arrangement fee for new self-funding service users who wish the Council to arrange their non-residential service care package; **The Adults Scrutiny Committee supported the**

recommendation, but asked that where the proposed arrangement fee of £444 could not be paid immediately, consideration was given to allowing it to be paid as a deferred payment.

The Committee also requested a report on the non-residential contributions policy following its implementation, including the level of fees charged to new self-funding service users for the arrangement of their care package.

4. Delegates to the Director of Adult Social Services, in consultation with the Executive Councillor for Adult Care, Health and Children's Services the authority to:
 - a. make amendments and approve the final form of the Non-Residential Contributions Policy reflecting the changes approved under paragraph 3 above;
 - b. following a review, take decisions as to whether to apply the banded Disability Related Expenses (DRE) referred to in paragraph 3f to existing service users, within the next 6 months;
 - c. develop and approve implementation plans setting out in detail of how the policy changes will be implemented in practice; and
 - d. following such engagement as he shall consider appropriate, approve the level of fee to be charged for new self-funding service users who wish the Council to arrange their non-residential service care package. **The Adults Scrutiny Committee supported recommendations 4, and 4a to 4d.**

33 CARE ACT 2014 UPDATE

The Committee gave consideration to a report from Glen Garrod, Director of Adult Care, which provided an update on the Care Act. It was reported that the Care Act had gained Royal Assent and its provisions were effective from April 2015.

An overview of the Care Act 2014 was detailed on pages 148 to 156 of the report presented.

The Committee were advised that the two groups affected by the Care Act were prisoners and carers.

The Committee were advised that the Care Act had been successfully implemented by Adult Care in Lincolnshire. However, the Department of Health, in conjunction with the Local Government Association and the Association of Directors of Adult Social Services would continue to undertake stock takes of progress, to ensure that the Council was compliant with the Care Act.

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The Committee were advised further that there were plans to add Care Act related topics to the Adult Social Care Outcomes Framework (ASCOF), which would then enable the Council to monitor the success of local interventions in improving outcomes and to identify future priorities for making improvements.

During discussion, the following issues were raised:-

- The impact of the integration of Health and Social Care. It was noted that integration was an area mentioned in the Care Act. It was noted further that 70 people now had personal budgets for health and social care.
- Whether MOSAIC was aligned with Health. The Committee were advised that health was aligned, and therefore there would be less duplication. As MOSAIC was a web based system it would be able to be used by health colleagues;
- Whether the My Choice, My Care website had been adapted to take into consideration the implications of the Care Act. The Committee were advised that the website had been duly amended;
- Housing implications and the environmental effect on mental health. The Committee were reminded that a tier two authority had no housing responsibility, however, housing was part of the devolution bid; and
- Communication, It was highlighted that not everyone had IT access and therefore, other avenues should be explored.

RESOLVED

That the report be noted.

34 WELLBEING SERVICE - FIRST YEAR EVALUATION

Consideration was given to a report from Tony Hill, Executive Director of Public Health and Community Wellbeing.

A short verbal presentation was provided to the Committee from Chris Weston, Consultant in Public Health, Phil Garner, Health Improvement Programme Manager and David Clark, Programme Officer – Wellbeing and Independence, which updated the Committee on the first year of the Wellbeing Service.

The Lincolnshire Wellbeing Service had been launched as a new service to promote confidence in living independently, and to ensure that the authority was compliant with the Care Act 2014, which placed a huge emphasis on preventative care, rather than reactive care. The service offered simple aids to daily living, minor adaptations, Telecare, Home from Hospital and short term generic support. The Committee was advised that the service was delivered by Lincolnshire Independent Partnership (LILP) consortium in the district of South Kesteven, South Holland, Boston, City of Lincoln and West Lindsey District Council. It was noted that East Lindsey District Council and North Kesteven were other providers independent of LILP, delivering their own wellbeing service in their respective districts.

To be eligible for the service, a person needed to be over 18 and meet three of the 11 triggers, including recent hospitalisation, bereavement, isolation or a fall in the home.

Details of the evaluation process were detailed on pages 158 to 160 of the report presented.

In conclusion, it was reported that the Wellbeing Service had been in place for one year now, and had engaged with 34% of the estimated audience who might have qualified for the service.

The performance of the service was being monitored and the outcomes and outputs received were promising for the majority of the work areas. It was noted that the models of service provision would be reviewed and would form the basis of any service improvements/recommissioning.

During discussion, the following comments were raised:-

- Some members advised that from personal experience, and from the experience of others some very positive feedback had been received with regard to the health and wellbeing service;
- One member asked whether the trigger for 3 medications should be reduced to one, as some medications taken by individuals were very destructive. Officers as part of the first evaluation agreed to take on board the comment;
- The enhanced working together in the community, as well as in the Neighbourhood Teams;
- The success of the Home to Hospital service, one member from personal experience advised that the wellbeing service was not recognised by hospitals outside of the County. It was also highlighted that not all GP's were aware of the service. The Committee were advised that there had been an issue with the Home to Hospital service, and as a result Age UK were looking into arrangements with Peterborough and Grimsby Hospitals. It was reported that the Home Care Service was staffed by Lace Housing 4 Ambulance Drivers plus a support worker in the LIPL area;
- Links between health and LCC – The Committee were advised that the Council worked closely with Neighbourhood Teams and Lincolnshire Health and Care;
- The route to receive adaptations and the relationship between LCC and the District Councils, as from one members experience there seemed to be no co-operation, or guidelines. The Committee were advised that the Districts were responsible for the adaptations; and
- Lack of assistance to people with mental health conditions. As a member of the Health Scrutiny Committee for Lincolnshire, Councillor Mrs J Renshaw agreed to raise this matter with that Committee.

RESOLVED

That the report be noted.

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35 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report from Richard Wills, the Executive Director with responsibility for Democratic Services, which asked the Adults Scrutiny Committee to consider its work programme for its forthcoming meetings. A copy of the work programme was attached at Appendix A.

Simon Evans, Health Scrutiny Officer, introduced the report and associated Appendix for consideration by the Committee. The Committee were also reminded that the next meeting of the Committee on the 9 December 2015 would be starting at 11.00am. This was so that the Committee could hold a workshop session on the financial challenges between 10.00am and 11.00am.

RESOLVED

That the work programme as set out in Appendix A to the report presented be noted.

The meeting closed at 1.37 pm