



Rutland County Council

Catmose Oakham Rutland LE15 6HP

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Record of a meeting of the **Special PEOPLE (ADULTS AND HEALTH) SCRUTINY PANEL** held in the Council Chamber, Catmose, Oakham, at 7.00pm on **Thursday 8 August 2013**

PRESENT: Mrs L I Stephenson – (Chairman, in the Chair)
Mrs C Cartwright
Mr G Condé
Mr R J Gale
Mr C A Parsons

Also in Attendance: Mr R Begy Portfolio Holder for Community Safety, Adult Social Care, Libraries, Museums and Culture (Non Sport)

Mrs C Emmett Portfolio Holder for Health (for part of the meeting)

OFFICERS PRESENT: Ms C Chambers Strategic Director for People
Miss M Gamston Democratic Services Officer
Mrs A Grainger Head of Service - Vulnerable People
Ms J Haigh Senior Manager, Health, Wellbeing and Commissioning
Ms W Poynton Assistant Director – Services for People

APOLOGIES: Mr W J Cross, Mr J T Dale, Mrs J K Figgis, Miss G Waller and Mr M R Woodcock

232. DECLARATIONS OF INTEREST

Mr Gale declared an interest on the grounds that he believed both of his parents were partially funded by Rutland County Council.

233. PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions had been received from Members of the public.

234. QUESTIONS WITH NOTICE FROM MEMBERS

No Questions with Notice had been received from Members.

SCRUTINY

235. ADULT SOCIAL CARE CONSULTATION FEEDBACK ON ELIGIBILITY AND CHARGING

The Portfolio Holder for Community Safety, Adult Social Care, Libraries, Museums and Culture (Non sport), Mr Begy, stated that Members were all aware of the situation; that information on the consultation had been made available prior to the consultation and that this was the report back from that consultation. Members were reminded that this was not a savings exercise but a recognition that a 70% rise was predicted in the over 65 group from 2013 to 2030 and a 40% rise in the over 75 group according to the 2011 census forecasts. That DILNOT covered the whole area of Adult Social Care. That there was a need to focus on where funding was being spent; any monies saved would be used against other areas of priority, for example, Floating Care and Adaptive Technology. That there was a need to look at how to provide to the community; money in the right place to help those who needed it, Neighbouring authorities had already done this. To get to this stage Rutland had undertaken consultation meetings, radio interviews and press releases.

A presentation on the Adult Social Care Reform Project was received. The Head of Service – Adult Social Care Reform Project, Mrs Grainger, and the Senior Manager, Health, Wellbeing and Commissioning, Ms Haigh presented.

Key points highlighted were:

- i) That eligibility and charging was part a year long project looking at all aspects of Adult Social Care reform;
- ii) That the work of Adult Social Care team included:
 - a) partnership/efficiencies with NHS partners and integrated working
 - b) revising processes and procedures
 - c) cutting down on bureaucracy to increase productivity and reduce costs
- iii) That it had been stressed throughout the consultation that nothing would change in relation to existing support packages without a reassessment of needs;
- iv) That if a carer was providing regular and substantial care and was assessed as needing support, and the criteria for the service was met, this would not change;
- v) That residential/nursing care charges were not affected by this consultation;
- vi) That the reform work was based on six principles:
 - a) prevention
 - b) recovery (re-ablement)
 - c) continue support
 - d) efficient processes
 - e) partnership
 - f) contribution
- vii) That the Council had not reviewed charges for most services since 2010;
- viii) That the eligibility criteria had never been reviewed in light of resources and the population;
- ix) That by 2030 there would a significant increase (70%) in the population of those aged 65 and over in Rutland. Nationally it was expected to be 64%;

- x) That Rutland was ranked 305 out of 326 in the Indices of Deprivation. It was one of only 16% of authorities that still provided for moderate and above;
- xi) That needs were becoming more complex and expectations of staying at home longer were higher;
- xii) Proposal One was to amend the Eligibility Criteria from “Moderate and above” to “Substantial and above”. 84% of authorities provided only for substantial and above but did provide prevention options;
- xiii) That under national guidance there were 4 levels of eligibility:
 - a) Critical - where there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or there is, or will be, and inability to carry out vital personal care of domestic routines;
 - b) Substantial – where there is, or will be, only partial choice and control over the immediate environment; and or there is, or will be, an inability to carry out the majority of personal care of domestic routines; and/or involvement in many aspects of work, education or learning cannot or will not be sustained; and/or the majority of social support systems and relationships cannot be or will not be sustained;
 - c) Moderate – where there is, or will be, an inability to carry out several personal care or domestic routines; and /or involvement in several aspects of work, education or learning cannot or will be not sustained; and/or several social supports systems and relationships cannot or will not be sustained; and/or several family and other social roles and responsibilities cannot or will not be undertaken;
 - d) Low – Rutland County Council does not provide for;
- xiv) That the risk, to safety and quality of life, was considered in all assessments.
- xv) That the proposal was to move to Substantial and Critical;
- xvi) That within Rutland approximately 20% of the people provided with support were assessed as moderate. With population increases it was unlikely that the Council would be able to provide for those with the greatest need if action was not taken; looking to carry on the re-ablement service and signpost to other services;
- xvii) That the Council followed the national guidance on charging;
- xviii) That the contribution was calculated by subtracting expenditure from income and subtracting 15% of the remainder. This left the total amount available up to a maximum charge of £170 per week; full cost over £23,250 of savings;
- xix) Someone assessed as full cost paid up to the maximum weekly rate of £170 or a proportion of this if the care costs less than £170 per week;
- xx) The Council currently paid £15.75 per hour for homecare but only charged £11.50 per hour;
- xxi) Proposal two was to increase net assessable income from 85% to 100%;
- xxii) Proposal three was to amend the maximum weekly charge from £170 to £364 per week; £364 being the lower rate charge for residential care. It was acknowledged that during consultation concern was expressed at the fairness of the size of the proposed increase;
- xxiii) Proposal four was to charge for the second carer. The Council was only charging the client £11.50 per hour whilst paying £15.75 per hour x2;

- xxiv) Proposal five was to include day care charges and access allowances in the financial assessment at a charge of £25 per day for those who can afford to pay;
- xxv) Proposal six was to amend the hourly charging rate from £11.50 per hour to £13.00 per hour. This rate had not been increased since 2008;
- xxvi) Prevention – the consultation asked what things might be needed, such as practical assistance. The responses to this question were included in Report No. 175/2013 Adult Social Care Consultation Feedback on Eligibility and Charging;
- xxvii) That Report No. 175/2013 to Cabinet on 20 August 2013 contained 10 recommendations. If all proposals were accepted that implementation date would be 1 October 2013. A major programme of re-assessment would be required of those classed as moderate, approximately 120 people, would be required; this would be undertaken by an independent team of social workers.

During discussion the following points were noted:

- i) That the re-assessment of those currently meeting the moderate criteria would include signposting alternative services and support. Where support was withdrawn individual one to one support would be given and assistance in purchasing private care. However, it was expected that, in line with other authorities, 25% of those classed as moderate would be re-assessed as substantial and this had been taken into account in the financial projections contained in the report.
- ii) That clients are assessed at least annually or when needs change;
- iii) That to increase the level from moderate to substantial would bring the Council in line with adjacent authorities;
- iv) That the Council was not currently considering outsourcing future reassessments but this may be considered as part of the Adult Social Care Reform work;
- v) That to increase the net assessable income to 100% would bring the Council in line with adjacent authorities;
- vi) That the proposal to increase the maximum weekly cost to £364 per week would only affect those with over £23,250 in savings. This was expected to affect a small number of service users;
- vii) That the Council would still be subsidising those whose care package came to more than £364 per week;
- viii) That the proposal was for future increases to the weekly charge to be in line with the lower residential rate;
- ix) Members requested that Cabinet gave consideration to a two-stage increase to the weekly charge ensuring that the immediate increase was not over 100%;
- x) That the proposal to charge for the second carer was with regard to the ability to pay and not about discriminating against because two carers were required;
- xi) That social interaction could not be underestimated. That communities, especially villages in Rutland, tended to get involved in providing opportunities for interaction within their communities;
- xii) That amending the hourly charging rate would safeguard future gradual increases;
- xiii) That the Council needed to be looking several years to the future. Stage one was to assess the services required and focus resources;

- xiv) That the Council was not aware of how many of the population are self-funding or when savings would run out. Work undertaken had been based on historic information and work undertaken by other authorities. When the Dilnot proposals come into effect the Council would have to undertake more reassessing;
- xv) Concern was raised that the Council may not have sufficient carers in the future;
- xvi) That a Programme Board was now in place for the Adult Social Care Reform work and that an update on this work ; would be brought to the Panel;
- xvii) That elements of the Health and Wellbeing Board Commissioning strategy links in with the reform agenda. Members were reminded that the Board was giving consideration to several different projects including Integrated Care and crisis 72 hour provision to enable people to be admitted to, and discharged from, hospital more quickly. A report on these proposals would be brought to Scrutiny;
- xviii) That increases to charges were considered annually when setting the Council's budget; any increase was usually equivalent to the previous year's council tax increase;
- xix) That the cost of the independent social workers undertaking the re-assessments was within the Adult Social Care Reform costs previously agreed by Cabinet;
- xx) That the following methods were being employed to help clients understand the changes:
 - a) Telephone helpline to be kept open
 - b) Press releases
 - c) Working with the Learning Disability team
 - d) Writing out to all service users
 - e) Social workers to explain to service users
- xxi) Ward members were encouraged to contact officers if approached on this subject;
- xxii) That no-one will be left at risk because of the changes;
- xxiii) The Senior Manager, Health, Wellbeing and Commissioning, Ms Haigh to liaise with the Portfolio Holder, Mr Begy, on communicating with Members regarding the report on the consultation feedback, between it being presented at Cabinet and to Council;
- xxiv) Following Council the Chairman, Mrs Stephenson and the Portfolio Holder, Mr Begy, would contact Members.

Agreed:

1. That Cabinet be requested to give consideration to a two-stage increase to the weekly charge ensuring that the immediate increase was not over 100%.
2. That the Senior Manager, Health, Wellbeing and Commissioning, Ms Haigh to liaise with the Portfolio Holder, Mr Begy, on communicating with Members regarding the report on the consultation feedback, between it being presented at Cabinet and to Council.
3. That following Council the Chairman, Mrs Stephenson and the Portfolio Holder, Mr Begy, would contact Members.

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The Chairman declared the meeting closed at 8.16 pm

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