

## Minutes of the Adult Social Care Scrutiny Board

**25<sup>th</sup> June, 2013 at 5.00 pm**  
**at the Sandwell Council House, Oldbury**

**Present:** Councillor S Jones (Chair);  
Councillor A Underhill (Vice -Chair);  
Councillors Frazer, E. M. Giles, Sidhu and Tipper.

**Apologies:** Councillors M Hughes.

**In Attendance** Cabinet Member for Adult Social Care (Councillor Y. Davies).

1/13 **Terms of Reference**

The Board noted its terms of reference for 2013/2014.

2/13 **An Overview of Adult Social Care**

The Service Director - Adult Social Care provided an overview of Adult Social Care for 2016 and beyond.

There were four categories of need: low, moderate, substantial and critical. Sandwell, like most councils, (due to budgetary pressures) only provided support at substantial and critical levels of need.

Adult Social Care aimed to assess people quickly; those requiring urgent care, or in danger of abuse were assessed immediately, to ensure care was received as soon as possible. Less urgent cases took between 1 -3 days, to ensure those requiring care did not end up requiring urgent care.

There was a monetary value given to the care provided. Every adult was entitled to an assessment of their needs although they might not be eligible for services.

## **Adult Social Care Scrutiny Board – 25<sup>th</sup> June, 2013**

An assessment was carried out with a social worker to establish if the person needed help with eating, drinking or personal care. If the person met the Fair Access to Care Services (FACS) eligibility criteria, their care needs could be met in a variety of ways, such as meals on wheels or domiciliary care (personal care and support services provided in an individual's own home). If the person receiving the assessment did not agree with the decision made, or with the award, they had a right to appeal. Only in extreme cases would it go to judicial review. Equality and diversity was addressed as part of the assessment process.

Following the assessment, a support plan was developed with the individual, their carer and relative. An external agency, rather than the social worker, supported this part of the process. This promoted choice of a range of services and ensured there was no bias towards using Council services.

Self Directed Support was a new way for people to manage their own care and support, where they were provided with a budget to buy in their own services. The Government had set a challenge for local authorities to encourage more people to take up Self Directed Support. Fair Access to Care Services costs the local authority a large amount of money and there was ever increasing demand for these services.

The local authority had a duty to keep people safe. Adult Social Care had a responsibility in assuring that vulnerable adults were not abused by relatives or carers and were treated with care in nursing homes or hospital settings. 'Making it Real' was a Government initiative which set out what service users and carers could expect to see and experience when support services were fully personalised.

Adult Social Care faced a number of budgetary pressures:

- in the next three years, Sandwell would lose 20-25% of revenue provided by Central Government by 2016; this was a reduction from £80m to £60m;
- the grant for Learning Disabilities was part of the settlement and would be subject to the 20-25% savings which would lead to a possible reduction of £3.4m;
- £6m had been allocated this year and next year, but it was not known if this would be available in 2016.

These additional changes would add another £10m on top of the savings already identified.

## **Adult Social Care Scrutiny Board – 25<sup>th</sup> June, 2013**

In addition to the budgetary pressures and an increasing older population, the Government was also planning to give to carers eligibility to assessments and access to Adult Social Care services. Members asked how many older people were likely to require Adult Social Care services in the future. The Service Director - Adult Social Care undertook to provide demographic figures.

The Spending Review Settlement would provide information on what Adult Social Care would receive and members would be provided with information on the settlement given for 2013/14.

Revenue charges took the gross budget for 2012/13 to £156m. The highest allocation, 65%, was to Fair Access to Care Services, which paid for domiciliary care, day services, etc. This was followed by the payments to the voluntary sector (10%) such as Citizen's Advice, Age UK and care management (9%), which paid for social workers. Supporting People was also part of Adult Social Care which supported youth offending and those affected by domestic violence. This was not Fair Access to Care Services (FACS) eligible.

Adult Social Care had identified areas where they could make savings, which was agreed by the Cabinet Budget Strategy Group. This involved restructuring, centralising support functions, introducing new technology and implementing agile working arrangements. However, due to the year on year reduction in budget, more savings would be needed. This would be done by better targeted and more efficient Fair Access to Care Services arrangements and by decommissioning non Fair Access to Care Services.

There may be some scope to also have services that were currently delivered by Sandwell to be transferred to external providers, such as Community Interest Companies. This would give £13m of savings.

Adult Social Care worked closely with Public Health and the Clinical Commissioning Group. Being able to work with Public Health had helped prevent the duplication of services, but there was further scope for improvement, for example, by taking a joint approach to the commissioning of some services.

## **Adult Social Care Scrutiny Board – 25<sup>th</sup> June, 2013**

The Joint Strategic Needs Assessment analyses the health needs of Sandwell, which informed the commissioning of health, well-being and social care services and underpinned health and well-being strategies.

The Health and Wellbeing Board was a forum where leaders from health and social care worked together to improve the health and well-being of their local community. The Board could make decisions on the commissioning of services. In the future, Community Budgets would allow Adult Social Care, Public Health and the NHS to share budgets and jointly buy-in services.

In conclusion, the Director stated that service redesign would be outcome-based supported by sound evidence. This should help to simplify services and reduce costs.

The following responses were given to members questions:-

- if savings were not made this would be a risk to the Council's budget. There was a need to deliver services effectively;
- Dementia was an increasing problem, but the Council was developing a strategy and part of this was to build Extra Care Homes/Facilities as well as supporting the Better Understanding of Dementia for Sandwell (Buds) initiative and Dementia Friendly Communities;
- the Telecare Service had helped people to remain independent by providing alarms/sensors for the home which alerted staff when there was a problem. This reduced the need to have either staff or a carer in the home 24/7, but it was not suitable for those in the later stages of dementia;
- there was a pooled budget with the NHS for the Joint Equipment Store, with a very small pooled budget for mental health, but there was no longer a pooled budget for learning difficulties;
- Adult Social Care's biggest partner was Sandwell and West Birmingham Clinical Commissioning Group. When necessary there were reciprocal arrangements with other Clinical Commissioning Groups;
- Adult Social Care would accept referrals for those at risk;
- emergencies were responded to immediately and less urgent cases were dealt with within three days;

## Adult Social Care Scrutiny Board – 25<sup>th</sup> June, 2013

- Sandwell ASSIST had carried out a publicity campaign, but had received negative press coverage because it could not meet demand. As a consequence, Adult Social Care did not openly advertise its services;
- transitional arrangements for those coming up to adulthood had been problematic due to Sandwell not being very proactive about identifying children that may require adult services. There was a need to manage expectations as many would not be entitled to the same services received as a child and to promote independence to help them become adults;
- Adult Social Care monitored customer satisfaction via questionnaires, mystery shoppers and comments received from service users.

**Resolved** that the Service Director - Adult Social Care provide the Adult Social Care Scrutiny Board with:-

- (a) a forecast of the older age demographics for Sandwell;
- (b) information about the Spending Review Settlement for 2013 in relation to Adult Social Care;
- (c) in relation to transitional arrangements, information in six months time on the progress being made to promote independence, for those receiving Children's Services, where they may find they are not entitled to Adult Services when reaching the age of 18 years.

(Meeting ended at 6.20pm)

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