

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE

Monday, 9 March 2015 at 7.30 pm

PRESENT: Councillors Alan Hall (Chair), Gareth Siddorn (Vice-Chair), Obajimi Adefiranye, Abdeslam Amrani, Chris Barnham, Andre Bourne, David Britton, Bill Brown, Suzannah Clarke, Brenda Dacres, Amanda De Ryk, Colin Elliott, Carl Handley, Maja Hilton, Simon Hooks, Ami Ibitson, Mark Ingleby, Stella Jeffrey, Alicia Kennedy, Roy Kennedy, Helen Klier, Jim Mallory, David Michael, Jamie Milne, Hilary Moore, Pauline Morrison, John Muldoon, Olurotimi Ogunbadewa, Jacq Paschoud, John Paschoud, Pat Raven, Joan Reid, Jonathan Slater, Luke Sorba, Eva Stamirowski, Alan Till and James-J Walsh

APOLOGIES: Councillors Paul Bell, Peter Bernards, Liam Curran, Liz Johnston-Franklin, Paul Upex and Susan Wise

ALSO PRESENT: Georgina Nunney (Principal Lawyer), Councillor Chris Best (Cabinet Member for Health, Wellbeing and Older People), Aileen Buckton (Executive Director for Community Services), Councillor Janet Daby (Cabinet Member Community Safety), Charlotte Dale (Interim Overview and Scrutiny Manager), Barrie Neal (Head of Corporate Policy and Governance) and Councillor Joan Millbank (Cabinet Member Third Sector & Community)

1. Minutes of the meeting held on 29 September 2014

- 1.1 **RESOLVED:** That the minutes of the meeting held on 29 September be agreed as an accurate record.

2. Declarations of interest

- 2.1 The following non-prejudicial declarations of interest were declared:

Councillor John Muldoon: Lead governor of SLaM NHS Foundation Trust

Councillor Alan Hall: Elected governor of King's College NHS Foundation Trust

Councillor Jacq Paschoud: Family member in receipt of adult social care.

3. The Care Act

- 3.1 Georgina Nunney gave a PowerPoint presentation on the Care Act, which represented a consolidation of the various relevant acts enacted since 1948; but which still left some areas of ambiguity and with that, the possibility of judicial reviews in order to clarify definitions. It was noted that the Act had a relatively short introductory period, with most provisions coming into force a year after enactment (on 1 April 2014) with the financial sections following a year later (1 April 2016).

- 3.2 The presentation included the following key points:

- Different local authorities were all approaching the implementation of the Care Act in different ways, there would be a great deal of local variation.
- A key aspect of the act was the emphasis on information provision and signposting to appropriate services. This could be done through a third party but the local authority would be responsible for quality assuring the content of the information provided and making sure it was accessible and proportionate; personal; and included independent financial advice where appropriate.
- Other key elements included the duty to integrate health and health related services; putting the adult at the centre of the decision making process; and creating an outcomes focussed process.
- There was no mention of independent living in the Act (although it was mentioned in the guidance) so the extent to which local authorities must support people to live independently was not clear.
- The assessment of adults was to be an active process, with full engagement of the individual concerned.
- The number of assessments being carried out was set to rise as it was predicted that more carers would be assessed and more self-funders (driven by the cap). The Council would have a duty to carry out an assessment and issue care and support plans.
- The Act made it clear that identified needs did not have to be met by local authority services but could be met in a variety of ways, including by personal, informal arrangements and voluntary and community sector (VCS) services. In particular, the local authority would not be required to provide support where need was already being met.
- There was a new emphasis on carers and their support requirements. In the last census 22,000 Lewisham residents self-identified themselves as carers.
- In order to be considered a carer under the Act, a person did not have to be delivering a high level of care (for example, visiting a person every 6 weeks to provide psychological support constituted as caring).
- The implementation of the Act might require managing expectations as it was clear that the borough had been generous in the past and would not be in a position to be as generous in the future. There would be a hierarchy of resources with personal resources and existing activity being taken into account before the deployment of council services.
- The Council would be able to charge for running the care accounts of adults who did not meet the eligibility criteria.
- In terms of safeguarding, the Act contained more duties than powers, although other Acts could be used as the legal basis for intervention.
- New duties in the Act included market shaping and responding to provider failure.

3.3 Georgina Nunney suggested that the implementation of the Act could be evaluated after 6 months, with a more thorough evaluation after 12 months. The financial provisions would not be implemented for a year so the earliest opportunity to evaluate those provisions would be in 18 months' time.

3.4 In response to questions from the Chair and the Committee, the following points were noted:

- Some additional funding was available for certain aspects of Care Act implementation such as re-training staff and setting up the software and systems for self-assessment, but the Better Care Fund (which was a re-grouping of existing funding) was expected to cover the delivery of the Act.
- Personal budgets were set at such a level that people could pay the London Living Wage (LLW) should they wish to.
- Lewisham was the third highest payer in London for domiciliary care and had the same clause in its contracts as Islington did in terms of the LLW.
- It would be emphasised to staff that adult social care money was a precious resource that should be used well, and as a last resource, and that in the first instance staff should look to meet needs in other ways.
- People with no recourse to public funds (NRPF) were not eligible in terms of Part 1 of the Act and the local authority was not obliged to assess them.
- Assessment of carers would include consideration of their ability to continue to care for the adult in question and social workers would use their professional judgement to determine any cut off points. A major thrust of the Act was to ensure thorough transitional planning.
- Widening the VCS market was something the Council was working on and local assemblies would be made aware of activity in this area. The VCS and libraries would, for example, be involved in the information and advice offer being developed in preparation for the implementation of the Act.
- The increase in cases involving deprivation of liberty (DOLs) safeguards was being mirrored nationally and was happening as a result of a recent legal ruling. Recent Care Quality Commission (CQC) feedback indicated that Lewisham was performing well in terms of DOLs.
- Private solicitors had a duty to make sure a person making a will was fully aware of what they were doing which would help counteract instances of vulnerable adults suffering financial abuse.

3.5 **RESOLVED:** That Mayor and Cabinet be advised of the following:

That the impact of the Care Act should be monitored six months after implementation, to include its effect on personal budgets, people with no recourse to public funds (NRPF) and the London Living Wage (LLW).

4. Final report and recommendations arising from the Public Health Working Group (and minutes of the working group's last meeting)

4.1 **RESOLVED:** That the report and minutes be received.

5. Final report and recommendations arising from the Youth Service Working Group (and minutes of the working group's last meeting)

5.1 **RESOLVED:** That the report and minutes be received.

6. Items to be referred to Mayor and Cabinet

6.1 **RESOLVED:** That a referral be made in relation to item 3 on the agenda, as described above.

The meeting ended at 9.20 am

Chair:

Date:
