

# Minutes of Health and Adult Social Care Scrutiny Board

**Wednesday 10 August 2022 at 6.00pm  
Committee Room 1, Sandwell Council House**

**Present:** Councillor E M Giles (Chair);  
Councillors Choudhry, E Giles, S Gill, Randhawa and Smith.

**Officers:** Lisa McNally (Director of Public Health);  
Alexia Farmer (Manager – Healthwatch Sandwell);  
Christine Anne Guest (Service Manager – Commissioning  
and Integration);  
Kevin Balchin (Interim Policy Officer).

## 28/22 **Apologies for Absence**

Apologies were received from Councillors Akpoteni, Allcock, Bhullar and Fisher.

## 29/22 **Declarations of Interest**

Councillor Smith declared a pecuniary interest in the matter referred to at Minute No. 32/22 (Adult Social Care Contributions Policy Consultation) in that she was a carer and could be directly affected by any changes to the Policy.

## 30/22 **Minutes**

**Resolved** that the minutes of the meeting held on 28 March 2022 are approved as a correct record.



## 31/22 **Additional Items of Business**

There were no additional items of business to consider.

[Having declared a pecuniary interest, Councillor Smith left the room during the consideration of this item.]

## 32/22 **Adult Social Care Contributions Policy Consultation**

The Board was consulted on proposed changes to the Adult Social Care (ASC) Contributions Policy and was asked to consider the equity issues within the models proposed for calculating non-residential care contributions and the methodology the public consultation.

On 18 May 2022 the Cabinet had given approval for public consultation to be undertaken on three alternative models (Minute No. 104/22 of the Cabinet refers). The revised policy would be effective from 1 January 2023.

The Board was informed that the existing Policy had been found to contain out of date references that conflicted with the Care Act 2014, the new state benefits framework and other regulations. Some aspects of the existing policy were also no longer consistent with recent case law and rulings by the Local Government Ombudsman.

Some of the aspects of current policy that were deemed inconsistent with the Care Act and case law included:-

- Joint financial assessment of couples: This was no longer permitted under the Care Act, therefore, in the consultation it was proposed to end this practice.
- Short-term (respite) care charges: The consultation proposed to base contributions on a financial assessment and the actual costs of the service, rather than a flat-rate fee, to account for people's individual circumstances and be compliant with the Care Act and Local Government Ombudsman rulings.



- Disability Related Expenditure (DRE): The consultation proposed amending the method of allowing people's DRE costs (a statutory requirement for non-residential services) to allow the full sum of any such costs against income, up to the total of an individual's disability benefits. This proposed change reflected recent rulings by the Local Government Ombudsman on types of expenses that should be considered.

The Board noted that Sandwell's current policy allowed people to retain 53% of their disposable income (if any), and based contributions only on the remaining 47%. In contrast, benchmarking with 27 other councils had identified that one based contributions on 75% of disposable income, one on 90%, and the remaining 25 on 100%.

The Board considered equity issues associated with the proposed models for calculating non-residential contributions. It was noted that non-residential services were a discretionary service and as such authorities had choice in how they charged for such services, providing that it did not discriminate against a given sub-set of clients with a protected characteristic.

The Board was presented with an assessment of the effects of each of the three proposed non-residential contributions models, based on a statistical sample of 195 non-residential clients. Some of the conclusions from this modelling were that:-

- All models were predicted to deliver a net increase of income of between £1.2-£1.4 million.
- All three models improved the position of people with Disability-Related Expenditure (DRE) costs, as these would no longer be set against the 'Sandwell Allowance', i.e. the revised models took account of DRE costs in full before any allowance was calculated.
- A significant group of people would face an increase in the contributions they would have to pay, which particularly affected people with a higher disposable income, which was often those of pensionable age.
- For some people the proposed models for charging contributions would be advantageous, notwithstanding the



overall increase, as their individual contribution would decrease due to the redistributive effects of the various models (particularly model 3). This was predicted to benefit people with disability related expenditure, lower disposable income and/or those of working age.

The following was noted in response to members' questions and comments:-

- The higher rate charged was normally disregarded when calculating non-residential care costs, unless the client received 24 hour care from the authority.
- An online calculator was available on the Contributions Consultation documents page of the Council website, which allowed people to calculate exactly how each of the three proposed models would affect them.
- The “minimum income guarantee” (MIG) was a minimum figure set by the government each year that everyone should be left with to live on after paying for their social care. There were a number of different MIG rates based on people's circumstances which meant there were disparities in MIG rates between various groups of service users.
- The number of days charged at flat rate for respite care (change from 56 to 28 days) was not part of the consultation but rather a clarification on amendments to be made in line with revised Adult Social Care and national policy.
- The consultation question on short-term (respite) care charges related to the method of calculating people's contributions. It had been proposed to base contributions on a financial assessment and the actual costs of care rather than a flat-rate fee that was used currently.

It was reported that the response rate to the public consultation, which had begun on 6 June 2022, had been very poor to date, with only 18 responses out of 3,000 people that could be affected. Direct communication had been sent to existing clients, all stakeholder groups such as voluntary organisations and partner statutory bodies; social media posts had published the consultation, an article had appeared in the June edition of the Adult Social Care staff update and also in the Sandwell Herald. It was acknowledged that the policy was a complex subject and



might present challenges in terms of engaging people in the consultation.

The consultation was due to close on 28 August 2022 and members and the therefore Board felt that more effort needed to be made to target those that would be affected.

**Resolved** that the Director of Adult Social Care urgently addresses the poor response rate to the consultation on the Adult Social Care (ASC) Contributions Policy thus far, to ensure that a statistically significant response rate is obtained, by promoting the consultation among the following groups and supporting those affected by the future changes to give meaningful responses:-

- faith networks
- councillors
- community champions network
- private care agencies.

[Cllr Choudhry left the meeting after consideration of this item.]

[Councillor Smith re-joined the meeting.]

33/22

## Joint Health Scrutiny Arrangements

The Board considered a report to re-establish Joint Health Scrutiny arrangements with Birmingham City Council.

Following changes to NHS boundaries in July 2022, members expressed an interest in exploring the establishment of a Black Country joint health scrutiny committee with Dudley, Walsall and Wolverhampton councils, to support the efficient and effective scrutiny of the delivery of services and outcomes of the Black Country Integrated Care System.

**Resolved: -**

- (1) that the Joint Health Scrutiny Committee arrangements for scrutiny of matters affecting the Sandwell and West



Birmingham area are re-established with Birmingham City Council;

- (2) that the following members of the Health and Adult Social Care Scrutiny Board be appointed to the Joint Health Overview and Scrutiny Committee with Birmingham City Council - Councillors Fisher, E M Giles, E Giles, S Gill and Smith;
- (3) that Director Law and Governance and Monitoring Officer approaches neighbouring Black Country authorities to explore the establishment of a Black Country Joint Health Overview and Scrutiny Committee.

### 34/22 **Scrutiny Action Tracker**

The Board noted an update on progress on previous actions and recommendations.

Members requested that outstanding actions be followed up as set out in the resolutions below.

#### **Resolved:-**

- (1) that officers be requested to ascertain whether representations have been made to the government in relation to the sustainability of funding for Community Diagnostic Centres (previously known as “hubs”);
- (2) that the resolutions of the Health and Adult Social Care Scrutiny Board on 4 October 2021 (Minute No. 33/21 refers) be re-affirmed and followed up with the Black Country Integrated Care System.

### 35/22 **Cabinet Forward Plan**

The Board noted the contents of the Cabinet Forward Plan.





It was agreed that two items on the cabinet forward plan be added to the work programme and pre-scrutinised by the Board – Adult Social Care (ASC) Direct Payments Policy and ASC Deferred Payments Policy.

36/22

## Work Programme 2022-2023

The Board considered its work programme for 2022/23.

The Directors of Public Health and Adult Social Care provided an overview of the roles and responsibilities of their respective directorates and the key challenges, that the Board may wish to add to its work programme in 2022-23.

It was acknowledged that, due to the impact of the covid-19 pandemic on key individuals' time, the Board's review into mental health services had been unable to proceed in 2021/22. In light of changes to the lead provider for mental health services in the borough, which took effect in July 2022, it was felt that time should be allowed for the new arrangements to embed before the review was progressed. However, representatives from the Black Country Healthcare NHS Foundation Trust would be asked to attend a future meeting to inform the Board of its plans for transforming services.

### Resolved:-

- (1) That the following items be included on the Board's 2022/23 work programme:-
  - Social isolation (Scrutiny Review)
  - Impact of social care charging cap
  - Intermediate Care
  - Health and Wellbeing Board Draft Strategy
  - Black Country Healthcare NHS Foundation Trust – the mental health, offer including social isolation prevention
  - Domestic Abuse Referrals.
  - Primary care access.



- (2) that a working group be established, comprising councillors E M Giles, E Giles, S Gill, Randhawa and Smith, to carry out a review into social isolation and that officers develop a draft scope for the review.

Meeting ended at 7.56pm

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