Select Committee	date	(Draft) Minute
Adults Select Committee	24th January 2022	Cabinet Member Phil Murphy delivered the presentation. Tyrone Stokes, Finance Manager for Social Care and Health, summarised the pressures on Adults Services: Pressures within Social Care and Health that are pertinent to Adults Select amount to £2.3m. Of this, £1m is for Adult Social Care (SCH2), relevant to what is needed to provide the service next year. The majority of this pressure comes from the over-recruitment of carers to our in-house domiciliary care service, in order for us to provide domiciliary care to our clients due to the fragility in the external care market. The rest of the pressure is what's been identified through doing the forecast this year. Just over £100k is the reduction in the Social Care Workforce and Sustainability grant, which contributes to core services. The remainder is from the Adults Select share of the increase to the real living wage, which amounts to £1.25m. There are £120k of savings from increases in fees and charges; the majority of this relates to Adults services, particularly means-tested residential and non-residential services. Domiciliary care services are presently capped at £100 a week – this is the maximum that someone would be expected to contribute, according to the legislation. But there is no cap for residential care i.e. if someone is assessed that they can pay the full fees themselves, that is what will be levied. Phil Murphy, Tyrone Stokes, Eve Parkinson and Jonathan Davies answered the members' questions. **Challenge:** *Could you detail the difference between £900k for DFGs and £250k for Access for All?*

		These are two different grants. The £900k was made up from the base budget (and increased to that last year) – we had temporarily made it up in previous years. DFGs are for disabled modifications, and Access For All is a separate budget. *Regarding Social Care and a shortage of carers, some have been asked if they'd like to obtain their own carers and get direct payments back. Is there a standard for the time between claiming the payment back and receiving it?* Direct payments haven't changed: they have been in for many years. When someone is assessed by the social worker they are given the option of whether they would like a direct payment, to be used to employ their own carer. Once the assessment is done, and the care plan agreed, we always pay 4-weekly in advance, never in arrears. There might be a slight delay while we go through the costing and they set up a bank account but that's always been the case, and the advance payment overcomes this. *What percentage of people go for their own carers and get direct payments? Has this increased recently?* Take-up is at roughly 200, 8-10% of what we provide in terms of our domiciliary care provision to clients. There has been a bit of increase over the last year in the request for direct payments which has presented some problems with capacity. We did have a backlog because there was such an increase and have put in a temporary member of staff until financial year end – they are getting on top of things quickly and returning to an even keel. *Without families taking on their own care package would we therefore have a serious problem?* We have 200 people arranging their own care but we also have people for whom we don't have care arranged. The Health Board has a scheme for those around hospital discharge called Step Closer To Home, whereby people are placed in a short-term residential placement for approximately 6 weeks, while their care arrangements are

		made. Predominantly, this is for people who want to return home or looking for a longer-term placement somewhere without any current availability. 60+ people have gone via the Step Closer To Home route; mostly we have been able to get them home, but it is a continual challenge to do so. *It seems that finding care providers over the next 12 months will be a struggle and we will look to encourage more families to take on the care themselves, via the direct payments? There seems to be a huge shortfall in the budget.* With direct payments, not all of it is to employ families or friends to be carers – some people choose to have the money to pay the care agency themselves because there might be a specific carer whom they wish to employ, rather than the agency sending out the rostered carer. *Cases I know of are because they've been told there are no carers available, and they have to get their own.* Unavailability of carers is a national problem, not unique to Monmouthshire. One of the factors is care being seen as a career. The move to the real living wage by Welsh Government is helpful but is just one element – the care sector market problem is multi-faceted and has been going on for a while. Covid has made for a perfect storm, bringing everything together. We can't simply solve the problem next year – we will need a strategy for next year, and then the next 3-5 years. We will have meetings to look at how we provide care in a sustainable way, going forward. We have started conversations with our independent providers about what those models might look like. We are in a very challenging and complex situation but we do try to ensure that we can meet the most pressing demand in the best way possible. Unfortunately, we have had to go through caseloads and reduce care for some people so that we can meet the increase in demand but have only done so where it has been safe. *Could the Real Living Wage be further explained?*

		We had the National Minimum Wage, the minimum legal requirement that has been in place for many years. It was set at £8.91 per hour. The UK Chancellor increased it in his Autumn budget to £9.50, and the Real Living Wage – which is optional – was then increased from £9.50 to £9.90. Following the First Minister's 21st December 2021 announcement, there was a move to the real living wage being delivered in Wales, with the first sector targeted being Social Care, covering adults and children. What we've costed is the impact of moving from the national minimum wage to the real living wage. The overall pressure is £1.9m for social care, of which £1.25m concerns adults. We're looking to tie it into sustainability – we need to use it as a catalyst to open up the sustainability debate with our trusted partners about how we can sustain the care in Monmouthshire in the long term. *Finance for the Crick Road development is being met by Capital. What about grants?* This is a major partnership with Health and the utilisation of the Intermediate Care Fund that Welsh Government provides. This fund is in its final year, after which it will move into the Transformation Fund. In terms of securing those funds, we have worked tirelessly with our partners, and there is no risk moving forward into next year. To clarify, regarding the Capital budget: we have it covered but also there is funding through prudential borrowing as part of the scheme costings presented to councillors several years ago – we are still in keeping with that report. Regarding potential borrowing, we don't borrow for any particular scheme – we borrow when the market conditions are right to do so. So, we will end long-term borrowing to take advantage of short-term borrowing, or we'll use internal monies at the right time of the year rather than specifically borrow and set an amount of money over an extended period that relates to one specific thing. So, we will have to borrow to maintain a lot of the Capital programmes but it won't be for any one programme, specifically. *What is the percentage threshold for borrowing?*

		We have an authorised limit that we need to approve at the start of the financial year, as part of a managed Treasury strategy. The limit is always monitored so that we can't go above it. We currently have a fair bit of headroom within that – around £30m. The limit is reviewed as part of the strategy and will go to Council in March. *As Monmouthshire is a rural county, we must lose a lot of care time moving between clients. Have we some idea of how much care time is lost, and its effect on service provision?* Yes, being rural we have this travel time. We try to maximise the rotas, especially internally; for example, a carer in Usk won't be expected to go to Abergavenny and then back to Usk an hour later. We operate on a 'cluster' basis, minimising the amount of travel time. We also work with our external care sectors to try to ensure that the contract we provide them with has minimised lost productivity time. **Chair's Summary:** Thank you to officers for all of their hard work. The Budget is particularly difficult, and with an ageing population in Monmouthshire it is only going to get harder. The long-term vision is that it's getting very difficult to find carers and there is a massive shortfall in the budget. We would like to ensure that a Crick Road update is on future agendas.