

Monmouthshire Select Committee Minutes

Meeting of Adults Select Committee held at County Hall, Usk - Remote Attendance on
Wednesday, 2nd March, 2022 at 10.00 am

Councillors Present

County Councillor S. Howarth, (Chairman)
County Councillor L. Brown (Vice Chairman)

County Councillors: R. Edwards, M.Groucutt,
R. Harris, M. Powell, S. Woodhouse and M.Lane

Officers in Attendance

Eve Parkinson, Head of Adult Services
Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Stephen Griffiths, Strategy & Policy Officer
Jonathan Davies, Acting Assistant Head of Finance
Cath Fallon, Head of Economy and Enterprise
Tyrone Stokes, Accountant
Ian Bakewell, Housing & Regeneration Manager
Rebecca Creswell, Homeless Project Officer

Also present: T. Crowhurst

APOLOGIES: None

1. Declarations of interest

There were no declarations of interest.

2. Public Open Forum.

No public submissions were received.

3. Domiciliary Care

Eve Parkinson delivered the presentation and answered the members' questions with Tyrone Stokes.

Challenge:

Are there differences between care packages and domiciliary care? Are we working in hand with health authorities or separately?

Predominantly, packages of care and domiciliary care are the same thing. We would assess someone; the majority sits with the local authority unless it's continuing health care. Following assessment, the package of care is provided either by our in-house domiciliary care services or commissioned providers. In-house tends to be a lot of enablement, reablement and the more complex cases.

Are we partly responsible for bed blocking if we don't have the staff numbers to do the assessments more quickly?

Our staff go into the hospitals to do the assessments. But it's following the assessment, whereby it's decided that that person needs a package of care, we hit a stumbling block where we can't provide what the assessment has determined. The whole system is very complex. It's not as simple as someone being admitted to hospital but then we can't get them out because

we haven't got a package of care. From Welsh Government's perspective sometimes people shouldn't have been admitted into hospital – there is a level of risk adversity around admissions – and the evidence is very stark that as soon as someone with several conditions, or who is older, is admitted they deteriorate very quickly. There are people who go into hospital needing nothing, and by the time they are ready for discharge they need a lot of support.

So, at a critical care hospital i.e. The Grange, the assessment will be done when they transfer from there to another hospital, e.g. Nevill Hall?

No, we assess in The Grange as well.

Presumably occupational therapists in hospital do an assessment? Is the Social Services assessment part of that? How does it work in terms of discharge from wards?

It varies across the county: there is a slightly different model at Nevill Hall in that Health Board OTs transfer into our team – so we 'in reach' into Nevill Hall, and work with our own people. So, for the most part, our own social workers, OTs and nurses in-reach into the hospital. In the Royal Gwent the model is different. We have a Rehabilitation Support Worker and a Discharge Liaison nurse from our Chepstow team who go into the Gwent to identify people who are from Monmouthshire and bring them out. In our Chepstow and Monnow Vale community hospitals our integrated team works completely.

In the table on p7, there are 104 people with no care at home who are waiting for it. How are they supported in the interim?

It is often family and carers who support them. It is a case of any extra support, respite or day service provision but it is very challenging. If the situation deteriorates, we try to do our best to pull something together, but we don't have the staff. We have daily conversations with the hospital to ascertain what risk people are put in when discharged.

Regarding domiciliary care at home, in Wales there is a cap limit on what a family has to contribute. There might be financial implications for going into a care home as, presumably, the caps then don't apply? How would that work out financially for people who are struggling?

The financial assessment is laid down as an act of law in the Social Services and Wellbeing Act 2014. Someone identified as having a care need undergoes a financial assessment. For non-residential services (which covers domiciliary care), there is a maximum charge that we can levy of £100 per week. That will be maintained by Welsh Government in the next financial year, so the most someone will have to pay is £100. There is no cap with residential. So, someone might have an identified need, where they need to go into a care home, but if the financial assessment determines that they can afford to pay for that care themselves, they won't be entitled to any local authority funding support. This is sometimes an area of conflict i.e. when someone is fit to be discharged from hospital the financial assessment says they need to go into a care home, but they can afford to pay for themselves. Services from health are free but as soon as social care intervention is needed then they are chargeable under the Act.

Even in care homes there's an element of support that should be contributed to by the health board.

Yes. With care homes there are two avenues: residential care or nursing care, which is what you're referring to. Continuing health care is 100% health funded. If someone needs to go into a care home but with a small element of nursing provision, that is called 'free nursing care'. The health authority will pay for the nursing care element, and there's a supplement that the health

board pays, but the accommodation cost is payable by the local authority, which is where the financial assessment comes in.

As the process is so complicated, does it cost more money? Could it be made simpler?

Yes, it is complicated, and has always been though it has become more so since the Act came in in 2014. We have differing rates for the cap compared to England, which means English residents accessing Monmouthshire care homes, which creates extra complexity.

But this can take time, especially if there are appeals against the financial assessment, coming back to bed blocking. Are we saying that the process is not as straightforward as it should be?

We have to ensure that we are compliant with the law, part of which is performing a means-tested assessment to determine if people can afford to pay for their own care. We try to turn that around as quickly as possible, but we need to make sure that it is robust, equal and fair. Good engagement with the family is very important, including sometimes being frank. There is the right to reject the financial assessment but that means that if the person goes into residential care, they forego any financial support from the local authority. Those who are in hospital waiting for residential or nursing care homes are usually those who don't have the capacity to make that decision themselves, which adds another layer of complexity. Reaching the decision in that person's best interest involves the family, and when there is no lasting power of attorney it ends up in courts – we can't facilitate the discharge until the court has made a decision.

Do we get many appeals?

We get a lot, even more so recently. Law firms and financial advisers are increasingly involved. Pre-2014, there were perhaps 1-2 appeals per month, now it is 3-4 per day. This is time-consuming and expensive, but people have the right to challenge.

Is it not time to look at how complex things are, and go back to a simpler system, particularly in providing things ourselves rather than buying services from private companies?

Although we outsource some of our care, it is a way for us to carry out our duties. A carer who goes in does so on behalf of MCC. We have been employing more in-house carers over the last few years, so much so that in the Month 9 forecast, it is one of the reasons we continue to overspend in Adult Social Care. Pension contributions are a factor here: in the private sector the employer contribution is 3% but in MCC it is more like 23-4%, so immediately there is a greater overhead from employing our own carers. Also, if the external sector is struggling to recruit and retain carers then we will too. It comes back to social care not being seen as an attractive industry for people to enter – jobs in supermarkets and bars often pay more, for example. Furthermore, a carer has to be registered i.e. qualified, whereas those better paid jobs don't require a qualification.

Do we know that the private companies we use are financially sound, or are any at risk of going under?

At this time we aren't aware of any companies that are on the brink. However, they are under extreme financial pressures currently masked by the Covid Hardship Fund – once that ceases in 29 days' time we will get a clearer picture of the challenges. We are in constant dialogue with the providers to understand any difficulties that they have. We have sometimes had significant handbacks from companies that aren't on the brink but have decided that working in Monmouthshire is no longer viable for them; they have therefore given us notice on some packages of care, some of which are significant, creating a lot of stress to address them. It is

often not cost-effective for companies to bring their carers into Monmouthshire from, say, Blaenau Gwent, rather than have them stay in that county to work.

Is it really the case that someone can leave hospital without having had an assessment?

We have eyes on all of our hospital patients: we know who is admitted and when, with lists sent to us daily. We are very active in the conversations about the risks when discharging, what support they have at home, etc. We actively work to ensure that we can put in the best resources possible.

Can training for family members who provide care be provided? Stepdown facilities have been provided for patients leaving the Royal Gwent. What about those in Monmouthshire?

We work closely with family members, particularly around manual handling and equipment. There is currently a scheme called Step Closer To Home in which the health board funds people going into a residential setting as a stepdown from hospital. So, the hospital will discharge the person into a home, not necessarily in Monmouthshire. The health board provides the funding for 6 weeks, after which time if we still haven't found a package of care, we try to assess the person to understand their long-term needs, whether they need to stay in the residential setting or look at other options. It is a very complex situation. Funding for Step Closer To Home finishes at the end of March; we will have to consider then what the other options will be. We have many discussions with colleagues about how to stop someone going into hospital in the first place: if we were to have a more proactive and robust offer in the community then we could prevent a lot of this.

Chair's summary:

Thank you to officers for this report and their continuing efforts in a very difficult area. The committee has great concerns about recruitment and the ability to attract staff to social care. Members have strongly expressed their dissatisfaction with the system's complexity but are very grateful to officers for their hard work and dedication in working within it.

Peter Davies, Deputy Chief Executive and Chief Officer for Resources, drew attention to the affordability challenge. Putting Adult Social Care on a sustainable footing features in the draft budget proposals. MCC carries a significant budgetary risk because of the system's fragility. It is right that those providing care are paid at a suitable rate; there are clear efforts from Welsh Government to do this, and to try to attract and retain the right supply of quality labour. There is targeted work to be done/continue in our commissioning arm. We have tried to get the Society of Welsh Treasurers, local government finance and WLGA more closely aligned with the work of the Association of Directors of Social Services, with the aim of working collectively to shape what a sustainable system for Adult Social Care would look like. We want to bring a very informed business case forward to Welsh Government, to engage in a meaningful conversation about moving ASC to a sustainable future.

4. Housing Support Programme Strategy and Homelessness

Stephen Griffiths presented the report and answered the members' questions with Ian Bakewell and Rebecca Creswell.

Challenge:

This draft will go to a full draft and then to a full council decision?

Yes, we have permission from Welsh Government for it to be agreed in retrospect (in the new council term, June or July).

Would early intervention operate in association with registered social landlords? How would you identify those at risk, in order to intervene at an early stage?

Identifying households that are experiencing problems that could lead to homelessness is the great challenge. We are looking at ways of data collection and intelligence gathering from many organisations, for example, the vulnerability of households experiencing rent arrears. Those in receipt of local housing allowance will be asked for a Discretionary Housing Payment – that is a flag of a situation that could result in homelessness. If that is flagged to us at an early stage, then we can perform an early intervention to identify needs and the requisite support. We have also contacted every estate agent in Monmouthshire to give them the opportunity to flag up any of their tenants who are beginning to experience low-level risk. We want to link with the Council's poverty campaign too to encourage anyone experiencing a problem to talk to us.

Is it worth surveying the youngsters and those with complex needs, as to how they ended up in a homeless situation, to assist with prevention?

We are looking at a system to identify those who might become homeless in order to get a housing pathway in place to anticipate possible homelessness.

Is it possible to change the circumstance so that landlords are paid directly out of benefits, rather than by the person in receipt of benefits?

This is harder now because DWP changed the rules relating to universal credit. There is a direct payment arrangement but it's harder than it used to be.

Regarding prevention, can we compare our picture with other authorities, and collaborate on particular areas of experience?

The previous homeless strategy was a Gwent one but the issues a year ago were so acute that each local authority wanted to focus on its own situation and response, which led to the strategies being individual. But we network very closely with our neighbours – there is a meeting today between the local authorities, for example – which are opportunities for sharing and comparing notes. There is a Gwent scheme to support prison leavers. As things begin to settle down post-Covid joint working will increase further.

There is a lot of pressure on families now from the cost-of-living problem. Perhaps if there is mediation, they wouldn't need to progress from temporary to permanent accommodation?

We have financial inclusion workers in the housing options team to support people with outgoings and income maximisation. The Housing Support Gateway also does a lot of this work, as does Citizens Advice, so it is a key part of what we do. When trying to find someone accommodation we do an affordability assessment, in order to put them in accommodation that is financially sustainable. There is a Monmouthshire Mediation Service which has dropped off the radar somewhat but based on this suggestion we will pick it back up and ensure that it is part of the prevention toolkit.

How much accommodation has been lost due to private rented accommodation being taken off the market to let as Air BnB? Is this increasingly a problem?

We aren't aware of landlords defaulting to Air BnB, but our study from a year ago showed a decline in the market. Anecdotal feedback that the housing options team gets is that landlords are selling. The trend therefore does feel as though it's down, rather than getting better.

Has any assessment or modelling been done concerning the cost-of-living crisis that we're entering, particularly the long-term effects?

This sort of modelling is a focus of the Community and Partnerships team, looking to better understand the situation. Modelling is at the heart of the rapid rehousing project; the Welsh Government is asking us to define the gap between housing need and housing supply. Once we've completed it, we should have a definitive number of how many properties we are short of, in terms of homelessness, and will be a number for us to work towards constructively. Poverty and affordability work will inform how we articulate the gap.

Has there been any development in the Welsh Government initiative to buy up old properties e.g. Mulberry House? Wouldn't we be in a much better position if we didn't have to rely on private landlords, but could build our own units?

Mulberry House was discussed previously in relation to our Empty Property Enforcement action plan, which gives us a stronger enforcement position if owners won't interact or work with us properly. We can purchase properties directly through that route. But the point about the council owning accommodation and having more direct provision is a key conversation that has been going on for some time. It is being given serious consideration, and we have been looking at accommodation with that potential in mind.

Has a rise in interest rates and cost of living been factored in?

We won't lose sight of this. We've had a period of relatively low interest rates, and mortgage repossessions aren't a big feature of our current demand. We are notified of them when they occur. But going forward this is something to be mindful of, in addition to fuel bills and other household pressures increasing.

Chair's summary:

The committee thanks the team for its hard work. In addition to the main questions, members have expressed concern about the number of houses in the county being sufficient and reiterated their wish for the use of vacant properties in high streets to be explored for homeless and affordable housing. The Chair asked that the rise in interest rates and cost of living be included in the report as a key risk. The team will next bring the Rapid Rehousing Proposal to the committee.

5. Budget Monitoring

Tyrone Stokes and Jonathan Davies presented the report and answered the members' questions.

Challenge:

How do we forecast the grants that we receive for the overall budget?

It is difficult this year, given the amount of one-off grant funding that we have had. These have come in for a specific purpose, with a particular start and end date. The most recent was just shy of £1.25m to fund overspends in social care, which is why the overspend in adult social care has been almost entirely wiped out from Month 6-9. Other grants are more long-term, such as the Social Care Workforce Sustainability grant, detailed as part of the budget pressures. The short-term grants are welcome but don't alleviate the long-term pressures that we have.

2021/22 has been very hard. Will things be a bit more normal next year? Could things delivered by grant be noted more clearly, i.e. itemised, in the reports? Why apply for a grant when it

means we then have to find the money from elsewhere to continue the service after the grant period expires?

We have a comprehensive central grants register, so we can look at how we feed that into these reports. The Chief Officer's director's commentary references the effects on those grants, saying that without those one-off grants the bottom-line position would be £3m worse. Sometimes grants are delivered in such a way that we don't need to apply for them. It has been more complicated during Covid because the Covid Hardship Fund has propped up a lot of areas throughout the council – moving away from that will present a significant challenge.

Instead of grants, would it not be better to have more core funding?

Yes, that would give us more financial stability. Once a grant goes, we have to decide if we can step down from that expenditure or not, or do we need to meet that expense from core services. It presents a challenge.

What sort of savings have there been, and can we be reassured that they won't affect services?

We must applaud the service in coping with Covid. Delivering the savings that it has is a significant achievement. We must ensure that there is no effect on the end user. Moving forward, we are responsible when putting savings forward – we aren't putting any forward for next year, in fact, as the well has run dry on those.

On homelessness, there will be a further grant to September to help with B&Bs but what will happen after that?

As with social care, when the Covid Hardship Fund is removed at the end of this month, there will be a challenge to continue supporting that marketplace moving forward. Once the fund ends there are other avenues for us to explore for homeless funding, from a revenue perspective. It is too early to say whether those will meet all of our pressures for next year. We've included headroom of £2m in the capital budget for next year, put forward as investment that will allow the needs to be met when we encounter emergency situations. But it is a risk that we carry into next year and will need to be monitored carefully.

What is the 'Winter Pressures grant unbudgeted for'?

This refers to wiping out the overspend from month 6-9, as mentioned earlier. It was a last-minute grant announced by Welsh Government for those authorities whose social care departments were forecasting overspends. We have benefitted from this, taking us from an overspend in adult social care down to a slight underspend, changing our position by almost £1m in one quarter. But it is a one-off grant.

Staff vacancies will need to be filled, given the pressure on departments?

Again, it's difficult to get carers and we are competing with external contractors. But, fundamentally, not enough people want to enter the care sector.

Are we understaffed?

The major vacancies aren't social workers but care staff. Looking wider in the directorate around social care, in children's services for example, the vacancies are social workers. It is always difficult to recruit them for children's services. In Adult social care the vacancies mainly relate to getting carers in-house.

What about long-term sickness etc.?

This is a challenge, particularly related to Covid – long Covid, self-isolating periods, etc. Care has to continue despite staff being off. We sometimes have to go to agency to ensure this, but they are struggling to recruit carers too.

Chair's summary:

Many thanks to the officers. The coming year is going to be difficult. We will have a better idea of what's to come by the time we sign off the final budget in July, and once the grants come in for 22/23, we will have a better idea of where the pressures will be. The continuing pandemic makes the picture more complicated.

6. Confirmation of Minutes

The minutes were confirmed and signed as an accurate record, proposed by Councillor Brown and seconded by Councillor Edwards.

7. Adults Select Committee Forward Work Programme

Things will change somewhat if/when the new committee structure is agreed. The Gypsy and Travellers site issue needs to stay on the agenda; this piece of work is ongoing.

8. Cabinet, Council and ICMD Forward Work Plan

9. Next Meeting

It will be in June but is to be determined specifically once the Council's new diary is approved.

The meeting ended at **1.00 pm**