

Report of Deputy Director of Social Work and Social Care Services Adults and Health

Report to Director of Adults and Health

Date: 26 May 2021

Subject: Establishment of Three Continuing Health Care Social Work Posts Funded on a Recurrent Basis by Leeds Clinical Commissioning Group

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

1. Main issues

- Following a successful pilot scheme, the partnership between Leeds City Council and the Leeds Clinical Commissioning Group (CCG) has been developed in order to maximise the provision of Continuing Health Care in Leeds. Within the Continuing Health Care National Framework, there is a clear responsibility on Clinical Commissioning Groups and Local Authorities to work jointly.
- The 12 month pilot involved Leeds City Council establishing and recruiting to 3 new Continuing Health Care Social Worker posts at grade PO1, temporary for a period of 12 months. Following this successful pilot the Clinical Commissioning Group have approved funding on a recurrent basis in order that these posts can be recruited into on a substantive basis.
- The new posts will be managed within the S117 Continuing Health Care team.
- The cost of the posts will be funded by the Clinical Commissioning Group.
- The cost of the three posts is £148,284 which includes on-costs. The Clinical Commissioning Group are in the process of transferring this funding to Leeds City Council on a permanent basis to enable the substantive recruitment to be

progressed which will take place on a partnership basis between the Council and the CCG.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

There are no specific implications relating to the Best Council Plan, this is not a response to a change in the law, this proposal centres around the maximisation of ensuring that people with the most complex health needs in the city are in receipt of Continuing Health Care (CHC). However there are a number of key areas within the plan which this partnership enhances.

- Safe, Strong Communities
 - a. Keeping people safe from harm, protecting the most vulnerable
- Outcomes
 - a. Be safe and feel safe
 - b. Live with dignity and stay independent for as long as possible

3. Resource Implications

The CCG have confirmed that they are committed to transferring recurrent funding for 3 CHC Social Work posts to be established. The posts are graded at PO1 grade and the cost of employing 3 Social Workers at PO1 with on-costs annually is £148,284. This report is seeking permission to establish and recruit to the 3 posts on a substantive basis.

Recommendations

- For the Director of Adults and Health to note the technical content of this report.
- For the Director of Adults and Health to approve the permanent recruitment which is critical to ensuring that the CCG are compliant with their responsibilities in relation to the CHC National Framework and to ensure that individuals with the most complex health needs are in receipt of the appropriate funding stream.
- For the Director of Adults and Health to approve establishing and recruiting to the 3 CHC Social Work posts on a substantive basis.
- For the Director of Adults and Health to agree a cost neutral recommendation for the Council by accepting the transfer of monies from the CCG on a recurrent basis.

1. Purpose of this report

1.1 The purpose of this report is to establish 3 CHC Social Work posts to be managed within the Section 117 CHC Team. The posts will be recruited into via competitive interview and recruitment process and will be done in partnership with the CCG.

2. Background information

2.1 The Clinical Commissioning Group funded a successful 12 month pilot in order to greater develop the partnership between the City Council and the CCG with an emphasis on greater multi-disciplinary work and an approach to the maximisation of CHC. The pilot has been successful in implementing a multi-disciplinary approach to Continuing Health

Care assessments, a reduction in CHC appeals and has facilitated the ability for the requisite timescales within the CHC process to be achieved.

The pilot was an excellent opportunity and within the CHC National Framework there is a clear responsibility to work jointly. The framework states:

A local authority must, when requested to do so by the CCG, co-operate with the CCG in arranging for a person or persons to participate in a multidisciplinary team. Local authorities should:

- Respond within a reasonable timeframe when consulted by a CCG prior to an eligibility decision being made (refer to paragraph 21)*
- Respond within a reasonable timeframe to requests for information when the CCG has received a referral for NHS Continuing Healthcare.*

The core purpose of the MDT is to make a recommendation on eligibility for NHS Continuing Healthcare drawing on the multidisciplinary assessment of needs and following the processes set out in this National Framework.

The multidisciplinary assessment of an individual's needs informs the process for determining whether or not they are eligible for NHS Continuing Healthcare. However, regardless of whether the individual is determined to be eligible for NHS Continuing Healthcare, CCGs and local authorities should always consider whether the multidisciplinary assessment of needs has identified issues that require action to be taken. For example, if a multidisciplinary assessment of needs indicates that the individual has significant communication difficulties, referral to a speech and language service should be considered.

CCGs are responsible for decision making regarding NHS Continuing Healthcare eligibility, based on the recommendation made by the multidisciplinary team in accordance with the process set out in this National Framework. Only in exceptional circumstances, and for clearly articulated reasons, should the multidisciplinary team's recommendation not be followed.

CCGs should ensure consistency and quality of decision making. The CCG may ask a multidisciplinary team to carry out further work on a Decision Support Tool (DST) if it is not completed fully or if there is a significant lack of consistency between the evidence recorded in the DST and the recommendation made. However, the CCG should not refer a case back, or decide not to accept a recommendation, simply because the multidisciplinary team has made a recommendation that differs from the one that those who are involved in making the final decision would have made, based on the same evidence.

CCGs should not make decisions in the absence of recommendations on eligibility from the multidisciplinary team, except where exceptional circumstances require an urgent decision to be made

There are a myriad of associated benefits of having recurrent funding for the CHC Social Workers which was evidenced through the pilot and are highlighted below:

- The harnessing of expert knowledge which will be shared with Hospital Social Work Teams, Mental Health Unit Teams and Neighbourhood Teams. This has improved outcomes for individuals who may be eligible for CHC funding. CHC Social Workers have also been able to interrogate background information and "screen" potential

CHC referrals thus filtering out the individuals where there is no potential for this funding.

- The ability to research and prepare for the Multi-Disciplinary Team (MDT) meetings in order to maximise the opportunity for full CHC funding being awarded has been demonstrated.
- The pilot has engendered closer working relationships between Leeds City Council, Leeds Teaching Hospitals Trust and the CCG.
- The ability to feedback any issues about the interface of CHC / S117 issues, as in some scenarios the checklist has been rejected as the CCG have made assumptions about the individual's eligibility for Section 117 aftercare rather than considering their current presenting need i.e. a physical health need. The CHC Social Workers will be in an optimum position to professionally challenge and ensure that the correct funding stream is applied.
- To further support the CCG to be CHC Framework compliant by providing closer partnership working and routine attendance at MDT meetings.
- The reduction in the amount of inappropriate checklist submissions thus reducing unnecessary paperwork for Social Work Teams.
- The CHC Social Workers have reduced time for Team Managers and SDM's who are attending the CHC weekly panel, this is a more effective and productive use of resources and these Social Workers will have a role attending Local Resolution Panel.
- The Social Workers will continue to contribute to the Budget Action Plan following up on weekly CHC panel reports.
- There will continue to be added value for Hospital Social Work Teams who will have a single point of contact for all potential CHC funded individuals and those in receipt of S117.
- To continue to support the CCG to meet the 28 day target for completing DST's thus saving money due to penalty charges. This is in line with CHC Framework 2018.

The cost of employing 3 Social Workers at PO1 is £148,284 which includes on-costs. The Clinical Commissioning Group will transfer recurrent funding once the permanent recruitment has commenced which will take place on a partnership basis between the Council and the CCG.

3. Main issues

- 3.1** Following the successful 12 month pilot there has been the added opportunity to greater develop the partnership between the City Council and the CCG with an emphasis on greater multi-disciplinary work and an approach to the maximisation of CHC.
- 3.2** To continue this success this will involve Leeds City Council establishing and recruiting to three substantive CHC Social Work posts at grade PO1.
- 3.3** The CCG will recurrently fund the cost of the 3 posts.
- 3.4** The cost of employing 3 Social Workers at PO1 is £148,284 which includes on-costs. The CCG will transfer this funding to Leeds City Council to enable the recruitment, which will take place on a partnership basis between the Council and the CCG.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 In terms of the establishment of these 3 posts a paper is going to Members Brief in May and the Trade Unions were briefed and engaged with in April 2021. The Trade Unions have raised no issues or objections to the creation of these 3 permanent posts.

4.2 Equality and diversity / cohesion and integration

4.2.1 An Equality, Diversity, Cohesion and Integration Screening Tool has been completed and is attached to this report as Appendix 1.

4.3 Council policies and the Best Council Plan

4.3.1 There are no specific implications relating to the Best Council Plan, this is not a response to a change in the law, this proposal centres around the maximisation of ensuring that people with the most complex health needs in the city are in receipt of (CHC). However there are a number of key areas within the plan which this partnership enhances.

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Climate Emergency

There are no specific climate emergency issues to be considered as part of this pilot however there could be climate benefits obtained as the result of how the work is undertaken such as the reduction in the number of vehicles used in order to attend meetings and undertake visits in the city. The maximisation of technology will be optimised and these considerations will be taken into account as part of the pilot.

4.4 Resources, procurement and value for money

4.4.1 The CCG are keen to fund 3 permanent PO1 social work posts in order to greater develop the partnership between the City Council and the CCG with an emphasis on greater multi-disciplinary work and an approach to the maximisation of Continuing Health Care. This is an excellent opportunity and within the CHC National Framework there is a clear responsibility to work jointly.

4.4.2 The harnessing of expert knowledge which will continue be shared with Hospital Social Work Teams, Mental Health Unit Teams and Neighbourhood Teams. This will improve outcomes for individuals who may be eligible for CHC funding. CHC Social Workers will continue to interrogate background information and “screen” potential CHC referrals thus filtering out the individuals where there is no potential for this funding.

- 4.4.3 The ability to research and prepare for the Multi-Disciplinary Team (MDT) meeting is now in place in order to maximise the opportunity for full CHC funding being awarded.
- 4.4.5 There has been a reduction the amount of inappropriate checklist submissions thus reducing unnecessary paperwork for Social Work Teams.
- 4.4.6 There will continue to be added value for Hospital Social Work Teams who will have a single point of contact for all potential CHC funded individuals and those in receipt of S117.
- 4.4.7 To continue support the CCG to meet the 28 day target for completing DST's thus saving money due to penalty charges. This is in line with CHC Framework 2018.
- 4.4.8 The ability to research and prepare for the Multi-Disciplinary Team (MDT) meeting in order to maximise the opportunity for full CHC funding being awarded.

4.5 Legal implications, access to information, and call-in

- 4.5.1 This is a significant operational decision which is not subject to call-in as the annual cost of the service is less than £500k.
- 4.5.2 This report does not contain any exempt or confidential information under the Access to Information Rules.

4.6 Risk management

- 4.6.1 It is essential that people with the most complex health needs are assessed for Continuing Health care funding and that this is done on a multi-disciplinary basis. This casework and the ensuing assessments are complex and highly technical so establishing Social Workers with an expertise in CHC is of benefit to the City Council from a financial perspective and ensures that the CCG are fully compliant with the CHC National Framework.

5 Conclusions

- 5.1 If this proposal is accepted as a cost neutral initiative to the Council by the Director of Adults and Health we will immediately be able to establish, advertise and recruit to these posts to deliver the lawful clinical components in terms of care and the appropriate funding stream for the most vulnerable individuals in the city.

6 Recommendations

- For the Director of Adults and Health to note the technical content of this report.
- For the Director of Adults and Health to approve the permanent recruitment which is critical to ensuring that the CCG are compliant with their responsibilities in relation to the CHC National Framework and to ensure that individuals with the most complex health needs are in receipt of the appropriate funding stream.
- For the Director of Adults and Health to approve establishing and recruiting to the 3 CHC Social Work posts on a substantive basis.

- For the Director of Adults and Health to agree a cost neutral recommendation for the Council by accepting the transfer of monies from the CCG on a recurrent basis.

7 Background documents¹

7.5 None.

8 Appendices

8.1 EIA Screening Tool

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.