

Income Recovery Project – Request for extension of Reassessment Team

Date: 21 July 2021

Report of: Chief Officer of Resources and Strategy

Report to: Director of Adults and Health

Will the decision be open for call in?

☒ Yes ☐ No

Does the report contain confidential or exempt information?

☐ Yes ☒ No

What is this report about?

Including how it contributes to the city's and council's ambitions

- This report is requesting approval for the temporary Reassessment Team in Adults & Health be extended for a period of 18 months to continue its vital work in achieving the goals, i.e. recovering client contributions amounting to £3m per annum.
- This paper also sets out the reasons for this request and a precis of achievements thus far.
- The continuation of the Reassessment Team contributes to the Council's ambitions of being 'financially resilient and sustainable' as set out in the financial strategy 2020-2025. On completion of this vital work for the directorate, the proper collection of client contributions also ensures that the Council can continue to 'support people who need it most' as set out in the best city ambitions.

Recommendations

The Director of Adults and Health is recommended to :

- a) Approve an 18-month extension the Reassessment Team at a cost of £542,250
- b) Note that the value for money (VfM) work is all but complete, and the focus will primarily be reassessments where an individual is not currently paying for services received as per their financial assessment.
- c) Note that the mental health client element of this work is managed by the Head of Service for that area, i.e. they will determine the allocation of work to ensure this element is completed over the next 12 months.

Why is the proposal being put forward?

The original intention of the Reassessment Team was to address the issue whereby 700+ individuals in Adults and Health were not being billed for services commissioned and provided via LCC, and the inequity this presents, along with circa £3.0m lost income per annum. Several other work areas were devised to complete a new end to end process, ensuring this process and system failure did not happen in the future.

It was estimated (pre COVID) that a team of 6 Social Workers, could complete 30 assessments per week. Based on this, it was further projected that 12 months would be sufficient to complete the programme of works required. This team also includes business support and a Team Manager; with a combined cost of £361,500 (per annum).

Prior to the team formally beginning work to reassess individuals, which meant billing could commence, an additional element of Value for Money (VfM) was added to the process. The rationale being that the same people being assessed by the team, were largely the same individuals where VfM considerations were a factor with financial savings targets to be achieved.

Due to the VfM work, the approach with assessments has been influenced by payment processes with specific providers; namely that before an invoice can be processed entirely via the Homecare Analysis and Invoicing Tool (HCAIT) system, all individuals with a provider must have been assessed, and all processed on the same invoice with the exception of Placement Agreements. For example, where there are 8 individuals in an establishment, all need to have been assessed before the provider invoice can be processed, and the subsequent customer invoices issued.

Where VfM work is being undertaken, providers have told social work staff that they will provide information at the rate of 1 customer per week (owing to their own capacity issues). This has added inevitably to the time to assess individuals, but also to consider value for money implications and changes adds considerably.

The Reassessment Team commenced with assessing individuals mid-September 2020. By mid-May 2021, the team have closed 127 cases entirely. With a further 270 allocated and underway. As already described, the VfM work has been more time consuming than a regular assessment. Since the VfM work is all but complete, the rate of completion has increased. The team believe they can complete allocated assessments by the end of the initial 12 months, leaving 549 to be completed. At a rate of 7 per week, these could be completed over a period of 18 months. This is thought to be a reasonable and achievable timeframe. This is based on data available from this work specifically, as opposed to data pre-COVID. It should be taken into consideration that these are exceptional circumstances and there are multiple unknowns with each review.

Competing demand: development of approach

The approach in terms of the order in which assessments would be completed has altered since September 2020 (reassessment team inception). There are a number of reasons for this; the original planning was completed pre-COVID, when Day Services were operational, and it was considered that this cohort of individuals would be assessed and completed in the category, so called “low risk”. However, COVID meant that Day Services have typically not run. With that in mind, the approach taken was to assess individuals in 24-hour Supported Living Services. This has also allowed for entire provider invoices to be processed in HCAIT (where appropriate). To add to this, the Reassessment Team have also undertaken smaller provider cohorts, with the intention of processing these in HCAIT, to achieve benefits; additionally, to provide DIS with business data they required in terms of prioritising developments.

Value for Money (VfM): Explanation

VfM briefly, in this context, refers to the work undertaken to review an individuals’ package of support within any given setting, and consider whether this is proportionate to the need; also, whether there are opportunities to reduce the support offered by a provider, or vary the support e.g. via sharing of 1:1 support where appropriate.

There have been reductions regarding the amounts LCC will pay to providers as a result of reduced packages of support, that are now more proportionate to the needs of individuals.

VfM and Learning Disability saving plan

In isolation, the cost benefit analysis does indicate income generation in excess of £3m per annum for the work to gain payment from customers not currently contributing (or not contributing fully). This does not consider how much is anticipated to be gained through the VfM work. The Learning Disability savings plan is £3m over 3 years. This provides some wider context to the work, and indicates the impact, should the VfM reviews cease.

Mental Health assessments

An exercise to identify individuals recorded on CIS as being in receipt of support from Adults and Health was carried out ahead of the commencement of reassessments. This was to ensure rates charged for services were correct, and that recorded plans accurately reflected what was being delivered; to enable billing once assessment was complete. The cleanse was time intensive; with a similar plan in place to replicate this effort for mental health clients. This is now complete; and highlights that of the 307 client records checked (with associated support recorded on an S Order), that 230 are S117 funded. The remainder should therefore be contributing up to the calculated maximum assessed charge (MAC); of the 77, 52 are not currently being billed. The 52 therefore need to be assessed prior to commencement of charges.

Since these individuals have associated specialist MH support services, there is a requirement that the assessment takes place with a registered MH Social Worker.

Description and rationale of the proposal

The Reassessment Team would be extended for a period of 18 months. Much (if not all) of the VfM work has now concluded, and the additional time this has taken should not impact in future to the same extent as the initial 12 months (if at all).

By September 2021, there will be circa 550 reassessments remaining. The proposal to extend the team for 18 months, is on the basis of them competing in the region of 7 assessments per week. Further detail regarding the proposal is positioned within the next section indicated by resource.

What impact will this proposal have?

Wards affected:

Have ward members been consulted?

☒ Yes

☐ No

What consultation and engagement has taken place?

The original Delegated Decision was taken in December 2019. The Executive Member for Adult Social Care and Health Partnerships was further briefed and consulted in July 2021 regarding this proposal.

What are the resource implications?

To extend the Reassessment Team for 18 months would cost £542,250. This assumes that the current team will remain as is and has not factored in annual increments for staff pay. The figure does however include on costs based on the original calculations in the approved DDN.

This additional cost will be met from available one-off funding.

The total staffing cost for this programme will be £903,750 and will generate circa £3m per annum of assessed client income.

In addition, it is estimated that £0.5m per annum savings have been achieved through the VfM work.

What are the legal implications?

As the value of this decision is in excess of £500,000 it is a key decision and is subject to call-in. Notice was published on the list of forthcoming key decision on 28th July 2021. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

Legal advice gained initially (presented during the original decision taken December 2019) was as follows and remains. In undertaking the reassessments proposed Leeds City Council would be acting in accordance with the relevant legal provisions to approach clients who are requesting support and who may have not been billed accurately and put in place a new billing schedule that ensures future client contribution are accurate. This will satisfy the charging principles that:

- Leeds City Council should apply the charging rules equally and reduce variation in the way people are charged.

- Where it is identified that the client contributions due following the reassessment need to change, this change will only be affected for client contributions due following the assessment. There will be no requests for any retrospective charges. The reason for this is twofold. Firstly, the client contribution is based upon an assessment of the client's finances at the time that the assessment takes place, and this will vary over time. Secondly, the client cannot exercise informed choice and control in the absence of a defined figure for client contribution. Therefore, any adjustments to a client's bill will start after their reassessment and potential new charging assessment. This satisfies the following charging principle; ensure that people are not charged more than it is reasonably practical for them to pay.

Finally, the proposed actions will contribute toward ensuring that the charging policy is sustainable in the long-term and fully meets the requirements of the Care Act 2014.

There are no legal issues from an employment perspective.

What are the key risks and how are they being managed?

Data and other challenges

Challenging data sets have been a prevailing issue since the outset of this work. To capture the number of individuals within the cohort to be assessed, their support package, and likely amount to be recouped when billing commences, requires the feed in of multiple data sets, from a variety of sources. This means that when the information needs to be refreshed, it is a time-consuming, multifaceted process. In addition, because the process we're trying to amend, is not yet in the "to be" state, some issues persist, meaning that some individuals are added to the list to be reassessed. There is work ongoing to mitigate this, however, the issues will not be resolved until the programme is complete; and some slippage regarding this is accepted. It does mean that the data sets are difficult to navigate. With the addition of commissioning arrangements, there is an extra layer in terms of planning, that could not have taken place prior to the commencement of this work, as it wasn't known.

The pandemic impact cannot be underestimated in terms of the delays caused. Initially, there were some issues with providers in terms of suspicions that social workers were trying to reduce packages of support unduly. This resulted in obstruction from some providers in the first couple of months (please see appended case study from a member of the Reassessment Team to further elaborate). The knock-on effect of this (in some cases), was providers contacting families and advising them against a meeting with social work staff/telling them that their care was going to be withdrawn. The team acted quickly to mitigate this, with support from commissioners, however, this is included for information and to provide context.

The team have not been able to achieve the projected/planned 30 assessments per week. There are several reasons for this: which will briefly be covered in this report (and which is indicated

above re initial provider engagement). The assimilation and planning for the Reassessment Team, did not consider the pandemic, remote working or embedding change. Therefore, the initial 12 months assigned for this work, was not entirely feasible, and with a pandemic, was certainly not.

The biggest issue that has caused delays to the original planning is the value for money (VfM) element. This was additional work that would potentially mean efficiencies for Budget Action Plans and achieve financial targets in an efficient way.

The addition of the VfM work was not analysed at the time, in terms of the impact it may have on the agreed timescales for the team to complete reassessments.

The following table provides information regarding the number of individuals who are not currently paying for services, and the amounts recoverable if they're charged.

Reassessment categories	Individuals	Total recoverable Whole year effect
Assigned cohorts to [May]	397 1 VfM only, 77 VfM & Income, 139 Income recovery, 12 HCAIT work, 7 Other [moved et al]	£785,659 [income] [figure represents assumed income based on data re FAB and MAC] not billed
	214 VfM [mainly] [is a component of 397]	£433,228 [some of these also listed as an underbill - savings]
	183 income [is a component of 397] Income recovery – plus VfM elements of their packages	£44,671 [no VfM listed in their descriptor – savings]
Neither assessed nor assigned	549 [129 with direct payment mixed packages]	£1,772,051 [£386,975]
Total assessments - assessed/to be assessed	946	£2,557,710
Savings made [to date]	[to be provided at a later date – based on invoiced by providers; paid from A&H]	
Income [January-May]	75	£641,000

Does this proposal support the council's three Key Pillars?

☐ Inclusive Growth ☒ Health and Wellbeing ☐ Climate Emergency

By working towards a goal of ensuring that packages of care are properly costed and apportioned, together with asking those who are assessed as being able to, to contribute financially to the cost of this respectively; we're able to ensure that ongoing social care support is available on an ongoing basis to the citizens of Leeds.

Options, timescales and measuring success

What other options were considered?

The only other realistic option would be to cease the project in an incomplete position. This was discounted on the following basis, firstly it would leave an inequitable charging position across service users and secondly would forego an additional £2.3m of receivable income per annum.

How will success be measured?

There exist a variety of monitoring mechanisms to track the progress of the Reassessment Team, along with the reduction where necessary in packages of care (generating savings from LCC not paying providers more than necessary for care), and customers being invoiced and commencing payment following assessment.

The ultimate success of this work is for all individuals who are financially assessed to contribute to their package of care are invoices both correctly and in a timely manner. Once complete, income is estimated in the region of £3m per annum.

What is the timetable for implementation?

The reassessment team are already in place. The extension, if granted, takes the end date for this work to March 2023.

Appendices

Equality Assessment.

Background papers