

Delegated Decision Notice

This form is the written record of a key, significant operational or administrative decision taken by an officer.

Decision type	<input checked="" type="checkbox"/> Key Decision	<input type="checkbox"/> Significant Operational Decision	<input type="checkbox"/> Administrative Decision
Approximate value	<input type="checkbox"/> Below £500,000 <input checked="" type="checkbox"/> £500,000 to £1,000,000 <input type="checkbox"/> over £1,000,000	<input type="checkbox"/> below £25,000 <input type="checkbox"/> £25,000 to £100,000 <input type="checkbox"/> £100,000 to £500,000 <input type="checkbox"/> Over £500,000	<input type="checkbox"/> below £25,000 <input type="checkbox"/> £25,000 to £100,000
Director¹	The Director of Adults and Health		
Contact person:	Amy Travis		Telephone number: 0113 3783786
Subject²:	Income Recovery Project – Request for extension of Reassessment Team		
Decision details³:	What decision has been taken? (Set out all necessary decisions to be taken by the decision taker including decisions in relation to exempt information, exemption from call in etc.) The Director of Adults and Health has: <ul style="list-style-type: none"> • Approved an 18-month extension the Reassessment Team at a cost of £542,250 • Noted 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. • Noted 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. 		
	A brief statement of the reasons for the decision (Include any significant financial, procurement, legal or equalities implications, having consulted with Finance, PACS, Legal, HR and Equality colleagues as appropriate)		

¹ Give title of Director with delegated responsibility for function to which decision relates.

² If the decision is key and has appeared on the list of forthcoming key decisions, the title of the decision should be the same as that used in the list

³ Simply refer to supporting report where used as these matters have been set out in detail.

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

	<p>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.</p>
	<p>Brief details of any alternative options considered and rejected by the decision maker at the time of making the decision</p> <p>Please see report for full details.</p>
Affected wards:	All
Details of consultation undertaken⁴:	<p>Executive Member</p> <p>The Executive Member for Adult Social Care and Health Partnerships was further briefed and consulted in July 2021</p> <p>Ward Councillors</p> <p>Others</p>
Implementation	<p>Officer accountable, and proposed timescales for implementation</p> <p>Head of Service, and as soon as the decision can be implemented.</p>
List of	<p>Date Added to List:- 28/7/21</p>

⁴ Include details of any interest disclosed by an elected Member on consultation and the date of any relevant dispensation given.

Forthcoming Key Decisions⁵	If Special Urgency or General Exception a brief statement of the reason why it is impracticable to delay the decision	
	If Special Urgency Relevant Scrutiny Chair(s) approval Signature _____ Date _____	
Publication of report⁶	If not published for 5 clear working days prior to decision being taken the reason why not possible:	
	If published late relevant Executive member's approval Signature _____ Date _____	
Call In	Is the decision available ⁷ for call-in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If exempt from call-in , the reason why call-in would prejudice the interests of the council or the public:	
Approval of Decision	Authorised decision maker ⁸ Cath Roff, The Director of Adults and Health	
	Signature x	Date 20/9/21

⁵ See Executive and Decision Making Procedure Rule 2.4 - 2.6. Complete this section for key decisions only

⁶ See Executive and Decision Making Procedure Rule 3.1. Complete this section for key decisions only

⁷ See Executive and Decision Making Procedure Rule 5.1. Significant operational decisions taken by officers are never available for call in. Key decisions are always available for call in unless they have been exempted from call in under rule 5.1.3.

⁸ Give the post title and name of the officer with appropriate delegated authority to take the decision.