

Request for Extension of the Reassessment Team for Two Years, April 2023 to March 2025

Date: 7th March 2023

Report of: Deputy Director of Adult Social Work and Social Care Service

Report to: Interim 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

Brief summary

The original intention of the Reassessment Team was to address the issue whereby 700 plus individuals in Adults and Health were not being billed for services commissioned, this presented inequality in terms of the charging policy along with £3million in lost income. The Team have worked effectively and efficiently since its inception in 2019 and has achieved substantial income generation and several million of pounds worth of cashable Value for Money reassessments. Approval is sought to extend the Team for a further two years on the basis of its success to date and its impact upon driving up quality standards in commissioned services.

This paper also sets out the reasons for this request and a precis of achievements in terms of income and savings in relation to Value for Money 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 Interim Director of Adults and Health is asked:-

- a) That a 24-month extension is approved for the Reassessment Team on the delivery of Value for Money (VfM) work and discreet commissioning programmes of work which will result in both cashable and non-cashable savings. The focus will primarily be reassessments and

reviews and there are a significant number of individuals across learning disability and mental health who have not had reviews since 2021 back to 2009. In addition there are 107 individuals in the learning disability service with no recorded review on CIS.

- b) To note that the work will be overseen by the Head of Service for Specialist Services and the relevant Service Delivery Managers within those areas.

1 What is this report about?

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. 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 HCAIT system, all individuals with a provider must have been assessed, and all processed on the same invoice with the exception of PLAGs. 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.

As of January 2023 the Reassessment Team have worked with 906 people. 791 have since been closed, 70 individuals are open to the Team and there are 36 people to allocate. In terms of Value for Money, reassessments and reviews the Team have achieved savings a combination of cashable and non-cashable full-year effect savings £2,064,219 and in terms of income generation, out of the people in receipt of billing that figure is £2,819,627. In terms of income to be recovered this comes to £11k per week which the Team have identified as in the pipeline for collection.

The success over the last 22 months provides a clear evidence base for a further extension of the Team as they are a Team who are focussed upon assessing and reviewing support plans. Plus other positives in terms of this approach is to increase the number reviews thus improving the Adult Social Care performance in this important area and also reducing the risk to the Council where individuals have not had recent reviews and therefore little intelligence to support whether packages are targeted at the right level in terms of promoting independence or conversely need not being met and the Council being at risk in terms of its statutory obligations with regards to the Care Act.

Significant consideration and analysis has gone into a workplan for the Reassessment Team over the past two years, it needs to be acknowledged that this is a complicated and multi-faceted work programme requiring sequencing and coordination between the Reassessment Team, Section 117 Team, Commissioning and Contracts across the Learning Disability and Mental Health sectors.

The commitment exists in terms of the excellent partnerships already in place in order for the Reassessment Team to be supported by Commissioning to commence reviews and reassessments with a clear negotiation strategy in order to be able to effect the approach for positive reviewing for the person i.e. the promotion of independence as well as cueing into how the savings could be facilitated given the market pressures, cost of living and the likely fee uplift in order to be facilitated.

To support this work further negotiation is to be had with the ICB investing in 0.25 PO6, 0.5 PO4 and 1 WTE PO2. This investment comes to £92,435.75. Negotiations have already commenced with the ICB in this area.

Two data sets have been analysed in terms of individuals who have not had a review for three plus years, within this cohort there are 853 people and 632 of these have not had a review for three plus years, which again leaves the Council in a certain level of risk. Analysis has estimated that if 600 of these individuals could be reviewed and the savings made effective from the 6th April this would constitute cashable delivery of £220k, this volume won't be technically possible but given market knowledge, careful work planning, previous trajectories and savings incurred by previous reviews it is a comfortable estimate.

To strengthen the business case analysis has been undertaken with regards to the current Section 117 spreadsheet and a similar analytical methodology applied. The additional analysis identifies 138 individuals who are subject to Section 117 aftercare where the user group is identified as learning disability or primarily mental health. Within this cohort there are 57 plus providers and £8million worth of activity. Some caution needs to be applied due to the fact that a number of these individuals have been reviewed more recently and a number are placed in new developments with newly negotiated prices. On this basis reviews would take place with the appropriate sensitivity and professional timeliness and the focus would be the 1:1 support and reductions within that. At the current time it is not possible to quantify exactly what this would look like, however applying the same methodology, full-year effect could generate £70k of savings.

The combined estimated saving of this VfM work could be £290k. The Team undertake regular data interrogation and month on month over the past 22 months they have identified 36 individuals who were not previously within the analytics to allocate month on month. The Team are also reporting that as from January 2023 they have identified another 30-50 individuals not being billed.

In addition to the work above, one provider attracts a significant amount of business regionally and they are marketed as specialist nursing provider. Across the Council and the ICB £4.4million is being spent on this provider per annum on 25 individuals. In addition there are 4 new individuals in the pipeline for this service and these 4 individuals constitute a total a cost of £422,007 per annum. Out of the 25 individuals, 4 of these are fully funded by the Local Authority as they do not attract Section 117 aftercare and they are not fully funded by Continuing Health Care. With regards to those individuals who are funded by Section 117 the funding splits range from 30% to 50% contributions from the Council so again the potential for significant savings focussed around the 1:1 hours with an intensive reviewing schedule and two nurses additional to the Team funded by the ICB in order to review the clinical aspects of these support plans there would be the opportunity to generate a cashable saving. Whilst it is currently impossible to quantify that in financial terms having a focussed resource to do this would be highly beneficial.

Financial summary table

Category	Amount	Combined
Value for money review	£290,000.00	
Targeted provider – reduction in use	£236,000.00	
Reduction of 2:1 packages	£70,000.00	£596,000.00
Staff costs	-£574,400	
LCC Total		£21,600
Expected ICB investment	£184,871.50	

This summary represents a return on investment, with conservative estimates having been made with regard to the impact of reviews.

What impact will this proposal have?

A variety of monitoring mechanisms already exist 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 individuals being invoiced and commencing payment following assessment.

This work will improve the Directorate's performance in terms of reviews and people will be in receipt of tailored packages of care that are Value for Money, the monitoring mechanism for this will be the spend on packages across Specialist Services which would decrease in terms of current, active clients in receipt of services in order to meet care and support needs.

The current Programme Group will remain and convene on an 8 weekly basis to review progress with regards to Value for Money and income generation.

This Team will significantly contribute to the £1million Budget Action Plan across Mental Health and Learning Disability for 2023/24. A schedule of meetings already exists on a monthly basis with a methodology that has a proven track record in terms of tracking and delivering against Budget Action Plans. The investment of this Team also provides a strategic opportunity for closer working with the Section 117 / CHC Team in order to align the delivery of substantial savings and to share relevant intelligence with a tripartite relationship with Commissioning.

2 How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

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.

3 What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

The original proposal had been agreed at Executive Board in October 2019. The Executive Member for Adults and Health has also been communicated with in relation to this proposal on 22nd February 2023.

There has been ongoing communication with the Trade Unions from April 2022 to March 2023 in relation to this proposed extension. The Trade Unions have raised no concerns.

4 What are the resource implications?

To extend the Reassessment Team for 24 months with a revised Team structure of 4 PO1 Social Workers, 1 Team Manager and 1 B3 Business Admin post equates to £287,200 per annum so £574,400 over the two-year period. This investment will be funded by a combination of savings made by the Team and reserves. The Team have generally operated at 4 PO1 Social Workers as it was not possible to fully recruit to the Team and given the substantial impact made it was assessed as safe to continue with this Team composition. Finance have confirmed that provision has been made in 2023/24 budget for the staffing posts above and has been funded from reserves for 2023/24. Cases will be reviewed in 2023/24 to ascertain what the full year effect of savings will be in 2024/25.

Commissioning and Contracts resources are also imperative in terms of the work programme for the Reassessment Team and ICB investment is being sought and expected which funds 1 FT PO2 - Senior Commissioning Officer post and a further contribution to 2 posts, 0.25 x PO6 Programme Leader, 0.50 x PO4 Commissioning Manager. This investment comes to £92,435.75.

The ICB contribution to these posts is an acknowledgement of the wider Commissioning and Contracts input required to support and negotiate with providers around costings and VFM, as well as being able to action any quality or contract management issues within services which may be preventing individuals from achieving positive outcomes, moving through to less expensive services/packages and reduce package breakdowns and acute hospital re-admissions. Whilst negotiations are ongoing with the ICB this report seeks to request continued funding for the PO2 Senior Commissioning Officer post at £50,357 per annum inclusive of on-costs, currently funded out of reserves and for this to continue until ICB investment is secured.

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

Data accuracy always remains a challenge and a significant amount of work has already been done internally to ensure accurate data for the purpose of undertaking reassessments and reviews. This work will be built upon and will give the opportunity to have accurate data on CIS. With regards to people in receipt of Section 117 funding there is an additional layer of scrutiny as the 117 database is double checked with regards to any intelligence. This is to ensure that people who should not be charged do not receive billing information with the effect of destabilising their own mental health.

There is always a risk that some providers will be reluctant to engage in a programme of this nature, however the Reassessment Team to date have achieved some positive outcomes by engaging with such providers in a meaningful way so that risk appears to be well mitigated and it enhances the Leeds reputation of working with providers in a detailed and constructive way.

The Care Quality Commission announced changes to the Health and Social Care Regulations in 2022 to commence in 2023. In terms of a new regulation approach, this Team will be a key component of the preparation and upstream implementation improvements in order to stay ahead of the requirements of the regulatory framework and wider expectations. The Team will be in an

excellent position to address quality of care and to tackle inequalities across local systems with an intensive schedule of focussed reassessments and reviews with the ability to look holistically at the care and support that individuals are in receipt of. The Team will also be in a position to challenge and escalate any concerning cultural issues across the system and have a proven track record for collaborating with commissioning, contracts and providers in order to value everyone's perspectives. This additional investment will strengthen the system to accelerate improvement in terms of identifying areas of focus with regards to quality of care where it is needed most.

The current Team is established and highly motivated and if this proposal was agreed the full team would wish to remain in situ due to the fact that the work is rewarding.

6 What are the legal implications?

Legal advice gained during the original draft presented to Executive Board 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.

This report is a key decision and is subject to call in.

Options, timescales and measuring success

7 What other options were considered?

The option of reverting the staff back into the locality Teams was considered however due to current demand and the scarcity of resources it was felt that this work would not be a priority, the focus and drive would be consumed within other immediate priority areas of the business and financial savings both cashable and non-cashable would cease to be captured without this focus. In addition, the Directorate's reviewing figures could continue to decrease thus leaving the Council at risk of challenge.

8 How will success be measured?

A variety of monitoring mechanisms already exist 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 individuals being invoiced and commencing payment following assessment.

This work will improve the Directorate's performance in terms of reviews and people will be in receipt of tailored packages of care that are Value for Money, the monitoring mechanism for this will be the spend on packages across Specialist Services which would decrease in terms of current, active clients in receipt of services in order to meet care and support needs.

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9 What is the timetable and who will be responsible for implementation?

The Reassessment Team is already in place. The extension, if granted, takes the end date for this work to March 2025.

10 Appendices

Revised Equality Diversity, Inclusion and Impact Assessment.

11 Background papers

None.