

# Request for the Reassessment Team to be Made Permanent

**Date:** 28<sup>th</sup> August 2024

**Report of:** Deputy Director for Social Work and Social Care Service

**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

## 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 millions of pounds worth of cashable Value for Money reassessments. Approval is sought to make the Reassessment Team permanent on the basis of its success to date and its impact upon driving up quality standards in commissioned services and increasing the number of reviews undertaken.

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. On this basis the request is that following 4/5 years of a temporary arrangement that this team be made permanent for the purposes of continuation of an ambitious work programme and to secure staff retention as the lack of permanency is a key feature of longer term harnessing of commitment.

The permanency 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 a permanent arrangement for the continuation of 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 on an ongoing basis..
- b) Note that the work continues to be overseen by the Head of Service for Specialist Services and the relevant Service Delivery Managers within those areas.
- c) Note that the mitigation of risk if the Reassessment Team were not to have sufficient work on an ongoing basis (this is highly unlikely) is that where vacancies occur across the assessment services these permanent members of staff would be migrated into those vacancies and the Reassessment Team posts would then be deleted, this would allow any financial risks to be efficiently and appropriately remedied.

### 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. An excellent indication of the team's work is in the last financial year's figures.

The issue around billing and charging to individuals has largely been resolved for the 700+ individuals identified for that purpose. However there is currently at any time approximately 1000 individuals across specialist services who have not had a timely review and who require a targeted approach around review and re-assessment of their situation to develop an appropriate, value for money support plan.

The success since September 2020 of resolving reviews around the 700+ individuals identified provides a clear evidence base for the permanency of the team as they are a team who are focussed upon assessing and reviewing support plans. Other positives, in terms of this approach, is to increase the number reviews thus improving the Adult Social Care performance in this important area. It also serves to reduce the risk to the Council where individuals have not had recent a review. In these cases there is little intelligence to support whether packages are targeted at the right level in terms of promoting independence or conversely needs are 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 have gone into a workplan for the Reassessment Team over the past 4 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, 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 affect the approach for positive reviewing for the person i.e., the promotion of independence or using 24/7 accommodation

options that are more cost effective as well as cueing into how the savings could be facilitated given the market pressures and the cost of living crisis.

In March 2024 review data was analysed in terms of individuals who have not had a review for three years or more. Within this cohort there are 1427 people including both Learning Disability and Mental Health cases. 753 of these cases have not had a review for more than three years, 14 of these do not have a review recorded at all, which again leaves the Council at a certain level of risk.

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 approximately 55 providers and £8million worth of activity. Some caution needs to be applied because 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 £100k of savings. A mental health nurse has been funded by the ICB and recruited into the RAT in order to concentrate in this work. Since assuming her post she has achieved weekly reduction in fees to the value of £5,067 per week which dwarfs the above estimate.

An important feature of the team's success to date has been the project style approach towards the numbers of individuals to be reviewed. Holistic project support and administration dedicated to the team has supported their ambitious achievement of person centred reviews that address value for money considerations whilst doing this in a timely way. This has contributed to the ability of the team to have oversight of which cases to allocate and prioritise based on complex marketplace and other value for money considerations to maximise cashable savings.

#### Financial summary table for Reassessment Team from Sept 2020

Savings	Weekly Saving	FYE
Sept 20 - Mar 21	£6,764.62	£351,760.24
Apr 21 - Mar 22	£19,042.67	£990,218.84
Apr 22 - Mar 23	£16,692.61	£868,015.72
<b>Started to report number of weeks at Full year effect</b>	<b>Weekly Saving</b>	<b>Total Saving up to end of year</b>
Apr 23 - Mar 24	£12,394.88	£398,603.86
Apr 24 - Mar 25	£5067.95	£263,702.03
<b>Total</b>	<b>£59,962.73</b>	<b>£2,872,300.69</b>

Savings	Savings achieved in financial year	FYE
Sept 20 - Mar 21	£63,574	£210,946
Apr 21 - Mar 22	£361,879	£467,305
Apr 22 - Mar 23	£74,030	£74,030
Apr 23 - Mar 24	£214,101	£357,949
<b>Total</b>	<b>£740,584</b>	<b>£1,110,230</b>

Income	Weekly Income	FYE
Sept 20 - Mar 21	£8,067.14	£419,491.28
Apr 21 - Mar 22	£19,247.93	£1,000,892.36
Apr 22 - Mar 23	£31,168.98	£1,620,786.96
Apr 23 - Mar 24	£15,781.34	£820,629.68
<b>Started to report number of weeks instead of FYE</b>	<b>Weekly Income</b>	<b>Total income up to end of year</b>
Apr 23 - Mar 24	£654.91	£22,955.67
Apr 24 - Mar 25	£685.19	£35,727.76
<b>Totals</b>	<b>£75,605.49</b>	<b>£3,920,483.71</b>

### 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 £800k Budget Action Plan across Mental Health and Learning Disability for 2024/25. 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.

For the period April 2023 to March 2024, the Reassessment team had 1621 people identified to review, 556 were closed during this period. 138 individuals were still open to the team and there were 666 cases yet to be allocated. The work is split into specific areas; value for money reviews, other agreed reviews, individualisation work (grant payments changed to spot contracts) and financial queries (resolved on behalf of LCC payments team).

Saving Made by team in financial year 23/24: (see below for figures prior to these dates)

Weekly savings £12,394.88

Actual saving for year £398,603.88

Full year effect £644,488.

### 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 are able to ensure that ongoing social care support is available on an ongoing basis to the citizens of Leeds.

### What consultation and engagement has taken place?

Wards affected:		
Have ward members been consulted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

The original proposal had been agreed at Executive Board in October 2019. The Executive Member for Adults, Active Lifestyles and Culture has also been communicated with in relation to this proposal.

There has been ongoing communication with the Trade Unions, the Trade Unions have raised no concerns in relation to this proposal.

### What are the resource implications?

To make the Reassessment Team permanent with a Team structure of 4 PO1 Social Workers, 1 PO6 Team Manager and 1 Support Officer role at C3 the costs with oncosts are as follows:

PO6 - £68,125

PO1 x4 - £200,892

C3 - £40,986

The total cost with oncosts equates to £310,003.

This investment will be funded by a combination of savings made by the Team. The ICB will be asked to continue funding for the mental health reviewing nurse post.

Saving since nurse role join the team in Jan 2024 to May 2024:

This is the ASC & ICB combined savings:

Saving	Weekly Saving	FYE
Jan 24 - Mar 24	£1361.56	£48,877.30
Apr 24 - Mar 25	£3514.59	£187,446.58
<b>Total</b>	<b>£5067.95</b>	<b>£263,702.03</b>

ICB Saving Only:

ICB Saving	ICB Weekly Saving	ICB FYE
Jan 24 - Mar 24	£799.12	£37,471.61
Apr 24 - Mar 25	£1,834.95	£97,772.45
<b>Total</b>	<b>£2634.04</b>	<b>£135,244.06</b>

### 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 assurance, 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.

The retention is dedicated, and professional staff is a national issue, and this business case is requesting permanency for the staff on long-term secondment from both the Learning Disability service, Hospital Social Work service and Business support. A permanent arrangement would improve staff morale, security, and also greater stability across two pressurised work environments.

### **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 publishable admin decision and is not subject to call-in.

## **Options, timescales and measuring success**

### **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.

### **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.

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

The Reassessment Team is already in place, if this request for permanency is granted this will equate to business as usual across Specialist Services.

## **Appendices**

Revised Equality Diversity, Inclusion, and Impact Assessment

## **Background papers**

None.