

17 November 2016

To the Chair and Members of Audit Committee

ADULTS, HEALTH AND WELLBEING - LEARNING DISABILITY/SUPPORTED LIVING REVIEW

EXECUTIVE SUMMARY

1. As a result of the Annual Governance Report which identified issues with care and support reviews for individuals with a learning disability, that increased the risk that some may not have had a financial assessment or Continuing Health Care (CHC) assessment. A report was submitted to the Audit Committee in August 2016. This report outlined progress of a 12 month project that undertook to review 267 individuals, with learning disabilities residing within supported living. Following consideration of this a further update was requested for the November Audit Committee, and this report addresses this requirement.
2. The purpose of the report is to confirm that all 267 individuals have had a financially assessment and are now contributing to their care where appropriate; and to provide an update on other issues raised by the Committee.
3. Assessments have identified that in a small number of cases, where we know an individual has identified primary health care needs an appropriate CHC assessment has been undertaken, and appropriate funding is now supporting that package of care. This report does however highlight a current gap in some of this information, which is being addressed through an immediate business improvement project.

RECOMMENDATIONS

4. Audit Committee is asked to:
 - a) Note the update and progress made on the Supported Living Review for people with a Learning Disability.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. Doncaster Citizens with a learning disability will be better supported by having timely and effective reviews which will ensure that they get the support they need, contribute to their package appropriately and access the correct funding streams. They will have outcomes based reviews which takes account of their feelings and aspirations and is geared to enabling them to achieve the fullest level of independence possible.

6. This in turn will generate efficiency savings which can either be re-invested in new initiatives for this client group or used to provide better services and support for other members of the community.

BACKGROUND

Historical findings and challenges

7. In the 2015/2016 the Adults, Health and Wellbeing Annual Governance Statement identified that further improvement was required on reviews for those people with a learning disability in supported living. This issue had arisen from an earlier piece of work which identified that some of these individuals, had not had a regular review of their care and support needs. As a result of this, the council could not provide assurance that their needs were being met appropriately, or that they have been correctly financially assessed, so paying the right financial contribution towards their care.
8. This meant the risk for the council was also financial, as they may not be recovering the totals monies due to offset care and support costs.
9. There was a risk that some of the individuals in supported living services having not had an up to date care and support review may also be eligible for CHC funding but were not claiming it.

Response to recommendations

10. A 12 month review project was established in May 2015 with a scope of reviewing all individuals residing within supported living, totalling 267 individuals.
11. Additional funding was identified to resource a separate team dedicated to undertaking this work. The project worked with all those in scope, prioritising those who were not paying anything towards their care and support costs, who from a desktop analysis should have been, as they had sufficient income to contribute to their care, some to even pay the full cost.
12. The work with individuals was often a very complex process, with some people receiving supported living, in addition to day care and personal care, as well as tied into tenancy agreements and vehicle hire. Many also lacked capacity to make decisions about aspects of their lives, so advocates and other representations from families, were required in order to establish what was in the person's best interest to meet their care and support needs.
13. Once the reviews had established the correct care needed and was being provided, then the means tested financial assessment and charging arrangements were amended, to begin collecting the correct contribution.
14. The review was undertaken using a strengths based approach which seeks to enhance opportunities around independence, choice and control and maximise an individual's own assets. The scope of the review was also to

consider the requirements to make changes to the process for inputting data onto Care First to trigger a financial assessment and approve payments to the provider, through this single system.

IMPROVEMENTS

System impacts

15. The review project has delivered 267 social care reviews. All individuals in supported living have now had a financial assessment, and where appropriate and required, are now being supported to contribute their disposable income towards their care. There are an additional 47 reviews still pending, but these do not relate to supported living.

Future plans and resilience

16. To ensure that people in Supported Living are charged accordingly three operating systems are currently used which are all independent from each other. CareFirst which holds service agreements, Abacus which has financial details and financial management system for provider payment. All the systems rely on information being inputted manually by three separate service areas. This silo production of information increases the risk of error and miscalculation for the authority. This created a major challenge for the project and is to be addressed by the Care First data migration project, as part of the non-residential care work.
17. The planned date for the initial migration of all financial data for non-residential services onto Care First is during November 2016. The expected outcome of the project is that all services will be managed through CareFirst; a significant increase in recording and as such data quality and improved data reporting of financial information, e.g. ability to reconcile commitments to actual spend.
18. This work is underway and will ensure that the supported living data, currently held in various systems, is brought together, up-to-date and accurate. Following migration this data will be maintained by care management team. The services in scope of this project also include domiciliary care, extra care, shared lives as well as supported living.
19. There are other aspects arising from this work, including work with commissioners to ensure a wider service offer is available, together with reviewing the care of other people with a learning disability who receive services that is outside the scope of this particular project.

RESPONSE TO THE QUESTIONS RAISED BY THE AUDIT COMMITTEE

20. The following is a response to the questions raised by the Audit Committee in August 2016:

How many were not claiming CHC but are now?

21. Originally the relevant information was held on a standalone spreadsheet with manual data input and reliant on members of staff uploading information to CareFirst. As the data belongs to the CCG and therefore caution is advised in considering the historical data supplied. The process is now much more robust both in the uploading of data to CareFirst and in the fact that monthly CHC reports are sent by the CCG. The main focus of the work is to make sure things are accurate moving forward. The task of checking historical data is an extremely time-consuming, but work continues to be undertaken in this area.
22. In the previous report 267 individuals were highlighted as having been reviewed and it has now been identified that a CHC assessment has been undertaken for 69 of them. 62 were found to be ineligible and 7 went forward for a full NHS screening after which 2 gained 100% funding and 2 partial funding (25% and 30%).
23. The impact of any changes where a person receives funding for their care through a CHC assessment, is that they receive services to meet their primary health need free of charge and their costs are met by the CCG, this obviously has an impact on the cost implications for the council on the services provided.
24. Due to the manner in which data was collated previously which included a reliance on individual workers to upload CHC documentation to CareFirst and to also manually update the project spreadsheet, it has not at this time been possible to identify the CHC status of the remaining 198 individuals, however this is being addressed through scheduled annual reviews which are currently ongoing and will ultimately result in the CHC status of all 267 individuals being recorded accurately and CHC documentation completed where the person is considered eligible.

How many are eligible to pay for support?

25. All individuals have undergone a financial assessment, which means that anyone who has to pay for or contribute to the cost of their care and support has been identified, and is being charged correctly.
26. As a result of this exercise, it can be confirmed that there are only 33 of the 267 individuals who should not contribute toward the cost of their care due to the level of their disposable income.
27. For 185 individuals there was no change to their contributions as a result of this review.
28. The review identified that there were 82 individuals who were not contributing or were not contributing the appropriate amount, following the financial assessment they are now contributing accordingly.

29. The income generated through these financial assessments equates to an additional £3,468.21 per week contribution to the cost of their care and support.

The amount of support received?

30. In relation to the amount of support received, whilst Care First held assessment and support planning information, it did not contain the schedules of support; these were maintained manually in other systems. These schedules of support outline both shared and individual hours for each person within each supported housing scheme. In supported living environments, individuals often have shared support, for events such as going out, group events, together with individual support, often for personal care.
31. Using the information available it has been identified that 260 individuals (97%) did not have any changes to their shared hours post review, 5 (2%) individuals decreased shared support by 100% and 1 (1%) individual increased their shared support by 100%. by 100%.
32. When looking at individual hours 243 (92%) individuals had no change, 8 (3%) individuals had a reduction in the individual support hours and 16 (6%) individuals had their individual hours increased
33. The savings generated through this activity equate to approximately £359,821, attributable to both reductions in support hours and the securing of NHS funding.

What arrangements now in place to avoid a significant backlog happening in the future?

34. To avoid a similar instance occurring in future, learning disability service has been improving on practice, process and management of cases. There is now a robust review process embedded within the culture of the team which is supporting more effective forward planning of reviews and ensuring that each review is taken as an opportunity for a holistic oversight of someone's support needs using strengths based approach. Reviews of all individuals are ongoing as part of the statutory annual review process and once this is completed the current situation will be available for every individual and will be recorded appropriately on Care First to ensure that accurate data is more easily accessible.
35. In addition there are in place better mechanisms to monitor and report on performance. Weekly dashboards are produced, enabling team managers to analyse, scrutinise and plan for improvements as necessary.
36. Annual reviews are forward planned and allocated to ensure in a timely manner to ensure that capacity and resources are utilised in a more robust way. There is still a number of overdue annual reviews across the learning disability service (47 cases) not specific to supported living, however these

are being scoped in to ensure they are addressed within the next few months, alongside forthcoming reviews and day to day operational demands.

37. There is a business improvement project dedicated to continuing health care. This project has achieved significant improvements in the management of CHC, up skilling staff and ensuring more robust data management both on care first and from CCG. CHC data is now uploaded to care first and is also received on a monthly basis from the CCG. For all CHC activity undertaken since April 2016, this data is readily available.
38. Work to assess the historical data will continue to progress, either through further research of the data held or through future reviews of individuals.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

39. Any improvement in the management of the risks will have a positive impact thereby increasing the likelihood of the Adults, Health and Wellbeing achieving its objectives and will ensure that the authority become Care Act Compliant in relation to this client groups' reviews. Efficiency savings will be made and support will be focussed on the needs and aspirations of the individual citizen.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The regular reviews of an individual's care and support needs will ensure the individuals needs are met and they are given choice and control to live independent lives, together with being compliant with the Care Act</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> 	

	<ul style="list-style-type: none"> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	Council services are modern and value for money.	By implementing the actions outlined to address the issues identified will ensure the best use of the financial resources available is achieved. Where appropriate the financial assessment will enable the recovery of income towards the cost of care packages.
	Working with our partners we will provide strong leadership and governance.	Working in partnership with external providers and the third sector, will deliver a modern and effective service to people.

RISKS AND ASSUMPTIONS

40. The implementation of the review and subsequent action will address the risks and will deliver a service that is modern, cost effective and personalised to the individual using a variety of options.

LEGAL IMPLICATIONS

41. Part of the process is to identify issues that could expose the council to litigation, therefore by delivering the recommended improvements there is a reduced risk and greater confidence that processes are compliant and less likely to be subject to legal challenge.

FINANCIAL IMPLICATIONS

42. There are no identified direct financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS

43. There are no identified human resource implications arising from this report.

TECHNOLOGY IMPLICATIONS

44. There are no identified technology implications arising from this report.

EQUALITY IMPLICATIONS

45. The council are aware of their obligations under the Public Sector Equalities Duties and there are no identified equal opportunities issues within this report

CONSULTATION

46. Consultation with the people affected by the review, including those people using the service, their families and provider of services have been undertaken.

47. This report has significant implications in terms of the following:

Procurement	x	Human Rights & Equalities	x
Human Resources		Environment & Sustainability	
Buildings, Land and Occupiers		Capital Programme	
ICT	x		
Directorate Strategies and Policies	x		

BACKGROUND PAPERS

48. Internal Audit Reports

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