

London Borough of Bromley

PART 1 - PUBLIC

Care Service Policy Development and Scrutiny Committee Information Briefing

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UPDATE ON ASSESSMENT AND CARE MANAGEMENT

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1. THE BRIEFING

- 1.1 Across this last year, a number of issues relating to costs have been identified by senior managers in assessment and care management and actions put in place to address them. This note provides an update on the outcomes of those actions to date.
- 1.2 Many local authorities have introduced changes to their Fair Access to Care Services (FACS) criteria in order to contain cost. There are no proposals to change the eligibility criteria from substantial/ critical to critical. The (social) Care Bill, if enacted, will impose a national portable eligibility criteria of substantial and critical. This links also to commitments we make in accepting the Better Care Fund (BCF): in so doing we commit to maintaining our criteria at no lower than substantial, and that the BCF is anticipated to provide additional funding to address this.
- 1.3 Extra Care Housing (ECH) schemes saw a high number of voids over the 2013 summer, in part this was caused by the combination of seven deaths and a suspension to one home using out safeguarding powers. The safeguarding issue was resolved with both the housing and care provider agreeing to some further work. There are currently no voids within the new ECH schemes and 11 voids within the LBB schemes. Where appropriate, and cost effective, we are continuing to work in reducing the voids. In addition we are working with our legal team to enable us to develop ` licences to occupy ` which will enable us to provide services to people with dementia with no capacity but who can benefit from ECH rather than residential or nursing care.
- 1.4 In August 2013, we started some targeted work with a locum team of 5 qualified Social Workers, each allocated a number of cases to review ensuring eligibility and FACS had been applied appropriately and the support offered was meeting their identified needs. In total the team reviewed 152 of the highest cost support packages.

- 1.5 The staffing costs for the locum reviewers was £32k, with half year savings of £52k – full year savings of £97k. These savings were achieved by a number of interventions, including moving service users onto a direct payment and moving them from residential care into ECH. The review process also highlighted the number of service users that should have been assessed by our colleagues in the CCG under Continuing Health Care (CHC) i.e. the CCG should be funding part or all of their assessed package.
- 1.6 The review team and subsequent reviews have identified 61 cases where they assessed that CHC should be applied and referred them for assessment. The CHC assessors have a significant back log of appeals to re assess and the time from referral to assessment can sometimes take four months.
- 1.7 To date a number of the initial 61 people have died some other individuals have moved out of the borough, where people have died or moved we have processes and data monitoring and we are working to claw back any expenditure we ought not to have incurred. So far based on the CHC reassessments the CCG has initially accepted responsibility for 15 cases, giving us a savings of £98k this year and £218k full year affect or around £14k saving on each reassessed case.
- 1.8 Reflecting on the efficiencies and practice issues raised within this targeted piece of work it was felt that additional training was required by LBB staff. We commissioned at our cost Continuing Health Care assessment training to enable all our assessing staff to understand the legalities and practice issues within this arena and to enable our staff to work closer with CHC nurses and for the CCG to work in a more transparent way with us.
- 1.9 96 staff have been trained and we have now started a pilot with our health colleagues both at the CCG and latterly at the PRUH in undertaking the CHC decision toolkit assessments. It is this toolkit that is the mechanism indicating if a service user is likely to be CHC funded. We are now seeing an increase in the numbers of people referred to the CHC for a checklist.
- 1.10 We identified Ordinary Residence (OR) as a particular issue in 2013. Ordinary residence guidelines indicate that if a service user has their own tenancy in another area and the mental capacity to choose to be settled in that area then funding responsibility for care services shifts to the local authority in that area. Unfortunately other local authorities often delay in their decision making resulting in overpayments by Bromley which must be recouped at a later date. These overpayments are monitored and identified through budget monitoring and internal audit.. A consistent process for recouping overpayments was not established. As a consequence of this, we reviewed the guidance to care managers and have addressed 3 cases since April 2013 where there had been an overpayment . We have in place a robust process for recovery and have recovered £41,373.39 since April 2013, and passed 5 service users to other local authorities this financial year.