

## CORPORATE RESOURCES OVERVIEW AND SCRUTINY COMMITTEE

<b>Date of Meeting</b>	Friday, 23 September 2022
<b>Report Subject</b>	Joint Funded Care Packages
<b>Cabinet Member</b>	Deputy Leader of the Council and Cabinet Member for Social Services
<b>Report Author</b>	Chief Officer (Social Services) and Corporate Finance Manager
<b>Type of Report</b>	Operational

### EXECUTIVE SUMMARY

Health and Social Care continue to work closely together to provide appropriate care and support packages to meet the needs of individuals in the community. These packages are funded either by Social Services (with or without a client contribution depending of the outcome of a financial assessment) or jointly between the Health Board and ourselves, or solely by the Health Board if an individual's needs meet the criteria for full Continuing Health Care (CHC) funding.

As discussed in the Corporate Resources Overview and Scrutiny Committee of the 9<sup>th</sup> December 2021, the process of funding is complex but much work has been done since then to strengthen the close working relationships with Health Board colleagues whilst also establishing new processes and including additional resources to manage outstanding invoices and ensure payment of invoices in a timely manner.

### RECOMMENDATIONS

1	To update Members on the progress made on the proactive budget management of outstanding invoices raised by the Council for payment by Betsi Cadwaladr University health Board
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## **REPORT DETAILS**

<b>1.00</b>	<b>BACKGROUND INFORMATION AND PROGRESS UPDATE</b>
1.01	<p>NHS Continuing Health Care (CHC) is a package of care and support for a person who has complex care needs which are primarily health based. The NHS in Wales is responsible for the delivery of CHC, although the Local Authority also has a role.</p>
1.02	<p>Welsh Government created an implementation framework for NHS Continuing Health Care in Wales which was published in 2014 and which is currently under review. The framework sets out the arrangements for CHC in Wales and how eligibility is determined. It stipulates that Local Health Boards have the lead responsibility for CHC in their local area. They must, however, work with local authorities, other NHS organisations and independent/voluntary sector partners to ensure effective operation of the Framework.</p>
1.03	<p>Many people have a blend of some social care needs and some health needs and their care packages are jointly funded by the health board and the local authority with the proportion of funding determined by the eligibility laid down in the Welsh Government CHC Framework referred to above.</p>
1.04	<p>The CHC process is well-established but has current challenges are as set out below:</p> <ul style="list-style-type: none"> <li>• As people become older, frailer, or their health deteriorates, their health needs increase. The social care package which used to meet their needs is now required to contain some health tasks. There is therefore a requirement on Social Services to gain engagement from the CHC team in BCUHB to ensure that they contribute to the cost of the care package(s). This has at times been a challenge for Social Services.</li> <li>• Flintshire and Wrexham continue to have the highest number of CHC packages across North Wales. This is likely due to the population size and is an indicator that officers have acted promptly and diligently to pursue CHC claims where appropriate.</li> <li>• BCUHB employ a team of specialist CHC reviewers and have a management structure to solely undertake this work which affords them resource and capacity. Social Services staff, however, undertake this role as part of their varied and demanding work roles.</li> <li>• Flintshire now also employ a Continuing Health Care Planning and Development Officer who sits within the Financial Assessment and Charging Team of Social Services.</li> </ul>
1.05	<p>It is also important to note that CHC is also present to support children with complex health needs and whilst the Children's Health and CHC framework is less prescriptive than the Adult framework, this flexibility can make it challenging when decisions regarding funding need to be reached. Few children receive 100% CHC funding. It is also important to note that the cost of packages of care for children can often be significant.</p>

<b>1.06</b>	<b>Progress Update</b>
1.07	The relationship between BCUHB and Flintshire staff at all stages in the process has improved considerably. This has resulted in constructive and supportive conversations and the resolution of long standing problems in the process.
1.08	<p>As mentioned above, the new Flintshire CHC Planning and Development Officer was appointed in February 2022.</p> <p>The priority for the post holder in their initial six months has been to streamline and improve processes, work has included:</p> <ul style="list-style-type: none"> <li>• developing new procedures and protocols where appropriate</li> <li>• improving recording and progress of current claims</li> <li>• improving communication processes and develop good working relationship with BCUHB</li> <li>• coordinating with Business Systems Team and Performance Management to utilise PARIS (the Social Services Client Information System) to its full potential to reduce the time spent duplicating data in spreadsheets and enabling the production of management information to measure and report data</li> </ul>
1.09	<p>The CHC Planning and Development Officer has recorded the following progress in each area:</p> <p><b>Procedures developed to improve protocols</b></p> <ul style="list-style-type: none"> <li>• Development of CHC procedure for FCC employees to follow</li> <li>• Development and launch of CHC tracking case note on PARIS to record all stages of a claim and outcomes.</li> <li>• Development of a CHC spreadsheet which records all cases, all stages of claims and outcomes, available to monitor progress and to monitor delay or drifting of cases.</li> <li>• Development of collaborative training between the Health Board and Flintshire County Council to be delivered to staff of both organisations to provide a unified approach to the process. This is ongoing for both Adults and Childrens Frameworks. Training started in September 2022.</li> <li>• Support to all staff through every stage of the process. Having early and regular follow-up conversations with staff to understand their needs can help make sure support and procedures are in place so they can continue to do their job effectively.</li> </ul>
1.10	<p><b>Improve recording and progress of current claims</b></p> <p>In the 6 month period mid-February to mid-August there have been 80 cases. They are broken down as follows, refer to table 1.</p>

**Table 1**

<b>Team</b>	<b>Agreed</b>	<b>Ended</b>	<b>Dispute</b>	<b>Current</b>	<b>Team Total</b>
Child 2 Adult	0	0	0	9	9
Physical Disability	4	0	0	4	8
Learning Disability	1	1	0	5	7
Older People	14	2	2	10	28
Hospital Social Work	17	8	0	3	28
<b>Totals</b>	<b>36</b>	<b>11</b>	<b>2</b>	<b>31</b>	<b>80</b>

The 2 disputed cases are at local resolution stage and anticipated to be agreed by the end of September 2022.

1.11

**Improve communication processes and develop good working relationship with BCUHB**

Identifying and resolving historic disputes has highlighted many areas for improvement including the need for improved communication between organisations. A team including staff from Flintshire County Council and the Health Board meet monthly to work through old debt, disputes, and to identify and resolve issues causing delays in payments.

The team includes the CHC Planning and Development Officer, the FCC Debt Management Team, and Finance Officers from Flintshire County Council and BCUHB.

Since February 2022, this team have been working towards new processes for both the County Council and BCUHB which include identifying reasons for delays in payment of invoices and addressing those reasons to ensure swift payment by:

- Providing schedules for monthly invoicing to Health in advance to be checked before the invoice is raised. Any queries can be dealt with in advance avoiding delays in payment.
- Requesting that funding confirmation letters within agreement timescales are provided by Health. This provides evidence of our agreements and avoids delay in making payment.
- Providing Health references on Council invoices for ease of cross referencing.

	<ul style="list-style-type: none"> <li>• Developing a pivot sheet on our Council records showing a collation of invoices by service user to identify problem cases which are hidden within larger invoices.</li> <li>• Providing management information and case file information to aid the resolution of outstanding invoices.</li> </ul>
1.12	<p><b>Historic Cases</b></p> <p>Since February 2022:</p> <ul style="list-style-type: none"> <li>• Debt 90+ days - 7 cases have been resolved totaling £239,827.30</li> <li>• Debt 90+ days - 3 cases being worked on totaling £316,501</li> <li>• 8 Aged Children's cases being worked on totaling £159,582.13</li> </ul>
<b>1.13</b>	<b>Ongoing Work</b>
1.14	For outstanding invoices relating to Children's care packages, BCUHB are now providing a breakdown of information required. The relevant information is sources by the CHC Planning and Development Officer and the Flintshire finance team to ensure prompt payment of invoices.
1.15	BCUHB have created a short-term debt pathway to ensure that where all the relevant information is present, any Flintshire invoices are paid through a weekly payment run.
1.16	The Flintshire finance team now provide a monthly statement of outstanding invoices up to 60 days, this has been successful in prompting payment of invoices which may need some additional information or which may have been held back as part of a wider delay and can now be paid.
1.17	Senior Managers meet every two months for a detailed progress update and to review process and facilitate continuous improvement in the processes.
1.18	BCUHB outstanding invoices are reported and discussed at the Social Services monthly Management Team Meeting. The outstanding invoices are also a standing agenda item at the Flintshire and BCUHB Strategic meeting held once a quarter and the Council is represented by the Chief Executive, Leader, Deputy Leader, Chief Officer Social Services and Senior Managers. BCUHB attendees include the Chairman, Chief Executive, East Area Director and other senior managers as required.
<b>1.19</b>	<b>Debt Levels</b>
1.20	<p>The most up to date figures available are as at the 5<sup>th</sup> September 2022. The current debt owed by BCUHB on unpaid invoices stands at £1,062,674.14 with all invoices up to 90 days now paid. This has been a marginal improvement over the past 6 to 9 months. The debt level as at December 2021 was £1,094,884.</p> <p>During this time there has been a concentration of effort to ensure short term (90 days and under) debts are paid on time, in December 2021 £0.258m of short term debts were outstanding, in September 2022 this had reduced to £0.000m</p>

	As noted above, work now continues to resolve long-term debt by addressing individual invoices and ensuring all the relevant information is available and escalated where this is appropriate.
<b>1.21</b>	<b>Next Steps</b>
1.22	A facilitated workshop has been arranged to discuss both the Flintshire internal process and the BCUHB internal process and the touch-points between them. The purpose of this is to better understand each other's processes and to iron out and pressure points.
1.23	BCUHB's Lead Finance Officer is producing a position statement which will provide details of +90 day invoices and the outstanding issues which are preventing payment.
1.24	Continue with monthly operational meeting, strategic meetings every two months and escalation pathways through the FCC and BCUHB Strategic Partnership Meeting.
1.25	<p>The CHC Planning and Development Officer will develop their role further by implementing, auditing and reviewing new and existing policies.</p> <p>They will also:</p> <ul style="list-style-type: none"> <li>• Develop a standard procedure for briefing management on disputes</li> <li>• Monitor changing legislation</li> <li>• Attend Panel Meetings for all teams to advise regarding CHC cases;</li> <li>• Attend Management Meetings to report performance data</li> <li>• Attend Team Meetings or individual supervision when required</li> <li>• Attend meetings with Social Workers regarding individual cases;</li> <li>• Manage disputes through challenging, as appropriate, when National Framework is not followed, through dispute process</li> <li>• Continue to research, analyse and interpret emerging and existing Welsh Government social care legislation, frameworks and guidance, and disseminate this information to Flintshire practitioners</li> </ul>

<b>2.00</b>	<b>RESOURCE IMPLICATIONS</b>
2.01	As this report is the provision of financial information only, there are no resource implications.

<b>3.00</b>	<b>IMPACT ASSESSMENT AND RISK MANAGEMENT</b>
3.01	Debt levels are monitored monthly and an escalation route has been established.

<b>4.00</b>	<b>CONSULTATIONS REQUIRED/CARRIED OUT</b>
4.01	None required at this stage.

<b>5.00</b>	<b>APPENDICES</b>
5.01	None

<b>6.00</b>	<b>LIST OF ACCESSIBLE BACKGROUND DOCUMENTS</b>
6.01	Monthly Budget Monitoring Reports

<b>7.00</b>	<b>CONTACT OFFICER DETAILS</b>
7.01	<p><b>Contact Officer:</b> Jane Davies - Senior Manager Safeguarding and Commissioning</p> <p><b>Telephone:</b> 01352 704503 and 01352 702503</p> <p><b>E-mail:</b> <a href="mailto:jane.m.davies@flintshire.gov.uk">jane.m.davies@flintshire.gov.uk</a></p>

<b>8.00</b>	<b>GLOSSARY OF TERMS</b>
8.01	(1) Social Services and Wellbeing (Wales) Act 2014: The Social Services and Well-being (Wales) Act came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.