### Agenda
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

PUBLIC MEETINGS ARE AUDIO RECORDED

Date: Monday, 10 September 2018  
Time: 4.30 pm  
Venue: Room 10

**Membership**

Lab 9 Councillors: Baines, CD Banks, J Banks (Chairman), Bell, Cunliffe, Gill, Grunewald, T Long and Wiseman

Con 1 Councillor: Mussell

Co-opted (Non Voting): Mrs B Smith (Representative from Healthwatch)

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<td>Home Care Visits for the Elderly, Direct Payments and the Impact of Changes</td>
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<td>- Nick Fletcher, Service Manager - Procurement, Contracts &amp; Quality Monitoring and Carole Tanner, Service Manager - Customer Finance and Direct Payments have been invited to the meeting</td>
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<td>Urgent Care Activity/Pathway</td>
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<td>- Caroline Lees, Assistant Director - Urgent, Planned and Community Health at the Clinical Commissioning Group (CCG) has been invited to the meeting</td>
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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

At a meeting of this Committee held on
11 June 2018

(Present)  Councillor J Banks (Chairman)
Councillors Baines, CD Banks, Cunliffe, Gill, T Long, Mussell and Wiseman

Mrs B Smith, Healthwatch

(Not Present)  Councillors Bell and Groucutt

1  APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bell and Groucutt.

2  MINUTES

* Resolved that the minutes of the meeting held on 23 April 2018, be approved and signed.

3  DECLARATIONS OF INTEREST FROM MEMBERS

No Declarations of Interest from Members were made.

4  TERMS OF REFERENCE

A report was submitted which detailed the Terms of Reference for the Health and Adult Social Care Overview and Scrutiny Panel as follows:

The Panel shall undertake the functions delegated by the Commission, and in particular:

• To consider and scrutinise items relating to the provision of adult social care in the Borough

• To consider and scrutinise items relating to the provision of health services including public health in the Borough, in accordance with relevant legislation.

• To review items relating to the operation of adult social care and health services identified in 1 and 2 and their performance, as selected by members of the Panel, or referred to them by the Overview and Scrutiny Commission or the Cabinet.

• To engage with, and respond to, formal and informal NHS or Clinical Commissioning Group (CCG) or relevant health providers’ consultations in relation to any proposal for a substantial development of the Health Service in St Helens or for a substantial variation to such services.

• In undertaking this role the Panel is able to question members of the Cabinet and/or Chief Officers, and/or representatives of relevant Health bodies, including CCG representatives and the People’s Board regarding their decisions, performance in relation to service operations and targets.
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

• To contribute to Joint Health Scrutiny Committees reviewing consultations by NHS bodies or Health Service providers on cross border changes to services.

• To exercise the right following call-in to review and, where appropriate, ask for reconsideration of decisions made but not yet implemented by, the Cabinet or Council.

• To receive and have regard for Councillor Calls for Action within the remit of the Panel.

• To receive and respond to referred items from Healthwatch in accordance with national regulations.

• To provide regular updates on the Panel’s work plan to the Overview and Scrutiny Commission.

• To produce final reports of all reviews undertaken and monitor and evaluate progress of recommendations as appropriate.

• To make representations to the Cabinet, and Council if necessary, on any issues or areas of concern arising from the overview and scrutiny process.

* Resolved that the report be noted.

5 SUICIDE PREVENTION

A report was presented which provided a progress update on the St Helens Suicide Prevention Action Plan (2017-2020), which outlined the actions to reduce the risk and number of suicides in the Borough until 2020.

The Panel was informed of the actual number of recorded suicides in St Helens and the projected numbers of recorded suicides in 2018, and of the underlying issues and profiles that were associated with the suicide numbers.

In addition the Panel was informed that as well as recording suicides, the Authority was exploring how it could collate information relating to near miss situations.

Questions were raised and answered at the meeting relating to the approach to deliver effective integration of services, prescriptions of anti-depressants in the local area and opportunities for the delivery of Member training be explored upon mental health first aid.

Clarification was also provided upon the work and support that was available and provided to vulnerable groups by the faith sector.

* Resolved that:

(1) the report be noted; and

(2) opportunities for the delivery of Member training be explored upon mental health first aid.
6 UPDATE ON SCRUTINY WORK PROGRAMME 2018/19

The Scrutiny Team had invited Members to suggest topics for inclusion on the Work Programme for 2018/2019.

Members proposed the following work areas:-

- Provision of Care in People’s Homes;
- Social Care Charging Policy;
- Direct Payments; and
- Support for Peoples with Learning Disabilities.

* Resolved that the verbal report be noted.

Members were informed that the following item had not been notified five clear days in advance of the meeting. However, the Chairman had agreed to the item being considered in order to progress the matter.

7 UPDATE FROM HEALTHWATCH

A verbal report was given to Members by Healthwatch Manager, Jayne Parkinson-Loftus, to update them on the work of Healthwatch.

Members were informed of recent successful events that had taken place, including ‘Making The Right Choices’ which encouraged people to choose services appropriately and supported the work of the Clinical Commissioning Group (CCG).

* Resolved that the verbal report be noted.

8 TIMES OF OVERVIEW AND SCRUTINY PANELS

A verbal report was made to the Panel by the Chair on the times of the Health and Adult Social Care Overview and Scrutiny Panel meetings 2018/2019, which had been raised at the meeting of the Overview and Scrutiny Commission held on 4 June 2018.

The Panel discussed if the time of commencement of the Panel should be amended.

* Resolved that future meetings of the Health and Adult Social Care Overview and Scrutiny Panel to commence at 4.30 pm.
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Home Care Visits

1. Background

St Helens has operated an open framework since 1st December 2016. Under the framework CQC registered domiciliary care providers who meet set criteria and have an office within St Helens or a bordering authority are accepted onto the framework. Each provider who has electronic call monitoring in place is accepted as a Tier 1 provider and if this is not in place they are registered as a Tier 2 provider. The framework is opened every 3 months to allow new providers to join.

When an individual package of care is required a mini competition takes place and the Tier 1 providers are asked whether they can provide the care as specified. If there is no response from Tier 1 providers, Tier 2 providers are approached. Bids to provide a package of care are evaluated against a set methodology that considers price, quality and the call times offered compared to those requested.

During the initial move to the framework existing providers maintained their original packages so that continuity for service users was maintained and disruption for staff was minimised (as TUPE considerations due to transfers to alternate providers was avoided).

At the outset 31 providers were on the framework on 1st December 2016. At 1st June 2018 there were 37 providers on the framework, however only 21 of these were actively delivering packages.

Finally, the framework contract has a clear specification and performance standards together with procedures to follow in the event of non compliance.

2. Activity

Data gathered for the week ending 23rd April 2018 showed that approximately 13,100 hours of domiciliary care were provided by 21 providers on the framework.

A separate data gathering exercise looked at the length of commissioned calls. This exercise looked at 3 providers who were delivering approximately 21% of the all the care commissioned. Across the 3 providers; 16% of calls were for 15 minutes; 71% were for 30 minutes; 8% were for 45 minutes and 4% for 60 minutes; the remaining 1% being split across a handful of calls over 60 minutes. This exercise indicated that call times are tailored to the individual and that 15 minute calls accounted for only 16% of calls. In addition, sampling of 15 minute calls concluded that these calls were utilised for medication checks, prompts and were not utilised for personal care tasks.

3. Care Quality Commission ratings

The Care Quality Commission regulate providers of domiciliary care and publish ratings and reports following their inspections.

From the information published by CQC on 1st August 2018 for Social Care Organisations in England the following is relevant.

Community based adult social care services rated as Good.
For all England = 82.6%
For St Helens = 85.0% this is for those framework services within the Borough.
St Helens framework = 83.3% this includes all framework services both in borough and those in a bordering authority.

4. Expressions of concern / Quality concerns

The Quality Monitoring Team investigate expressions of concern / quality concerns. These can be raised by professionals, family members, service users etc to raise a concern around the delivery of a service in any setting.

In the full year 17/18 a total of 761 concerns were raised with 343 about domiciliary care.

In 18/19 to date a total of 244 concerns have been raised with 114 about domiciliary care.

Each concern is investigated and an outcome determined. For domiciliary care the outcomes are summarised below:

<table>
<thead>
<tr>
<th></th>
<th>Substantiated</th>
<th>Part substantiated</th>
<th>Unsub</th>
<th>Inconclusive</th>
<th>Still being investigated</th>
<th>Total</th>
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<td>17/18</td>
<td>224</td>
<td>37</td>
<td>48</td>
<td>34</td>
<td>343</td>
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<tr>
<td>18/19 to 20th August</td>
<td>55</td>
<td>13</td>
<td>15</td>
<td>8</td>
<td>23</td>
<td>114</td>
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Details of the issues and outcomes are used to inform quality monitoring activity.

5. Quality monitoring

The departments Quality Monitoring Team carry out a range of activities to monitor the quality of delivery of care across the range of commissioned services.

For domiciliary care each provider will have a full quality monitoring visit every 24 months and be subject to progress visits to check progress against required actions from a previous visit and responsive visits to investigate specific concerns that have been raised.

Each provider will have a number of contacts each year with the team with frequency depending on the level of issues with that provider.

For Tier 1 providers who have an electronic call monitoring system it is a requirement that this can be accessed in real time by Council officers in order to check the ongoing delivery of calls and download a history of calls, rotas etc to help inform Contract and Quality monitoring.

Following a visit to a provider a written report is produced that will identify any actions required and a timescale for completion of each action. Should a provider fail to complete the required actions then appropriate action can be taken under the default procedures contained within the contract. These procedures do follow a stepped approach with the ultimate sanction being termination of contract.

6. Spot checks

As part of quality monitoring activity spot checks are carried out and a quality monitoring officer visits a service user to check on the delivery of care.
When asked the question ‘Overall how satisfied are you with the support from your Provider?’ the following responses were provided:

Spot Check Visits for Dom Care 17/18 = 77 Visits
Extremely Satisfied - 46
Satisfied - 28
Dissatisfied and Quality Concerns raised and investigated to improve the service = 3

Spot Check Visits for Dom Care 18/19 to 20.08.18 = 92 Visits
Extremely Satisfied - 64
Satisfied - 26
Dissatisfied and Quality Concerns raised and investigated to improve the service = 2

From this information over 96% of service users were either satisfied or extremely satisfied with the support they receive from their provider.

7. Service Reliability - Continuity of Care

Tier 1 providers are monitored against the continuity of care provided to service users and have targets under the following criteria set in the contract specification. These targets are to encourage a regular staff group for each service user that is appropriate to the amount of hours required.

<table>
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<tr>
<th>No of Visits per Week (one care call completed by 2 care workers is classified as 2 visits)</th>
<th>Target No of Care Workers</th>
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<td>1 to 3</td>
<td>2</td>
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<td>4 to 7</td>
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<td>15 to 21</td>
<td>6</td>
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<td>22 to 29</td>
<td>8</td>
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8. End of life care

A tender is due to be published for a specialist end of life domiciliary care service.

Since the start of the framework the level of data available around the packages being commissioned has improved and this has highlighted the number of end of life packages required.

It is considered that the framework is not agile enough to deliver a responsive service for this client group so a specialist service is to be commissioned.

This should take some of the pressure out of the search for other categories of domiciliary care that will continue to be commissioned via the existing framework.

The contact officer for this report is Rachel Cleal, Deputy Strategic Director People's Services, Deputy Accountable Officer CCG, St Helens Council / CCG, 2nd Floor, The Gamble Building, Victoria Square, St Helens, Merseyside, WA10 1DY

Tel: 01744 676567
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1. Direct Payments Service

The Customer Finance Team in Adult Social Care comprises of two sections; Payments and Charges and Financial Assessments and Advice. The Direct Payment Service is part of the Financial Assessments and Advice Team. The team operating this service includes; 1 x Manager; 2 x Direct Payments Advisors; 1 x Finance Assistant – Payroll and a 0.5 Clerical Officer.

The functions of the Direct Payment team include:

- Visit new service users to explain policy and procedures for Direct Payments
- Explain the preferred payment method of prepaid cards for administering a Direct Payment
- Explain the responsibilities of being an Employer, including support for recruitment of personal assistants, employment contracts, liability insurance
- Provide information about the free Payroll Support Service offered by the Local Authority
- Explain what is designated as appropriate/inappropriate spending
- Provide ongoing advice and support to service users

2. Payroll Support Service

The Direct Payments Team currently provides a Payroll Support Service for 420 service users. The team process timesheets for every personal assistant employed by the service users, produce monthly payslips and a monthly Inland Revenue report detailing tax/NI payments to be made by the employer.

3. Direct Payments Budget

In 2017/2018 £8,776,809.43 was spent on Direct Payments. The average monthly amount paid to service users by the Direct Payments Team in 2018 is £785,246.

4. Number of People Receiving a Direct Payment

There are 723 people receive a direct payment each month.

- 611 are Adults
- 112 are Children
33 are Personal Health Budgets

The regular Direct Payment amount is paid on a monthly basis and additional payments for respite care are paid on request.

Payments are made to either the Service User (18%), Responsible Person (48%) or Support Organisation (35%).

5. Direct Payments Audits

A number of direct payments accounts are managed by a third party organisation who submits details of transactions on the accounts and the balance. For people on a pre-paid card we can directly access the bank account transactions. People managing their own accounts are required to submit audit paperwork.

When the audit submission is received each quarter, a checklist determines the audit process. All recipients should receive one full audit annually with a light touch throughout the year.

Last quarter (ending March 2018) 516 audit submissions received a light touch audit, out of which 194 required a full audit.

Accounts with regular excess funds or accounts with money spent on something that is not in the support plan are referred to care management team.

6. Pre-paid Card Accounts

In December 2017 we introduced a pre-paid card which enables the direct payments team to set up the bank account and monitor the account in real time and reclaim money. This means any potential issues can be identified sooner. This is now the Local Authority preferred option for a direct payment account and 86 service users now have a pre-paid card account.

7. National Fraud Initiative (NFI)

The National Fraud Initiative is an exercise completed every two years that matches electronic data within and between public and private sector bodies to prevent and detect fraud.

We submit a file on every person who receives a personal budget/direct payment and receive a report if any queries are identified for investigation.

8. Internal Audit Counter Fraud

Internal Audit has a Counter Fraud Plan, for work to be undertaken alongside services considered to be at a high risk of fraud.

Internal Audit and the Direct Payments Team have worked together to identify areas at risk of fraud within Direct Payments, to strengthen the control environment and reduce risk of fraud, investigating any instances of fraudulent activity identified.

A draft report has recently been produced and Audit opinion of Direct Payments is `Substantial Assurance'
* For additional reference the following documents have been attached below:

Appendix 1. Direct Payments Guidance

Appendix 2. Direct Payments Procedures

Appendix 3. Direct Payment Checklist

The contact officer for this report is Rachel Cleal, Deputy Strategic Director People's Services, Deputy Accountable Officer CCG, St Helens Council / CCG, 2nd Floor, The Gamble Building, Victoria Square, St Helens, Merseyside, WA10 1DY

Tel: 01744 676567
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How to Contact Us
Advice & Support
1 Introduction

If a social care assessment determines that you need care services or support, you have a right to ask for a direct payment instead of having a service arranged by St Helens Council.

The aim of a Direct Payment is to give more flexibility in how services are provided to people who are assessed as eligible for social care support.

This guidance document will assist you in operating your Direct Payments account and details what you can and cannot spend this money on.

2 What is a Direct Payment?

A Direct Payment is a cash payment that allows you to organise care services yourself. Some people use the money to employ an Agency whilst others will directly employ their own staff.

The main methods for receiving a Direct Payment are:

- Prepaid Card – The money is loaded onto a dedicated bank card to allow you to make electronic transactions. This is the Council’s preferred option.
- Cash Payment – The money is paid into a separate bank account that you will need to set up for this purpose.
- Managed by a third party organisation. - The third party organisation will administer the Direct Payment for you. You remain accountable for ensuring your direct payment is used appropriately.
- ISF – Individual Service Fund. You can request that your Direct Payment is paid directly to your chosen Provider who provides your direct support.

3 Who can receive a Direct Payment?

Direct Payments can be made to any person aged 16 or over, to people with parental responsibility for disabled children, carers aged 16 and over in respect of carers services and people who receive a Personal Health Budget.

4 Personal Health Budgets

People eligible for NHS Continuing Health Care (CHC) and Continuing Care for Children (CC) can request a Personal Health Budget from the Clinical Commissioning Group (CCG) and this can be provided as a Direct Payment.
5 Payments to family members

You are not allowed to use Direct Payments to employ family members who live with you unless there are exceptional circumstances agreed by the Council.

6 What can I spend a Direct Payment on?

This will be agreed with your Care Manager in your support plan. It may include:

- Employing a carer or personal assistant who can support you with your personal care needs. This includes things like bathing, getting dressed, cooking and eating etc.
- Independent day services.
- Respite Care – If your social or health care assessment has identified that respite care is required this will be included in your Support Plan.

Examples of respite care include:

- Respite away from home with a social care provider
- Respite in the community
- Respite in your own home
- Respite in a Residential/Nursing Care Home

Your support plan will identify the annual number of weeks respite you are assessed to need. You will be expected to demonstrate that you have utilised the annual number of weeks of respite care that is agreed in your support plan.

7 What can’t I spend a Direct Payment on?

- Direct Payments are not intended to replace the existing support provided by your family and community.

- Direct Payments cannot be used to purchase social care services provided directly by St Helens Council. However you can receive a mixed care package receiving some Council services and receiving Direct Payments for you to purchase the rest.

- The provision of respite care is to provide a break for the carer and cared for, therefore your respite Direct Payment cannot be used to pay for family holidays taken together.

- Direct Payments cannot be used to purchase primary medical services provided by General Practitioners, emergency treatment services, surgical procedures or physiotherapy.
- A Direct Payment cannot be used to pay for any NHS charges or services such as prescription or dental charges.

- Direct Payments are intended to support people in independent living, so you cannot use them to pay for permanent residential accommodation. You may be able to use Direct Payments for respite care in residential accommodation, if your Support Plan includes this.

- Direct Payments cannot be used to pay for anything that is not agreed in your Support Plan.

8 Financial Charges

As with the provision of all Adult Social Care services, there may be a charge, subject to an individual financial assessment. This is in accordance with St Helens Council’s charging policy. Your charge, if any, will be dependent on your individual financial circumstances.

There are no charges for Children’s services and Personal Health Budgets provided by the CCG.

If you are assessed to pay a charge this must be paid into your Direct Payment account. If you do not, your care may be re-assessed, may be reduced or your Direct Payment may be suspended / withdrawn.

The financial assessment will assess your ability to pay based on your income and savings. Allowances are made for some housing costs e.g. rent/mortgage/council tax and disability related expenditure.

You can access further information on charges on the Council website www.sthelens.gov.uk by searching on Charging for Non Residential Services

9 Advice and Support

Once you have agreed with the Care Manager that you would like a Direct Payment you will be contacted by a Direct Payments Advisor.

The Direct Payments Advisor will give you advice and guidance on setting up and running your Direct Payment including:

- Choosing an Agency
- Recruitment of Personal Assistants
- Job descriptions and contracts
- Employer responsibilities
- Tax return advice and responsibilities
- Record keeping
- Payroll Support. This is a free support service provided by the Council if you employ a personal assistant
- Workplace Pensions
10 **How will my Direct Payment be paid?**

Direct Payments will only commence once all the necessary Direct Payments paperwork is completed.

You or the person managing your Direct Payment will be issued with a prepaid card. This card account must be used solely for Direct Payments and the expenditure associated with it. If it is agreed that a prepaid card is not suitable for you, other options may be discussed with your Direct Payments Advisor.

St Helens Council will make payments for your regular weekly support plan into your Direct Payment account monthly in advance.

Payments for Respite Care are made in accordance with your support plan on request to the Direct Payments Team.

Payments for replacement personal assistants’ holiday cover will be paid on request to the Direct Payments Team.

11 **Managed Accounts**

If your Direct Payment is managed by an independent organisation, there is no additional funding available for this. Any charge for these services is to be met from your existing Direct Payment.

12 **Becoming an Employer**

If you decide to employ your own personal assistant to provide care services, you will have legal responsibilities as an employer under employment law. The Direct Payments Advisor can provide you with advice and support but you must consider these important issues before deciding to employ your own staff. There are also a number of other organisations that can provide you with advice listed at the end of this document.

**Disclosure and Barring Service**

We would advise that you carry out appropriate checks before employing a personal assistant to provide personal care for you. The Council can complete a Disclosure and Barring Service check free of charge. This is mandatory for services provided to children.

**Tax and National Insurance**

As an employer by law you must operate Pay as you Earn (PAYE) on the pay of your employees and pay the correct National Insurance contributions to HM Revenue and Customs.
Pensions

The Pensions Act 2008 introduced new rules for workplace pensions in the UK. These changes affect every workplace and make sure that every worker will have a chance to save for their retirement.

Since April 2015, every employer has had to give their workers the opportunity to join a workplace pension scheme that meets certain standards. Depending on how old they are and how much they earn, many workers will be automatically enrolled into the scheme. Other workers will be entitled to join the scheme if they want to.

Employer Insurance

This is a legal requirement that covers you if your personal assistant has an accident, as you may be held responsible. It also gives cover for possible legal and industrial tribunal costs. There are insurance providers offering special policies for people employing personal assistants.

The cost for insurance is to be met from your existing Direct Payment. There will be no additional funding available for this. Evidence of appropriate insurance cover must be provided to the Council each year.

Health and Safety

It is your responsibility, as an employer, to make sure that your employees work safely and have a safe place to work in.

As the employer, it is for you and your employees to work out a safe way for tasks to be undertaken, thus reducing risk to a minimum. This could include things like maintaining lifting equipment properly, appropriate training for your staff i.e. food hygiene certificate if their role involves preparing food for you.

The Council’s Training Section is available to provide advice and support on short training courses that may be available and can be contacted through the Council’s Contact Centre.

Employees who work with people in their own homes are at risk if the employer is a smoker and you will need to minimise the risks to employees whilst at work.

Equality Act 2010

Every employee has the right to work in an environment free from discrimination, harassment and victimisation.

As an employer, under the Equality Act 2010, you have a duty to take reasonable steps to ensure your employees work in an environment free from:

- less favourable treatment (discrimination),
- threatening, intimidating, offensive or humiliating behaviour (harassment)
- further detriment as a consequence of a complaint of harassment or discrimination being raised (victimisation)
Where these conducts are linked to one or more protected characteristics under the Equality Act 2010: age, disability, gender, gender reassignment, religion, race, sexual orientation, pregnancy and maternity, marriage and civil partnership.

**Annual leave**

Your employee will be entitled to paid annual leave. This should be agreed when an employee starts work and included in the employee’s written contract. Almost all workers are legally entitled to 5.6 weeks paid holiday per year (known as statutory leave entitlement or annual leave). An employer can include bank holidays as part of statutory annual leave.

If you employ a replacement personal assistant to cover annual leave of your regular personal assistant you will be required to provide details of the replacement personal assistant to the Council who will arrange an additional payment to you.

**Pay Rates**

You will need to ensure that your minimum rate of pay conforms to the requirements of the National Living Wage.

**Payroll Service**

The Council provides a free payroll support service. You can ask an independent organisation to provide this service for you if you prefer. Any charge by an independent organisation must be paid from your existing Direct Payment.

**Statutory Payments**

You may need to pay your employees’ Statutory Payments even when they are not actually working for you – for example, if they are sick and entitled to statutory sick pay or on maternity leave and entitled to statutory maternity pay.

If your personal assistant is on long term absence you should contact the Direct Payments Advisor.

**Employer Responsibilities**

The Council will expect you to fulfil your responsibilities as an employer. Failure to do this may result in the Council withdrawing your Direct Payment and arranging services to meet your needs.

**Contracting with an Agency**

There are many Agencies that provide care services. Purchasing services from an Agency means that you do not employ directly the people who provide
your care, and you do not have the responsibilities of an employer. Instead, you have a contract with the Agency.

Information on Agencies providing domiciliary care services within the borough of St. Helens can be found on the Council website www.sthelens.gov.uk.

If you engage an Agency that charges more than the hourly rate paid by the Council, you will need to pay the additional cost yourself.

14 Quality Monitoring

The Council will monitor the quality of care that you purchase with your Direct Payment. This may involve a home visit to ensure that the assessed needs in your Support Plan are being met.

15 Record Keeping

The money you receive as a Direct Payment is for services to meet your assessed social care needs. It remains public money; it is not yours to spend as you wish. You will be required to account for the money and satisfy the Council that the needs for which it is giving you Direct Payments are being met. You will be required to comply with all requests for monitoring activity.

If you are an employer you will also need to keep records for HM Revenue and Customs. All records must be kept for at least three years after the end of the tax year to which they relate. The Direct Payments Advisor can provide advice to you on record keeping and storage.

16 Direct Payments Audit

The Council will monitor how you are spending your Direct Payment. It is important that your assessed needs are being met and that the money is being spent appropriately.

Any false claims will be investigated and may result in criminal proceedings.

By monitoring your prepaid account, the Council will complete a financial audit of your Direct Payment account. If you do not use a prepaid card, you will be required to provide on a quarterly basis:

- Bank statements
- Time sheets
- Expenditure sheets
- Invoices
- Receipts
If you:

- spend your direct payment on the services which are not included in your Support Plan
- do not pay your assessed charge into your Direct Payment account
- fail to submit your audit paperwork the Council within deadlines

The Council can suspend / cease your Direct Payment, transfer your Direct Payment to a prepaid card or arrange for your care to be provided as a commissioned service

17 Recovering Direct Payments

In some circumstances, the Council may ask for all or part of the Direct Payment to be repaid. The decision to seek repayment and the amount of money to be reclaimed is at the discretion of the Council. Direct Payments may be reclaimed if:

- The money has been used to purchase a service that was not agreed in the Support Plan;
- A surplus of more than 8 weeks funding has accumulated in the Direct Payment account;
- Termination of the agreement to receive Direct Payments
- The person receiving the Direct Payment has died
- The Support Plan has changed substantially resulting in surplus funds
- Theft, fraud or other offences have occurred

If you are regularly under spending your direct payment your support plan may be re-assessed and possibly reduced.

If we decide to recover funds from you and you hold a prepaid card, payments will automatically be adjusted. If you manage your own account, the Council will write to advise you of the amount you must repay.

We will request repayment within two weeks after writing to you. If you do not repay the amount we have requested we may reduce your future Direct Payments to recover the funds.

18 Changes you must tell us about

You must tell the Direct Payments Advisor about any change of circumstances within 7 days (e.g. going into hospital or residential care, moving address).

We will advise you, depending on the circumstances, whether your Direct Payment may continue, be reduced or be suspended.
19 What happens if you get into difficulties?

If you get into difficulties in managing your Direct Payment account you must inform the Direct Payments Advisor as soon as possible. If your needs are not being met the Council has a responsibility to help you.

If you decide not to carry on with Direct Payments, then the Council will arrange services to meet your eligible social care needs.

If the Council does not think you can manage Direct Payments any more, it may decide to transfer your Direct Payment to a prepaid card, or stop the Direct Payment and arrange commissioned services for you.

The Council will involve you in any decisions that are being made about your care and ensure that you know what is decided.

How to contact us

There are a number of ways in which you can contact us in order to submit a comment, compliment or complaint.

Financial Assessments & Advice Team
Gamble Building
Victoria Square
St Helens WA10 1DY
Tel: (01744) 674428 or 676200
Email: customerfinancedp@sthelens.gov.uk

Complaints Team
Gamble Building
Victoria Square
St Helens WA10 1DY
Tel: (01744) 674360 or 674362
Email: adultcomplaints@sthelens.gov.uk

General Advice

St Helens Council - by choosing Social Care & Health you will be directed to information for people looking for adult care and support service in St Helens
www.sthelens.gov.uk

Gov.UK is a government site providing information about all aspects of employment
www.gov.uk

NHS Choices is the NHS website providing information about health and a guide to social care, including free confidential advice and support for carers
www.nhs.uk
Employer Advice

HM Revenue and Customs guidance is available from their Enquiry Centre or website at [www.hmrc.gov.uk](http://www.hmrc.gov.uk)

The Advisory, Conciliation and Arbitration Service provides information, advice, training, conciliation and other services for employers and employees to help prevent or resolve workplace problems [www.acas.org.uk](http://www.acas.org.uk)

Payroll Support

Direct Payments Advisors

Julia Berry  
Tel: 01744 67  
juliaberry@sthelens.gov.uk

Rachel Smeltzer  
Tel: 01744 67  
rachelsmeltzer@sthelens.gov.uk

Workplace Pension Advice

Pension Regulator offers information and guidance on workplace pensions and automatic enrolment  
Tel: 0345 600 1011  
[www.thepensionregulator.gov.uk](http://www.thepensionregulator.gov.uk)

NEST Pensions is the workplace pensions scheme set up by the Government  
Tel: 0300 020 0090  
[www.nestpensions.org](http://www.nestpensions.org)
Direct Payments Procedures
Contents

1. Roles and Responsibilities
   1.1 Advice & Guidance
   1.2 Administration

2. Referrals
   2.1 Adults
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3. Payment Process
   3.1 Care Management
   3.2 Financial Calculation
   3.3 Payments
   3.4 Respite Care
   3.5 Holiday Cover for Personal Assistants
   3.6 Support Plan Changes

4. Audit Submissions

5. Suspension of Accounts

6. Withdrawing a Payment

7. Reclaiming Excess Funds

8. Managed Accounts

9. DBS checks

10. Payroll Service
   10.1 Payroll Set Up
   10.2 Monthly Payments

11. Closures
1. Roles and Responsibilities

The Direct Payments function is carried out by officers that are based within the Financial Assessment & Advice Team. Roles and Responsibilities are as follows:

1.1 Advice & Guidance

The Direct Payments Advisors work with people who have been referred to them by Care Management. The role of the Advisors is:

- To provide advice and guidance on how a direct payment should be used in line with the support plan and in accordance with the policies and procedures of the Council.
- Explain and support the responsibilities of being an employer under a Direct Payment Agreement
- Explain the preferred method of prepaid cards for administering a direct payment
- Explain and support the purpose of the audit paperwork (where applicable), what is required for the audit and how to complete an audit return form.
- Offer information on support agencies to enable the service user to make an informed choice of provider, including signposting to services where appropriate.
- Support the recipient to understand employer responsibilities such as registering as an employer, Employer Liability Insurance and providers, the recruitment and management of Personal Assistants, including job descriptions, interviewing and employment contracts.
- Provide information about the Payroll Service.
- Explain what is designated as appropriate and inappropriate spending from within the direct payment account, as detailed in the Direct Payments Guidance and the policies and procedures of the Council.

1.2 Administration

Once a Direct Payments Advisor has completed the initial visit with a service user and the Direct Payment Agreement has been signed, the service user’s details are passed to a Finance Officer for the administration of the direct payment

- Create an electronic case file for each service user, checking that the amount of direct payment matches the support plan on the Direct Payment Agreement. Payment will be made by payment card for all newly signed up service users, or for existing service users, payments will be made into either a direct payment account or to Disability Direct.
- Implement any payment adjustments as instructed by Care Managers, Social Workers or following a change in client contribution.
• Closely monitor the electronic prepaid card record in the PFS system

• Maintain the Direct Payments database.

• Offer a payroll service.

• Undertake the quarterly audits and to act on any issues arising from the audits

• Monitor and investigate suspected misuse of the direct payment, liaise with Care Management and suspend payments where necessary.

• Assist with Care Management reviews of direct payment support plans by providing financial information or by informing Care Managers where a review would clarify issues of expenditure

• Close down direct payment accounts where appropriate.
2. Referrals

Referrals are received for both adults and children

2.1 Adults

2.1.1 Referrals for adults are raised in IAS

2.1.2 If a referral does not match the support plan, it is referred to the Care Manager for clarification by the Direct Payments Advisor before the request can be actioned.

2.1.3 For referrals that have been approved, the Direct Payments Advisor creates a new service user file in G:GambleInst_DPTeam / Client Files.

2.2 Children

2.2.1 Referrals for children are received via Lotus Notes using the generic email account customerfinanceDP@sthelems.gov.uk

2.2.2 The following information is required for all children’s referrals:

- Support hours and provision (PA/Agency).
- Panel notes attached.
- Proposed start date.
3. Payment Process

3.1 Care Management

3.1.1 Care Managers identify a service user’s assessed care need and as part of this process, the service user may choose to pay for their care using a direct payment.

3.1.2 A proposed support plan is raised in IAS by the Care Manager for panel approval.

3.1.3 Panel can approve the support plan, reject it pending additional information, or reject it outright.

3.1.4 The Care Manager will request budget authorisation in IAS.

3.1.5 If the support plan is approved, the Care Manager will then refer the case in IAS, which will be picked up by the Direct Payments Advisor.

3.2 Financial Calculation

3.2.1 All adult service users in receipt of a support plan must have a financial assessment to determine what contribution they will have to make towards the cost of their care. A Finance Officer carries out this financial assessment. This contribution is paid directly into the service users prepaid card account or their direct payment bank account, unless they are receiving commissioned services for which they will receive an invoice.

3.2.2 The financial assessment is entered into ContrOCC.

3.2.3 If the service user has been assessed as paying full cost for their care, it may be necessary for a Direct Payments Advisor to provide advice and guidance. The Care Manager will be informed that the Council will not be making a contribution towards the cost of the support plan.

3.3 Payments

3.3.1 Once the Direct Payments Agreement has been signed, details of the payment will be input into the direct payments database so that payments can commence. Payments are made on the 20th of each month, one month in advance.

3.3.2 All amendments must be in the direct payments database 5 working days before the deadline, and the payment must be processed before 4pm on that day. A confirmation email is sent to Accounts Payable once this has been done, which is a copy of the payment extract details.
3.4 Respite Care

3.4.1 A payment can be made to provide respite care for service users that have been identified in the service user's care plan.

3.4.2 Care Management may allocate a given number of days for each service user over, which is usually up to 6 weeks per year.

3.4.3 Payments for respite care are made upon request from the service user by completing the appropriate form, which once completed is forwarded to a Direct Payments Advisor for approval. Once approved, a payment can be processed.

3.4.4 When the Direct Payments team has been notified that a service user has received residential respite care, a contribution from the service user towards the cost of the respite care needs to be considered using the following criteria:

- If the service user already pays a service user contribution towards the cost of their regular support plan, it needs to be established if they are in receipt of higher DLA – if so the contribution towards the respite care is the difference between middle and higher rate DLA allowance.
- If there is no regular direct payment being made, the weekly contribution is multiplied by number of weeks of respite care being allowed.

3.5 Holiday Cover for Personal Assistants

3.5.1 This payment is made upon request to cover the cost of providing a replacement personal assistant for a regularly employed personal assistant who takes annual leave (currently 5.6 weeks per year).

3.5.2 Payments should be made once the request has been checked against the annual entitlement and that the annual entitlement has not been exceeded. This is information is held on monitoring spreadsheets within the DP Team G Drive (Holiday Cover).

3.5.3 Once processed the details of the request and the payment that has been made must be entered onto the monitoring spreadsheet

3.5.4 Confirmation of the payment must be forwarded to the service user by letter / email once the payment has been made.

3.6 Support Plan Changes

3.6.1 When Care Management have identified a change to a support plan, notification is sent by IAS (adults) or email (Children) for action. This can involve a change in the care hours or a temporary one-off payment.
3.6.2 If a care provider changes from either a personal assistant to an agency, or vice versa, the Direct Payment Advisor will arrange to visit the service user and offer advice and information where necessary.

3.6.3 If an amendment to the regular monthly payment is needed the changes are made in the direct payments database.

3.6.4 If the client contribution changes following notification from a Finance Officer, the service user record in the direct payment database is amended from the applicable date as notified.

3.6.5 If a one-off payment is needed, the details are entered into the direct payments database and an email is sent to the Accounts Payable section informing them that there is a pending payment in their system that requires processing.
4. Audit Submissions

For those Direct Payment recipients who are in receipt of a regular payment and do not use a prepaid card, their financial transactions are audited in accordance with the Audit Assessment Process and are required to provide their audit submissions each quarter.

At the beginning of the financial year, a schedule is issued to all service users, which shows the dates when the audit submission is due, along with the relevant dates for running payroll and for issuing payslips. Service users are expected to provide their audit submission by the dates shown on this schedule.

When an audit submission is received, it is logged into the monitoring spreadsheet. This spreadsheet also provides for information to be recorded during the analysis of the submission.

The Audit Assessment Process is designed to ensure that all service users receive at least one full audit annually with a light touch check throughout the year. This process is described as follows:

4.1 When an audit submission is received each quarter, the checklist is followed for each one. The findings from this checklist will determine which route is followed on the audit process.

4.2 For the first audit submission for a new service user, a full audit will be completed.

4.3 If the service user is not new and has submitted an audit previously, the findings of the previous quarters audit needs to be looked at. If there were no issues with the previous audit and this was subject to a six monthly check that was satisfactory, then no further action is necessary for the current submission.

4.4 If there were issues at the previous audit, then a full audit will be completed.

4.5 If the previous quarter’s audit was not subject to a 6 monthly check, then either completes a 6 monthly check or a full audit for cases where a full audit has not been completed in the previous year.

4.6 If the previous quarter’s audit was subject to a 6 monthly check and there were issues with it, then a full audit will be completed.

4.7 Direct Payment Advisors or Care Managers or Senior Managers may be informed of any issues that are identified from any of the checks carried out during the Audit Assessment Process where it is felt to be appropriate.

4.8 Clarification of findings will be sought from the direct payment recipient where necessary.

4.9 If a service user is in receipt of respite care payments only, one annual audit covering the whole period April to March will be requested. This will be requested following quarter 4.
5. Suspension of Accounts

5.1 It may be necessary to suspend a direct payments account. This will be carried out in consultation with Care Management. Accounts may be suspended for the following reasons:

- Risk of harm to service user and / or providers
- Consistent failure to provide audit submissions
- Serious issue identified when carrying out audit i.e. misuse of funds

5.2 If Care Management’s instruction is to suspend, notification will be sent to the service user advising them of the situation and payments will be suspended until the issue is resolved. The Direct Payments Advisor will be kept informed of this process.

- Failure to comply with the policies and procedures of the Council
- Failure to repay excess funds

5.3 As a result of a suspension, it may be necessary to transfer the direct payment onto a prepaid. This will be done in consultation with Care Management.

6. Withdrawing a Direct Payment

Unless there are urgent circumstances, before a decision is made to withdraw a direct payment, a discussion will take place between a Direct Payments Advisor and Care Management as to what the most appropriate action is. If the decision is made to withdraw the direct payment, if appropriate the Care Manager and the Direct Payments Advisor will undertake a review with the service user, and alternative services to meet eligible need will be offered / put in place. The Closure procedure will then be followed.

7. Reclaiming Excess Funds

7.1 When an excess balance has been identified following an audit, the service user is notified of the excess balance and a request is made for them to repay the excess within 2 weeks. The Care Manager will be notified, as it will be necessary for a review of the support plan to be carried out.

7.2 The Finance Team, who will issue a blue receipt for the payment, pays in cheques that are received. It is necessary for the correct income code and service user’s name to be put on the back of the cheque. The Care Manager needs to be informed when excess funds have been received.

7.3 A copy of the cheque and receipt is scanned into the service user’s file and the receipt is forwarded to the service user.

7.4 If any payment relating to excess funds or the misuse of funds is not received following a request, consideration will be given to reducing future payments until the full amount has been recovered in full.
8. Managed Accounts

8.1 If a service user is unable to manage their account themselves, it is possible for a third party to be asked to manage the account for them. The third party will be responsible for all payments that are made from the account, for maintaining Income and Expenditure accounts and also providing the audit submissions.

8.2 There is a charge for this service and therefore this charge must be included in the support plan that is agreed by Care Management.

8.3 Once approval has been given for a third party to be engaged, a Direct Payments Advisor will assist the service user with the necessary documentation after choosing the most appropriate third party to use. This will include help with the payment arrangements for either a personal assistant or a care agency.

8.4 A copy of the Direct Payment Agreement that shows all relevant information will be given to the Customer Finance Team by the Direct Payments Advisor, which will enable payment arrangements to be set up within the direct payments database. Payments will be made into the third party’s bank and the third party fee will be paid as a miscellaneous payment into the direct payments account.

8.5 The third party’s bank details are input into the direct payments database irrespective of whether the care provider is a personal assistant or an agency.

8.6 The service user will forward an authorisation sheet, which shows the details of the care provider, together with the details for the Employers Liability Insurance and any paying –in book, to the third party. A Direct Payments Advisor will assist the service user in this process.

8.7 Details of the actual payments made, which may include one-off payments such as insurance, will be forwarded to the third party each month.

8.8 Accounts that are managed by a third party must still provide audit submissions each quarter in the form of a spreadsheet.
9. Process for DBS checks

9.1 All service users who employ a personal assistant are advised to request a DBS (Disclosure & Barring Service) check using the forms that are provided by the Direct Payments Advisor at the initial visit. Support with this process will be provided.

9.2 When the direct payment is for a child, a DBS check is essential for all personal assistants before they can provide any care.

9.3 Once the forms have been completed and returned to the Direct Payments Advisor, they will arrange for them to be processed by the HR section.

9.4 Once the check has been completed, and the check has been returned as clear, the outcome will be sent to the employer. If the check has raised some issues, then the Direct Payments Advisor and Care Management will discuss the situation and visit the employer in order to discuss what action needs to be taken.

10. Payroll Service

The Council offer a free payroll service to anyone in receipt of a direct payment and who employs one or more personal assistants. IRIS Payroll Professional provides the payroll service and it is HMRC accredited.

Personal Assistants are paid for the current month from the 1st – 31st together with any adjustments from the previous month.

The payroll service covers the following areas:

- Provides monthly payslips
- Provides tax forms P45, P46, P38 etc and submissions to HMRC
- Deals with HMRC queries using PAYE on-line services
- Deals with queries from employers and employees with a dedicated point of contact
- Processes end of year information for HMRC
- Attachment of Earnings, sickness, holiday pay, maternity etc
- Standard stationery
- Production of quarterly and annual reports

The Financial Assessment & Advice Team acts as an agent to use PAYE on-line services.

10.1 Payroll Set Up

10.1.1 The employer is the person managing the Direct Payment and therefore responsible for paying the personal assistants that they employ to provide care

10.1.2 The employer must complete a number of forms as follows:
• Employer Details form which shows the agreed rates of pay, the number of employees and number of hours they are employed to work.
• FB12 form which gives authorisation for the agent to use PAYE on-line services on their behalf.
• A disclosure form is also completed to allow the agent to disclose information to HMRC.
• Employee Details form for each employee which confirms that the employer has completed all identification checks together with other relevant information.
• A P46 needs to be completed for each employee

10.2 Monthly Payments

10.2.1 Each month a timesheet needs to be submitted in accordance with the schedule that is issued each year. This will ensure that a payment is made each month.

10.2.2 A standard months’ payment will be made for the current month, together with any adjustments relating to the previous month.

10.2.3 Payslips are produced for each individual employee and are sent to each employer for payment and distribution.

10.2.4 Monthly summary reports are printed and kept in the individuals file. Year end reports are produced each quarter to allow for tax calculation purposes.

10.2.5 Year end paperwork is submitted and P60’s are produced and distributed to all employers.

A comprehensive procedures manual is available on how to operate the IRIS payroll system.
11. **Closure**

11.1 Each service user will be made aware of their responsibilities regarding the closure of the Direct Payment account and termination of their Direct Payment contract with the Council during their induction with a Direct Payments Advisor.

11.2 Once a closure has become necessary, a Finance Assistant will contact the service user, or in the case of a service user’s death, their Executor, with information regarding what action is to be taken.

11.3 A Direct Payments Advisor can provide advice and support regarding issues such as:

- Calculating outstanding staff payments
- Calculating any client contributions to be refunded
- Determining the balance to be paid to the Council
- Assisting with completing the Closure Form

11.4 The completed closure form, final audit submission and copies of all bank statements since the previous audit submission need to be returned to the Finance Assistant. Any closing payment that is received will be receipted, a copy of the receipt with a letter being sent to the service user / Executor.

11.5 If payment is not received with these documents, a request for payment will be sent. Failure to pay this final balance on the receipt of this letter will result in an invoice being raised.
# DIRECT PAYMENT ADVICE CHECKLIST

Client: ______________________________

Advisor: ____________________________ Date: ______________________________

Explained

## Overview of Direct Payments
(what they are for, how they are calculated and what the offer statement means, needing a bank account)

## Responsibilities to the Council

- Signing offer statement
- Signing Agreement
- Audit Paperwork > Quarterly returns

You should inform the Council of the following:

- Long stays in hospital
- Moving house
- Closure of Direct Payment account

## Safeguarding

## Managing your package

Using a Personal Assistant: Budget (i.e. hourly rates, pensions, flexibility etc.)

Discussed contingency plans for holiday cover and in case of PA support breakdown

Using an Agency: Budget and rates

Management pack provided and explained

Assessed Client Contribution explained (Payment Methods)

## Employer Responsibilities

Employers Liability Insurance

HMRC Registration (Date registered on ______________________________

Equal Opportunities

Job Description

Person Specification

Statement of Employment

Minimum Wage

Holiday Pay

Statutory Sick Pay

Induction

Health and Safety

Risk Assessment

Training
<table>
<thead>
<tr>
<th>Using an agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice sheet</td>
</tr>
<tr>
<td>List of contacts</td>
</tr>
<tr>
<td>Payroll</td>
</tr>
<tr>
<td>How to complete payroll pack</td>
</tr>
<tr>
<td>HMRC forms</td>
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<tr>
<td>Service Level Agreement</td>
</tr>
<tr>
<td>Time sheets and schedule</td>
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<tr>
<td>Record of holidays taken</td>
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<tr>
<td>How to apply for funding for holiday cover</td>
</tr>
<tr>
<td>Recruitment</td>
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<tr>
<td>Advertising</td>
</tr>
<tr>
<td>Applications</td>
</tr>
<tr>
<td>Interviewing</td>
</tr>
<tr>
<td>Job offer</td>
</tr>
<tr>
<td>References</td>
</tr>
<tr>
<td>DBS checks</td>
</tr>
<tr>
<td>Additional Information</td>
</tr>
<tr>
<td>Power of Attorney   Yes / No  Paperwork viewed Yes / No</td>
</tr>
<tr>
<td>Has a best interest meeting been held Yes / No</td>
</tr>
<tr>
<td>DBS check (Disclosure and Barring Service) requested Yes / No</td>
</tr>
<tr>
<td>Recruitment support required Yes / No</td>
</tr>
<tr>
<td>Is the client employing a family member Yes / No</td>
</tr>
<tr>
<td>Has special circumstances been agreed by the A.D. Yes / No</td>
</tr>
<tr>
<td>Managed Account explained Yes / No</td>
</tr>
</tbody>
</table>

I confirm that I have been provided with the advice and information on the subjects identified above.

Print_____________________________________

Signed____________________________________________            Dated____________________
1. Non Residential Charging

The Customer Finance Team in Adult Social Care comprises of two sections; Payments and Charges and Financial Assessments and Advice. Charges for residential and non residential services are assessed by the Financial Assessments and Advice Team. The team operating this service includes; 1 x Manager; 3.5 Finance Officer and 0.5 Clerical Officer.

The functions of the Charging team include:

- Complete Financial Assessment (Home Visit/Office Appointment/Postal)
- Check benefit payments/entitlements via CIS (DWP Benefits System)
- Explain Disability Expenditure Allowances
- Provide advice on Appointeeship/Court of Protection
- Provide ongoing advice and support to service users

2. CIPFA Benchmarking

Each year the service takes part in a CIPFA Benchmarking exercise and the some of the figures contained in this briefing are extracted for 16/17 Benchmarking. 17/18 Benchmarking will be completed in October 2018.

3. Number of Non Residential Financial Assessments Completed

In 2016/17 Finance Officers completed 1,121 new Financial Assessments and 2,033 Revised Financial Assessments.

Revised assessments are completed in April each year to reflect automatic benefit payment increases and any changes to social care charges. Every service user is advised to contact the service if there is any change in their circumstances. Any reduction requested by service users in care provision is referred to care management for review.

4. Non Residential Income

Invoices for services are issued every four weeks (approx. 1425). The Income received for Non Residential services in 2017/18 was £4,665,000.

5. Debt

The total debt outstanding for Non Residential services is £326,497.00.
The total debt outstanding for charges raised in 2017/18 is £137,134.19 (2.94%)

The Service has introduced direct debit and currently there are 330 people who pay by this method.

6. Charging Policy Changes

In April 2017 there were two significant changes to the charging policy.

- Day care charges increased from £11.73 to £20 per day
- Charging for two domiciliary carers was introduced at a rate of £11.40 per hour per carer or £12.11 per hour per carer for self-funding service users.

Following these changes 43 people rang to discuss the increased charges, two requested revised financial assessments and two people who were self-funding made complaints.

In April 2018 the only change to the charging policy was a 2.5% inflationary uplift in charges.

* For additional reference the following documents have been attached below:

Non-Residential Charging Policy

The contact officer for this report is Rachel Cleal, Deputy Strategic Director People’s Services, Deputy Accountable Officer CCG, St Helens Council / CCG, 2nd Floor, The Gamble Building, Victoria Square, St Helens, Merseyside, WA10 1DY

Tel: 01744 676567
Charging for Non-Residential Services 2018
Introduction

The Council’s charging policy for Non-Residential Services has been produced in accordance with the Care Act 2014. The Care and Support (Charging and Assessment of Resources) Regulations 2014 set out local authorities responsibilities and came into force on 1 April 2015.

The Council’s Policy sets out how we assess the amount you will be required to pay towards your care package based on a financial assessment of your income and savings.

What do we mean by Non-Residential Services?

Non-Residential Services refers to services which enable you live in your own home, for example:

- Domiciliary Care
- Day Care / Day Opportunities
- Meals taken in a Day Centre or Day Opportunities
- Supported Living
- Extra Care Housing
- Direct Payments
- Careline

How will I know what I have to pay for my Care Package?

Your Care Manager will tell you how much services cost. If you do not wish to disclose your financial details you will be asked to sign a form agreeing to pay the rate set by the Council for the services you receive. If you request a financial assessment you will be asked to sign a form so that we can check your benefit payments with the Pension Service to help us to work out how much you will have to pay. Your Care Manager will let the Customer Finance Team know which Services you are getting and a member of staff will then contact you to arrange to carry out a financial assessment.

Financial Assessment

The financial assessment is a means tested assessment and will be offered when you receive any non-residential services.

A Finance Officer will calculate how much you will be assessed to pay based on your income and savings.

The Finance Officer will provide you with information on benefits to ensure that you are receiving your maximum benefit entitlement. They will assist you in claiming the benefits you are entitled to.

All of our staff carry identification badges showing their photograph so please check this before allowing anyone into your home.
Information you are required to provide

The Finance Officer will require the following information to complete your financial assessment:

- National Insurance Number
- Details of Benefits e.g. (Retirement Pension, Pension Credit, Income Support, Employment Support Allowance, Attendance Allowance, Disability Living Allowance, Personal Independence Payment). Your award letter from DWP or Job Centre Plus will show these details.
- Details of Private (Occupational) Pension
- Details of any other income
- Bank Statements
- Any other financial investment e.g. ISA, Premium Bonds, Shares etc
- Tenancy Agreement
- Council Tax bill
- Mortgage payment details
- Extra costs of disability

How much will I pay?

The amount we ask you to pay is based on your income and savings less allowances and disregards. We also make an allowance for disability related expenditure of which you may be required to provide proof such as receipts. These items are explained in more detail below.

The actual amount you will have to pay will depend on the amount of services you receive, but you will not be asked to pay more than the full cost of the service.

The Finance Officer will provide you with details of the financial assessment they complete and the amount you will be required to pay each week.

Income

The following income will be included in your financial assessment:

- all state benefits
- works / occupational pension
- tariff income on savings between £14,250 and £23,250
- any other income.

Savings

If you have savings that you hold jointly with your partner, we will assume you have equal shares.

Savings over £23,250 - you will be required to pay the rate set by the Council for the services you receive.
Savings between £14,250 and £23,250 - you will have to pay £1 a week for every £250 or part of £250 of your savings. This is called Tariff Income.

Example: If you have £15,000 savings, £14,250 is disregarded and tariff income of £3 per week is taken into account as income.

Tariff Income is meant to represent an amount that a person with savings over a certain limit should be able to contribute towards their care costs, not the interest earning capacity of those savings.

Savings under £14,250 – the amount you pay will depend on your financial assessment.

Will my home be taken into account?

The value of the house you live in will not be taken into account. However, if you own any other property or land this will be taken into account as savings.

What do we consider as allowances for living costs?

The Government determine the Minimum Income Guarantee (MIG) amount that someone should be left with to cover their living costs. These amounts are set out in the Care & Support (Charging & Assessment of Resources) Regulations.

Mortgage payments
Rent payments
Council Tax payments
Ground Rent
Service Charges (if part of a tenancy agreement)

What income do we disregard?

Disability Living Allowance / PIP (Mobility Component)
War Pensions
Earnings from Employment

What do we allow as disability related expenditure?

Disability related expenditure will be individually assessed. A fixed weekly amount will be used where possible. Evidence of expenditure may be required to verify that items claimed have actually been purchased.

The Finance Officer will provide further information on disability expenditure allowances.

Examples of disability related expenditure are listed below: This list is not exhaustive and you will have the opportunity to have further items taken into account.

Wheelchair (Manual/Powered) – If purchased privately
Stair lift – If purchased privately
Prescription Charges (If you are not eligible for free prescriptions)
Careline
Private Care Costs (providing it has been agreed by your Social Worker/Care Manager)
Heating Costs (in excess of Government guidelines depending on property type/occupancy)
Specialist Footwear
Basic Garden Maintenance
Basic Cleaning Services

Two Carers

Where a care package requires two personal care assistants, a charge will be made for both assistants.

Direct Payments

This charging policy will also apply to you if you choose to receive a Direct Payment. The amount you are assessed to pay will be deducted from your Direct Payment.

Meals and Transport

Charges for Day Centre meals and transport are flat rate charges and are in addition to your assessed weekly charge

What happens if my care package changes?

Depending on your care package and assessed charge, if there is a change in the services you receive, your charge may change and be adjusted accordingly.

What if the service is not provided?

You will not generally be charged for services that are not provided. However, we do expect you to inform your care provider in advance of planned absences such as holidays, days out, hospital appointments etc. so that we can cancel your service for that period. It is important that you let your care provider know so that you are not charged for cancelled services you have not received. If you do not notify your care provider and the Council incurs a cost as a result, then you may be charged for this.

What happens if my financial circumstances change?

If you have any change in financial circumstances e.g. your state benefits change or your savings increase above the capital limits you must notify the Assessments & Advice Team as soon as possible on (01744) 675359. Your financial assessment will be revised and you will be notified of any change in your weekly charge. You are entitled to request a review of your charge at any time.
Financial Re-Assessment

We will review your charge in April each year to take account of increases in benefits and private pension. If you are in receipt of State Benefits only, we will revise your charge automatically otherwise we will apply a percentage uplift.

What if I disagree with the assessed charge?

If you do not agree with the amount of charges you have been asked to pay, you can ask the Assessment & Advice Team to review your charge. You also have the right to complain through the People’s Services Department’s Complaints Procedure.

How will I pay my charges?

For a commissioned service, you will receive an invoice every four weeks in arrears. If you receive a direct payment you will have your charge deducted from this payment before it is made to you.

There are several methods of payment which are shown on the reverse side of the invoice.

If you would like to pay your charges by direct debit, you must wait until you have received your first invoice. You can then contact the Income Section on (01744) 675271 and arrangements will be made with you to pay by this method.

Debt Management

All arrears will be followed up promptly and sensitively, in accordance with Council debt recovery policy.

If you are having difficulty paying your charges it is important that you contact the Payments and Charges Team on 01744 674416 immediately to discuss your situation.

The use of the legal debt recovery process will be used as a last resort and may include court action.
### Contact Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Email/Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Enquiries</td>
<td>01744 676416</td>
<td><a href="mailto:customerfinance@sthelens.gov.uk">customerfinance@sthelens.gov.uk</a></td>
</tr>
<tr>
<td>St Helens Council Contact Centre</td>
<td>01744 676789</td>
<td><a href="http://www.sthelens.gov.uk">www.sthelens.gov.uk</a></td>
</tr>
<tr>
<td><a href="mailto:contactcentre@sthelens.gov.uk">www.contactcentre@sthelens.gov.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Pension Service / DWP</td>
<td>0845 606 0265</td>
<td><a href="http://www.gov.uk/contact-pension-service">www.gov.uk/contact-pension-service</a></td>
</tr>
<tr>
<td>(State Retirement Pension / Pension Credit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Disability Living Allowance / Attendance Allowance)</td>
<td>0345 605 6055</td>
<td></td>
</tr>
<tr>
<td>(Personal Independence Payments)</td>
<td>0345 850 3322</td>
<td></td>
</tr>
<tr>
<td>Citizens Advice Bureau (St Helens)</td>
<td>03448 269694</td>
<td><a href="http://www.sthelenscab.org.uk">www.sthelenscab.org.uk</a></td>
</tr>
<tr>
<td>St Helens Carers Centre</td>
<td>01744 675615</td>
<td><a href="http://www.sthelenscarers.org.uk">www.sthelenscarers.org.uk</a></td>
</tr>
<tr>
<td>DASH (Disability Advice and Information in St Helens)</td>
<td>01744 45053</td>
<td><a href="http://www.sthelensils.com">www.sthelensils.com</a></td>
</tr>
<tr>
<td>Age UK</td>
<td>0800 169 6565</td>
<td><a href="http://www.ageuk.org.uk">www.ageuk.org.uk</a></td>
</tr>
<tr>
<td>Independent Age</td>
<td>0800 319 6789</td>
<td><a href="http://www.independentage.org.uk">www.independentage.org.uk</a></td>
</tr>
<tr>
<td>First Stop</td>
<td>0800 377 7070</td>
<td><a href="http://www.firststopcareadvice.org.uk">www.firststopcareadvice.org.uk</a></td>
</tr>
</tbody>
</table>
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St Helens Health and Adult Social Care Overview and Scrutiny Panel

Winter Plan Briefing
Caroline Lees, Assistant Director, Urgent, Planned and Community Health, St Helens CCG
10th September 2018
Local context

- Southport
- CCG
- St Helens
- Warrington
- Aintree
- Halton
- Whiston
- Royal Liverpool
Lessons learnt – System

• Urgent Care Operational Group 12th April 2018

• Winter Debrief exercise reviewed 8 components
  – Staffing
  – Demand
  – ‘other’ planned resources
  – Initiatives
  – Pathways
  – Escalation
  – Communication

• Organisations:
  – STHK Trust
  – WHH
  – NWB
  – Community services (DNs, CMs, SPA, WIC/UCCs, IC)
  – LA, social care hospital and community teams, Care Homes and reablement
  – Primary care in and out of hours
  – North West Ambulance Service
  – Patient Transport Service
  – NHS 111
Lessons learnt – System

Staffing:

• Services felt prepared and planned against demand across the sectors
• Matron led safer staffing reviews
• Specialist staff to support escalation areas

Challenges:

• Stretched GP provision supporting multiple demands
• Sickness / Vacancies/ Annual leave management
• Agency issues
• Increase in acuity reduced resilience and capacity
• Staffing in care home and domiciliary care sectors / intermediate care varied across the patch
• Unforeseen demand e.g. Christmas Day
• Staffing escalation areas

This years actions:

• Explore opportunities for shared rotas for ED across community / Trust
• Alternative to agency – Direct recruitment e.g. GP in ED.
• Earlier booking of agency.
• Increasing recruitment ahead of winter (reablement / ED). 16 additional staff to date across St Helens & Halton
• A&E specialty in-reach is a job planned and resourced activity
• Bed occupancy planning (step up step down).
Demand:
- Higher attendances than previously known (e.g. 400+ at SHK), not foreseen
- Community v Trust pressures, e.g. IV (can limit in-reach potential for admissions avoidance)
- GP referrals
- PTS supporting more on the day referrals (needs planning for this year)
- Increase NWAS calls but less conveyance
- Decrease in 111 dispositions to ED (linked to CAS)
- Increase in demand for on the day discharges and larger % of urgent referrals
- High number of Flu cases
- Planned escalation not always enough to cope
- Good system effort around DTOC
- Increased acuity reported
- High demand for EMI care homes and POC

This years actions
- Increase AEC capacity Acute and Community – standard approach, IV (DVT and cellulitis pathway priorities, Flu/pneumonia/respiratory; UTI/dehydration)
- Front door streaming (ECIP) project
- PTS advanced planning in 18/19
- NWAS increase in clinical call handlers
- Paediatrics
- Capacity and Demand Review (Venn)
- Step up / down capacity (see plan)
- System review of EMI capacity
- End of Life and advanced care planning

Recommendations:
- Understanding 7 day service priorities / re-profiling rotas and service provision potential (UCOG project)
• **Initiatives:**
  – Ambulance Response Programme (ARP)
  – Primary Care Streaming in A&E
  – PTS
  – Admissions Avoidance Car
  – Additional Re-ablement supporting DTOCs/POC
  – MADE/SAFER Start
  – NWB – Clinical Bed Managers has improved discharge and flow
  – Winter Funding Initiatives (GP in WIC, Paeds, etc)
  – Community Response / Enhanced Care Home Service in-reach well received

• **This years actions /recommendations:**
  – ARP Improvement Plan in place
  – ED front door Streaming review led by ED Clinical Director
  – Admissions Avoidance Car – broaden reach?
  – Can we have Hub and Spoke Model around in-reach to support all areas?
  – Case Management of Care Home Admissions with MDT
  – ‘Step up’ capacity is a priority
  – ED in-reach resourced effectively
Lessons learnt – System

• **Pathways:**
  - Ultrasound Pathway works well
  - Children’s Croup PW at WIC
  - Direct Reablement Referrals worked well
  - Trusted Assessor Models
  - Good comms on discharge pathways
  - Good engagement from external partners
  - Early issues adjusting to IASH process

• **This years actions:**
  - Clear Communication of Pathway and service changes to internal / external teams
  - Ambulatory Emergency Care / Further work on Single Point of Access / Direct referrals where possible to avoid delays
  - Trusted Assessor Models – wider roll out underway
  - DTOC ongoing / stranded patients
Winter Planning Workshop (February 2018)

- Following questions were asked:
  - What went well?
  - What didn’t go well?
  - What could we implement next year?
  - An action plan was developed and themes identified to take forward improvements
  - The actions have been aligned to 10 Patient flows and ECIP Concordat workstreams
<table>
<thead>
<tr>
<th>No</th>
<th>Theme/Programme</th>
<th>10 Patient Flow Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Admission Avoidance</td>
<td>Admission, transfer, discharge</td>
</tr>
<tr>
<td>2</td>
<td>Bed Management - Outliers project</td>
<td>Specialities</td>
</tr>
<tr>
<td>3</td>
<td>Bed Management - Winter Plan</td>
<td>Emergency Departments/ Specialities</td>
</tr>
<tr>
<td>4</td>
<td>ECIP Concordat</td>
<td>Acute Medical Units, Ambulatory Emergency Care, Ambulance Handovers, Admission, transfer, discharge, Specialities, Emergency Departments, Primary Care Streaming, Frailty</td>
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<tr>
<td>5</td>
<td>Education and training</td>
<td>Specialities</td>
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<tr>
<td>6</td>
<td>Medway Developments</td>
<td>Emergency Departments</td>
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<td>7</td>
<td>Winter Plan - Safer start</td>
<td>Emergency Departments/ Specialities</td>
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<tr>
<td>8</td>
<td>Winter Plan - Elective Activity</td>
<td>Specialities</td>
</tr>
<tr>
<td>9</td>
<td>Workforce Planning - all year</td>
<td>Acute Medical Units, Ambulatory Emergency Care, Ambulance Handovers, Admission, transfer, discharge, Specialities, Emergency Departments, Primary Care Streaming, Frailty</td>
</tr>
<tr>
<td>10</td>
<td>Workforce Planning - Winter</td>
<td>Emergency Departments/ Specialities</td>
</tr>
<tr>
<td>11</td>
<td>Workforce Planning - Nursing new model of care</td>
<td>Specialities</td>
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<td>12</td>
<td>Emergency Planning</td>
<td>Emergency Departments/ Specialities</td>
</tr>
<tr>
<td>13</td>
<td>St Helens Cares Therapies Project (Urgent Care Workstream)</td>
<td>Specialities</td>
</tr>
<tr>
<td>14</td>
<td>Discharge Planning</td>
<td>Admission, transfer, discharge</td>
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</table>
## Logic model: Improving Patient Flow

<table>
<thead>
<tr>
<th>Patient Flow Improvement</th>
<th>ECIP Concordat Workstream</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impacts</th>
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<tbody>
<tr>
<td>Ambulance Handovers</td>
<td></td>
<td></td>
<td></td>
<td>Making things better for patients</td>
</tr>
<tr>
<td>Primary Care - Emergency Departments</td>
<td></td>
<td></td>
<td></td>
<td>Reduce delays in the NEL patient pathway</td>
</tr>
<tr>
<td>Ambulatory Emergency Care/ Acute Assessments</td>
<td></td>
<td></td>
<td></td>
<td>Improved 5 Star Patient Care</td>
</tr>
<tr>
<td>Specialities</td>
<td></td>
<td></td>
<td></td>
<td>95% of Patients transferred, discharged or admitted within 4hrs of arrival</td>
</tr>
<tr>
<td>Admission, Transfer, Discharge</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frailty</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mental Health</td>
<td></td>
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</tr>
</tbody>
</table>

### Outputs

- **1. ED Capacity and Demand**
  - Current Capacity and Demand Profile
  - Review of Streaming opportunities and redesign
  - Standardised Process for Fit to Sit ambulance arrivals

- **2. Increase AEC Opportunities**
  - Length of stay analysis by condition
  - Capacity and Demand analysis of resource within AEC
  - New model/pathway designed

- **3. Hospital Flow & Patient Pathways**
  - SAFER Care Bundle refreshed across all 14 medical wards
  - Board Round and Huddles in place
  - Visual Control (Red2Green) in place

- **4. Stranded Patient Process**
  - Review Team in place
  - Standard Operating procedure produced, tested and finalised
  - Programme of Stranded Patient Reviews rolled out

- **5. Clinical Criteria for Discharge**
  - Analysis of length of stay by speciality and condition

### Outcomes

- **All patients will be triaged within 15 minutes of arrival**
- **Patients seen by a clinical decision-maker within 60 minutes (1 hour) of arrival**
- **30% of the 'daily take' are sent to AEC**
- **100% patients sent to AEC will be medically assessed within 15 minutes of arrival**
- **100% patients sent to AEC will be medically assessed within 60**
- **Reduce medical outliers on surgical wards**
- **100% patients with Length of stay less than or equal to 48hrs on AMU**
- **Reduce average time to bed allocation**
- **Reduce average time of wait for patient to be moved**
- **Increase average daily discharges in total/ pre midday/pre 10am**
- **Achieve 92% bed occupancy**
- **Reduce % Delayed Transfers of care**
- **Reduce Number of Patients with average length of stay > 7 days**
Areas to address for urgent and emergency care: NHS England directives.

- **Realistic capacity planning (significant focus upon the Acute Sector)**
- **Reducing hospital length of stay and ‘super stranded’ patients, to reduce patient harm and bed occupancy**
  - The national ambition is to lower bed occupancy by reducing the number of long stay patients (and long stay bed days) in acute hospitals by 25%
  - Ensure delayed transfers of care are not more than 3.5%
  - Delivery a bed occupancy rate of 92%

- **Zero tolerance of minors breaches**
- **Managing Monday Surge (Acute Focus)**
- **Eliminating corridor care**
- **Timely ambulance handovers**
- **Continued focus on Urgent and Emergency Care transformation**
Winter plan 18/19

- Creating more capacity
  - Demand and capacity planning needs to have been conducted and tested before the end of October (Venn)
  - Commission additional home-care packages now to support ‘discharge to assess’
• Hospital Flow
  – Ensuring good practice in patient flow
  – Ensure ED has sufficient clinical input from surgical and clinical specialties
  – Refresh the SAFER Patient Flow Bundle on every ward.
  – Monitor and manage ‘stranded patients’
  – Monitor and manage occupancy levels
  – Use the trusted assessor guide
  – Safer Start Implementation
  – Flu Ward Rounds
• Workforce
  – Sufficient staffing resources in place to meet the increased demand during winter
  – Additional staffing to support acute care:
    • 2 ED Consultants
    • 3 AMU Consultants
    • Additional ED junior doctors
    • Additional ACPs
    • Additional ED Nursing staff
    • Additional Senior Registrar input into Paediatric ED overnight and plan to open additional Paediatric beds at peak times.
    • Front door streaming to primary care supported by primary care ANP 10am – 10pm.
    • Physician in-reach now within substantive job plans.
Local initiatives

- Admission Avoidance
  - Collaborating with ambulance services and primary care
  - Winter System-wide Communications
  - Focus on supporting care homes – New model of GP visiting wrapped around care homes
  - Urgent Care Treatment Centre (November) and Integrated Urgent Care model
  - Mental health core 24 in A&E
- Extended access in primary care from October
- Care pathway reviews supporting same day urgent care
- Additional community beds (transitional) collaborative project with Torus
- Ongoing locality working (MDT approach/ Risk stratification / Localarity pilots e.g. central locality
Winter plan 18/19
System Escalation

• Feedback from winter debrief:
  – Action Cards used not widely shared
  – Teleconferences helpful
  – Good collaborative working – stronger than ever
  – Felt Trust internal actions went well
  – Difficulties with borderline ambulance deflections when system under pressure
  – Daily Sitrep – what is value? requires additional staff to report

• This years actions:
  – More proactive approach – What will work?
  – September escalation workshop – test plan
  – Clear action focus from teleconferences
  – Data quality improvement

• The System:
  – More proactive borderline deflection management
Thank You

Questions?
1. **Purpose**

1.1 To present the results of consultation undertaken and for members to determine the scrutiny work programme for 2018/2019.

2. **Background**

2.1 It is important that Overview and Scrutiny adds value to the work of the Council and produces tangible outcomes for local people that result in real service improvements. Selecting the right topics is crucial to ensure that scrutiny will be effective. Setting the work programme for Scrutiny is an important stage in the Scrutiny process. An effective and well planned work programme will identify key topics that Scrutiny will consider over the coming year as well as providing a clear picture to the public of planned Scrutiny activity.

2.2 The work programme is developed taking into account:

- Corporate priorities and objectives as set out the Council’s Plan
- Partnerships strategic priorities and objectives
- The interests and concerns of Members, Council Officers, members of the public and other stakeholders such as community and voluntary groups and local businesses.

2.3 Scrutiny Panels are encouraged to review the work programme on a regular basis to ensure it remains relevant and to prioritise their workload.

2.4 **Key principles for setting the scrutiny work programme**

- Topics included in the work programme must add value to the work of the authority
- Where appropriate involve partners, stakeholders and the public
- Allow some flexibility to enable topics to be included as and when they arise
- Ensure that the work programme reflects the priorities of the Council as laid out in the Council’s Plan
- It should represent the views and concerns of the community
- It should reflect a realistic use of resources.

3. **Findings/Feedback**

3.1 During the past few months, the Scrutiny Team has invited stakeholders to suggest topics for inclusion on the work programme using the following methods:

- Consultation with Chief Officers and Cabinet Members.
- The Council’s Scrutiny Panels
- **Consultation with Partners**
- Correspondence to all Head Teachers
4.0 Proposed Work Programme 2018/19

4.1 When devising the work programme, the selection criteria below should be taken into account.

Criteria Checklist for Selecting Topics for Review

<table>
<thead>
<tr>
<th>Priority Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Council priority</td>
</tr>
<tr>
<td>• Issue that can make a demonstrable difference to the quality of life in St Helens</td>
</tr>
<tr>
<td>• Issue identified by Members as a key issue for public concern (through member surgeries and other contact with Constituents)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Criteria for selecting items</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Poor performing service (evidence from performance indicators/benchmarking)</td>
</tr>
<tr>
<td>• Service ranked as important by residents</td>
</tr>
<tr>
<td>• High level of user/general public dissatisfaction with service</td>
</tr>
<tr>
<td>• Public interest in local media</td>
</tr>
<tr>
<td>• High level of budgetary commitment to the service/policy area</td>
</tr>
<tr>
<td>• Pattern of budgetary overspends</td>
</tr>
<tr>
<td>• Central Government priority area</td>
</tr>
<tr>
<td>• Issues raised by External Audit management letters/External Audit reports</td>
</tr>
<tr>
<td>• New Government guidance or legislation</td>
</tr>
<tr>
<td>• Key reports or new evidence provided by external organisations on key issue</td>
</tr>
</tbody>
</table>

4.2 Members are asked to bear in mind the following constraints when finalising the work programme:

• The capacity of the Panels and the demands on Member/Officer time
• Have the right key issues been identified which will add value
• What are we seeking to achieve from reviewing a topic?

4.3 Scrutiny Panel Chairs have met with Chief Officers and Portfolio Holders to discuss and agree topic areas for the Scrutiny Work Programme for 2018/19:

4.4 The suggested programme of work is as follows:

<table>
<thead>
<tr>
<th>Panel</th>
<th>Suggested Area</th>
<th>Method</th>
<th>Timescales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Adult Social Care</td>
<td>Home care visits for elderly - is this service delivering the quality expected?</td>
<td>Presentation to Panel and Task and finish group</td>
<td>September 2018</td>
</tr>
<tr>
<td>Topic</td>
<td>Presentation to Panel and task and finish group</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>Direct Payments- Have we got the right checks and balances in place?</td>
<td>Presentation to Panel and task and finish group</td>
<td>September 2018</td>
<td></td>
</tr>
<tr>
<td>Impact of Charges – looking at the ASC&amp;H Charging policy</td>
<td>Presentation to Panel and Task and finish group</td>
<td>September 2018</td>
<td></td>
</tr>
<tr>
<td>Eastern Cancer Hub – possible joint working re re-design of services</td>
<td>Establish proposed footprint and formation of joint health scrutiny panel if necessary</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Availability</td>
<td>Presentation to Panel</td>
<td>September 2018 and March 2019</td>
<td></td>
</tr>
<tr>
<td>The impact of tolls for cancer patients accessing treatment at Clatterbridge.</td>
<td>Report to Panel</td>
<td>December 2018</td>
<td></td>
</tr>
<tr>
<td>Supported living people with learning difficulties – review of current model and develop a modernised approach.</td>
<td>Presentation to Panel and possible task group</td>
<td>December 2018</td>
<td></td>
</tr>
<tr>
<td>Care homes – what services they provide and how many care homes are gold standard / Monitoring of Standards</td>
<td>Presentation to Panel</td>
<td>December 2018</td>
<td></td>
</tr>
<tr>
<td>Delays in hospital discharges</td>
<td>Presentation to Panel and possible task group</td>
<td>December 2019</td>
<td></td>
</tr>
<tr>
<td>Minimum Alcohol Unit Pricing</td>
<td>Presentation to Panel</td>
<td>December 2018</td>
<td></td>
</tr>
<tr>
<td>GPs opening hours / Appointment Availability - have these delivered improved service</td>
<td>Presentation to Panel</td>
<td>March 2019</td>
<td></td>
</tr>
<tr>
<td>Supporting People including services provided to retirement villages</td>
<td>Presentation to Panel</td>
<td>March 2019</td>
<td></td>
</tr>
<tr>
<td>Day Care Provision for people with Dementia.</td>
<td>Presentation to Panel</td>
<td>March 2019</td>
<td></td>
</tr>
<tr>
<td>Communication at End of Life Care.</td>
<td>Presentation to Panel</td>
<td>March 2019</td>
<td></td>
</tr>
<tr>
<td>Increase in Fees at Care Homes.</td>
<td>Presentation to Panel</td>
<td>March 2019</td>
<td></td>
</tr>
</tbody>
</table>
5. **Conclusion**

5.1 The Panel are requested to discuss and prioritise the Scrutiny work programme for 2018/2019. A report outlining progress on the review topics will be submitted to the Commission on a quarterly basis.

5.2 It is important that the work programme allows sufficient space to accommodate one off reviews and any urgent topics that may arise during the year.

The contact officer for this report is Joanne Heron, Scrutiny Manager, Town Hall, Victoria Square, St Helens, WA10 1HP. Telephone 01744 676277.