

Appendix A – Financial Management of Care Provision Management Response

1.1a Agreed Outcome

I recommend that the Strategic Manager - Finance Strategy ensures there is sufficient contingency in place to manage the authorisation process, when care plans have not been entered onto the finance system or there are limited staffing resources in place to undertake checking. These could include, but are not limited to identifying agreed tolerances for validation of payments based on the backlog position – resource is lost in checking payments where the source data is not sufficient.

1.1a Management Response *[Target date September 2017]*

A restructure of all Adults Local Finance Teams is already underway which whilst resulting in a reduction in staff, is also focussing on a more consistent approach, recognising materiality and risk. Given the pressures across the care coordination teams, Finance teams' ability to fully validate invoices is impacted.

1.1a Audit Committee Update 21 September 2017

It is recognised that it is Finance's role to validate, and following the restructure of Finance local teams, implemented in the spring, we now have one dedicated Homecare team based in Shepton Mallet, covering the whole county. This now ensures a more consistent approach to supporting payment of homecare providers and in addition secures additional staffing contingency should it be required, in one office base with staff working collectively.

In addition to this, new style Homecare contracts have been implemented from 27 March 2017. These are a major departure from previous practice in that they ensure a consistent format of data, driven by the information the council requires from nominated strategic providers, as opposed to a more provider orientated (less consistent) approach to data provision. This has also led to a significantly reduced volume of invoices, reducing some of the administrative burden previously experienced. Note however there is a reducing legacy of clients receiving care from providers who have not entered into the new style Homecare contracts with SCC, and as such we are not able to apply this regime to those providers.

Software developers within SCC's ICT service are now undertaking an exercise to allow the new provider data to be uploaded automatically into AIS, the Adults case management system.

Given the backlog across care Coordination, finance staff are only able to validate what has been included by care Coordination, which currently has a backlog. This has been flagged with Care Coordination. The Business Support review currently underway has identified the need to increase the capacity of the Care Co-ordination team and the size of the team will approximately double by Christmas.

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1.1b Agreed Outcome

I recommend that the Finance Manager ensures that there is guidance detailing how invoices are authorised, what records should be retained of checks and queries raised and that this is adopted across Somerset. There should be consistency across all four regions to ensure the most efficient way of working is used that also allows for business continuity in the event of staff absence.

1.1b Management Response [*Target date September 2017*]

A restructure of all Adults Local Finance Teams is already underway which whilst resulting in a reduction in staff, is also focussing on a more consistent approach, recognising materiality and risk. Full guidance notes across all areas of service will run alongside this restructure.

1.1b Audit Committee Update 21 September 2017

The authorisation process of invoices follows SCC's adopted policy in Financial Regulations i.e. the two part approval process through SAP. Regarding the specifics of ASC Homecare invoices, the attached workflow diagram (*Appendix B*) details the required actions for approval, validation, retention of records and payment, implemented in June 2017 (updated 4 September 2017). The centralised function (see above) allows for greater cover, whilst recognising that the reduction in Finance capacity (in line with the whole county) needs to be understood.

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1.2a Agreed Outcome

I recommend that the Finance Manager works with key providers to ensure that there is a consistent invoicing format for all care provided, considerations to include:

- Clear payment periods
- Breakdown of care received per individual

1.2a Management Response [*Target date 27 March 2017*]

New contract for homecare will require a consistent format across all providers. Meetings are taking place with some providers to ensure understanding and delivery.

1.2a Audit Committee Update 21 September 2017

All providers covered by the new style Homecare Contracts (implemented 27 March 2017) are providing a consistent format of invoicing alongside pre-determined four-weekly payment periods. This includes a clear breakdown of care provided to clients per week.

This invoice format is compulsory within the new style Homecare contract, providers must adhere to.

We continue to work with Adults commissioners to ensure that adherence to these instructions is maintained.

1.3a Agreed Outcome

I recommend that the Finance Manager should monitor the volume of adjustments on periodic basis to ensure there is an ongoing review of the timeline of data input

1.3a Management Response [*Target date September 2017*]

Whilst the volume of adjustments is large, these are necessary to ensure accurate payments are made. A further audit review of the ISP interface is planned for Quarter 2 in the 2017/18 audit plan, any recommendations and proposed outcomes will be considered following this review

1.3a Audit Committee Update 21 September 2017

The further audit review is planned for Quarter 3 - 2017

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1.4a Agreed Outcome

I recommend that the Business Support Manager implements a quality control process within the Care Co-ordination team to monitor and improve the following:

- evidence of panel outcomes
- evidence of care orders
- timescales for processing care

1.4a Management Response [Target date May 2017]

Agreed

1.4a Audit Committee Update 21 September 2017

All panel outcomes are now recorded on a central spreadsheet. Where a package of care is approved by Panel the decision is recorded on AIS at the point that the package is sourced. At this point the care order is also indexed to AIS.

Care Orders form part of the suite of information that is required by Panel prior to a funding decision being made. Decisions will not be made by Panel without a care order being present.

Re 1.5a below, staff shortages within the Care Co-ordination team have meant there have sometimes been delays in care being sourced. The additional staff being allocated to the team will mean that these timescales will improve.

As part of the Adult Social Care restructure the management of the Care Co-ordination team now comes under the Service Manager for Quality and he will be working to implement a performance framework for the team which includes performance targets.

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1.4b Agreed Outcome

I recommend that the Business Support Manager ensures that Panel decision emails that contain personal information are not forwarded to Care Providers with the care orders.

1.4b Management Response [Target date May 2017]

Agreed, work is already being undertaken with the Policy Development Officer and Senior Care Coordinator to develop a policy for data sharing between providers.

1.4b Audit Committee Update 21 September 2017

This was an isolated incident and the Care Co-ordination team have been reminded that only Care Orders (Requests for Service for Reablement packages) are shared with providers. Until a package of care has actually been awarded to a provider (and the provider has agreed accept it) all client information remains confidential.

1.5a Agreed Outcome

I recommend that the Business Support Manager and Finance Manager ensure that a system of periodic quality checks is introduced to ensure that the accuracy of data entered into AIS is monitored. This could be on a sample basis and feed into the monthly performance targets.

1.5a Management Response [Target Date 31 May 2017]

Business Support Manager – Agreed to be delivered with recommendation 1.4a by 31 May 2017.

Finance Manager – Not agreed as there are insufficient resources to provide this function.

1.5a Audit Committee Update 21 September 2017

The Care Co-ordination team has suffered from staff shortages over the last 12 months due to sickness and departures. The available resource within the team has needed to focus on supporting the hospital interface service to ensure that care is sourced in a timely manner for patients being discharged from hospital.

The restructure of Business Support within Adult Social Care that is currently underway addresses the under resourcing of the Care Co-ordination team and will see a significant increase in the number of staff in

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the team. By December 2017 the team will have more than double the current number of staff and will be able to introduce the recommended data sampling systems.