

Department of Community Services

Financial Rules and Principles 2006/07

Instructions for Practitioners

Document Amendment Sheet

Updating of this document is the responsibility of
Assistant Director (Finance & Performance)

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When amending document any pages amended should show the relevant amendment number

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Introduction

These financial rules have been issued by the Assistant Director, finance and Performance for DACS to ensure staff in the Department manage resources effectively in 2006/2207.

It is essential that budget holders comply with financial regulations and advice to control income and expenditure within their area, and to monitor performance.

Budget holders are reminded that they should report on variances within their own areas and take any action necessary to avoid exceeding their allocation in liaison with line managers and finance staff.

Universal services need to be explored initially as alternatives to County Council funded care – see Appendix A.

Benefits need to be maximised. It is essential that financial information is captured at the point of decision making.

EXTERNAL HOME CARE, COMMUNITY SUPPORT, DIRECT PAYMENTS, RESIDENTIAL AND NURSING HOME CARE

1. Principles

- 1.1 To restore WCC's financial balance care packages must be reviewed, and reduced where possible in line with assessment guidance (see Appendix A) and statutory framework.
- 1.2 Service users who have income or capital above the current financial limits will be required to pay and we will maximise income for the Department in accordance with the charging policy. In addition, we will assist service users to maximise their receipt of welfare benefits.
- 1.3 To have minimal vacancies and voids in pre-paid contracted services i.e. guaranteed block beds and block domiciliary care and home support provision.
- 1.4 To reduce the number of spot purchased care packages.
- 1.5 To make effective use of brokerage services in making all placements or arrangements of packages of care.

2. General Rules

- 2.1 There must be clear evidence of initial exploration of universal services as these can sometimes meet critical and substantial needs that would then be deemed as not eligible for WCC commissioned support. Appendix B needs to be completed and presented to funding panels together with funding request forms.
- 2.2 Purchasing guidance must be adhered to.
- 2.3 All assessments and reviews of people with high and complex levels of need must always ensure consideration of eligibility for Continuing Health Care whether in a residential or nursing home or in their own homes. In these instances contact must be made with Continuing Health Care worker who can advise on submitting applications etc.
- 2.4 Remember to consider Independent Living Fund funding for those individuals who are under 66 years.
- 2.5 All service requests (new and changes for all types of service, internal and external) must go through a Funding Panel chaired by a District Director. Only applications will be considered by the Panel that are submitted on Appendix B.

- 2.6 Brokerage will be engaged at the earliest possible stage of identifying external provision. Care managers will not source this provision or negotiate prices.
- 2.7 High cost care packages must be reviewed regularly and all requests to increase a package above this (whether through internal or external providers) must be referred to District Directors.
- 2.8 The normal maximum limit for care will be 14 hours per week comprising 3 visits per day, i.e. 1 visit of 1 hour and 2 visits of ½ hour.
- 2.9 The net price of the care package must not exceed the net price of the most cost effective option to meet the identified needs
- 2.10 There may be rare occasions where this is not possible, in these circumstances a funding exception form (Appendix C) must be completed by the care manager and signed by a Team Manager and 2 District Directors.
- 2.11 Where contracts specify an upper limit of 15 minute visits before higher rates are applied, 15 minute visits will only be commissioned where the care package cannot be adjusted to allow for period of 30 minutes work.
- 2.12 All full cost payers will be given advice and information and encouraged to arrange their own care, other than in exceptional circumstances, as outlined in the purchasing guidance
- 2.13 WCC will not fund residential or non residential services for which the person may be eligible for NHS funded continuing care.

3. Section 28A

- 3.1 Ongoing reviews will be undertaken to reduce commitment.
- 3.2 No new agreements or contracts (including Individual Purchasing Agreements) will be negotiated without the prior written agreement to the business case by the Assistant Director, Finance and Performance.
- 3.3 No inflationary uplift will be awarded to any services funded through section 28a agreements without the authorisation of the relevant Primary Care Trust and confirmation in the Section 28a agreement.

4. Transport

- 4.1 No one may procure transport services through any route other than through the Council's Passenger Transport Unit. All transport requests must be considered against the eligibility criteria and be processed through the appropriate funding panel.

5. Staffing

- 5.1 In view of the Department's current financial position, when a permanent or temporary vacancy arises, there is no automatic authority to replace the individual that leaves unless specifically approved by the appropriate District Director or Assistant Director. This rule also applies to long term absence including absence for training purposes.
- 5.2 The same restrictions will apply to the use of agency, temporary and consultancy staff. There is currently no implied authority for anyone to use agency or temporary staff or use consultants unless this has been specifically approved.
- 5.3 Requests for paid overtime should be directed to the relevant District or Assistant Director and will only be agreed where it is the only means of sustaining minimum staffing levels required to meet CSCI registration.

6. Equipment Budgets

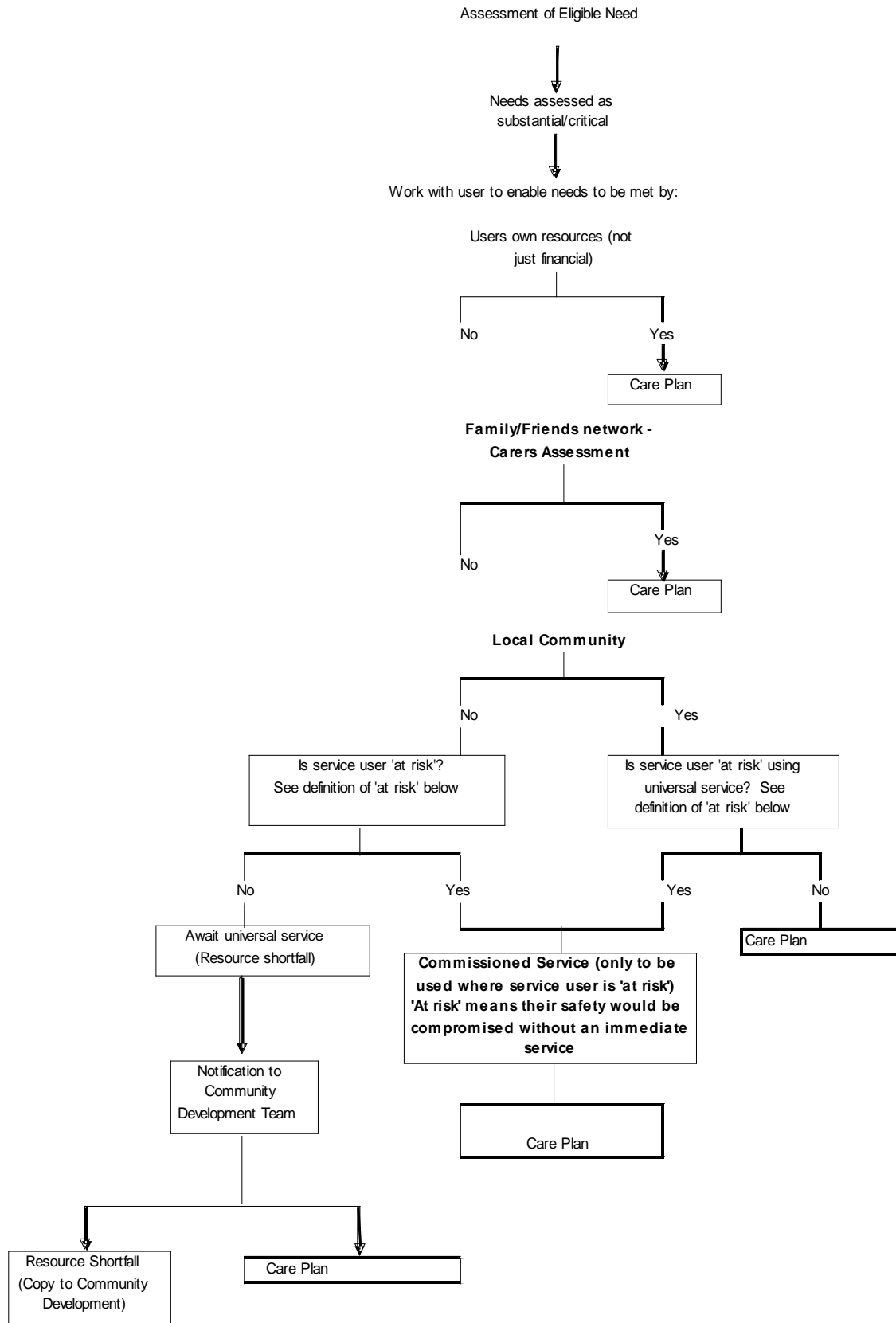
- 6.1 This relates to the assistive equipment provided by Medequip. Requests should only be made for standard catalogue equipment items to maximise the value for money benefits of bulk purchase. Where a "special" order is proposed (i.e. not from the standard catalogue) this will only be approved after review by the Funding Panel who will confirm that a standard piece of equipment will not meet the needs of the service user.
- 6.2 The provision of a same day, next day or out of hours delivery service is expensive and should be avoided wherever possible. If it cannot be avoided, the reasons for this should be documented on file and will be subject to scrutiny by District Directors.

7. Community Meals

- 7.1 Wherever possible, consideration should be given to restoring or developing the service user's ability to provide meals for themselves. Reliance on the Council's contracted service with Sodexo should not be seen as the first option. Prior to referring a service user to Sodexo, the decision to provide a contracted service should be made by the funding panel. Consideration should be given to the provision of the frozen meals service provided by Sodexo. The provision of a weekend hot meals service should be avoided wherever possible as the costs are significantly service provided by Sodexo. The provision of a weekend hot meals service should be avoided wherever possible as the costs are significantly higher

APPENDIX A – Flowchart

Working with people to ensure assessed needs are met



Appendix 1a

BENCHMARKS 06/07	
Older People	Net
Residential Care	£270
Residential care – EMI	£362
Nursing care	£337
Physical impairment	
Residential Care	To be advised
Nursing Care	To be advised
Learning Disabilities	
Residential Care	To be advised
Nursing Care	To be advised
Mental Health	
Adults under 65 – long term	To be advised
Adults under 65 – rehabilitation	To be advised
Drug and Alcohol	
Rehabilitation	To be advised

Appendix B

FUNDING APPLICATION

NAME OF CLIENT:

CARE FIRST NUMBER:

LOCALITY:

DATE OF PANEL SUBMISSION:

ELIGIBILITY CRITERIA

Tick as appropriate

- | | | |
|--------------------------|--------------------|--|
| <input type="checkbox"/> | CRITICAL | Risk of major harm or danger, or major risk to independence, now or in the next few days |
| <input type="checkbox"/> | SUBSTANTIAL | Risk of significant impairment to health and wellbeing, or significant risk to independence, now or in the next three months |

Remember: All applications must have been subject to the new flow chart (Appendix A) to determine provision of service:

1. Has the user been asked if they can use their own resources (not just financial) as an alternative to meeting the need? Yes

Evidence:

2. Can the user's family / friends offer an alternative to meet the need? Yes

Evidence:

3. Are any resources available in the community that could meet the need? Yes

Evidence:

RISK IDENTIFIED IF COMMISSIONED SERVICE IS NOT PROVIDED (please detail)

ADDITIONAL INFORMATION

Please attach:

- Client summary
- Statement of needs
- Care Plan
- Risk assessment if applicable
- Completed Appendix B

NAME OF CARE MANAGER:

APPENDIX C

EXCEPTION FUNDING REQUEST FORM

(to be used to seek authorisation to fund a domiciliary care package in excess of the benchmark figures identified in “Financial Rules and Principles: Instructions for Practitioners page 2).

CLIENT NAME:

DATE OF BIRTH:

CARE FIRST NUMBER:

SUMMARY AND DATE OF REQUEST:

DURATION OF PACKAGE REQUESTED:

TOTAL NET COST OF PACKAGE PER WEEK:

**TOTAL NET COST OF ALTERNATIVE
MOST COST EFFECTIVE OPTION PER WEEK:**

CARE MANAGER AND TEAM:

TEAM MANAGER:

DISTRICT DIRECTOR (1):

DISTRICT DIRECTOR (2):

REASONS FOR REFUSAL