Your Choice

Outcome-Focussed Care and Support at Home Policy

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| 1. **Introduction**
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This policy sets out the responsibilities of the Vale of Glamorgan Council concerning the Care and Support planning and commissioning of outcome-focussed Care and Support at Home, known as **Your Choice**.

This policy **must** always be read in conjunction with the Social Services and Well-being (Wales) Act 2014 associated Regulations and Codes of Practice and the Mental Capacity Act 2005.

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| 1. **Legislative Context – Summary**
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The Social Services and Well-being (Wales) Act 2014 (henceforth ‘the Act’) is the legal framework that brings together and modernises social services law in Wales.

This policy and its underlying procedures are written with particular reference to the following documents, which, in addition to the Act itself, should be the principle points of reference for those in need of further information:

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| The Act:  | [The Social Services and Well-being (Wales) Act 2014](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf) |
| Regulations: | [The Care and Support (Assessment) (Wales) 2015](http://www.legislation.gov.uk/wsi/2015/1305/pdfs/wsi_20151305_mi.pdf)[The Care and Support (Eligibility) (Wales) Regulations 2015](http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwj57KKtgLjSAhUEJsAKHRcxDAYQFgggMAE&url=http%3A%2F%2Fwww.assembly.wales%2Flaid%2520documents%2Fsub-ld10198%2Fsub-ld10198-e.pdf&usg=AFQjCNH192q_S650TYxtSYBKdt5NNe0fMg)http://www.legislation.gov.uk/wsi/2015/1335/pdfs/wsi\_20151335\_mi.pdf |
| Codes of Practice: | [Part 3 Code of Practice (Assessing the Needs of Individuals)](http://gov.wales/docs/dhss/publications/151218part3en.pdf)The regulations and statutory code of practice in relation to Part 3 provide clarity and direction on sections 19, 21 and 24 of the Act. |
| [Part 4 Code of Practice (Meeting needs)](http://gov.wales/docs/phhs/publications/160106pt4en.pdf)The regulations and statutory code of practice in relation to Part 4 provide clarity and direction on section 32 of the Act. |
| [National Assessment and Eligibility Tool](https://socialcare.wales/hub/sswbact-assessment-tool) |
| Other legislation & Guidance: | [Mental Capacity Act 2005](http://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance)Care and Support at Home: A five-year strategy 2017-2022 |

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| 1. **Principles and Procedure**
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The Vale of Glamorgan Council, Adult Services is committed to working alongside people to retain their strong voice and real control over the support they need to remove barriers to their wellbeing and independence. This policy outlines how the assessment, care planning and commissioning processes will support individuals to manage their care and support to achieve their personal outcomes.

**A Collaborative Tripartite Approach**

The Act places a responsibility on Local Authorities to work in partnership with citizens and/or their representative to identify their eligible needs together and then to plan and meet their needs in a manner that matters to them.

This policy promotes better integration, and improved collaboration, between social workers, domiciliary care agencies and citizens to inform a collaborative tripartite approach that promotes an individuals’ independence and ensures they have a strong voice and control over their care and support.

This approach is informed by the understanding that by sharing the responsibility for the planning and the directing of care and support at home, individuals will have their needs met in a manner that matters to them leading to improved wellbeing and quality of life.

**Assessment**

The Code of Practice (Part 3)[Para 63 & Annex 1] states that an assessment is a comprehensive analysis of five inter-related elements that ensures a local authority considers the person’s circumstances in the round, namely:

* assess and have regard to the person’s circumstances.
* have regard to their personal outcomes.
* assess and have regard to any barriers to achieving those outcomes.
* assess and have regard to any risks to the person or to other persons if those outcomes are not achieved: and
* assess and have regard to the person’s strengths and capabilities

Your Choice is available to everyone with eligible needs for care and support at home.

**Care and Support Planning**

In circumstances where the assessment finds that the person’s needs can only be met through Care and Support at home, a Care and Support Plan **must** be started for completion/agreement at the **Your Choice Three-way Introduction** and subsequent **Your Choice Reviews**.

The Care and Support Plan **must** identify:

* The needs and barriers that the person cannot meet or overcome without care and support
* The personal outcomes the person wishes to achieve
* The ‘bundle’ of care and support at home hours that will be required to meet the person’s needs and overcome the barriers so that they can achieve their personal outcomes.

It is noted that a care timetable is **not** required.

The ‘bundle of care hours’ will be defined as a weekly block of hours that the social worker has determined will be required to meet the person’s needs, based upon their assessment which has been undertaken through discussion with the person and/or their representative.

This policy deliberately moves the commissioning of care at home from a timetabled approach toward a flexible outcome focussed approach to meet eligible needs and overcome barriers that can only be achieved through Care and Support at Home.

**Commissioning/Brokerage**

The Assessment and the Care and Support Plan informs a Your Choice Service Request Form which outlines the person’s:

* Needs and barriers
* Personal Outcomes
* ‘Your Choice’ bundle of care at home hours.

Once authorised by the appropriate delegated manager, the Service Request Form is used to broker a domiciliary care agency.

**The ‘Your Choice Three-Way Introduction’**

Upon the identification of a domiciliary care agency, the social worker **must** coordinate a **‘Your Choice** **Three-Way Introduction’** with the person and/or their representative, the care agency and themselves. This introduction should take place face to face where possible, or over a telephone or a video call within the first 2 weeks of the care at home starting.

The purpose of the meeting/discussion is to:

* Introduce all parties
* Co-productively complete the Care and Support Plan
* Co-produce a flexible ‘Your Choice Personal Plan’

The development and agreement of an outcome focussed Care and Support Plan is critical to the success of a person’s Your Choice Care and Support at Home, as it will normally remain unchanged for the duration of the 13-week review period and possibly until the annual review. It is therefore imperative that the Care and Support Plan describes high level outcomes not restrictive care tasks to enable flexibility in the personal plan. It is then for the person in negotiation with the care-worker to decide how the outcomes are met on a day to day or week to week basis through their Your Choice Personal Plan that can be adapted as required.

Some possible examples of personal outcomes are in bold below with the corresponding Personal Plan response:

**I wish to get out of the house more this summer as this will improve my wellbeing.**

Care-worker will support Mrs Jones to sit in the back garden during an extended house call.

Care-worker will support Mr Evans to visit Starbucks as he has never been there.

Care-worker will help Miss Thomas to get dressed in smart attire so her daughter can take her to Marks and Spencer’s.

**I’d like to choose my own clothes as this will give me dignity and confidence.**

Care-worker will assist Mrs Jones to purchase a new coat on Amazon so she can sit outside and be warm.

Care-worker will assist Mr Evans to visit Slaters to buy a new suit before his visit to Starbucks.

Care-worker will help Miss Thomas to organise all of her clothes that she has not been able to access, so she can choose what to wear for her visit to Marks and Spencer’s.

**Your Choice Care at Home**

The Your Choice Personal Plan will identify how the bundle of hours will be used to meet the needs and personal outcomes as determined by the person making the choices in consultation with the care agency. The Your Choice Personal Plan, is designed to be flexible to meet the day to day needs and wishes of the person. This may mean that the care hours may change from week to week, without the need for ‘sign off’ by a social worker as long as the changes relate to the Care and Support Plan and do not exceed +/- 8% of the total hours each week for the 13-week period.

The 8% flexibility is to enable the Your Choice Care at home to adapt to the aspirations and personal outcomes of the individual and is not designed to make up for changes in the person’s needs or circumstances. In this way, it is expected that the 8% flexibility will most likely even itself out over the 13-week period. In practice, an individual may negotiate the banking of hours for use later in the 13-week period or the use of additional hours early on in the period on the condition that hours will be ‘paid back’ where possible during the 13 week period. Any change to the care plan outside of the 8% allowance will need to be referred to the allocated social worker or forwarded for a review. Providers are expected to monitor the banking of hours to ensure this does not exceed the maximum of 8%.

**Your Choice Conversation and Care at Home**

Your Choice Care at Home requires a different conversation which starts during an outcome focused and strength-based assessment and through the Your Choice Introduction Meeting and then throughout the Your Choice Care and Support at Home.

This new conversation requires an equal relationship between the person and their care-worker. People are encouraged to take control over the day to day running of their care in negotiation with the care-worker and the care agency within the remit of the Care & Support Plan. The care-worker will be able to support the person to undertake any activities that are supported by the Care and Support Plan and are adequately risk assessed, and are achievable by the care agency.

If, during the course of the Your Choice conversation, a person identifies a personal outcome that sits outside of the current Care and Support Plan, this can be discussed at the next 13 week ‘Table Top’ monitoring meeting where the person’s care and support can be put forward for review. Outcomes that are not eligible for Care and Support cannot be considered as part of Your Choice Care at Home.

**Table Top Monitoring**

Each domiciliary care agency in the Vale of Glamorgan will be allocated a ‘Your Choice Monitoring Officer’ to undertake table top monitoring. This does not replace the annual review.

The Your Choice Personal Plan and personal outcomes achieved **must** be reviewed in conjunction with the Care and Support Plan at a Table Top monitoring meeting in the 4 weeks following the 13 week reconciliation period, irrespective of when care started. Providers must submit the reconciliation spreadsheet to the Your Choice Officer within 2 weeks after the period finishes. Any payments/recharges within the 8% variance or where the charge/repayment does not relate to a sustained change in need/circumstance can be authorised by the Your Choice Monitoring Officer at this point.

If a person requires sustained care and support outside of the 8%, the Your Choice provider must report the change in need immediately to Intake and Assessment Team at Contact 1 Vale on 01446 700111 or an allocated social worker for a review of the person’s care needs.

An annual review of the Care and Support Plan will take place as set out in the Social Services and Wellbeing (Wales) Act 2014 Part 4 Code of Practice (Meeting Needs) during the **Your Choice Three-way Review**.

The Vale of Glamorgan Council will undertake spot checks with people having Your Choice care and support at home or their representative to match up the total number of hours of care they receive with the reconciliation spreadsheet, the format of which will be provided by the Council. Any anomalies will be brought to the attention of the care agency for discussion.

**Reconciliation**

Your Choice Care at Home is organised across a 13 week timeframe. At the end of each 13 week period, the care provider will complete the spreadsheet of actual weekly total hours provided matched against the ‘bundle’ of hours defined in the persons Care and Support Plan. This will form the basis of the Your Choice Table Top Monitoring.

Any difference in hours owed to the provider will be paid through BACS. Any monies owed to the Council will be repaid via invoice .

**Charging**

The assessed charge for domiciliary care will be made upon the standard bundle of hours. In cases where an individual has not used their total hours by the end of the 13 week period, any overpayments made will be recharged back to the service user at the end of each 13 week reconciliation period.

At times where no care has been provided in a financial week, the care agency will not bill the local authority for any care and the individual will not be charged.

**Blended Rate**

Your Choice Care and Support at Home is not timetabled and aims to provide for flexible outcome focussed care. Therefore there is no distinction of hourly or part hourly rates; bank holidays, weekends or night-time rates. Instead Your Choice Care at Home will use a blended rate which takes into account the different rates to enable Your Choice Care at Home providers to provide outcome focussed flexible care.

The blended rate is reviewed every April as a part of the annual budget setting process.

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| 1. **Summary of Key Duties and Requirements**
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* **Duty to Assess** -The local authority has duty to assess an individual’s need for care and support, where it appears that the individual may have needs for care and support and are ordinarily resident in the area. This right is applicable regardless of their level of need or of their financial resources.
* **Carers** - Carers have the same rights to assessments as those that they care for, where it appears to the local authority that they may have a need for support..
* **Partnership Approach to Assessment** - The assessment must be completed in partnership with the individual to build a better understanding of their situation, to identify what matters to them and the personal outcomes they wish to achieve. Together we will identify what contribution the individual and their family or the wider community can make to achieve those outcomes and, agree solutions that are in the best interests of the individual and their family, to establish a plan for how they will achieve their personal outcomes.
* **National Assessment and Eligibility Tool** - The assessment must be completed in line with the requirements of the national assessment and eligibility tool which comprises the national minimum core data set and an analysis structured around the 5 elements of assessment:
	+ Personal circumstances
	+ Personal outcomes
	+ Barriers to achieving those personal outcomes
	+ Risks to the individual or others if those outcomes are not achieved
	+ Personal strengths and capabilities
* **Safeguarding** - Where the assessment produces reasonable cause to suspect that an adult is experiencing or is at risk of abuse or neglect, we will make whatever enquiries necessary in order to decide if any action should be taken. Practitioners must be alert to any risk or harm to the individual or to others and act immediately and without delay (see Safeguarding Policy).
* **National Eligibility Criteria** - The Care and Support (Eligibility) (Wales) Regulations 2015 sets out national eligibility criteria for care and support. We havea duty to determine whether any assessed needs meet the eligibility criteria and what could be done to meet those needs.
* **Determination of Eligibility** - The assessment process will determine if:
	+ an individual has eligible needs which can only be met through the provision of care and support,
	+ an individual it not able to meet that need whether alone, with the care and support of others who are **willing** to provide that care and support (i.e. family friends, or a carer), through community services which are accessible to them or, by any other means.
	+ an individual is unlikely to achieve one or more of their personal outcomes unless the local authority provide or arrange care and support to meet the need or enables the need to be met by making direct payments (see Direct Payments policy).

The eligibility status is conferred on the individual need not on the person. An individual may have some of their care and support needs deemed as eligible and not others. An individual’s changing circumstances can affect eligibility at any time.

* **Automatic Requirement to Meet Needs** An individual has an automatic right to eligibility if they are at risk of abuse or neglect.
* **Personal Outcomes** - We must record how an individual’s personal outcomes will be achieved, whether through the provision of care and support, through community based or preventative services, through the provision of information, advice and assistance or by any other means.
* **Care and Support Plan (or Support Plan for Carers)** - If the assessment has established that an individual has needs that are eligible for care and support, we will deliver and maintain a care and support plan (or a support plan for carers). We will develop the plan in partnership with the individual to achieve their identified personal outcomes and, to meet their needs (see Care and Support, Planning and Review policy).

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| 1. **Putting Policy into Practice Flowchart**
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**Assessment**

Established need for Care @ Home

**Your Choice Review**

Re-establish need for Care @ Home

Agree Care Bundle (e.g.20hours pw)

Initiate Outcome Focussed Care & Support Plan

Authorised Your choice Service Request

**Brokerage**

Identify Care Agency to provide Care Bundle

**Financial Assessment**

**‘Your Choice Introduction’**

Finalise Care & Support Plan

Develop Your Choice Personal Plan

**Change in need more than 8%**

**13 week Table Top Monitoring**

**Annual Review**

**Reconciliation**

13 week reconciliation (+-8%)

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| 1. **Policy Approval and Review**
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| Policy Approved By: |  |
| Date Approved: |  |
| Review Frequency: | Annually |
| Date Policy To Be Reviewed: |  |
| Responsible Officer(s): |  |