

I'd like to thank WAVOCC members for putting forward their questions – the national and local drive towards personalisation is challenging for us all, so this is a really practical way of trying to share concerns and information. I have tried to answer your questions as openly and comprehensively as possible, but I'm sure there are areas where I've focused too much on one area and not enough on another – please feel free to contact me directly and I'll do my best to fill in any gaps.

Finally, any discussion about the Choice and Control programme comes with a health warning; this is work in progress and there will be u-turns, mistakes and lots of revisions as we all learn how to make personalisation work for everyone in Worcestershire. We are committed to sharing information as widely as possible as it becomes available, so I look forward to seeing you at the next round of provider workshops being arranged over the summer

Q: When will providers have information regarding the amounts that people will be given to purchase day opportunities, specialist services, support workers etc? We have no idea what these figures are likely to be, how are we expected to plan future services with no budget information?"

A: Before providers panic too much about personalisation at this early stage, it is important to remember that for the next two or three years they are unlikely to feel too much upheaval, and that change will continue to be incremental for some time after that. The vast majority of adult care and support services in Worcestershire will continue to be commissioned and purchased as they are now – via contract, either as blocks or on a place-by-place basis. Providers will therefore be able to plan their business in much the same way as they do now.

However, over time, we expect to see a growing number of people opting for what is termed 'self-directed support', purchasing their own services using a budget given to them for that purpose by the County Council. Around 2.5% of our service users were taking this option in 2008 and we expect to see the number increase to 20% by 2011. Because this model is self-directed, it will have to function differently from the current resource-driven care market – individual customers with varying levels of funding and varied requirements will approach providers.

Because these approaches will only be a small percentage of business, providers will have a long period of time to develop new cost structures, marketing plans and sale processes to meet the demands of a changing care and support economy. It is unlikely that the Local Authority will be issuing information about funding levels for specific service types, as individual allocations will vary hugely, as will the things they wish to spend those resources on. As challenging as it feels now, care and support providers have got to adapt to more commercial models – if you offer a good product, understand your market - be it in the premium or economy sector, cost it keenly and market it well, people should be attracted to purchase...

At the same time, we expect to see a further group of people opting for greater self-direction but wanting the Local Authority to provide varying levels of support around purchasing services. We plan to do much of this work via our new Brokerage Team, with the result that providers will still be approached to provide blocks of services under contract, albeit often to meet specific aims or outcomes.

Lastly, our projections at the moment indicate that around 50% of people will continue to seek traditionally purchased services for the next few years. Whilst we expect to see this percentage diminish over time as more and more people see the improved outcomes they can achieve through more flexible service models, the level of traditional provision remains a significant safety buffer for the provider sector as they learn to operate in a new market place.

Q: The PCT's new 'Draft Investing in Health for Worcestershire - A five year draft strategy: 2008 -2013' states in their vision that they wish to 'Commission care promptly,

as close to home as possible by appropriately trained professionals. In this respect, how will the Choice and Control team ensure that they marry their activity and commissioning with the vision of the PCT? For example, how can you stop providers from outside the county targeting areas with an urban population – giving a service level skew to those areas which are likely to become most profitable? The potential result being an unlikelihood of rural service users being able to ‘commission care ... as close to home as possible’.

A: The commissioning activity of both the Local Authority and the Primary Care Trust has been increasingly aligned over the last few years. This alignment has now become more substantial with the creation (along with significant expectations and investment) of a shared Joint Commissioning Unit as a new shared service on the 1st of April this year. This means that all appropriate health and social care commissioning activity – including the place shaping and market development supporting the implementation of Choice & Control, will have to achieve shared aims and objectives, one of which is the to support and strengthen diverse local communities in Worcestershire through the provision of a range of local services.

Delivery of any services in a very rural County such as Worcestershire is a perennial challenge – of course ‘savvy’ providers from inside and outside Worcestershire will prefer to deliver services in localities where staff are plentiful, travel is minimal, productivity is maximised and profit margins are better! It takes constant commissioning intervention to ensure that the additional cost and complexity of delivering rural services is recognised and resources made available to make such services a reality.

I think that one of the attractions of a self-directed model of provision is that customers have a louder voice through their increased economic muscle, meaning that commissioners will have to respond to requests for local services. However, we need to look at the increasing range of community-focused and poly-services ideas being trialed all over the UK – it seems to me that, even in the current stressed economy, we can use our imagination and resources more creatively – look at the ‘post office in the pub’ principle in terms of health and care services or the combining of specialist services with universal services, e.g. the Library van delivering prescriptions in rural areas etc.

Q: What mechanisms will be in place for vetting people who provide care if not a family member?

A: Enabling people to be safe whilst enabling them to have the greatest possible personal choice and control is one of the perennial challenges of personalisation. It is important to remember that risk exists in all walks of life and we all make judgements about the level of risk we find acceptable in our daily lives.

The social care professionals supporting people to develop self-directed support packages will be working hard to ensure that people using services are empowered to take reasonable steps to minimise risk in their new support arrangements. This will include training in recruiting and interviewing potential support staff, requesting and taking up references, using reputable agencies, making CRB checks etc, being aware of acceptable practices, knowing how and where to report anything they find unacceptable – much the same processes as the County Council and other organisations use.

However, difficult as it can be to accept or discuss, receiving care and support from a family member is not always free of risk from physical, emotional or financial abuse. It is important that people wishing to manage their own support arrangements are aware of and able to manage risk in ALL circumstances.

Q: What monitoring and support and what systems for measuring risk will be available?

A: The County Council already has a wide range of measures in place to ensure that people using adult health and care services (and their families, carers etc) are subject only to an acceptable level of risk. These measures are set out in the Council's Adult Safeguarding Framework, with a similarly detailed process for safeguarding children and young people.

The identification and mitigation of risk is a key part of the Choice and Control programme, starting with the self assessment process and continuing through professional assessment, support planning and review. Our aim is to enable people to have the maximum amount of choice and control that is appropriate and acceptable at any given time. Often the views of the people concerned – client, social worker, carer etc – will differ on the level of acceptable risk. Where agreement cannot be reached, the decision on risk acceptance lies with the statutory authority, i.e. the Council may opt to offer a lesser degree of choice and control until a particular type of risk can be mitigated or removed.

We are constantly reviewing and improving our safeguarding practice, particularly as it applies to personalisation. We are currently developing a new risk acceptance model to support individual budget holders, social care professionals, providers and carers to identify risks and make effective judgments about the acceptability of that risk in any particular circumstances.

Q: How will the service user pay the money over to the person providing care (as cheques are being phased out)? How would people who cannot handle cash be dealt with?

A: We are considering a whole range of mechanisms to enable people to manage in a new care economy. The management of personal finances is not a new concept to the vast majority of people using adult health and social care services – most people manage their own salaries, state benefits, personal pensions etc without our intervention and will easily adapt to managing their individual social care budget perfectly competently alongside these. Other Local Authorities have developed useful processes and ideas to enable people to buy support without resorting to all of the risks of a cash economy. This includes measures such as 'controlled' credit / payment cards, systems such as 'Shop4Support' which operate in a similar way to PayPal, and the setting up of standing orders etc from dedicated bank accounts.

Where people have particular challenges around safely managing their money, there are a number of options. For instance, if the challenges are straightforward physical difficulties or access issues, one of the above options might provide a safe and effective solution, e.g. by using an accessible computer to manage money and make payments to a carer online. However, if the risk is that someone is unable to manage their money themselves or that they may be vulnerable when doing so, there are other options such as their money being managed on their behalf by their agent (a member of their circle of support, such as a family member etc) or that they have a more traditional model of support directly purchased by the Local Authority.

Q: How will people with obsessive-compulsive disorder be assisted; e.g. in some patients compulsive spending goes un-noticed now

A: Everyone going through the Choice and Control process will participate in a detailed assessment process, including an opportunity to present their own needs in a self-assessment and to engage in a professional care assessment with a Social Worker, Occupational Therapist, and Community Psychiatric Nurse etc. Some people will present a clear financial risk because of their behavior, diagnosis, vulnerability etc – including people with conditions such as OCD with a history of compulsive spending.

Where there is no-one to provide structured support to enable them to have a self-directed support package involving a Direct Payment, it is likely that a more traditional care package will be put in place. Our aim is to always try and maintain a balance between offering the highest

level of choice and control that an individual client can manage, and ensuring that they are not subject to an unacceptable level of risk to themselves or others.

Q: What will be done to prevent patients dropping out of the service because they don't want to use the Choice and Control?

A: Inevitably there will be people who choose Choice and Control but subsequently find they don't like or can't manage self-directed support. Everyone will have a regular service review to see if their current support plan is working and whether they are satisfied with the outcomes they are achieving or working towards. The great thing about self-directed support is that there are always more options for achieving personal objectives or solving particular problems.

However, if the problems can't be resolved alongside their 'Care Navigator' / Social Worker and someone really wants to stop being completely in control, they will always have the option of more traditional LA-managed care and support options. Clearly these options are going to limit choice as well but the County Council is striving to achieve the same high standards and outcomes in block purchased and brokered services as in the services people buy for themselves.

Q: What happens if you decide not to go along the Choice and Control path? Does your service, or its quality, alter?

A: At the moment, Choice and Control is at its earliest stages with a very controlled start-up. People can choose to opt into it at the moment and by doing so, have the opportunity to develop a range of partially or completely self-directed care and support options. Those people who choose not to go into Choice and Control at this time will simply experience adult social care in its current form – no different to the way it was before Choice and Control came into operational being on the 6th of April this year.

However it is important to remember that the idea of opting out is only a temporary measure until Choice and Control becomes the normal day-to-day process. Eventually – and it will take at least two years to get to this point – all new and exist clients will subject to at least some element of personalisation. Each 'customer' of the County Councils adult care services will have had an opportunity to complete a self assessment as part of their overall assessment and will know what their individual social care budget is, e.g. the amount of money the Council has allocated to enable them to meet their needs.

If someone then chooses not to opt for (or is assessed as being inappropriate for) complete self-directed support, including a direct payment, they will still be able to choose partially supported options or even traditional WCC-purchased and managed services. As above, the only difference is that, whilst overall quality will remain as high, the choice of services and flexibility in achieving outcomes will be much more limited.

Q: What will happen to an existing service if the majority of its users choose not to use it anymore? If there are insufficient numbers of users wanting to continue accessing the service such that it becomes financially unviable, how will the Council ensure the minority don't lose their choice of continuing to use it?

A: This is a difficult issue. At its most simplistic, in a new care economy based on a model more in line with free market principles, an enterprise that is no longer commercially viable will and possibly should fail. A minority of people will always have to make compromises to purchase the kind of services they want and some people may also choose to pay a premium – above normal market rates – to receive a bespoke service. However hard we try, Choice and Control is never going to equate to everyone getting precisely what they choose regardless of cost – simply that there will be greater overall choice for them in the wider care and support market locally, regionally and nationally.

On occasion, the Local Authority is going to have to consider whether to invest additional funding into what would otherwise be a non-viable service. It is unlikely this would happen unless it was clear that the outcomes being achieved were unique and could not be achieved through any other model of provision at lower cost elsewhere.

Q: How is W.C.C. going to promote and market personalisation to the people in the county?

A: This is already happening. There is an active User Reference Group for the Choice and Control programme, comprising of health and social care service users from a wide range of client groups, localities and organisations. They meet regularly and have exerted great influence on many aspects of the programme to date.

Members of the Choice and Control team have been attending user groups, user conferences and other events for the last year, promoting the ideas and principles of personalisation and giving information about the developing Choice and Control programme. We have seen the development of the Doing It Your Way initiative, led by the Learning Disability Service, which has promoted self-directed support and supported the development of a user-led organisation 'Time 4 People' to do the same.

We are currently developing a more widespread user involvement campaign to compliment the development of Choice and Control during its first year of operation. You can expect to see much promotion of this campaign and its associated events over the next few months.

Q: What specific areas can people spend their money on?

A: This is the 'million dollar' question where personalisation is concerned!

Essentially, people can make a huge number of choices about what they can spend their money on, providing they remain within some very specific criteria:

- People must spend their individual budgets on items, activities and services that directly enable them to meet the outcomes agreed in their personal support plan. Their social worker or care navigator will support them to identify these outcomes as part of the assessment and planning process. Each plan will be signed off as final confirmation that the agreed combination of inputs (i.e. the individual budget) and the activities (i.e. the things it is agreed the budget will be spent on) will result in the outcomes (i.e. the individual measures of success identified in the plan).
- People must spend their individual budgets in a way that is legal. The Local Authority is responsible for public money and will want to ensure that any budgets delegated to individuals will be spent appropriately within the law. This would include issues such as adherence to employment law for people directly employing their own staff. It is also worth remembering that, at the current time, the only legal mechanism for giving direct budgetary control to an individual is via the existing Direct Payments system – therefore all self-directed packages must also comply with the Direct Payment guidance.
- People must spend their money in a way that is ethical. In addition to remaining within the law, it is important to ensure that delegated budgets are used ethically, for example, without exploiting people.

As you can see, these parameters mean it is very difficult to offer up a list of specific areas or services an individual budget holder can spend their funds on, as the list is virtually infinite. However, as you can see from the answers above, we only expect a relatively small number of people to take up more wide ranging self-directed support options in the near future. The majority of people will still want to purchase familiar services for the foreseeable future, albeit

more selectively and as part of care/support packages making wider use of 'universal services' such as leisure facilities, cultural facilities and community activities.

Q: How detailed are the support plans, are options identified or will that be the broker only?

A: Individual support plans will be as detailed as each individual and their care navigator feel is necessary to achieve good outcomes and mitigate any perceived risks, regardless of whether someone is opting for a fully self-directed approach or one of the partially or completely managed options. The brokerage team will only become involved if it is necessary to purchase a service on an individual or group of individual's behalf.

Where people have fairly straightforward requirements and minimal risk, their support plan may well be pretty streamlined. However, if someone has complex needs and risks, it is inevitable that they will need a very detailed support plan. In many cases, an individual's support plan will not be fully resolved until after a provider is involved, as it will be important for provider expertise to contribute to the overall effectiveness and successful outcomes of a service.

Q: What parameters will be in place to help people do their self-assessments, what is the process for this?

A: As you can appreciate, the idea of self assessment is a very new one for social care users, providers and commissioners. We expect the new Self Assessment Questionnaire (SAQ) to go through many changes until it meets all of our shared needs and expectations – at the moment it is too long and complicated (as the User Reference Group often tell us!) and not particularly accessible. We are constantly re-evaluating the SAQ in an effort to achieve a good balance between usability and its effectiveness in gathering enough information to identify risk and allocate resources.

There are many ways that people accessing social care can be supported to self-assess their needs. These include support from:

- The Adult Social Care Access Centre, where a member of staff will go through the SAQ with someone over the 'phone
- Third sector advice and support organisations in receipt of funding from the County Council
- User-led support organisations such as Time 4 People and others
- Social workers and care navigators, both for existing service users coming into Choice and Control as their needs are reviewed, and for new service users as they progress through Choice and Control

Q: What are the specific outcomes that need to be achieved by service providers, so that we can match them in our literature?

A: There are seven strategic outcomes that define the activities of the Local Authority's social care role and the aims of the Choice and Control programme. The outcomes are, from the perspective of people accessing health and social care services in Worcestershire:

1. I have improved my health & emotional wellbeing
2. I have improved my quality of life
3. I am making a positive contribution
4. I have increased choice & control
5. I am free from discrimination or harassment

6. I have economic well-being
7. I have personal dignity and respect

There are then eleven more directive outcomes feeding the above and providing the basis for the self assessment questionnaire. These are:

- a. I am able to access social / leisure activities and be part of my community
- b. I am able to access learning, training and employment opportunities
- c. I have the means to manage personal activities of daily living (e.g. personal care)
- d. I have the means to manage ordinary activities of daily living (e.g. domestic activity)
- e. I have developed or can maintain my physical health and wellbeing
- f. I have developed or can maintain my mental health and wellbeing
- g. I can manage my money and correspondence
- h. I live in and can maintain suitable accommodation
- i. I am able to express myself
- j. I have developed and can maintain positive relationships with other people
- k. I feel safe and secure

As stated above, all activities, services and equipment purchase directly or indirectly with individual budgets must directly contribute to the successful achieving of one or many of these outcomes.

Q: What training is W.C.C providing around the RAS?

A: The County Council will not be providing any training or information about the Resource Allocation System (RAS). The RAS is an internal Adult Service financial system for allocating budgets against different permutations of individual needs, therefore only the team actually using it will receive training.