

## **ADULT SERVICES SCRUTINY COMMITTEE - 15 OCTOBER 2009**

### **SOCIAL & COMMUNITY SERVICES RESPONSE TO QUESTIONS RAISED AT 9 SEPTEMBER 2009 ADULT SERVICES SCRUTINY COMMITTEE ON TRANSFORMING ADULT SOCIAL CARE AGENDA ITEM 6**

#### **Question from Councillor Hallchurch MBE**

##### ***1. What is a User Led Organisation (ULO)?***

ULO's are organisations led and controlled by the people they help. This includes disabled people, carers and other people who use services. They provide a range of services including information and advice, advocacy and peer support, support in using Direct Payments and individual budgets, and disability equality training. ULOs are organisations that bring together people with a common purpose, and can include any people with impairments, such as people with learning disabilities, mental health survivors, people from black and minority ethnic backgrounds and older people.

Our intention in Oxfordshire is to let contracts with brokerage providers in 2010 who are prepared to work towards ULO status. We also wish to promote the development of a 'Centre for Independent Living' (by 2011), which will have full ULO status. This Centre will provide an administrative hub for managing and developing brokerage, and will become constituted as an organisation in its own right. When it is fully established, it will then be able to bid for future OCC contracts, including for example advice and information and Direct Payment support.

We have bid for a £40k grant from the Department of Health to help the development of ULOs. This will enable voluntary organisations to release staff to work on the Centre for Independent Living project, and to support disabled people to train for future employment in ULOs.

#### **Question from Councillor Wilmshurst**

##### ***1. Some Examples of Self Directed Support in practice from the North Learning Exercise?***

###### **Example 1: Mini brokerage for Mr and Mrs A-P**

In Oxfordshire, the County Council works closely with a number of organisations to provide support brokerage to people requiring support and care. Age Concern kindly provided the following personal case study about how mini brokerage can make a significant difference to people's circumstances.

Mrs A-P had been referred to social services by her husband, as he wanted someone to stay with his wife at home so he could have a bit of a break. Both Mr and Mrs A-P are in their late eighties. The support broker found that Mrs A-P was suffering from the later stages of Alzheimer's; she was incontinent, she could not be left alone, and had become completely reliant on the support of her husband. Night times had become increasingly difficult as Mrs A-P got up quite a bit in the night. Mr A-P was very concerned about what the future might hold if he was no longer able to cope with his caring role, but keen to avoid his wife having to move into a care home.

The support broker gave assurances to Mr A-P that social services would not be rushing round to put his wife into a home and that there were lots of different options to help him with continuing to care for his wife at home.

At the start of the visit Mr A-P expressed to the support broker that he felt he did not need any urgent assessment but after discussing the different options for respite including carer's breaks he felt more confident in accepting support. The support broker arranged for Mrs A-P to have an urgent assessment of her needs so that any support services including respite could be arranged. The broker arranged for Respite for Carers Service to visit Mr A-P with a view to offering some respite in the home.

The broker agreed to continue working with Mr & Mrs A-P whilst the assessment was completed and helped Mr A-P visit some residential homes. The broker also helped with the co-ordination of the different people and services involved with Mr & Mrs A-P.

Mrs A-P received her assessment and now benefits from regular respite both in the home and in a residential setting. Whilst awaiting the assessment to take place Mr A-P told the support broker that he felt so relieved that someone was helping to get things moving for him and his wife. He knew that things were getting difficult for him and was not sure how long he would have been able to go on caring for his wife.

The total amount of work for the mini brokerage took 4 ½ hours and the information and signposting given by the support broker contributed in reducing the risk of Mr & Mrs A-P entering a crisis situation. The broker managed to build a good relationship with Mr and Mrs A-P which in turn helped them to feel in control of their situation and more comfortable with accepting the help and support that they both needed.

The contact assessment was quite brief in its information and the visit from the mini brokerage service was able to establish the reality of the situation and help stabilise it.

### **Examples 2 and 3: Snapshots**

#### **Mr A**

Mr A is in his early seventies and has had an eventful life. Having lost his wife many years ago, Mr A's life spiralled out of control and he found himself living in his car for almost two decades. His poor health landed Mr A in hospital recently. Upon discharge, he was offered temporary emergency housing in a bedsit, and his social worker called in a support broker to help Mr A get his life back on track. He now lives independently in his own flat in North Oxfordshire, supported by carers he has appointed himself. He wrote his support plan with the help of his friend Kate and his support broker. His personal budget is £260 a week.

#### **Mr M**

Mr M. is in his seventies. Due to restricted mobility he requires some practical help in the mornings and evenings so he can get on with his day. Having a personal budget allocated meant that Mr M was able to appoint carers himself to help him stay in his own home and continue to enjoy his social life by helping him with the things that have become difficult: getting dressed, loading the dishwasher, changing the bed. His personal budget is £100 per week.

For more examples and information on self directed support in Oxfordshire, please visit the website at [www.takingcontroloxon.org.uk](http://www.takingcontroloxon.org.uk)

## **Questions from Councillor Sanders**

### **1. How is brokerage being provided and being developed in Oxfordshire?**

In the Learning Exercise, brokerage is provided under spot contract arrangements with 8 external voluntary organisations and a team of internal OCC Brokers. These contracts will be extended until December 2010. A major tender exercise will be undertaken from November 2009 to April 2010. This will result in block and spot contracts for Brokerage which will operate from July 2010 for about five years. In addition to this guaranteed supply of Brokers, we will encourage the growth of independent Brokers, who will be invited to register with the 'Support with Confidence' scheme. This will give Customers assurance that independent brokers will be of reasonable quality.

### **2. How will savings be achieved by providing/investing in brokerage?**

Savings will be achieved by three main elements of Brokerage:

- (a) Brokers will conduct 'Life Checks' soon after referral. This will significantly reduce waiting lists, and stop unnecessary assessments by Care Managers where Customers do not require a full assessment. Customers will get an improved service, and will benefit from face-to-face contact rather than lengthy telephone interviews as at present.
- (b) The introduction of Brokerage involves externalising the Support Planning function for most Customers. This work is currently undertaken by Care Managers. Most Brokers will not be qualified Social Workers. It is expected that the base cost of this function will be around 5-10% below current costs when provided externally. There will be also significant infrastructure savings to the Council due to reductions in directly employed staff.
- (c) The amount of time per case allocated to external Brokerage will be controlled through the contract. We will only pay for time directly required in the delivery of Brokerage. This will result in a higher efficiency than is currently achieved through in-house staff.

### **3. How will Transforming Adult Social Care deliver across the large scale of efficiency savings that need to be made?**

Currently the options being considered under Transforming Adult Social Care to support the efficiency savings are:

- Reduction in the number of qualified and non qualified social workers/care managers and investment in brokers
- Reduction in number of back office staff – as there will be less social care staff to support and a reduced number of contracted services.
- Setting the Resource Allocation System at a level that allows people to purchase support to meet their needs but will also deliver reduced expenditure

- Investment in promoting independence and prevention services (including reablement services) to reduce the number of people requiring longer term support and to also reduce the level of support that people will require. So supporting people to recover quickly from illness, supporting people to be as independent as they can be and for people to live at home rather than going into residential care and substantially reduce the number of people entering residential care.

We are currently working out what the scale and level of savings are for each of these options and should be clearer by early next year as clarifying these issues is not straightforward nor is the timescales for achieving them.

***4. As we move to the new Self Directed Support model what is the impact of the security and cost efficiency we get from the contracts we currently have?***

We intend to maintain the majority of current contract arrangements in the short to medium term, until the pattern of demand from large scale personalisation becomes clear. In the learning exercise, most Customers chose traditional contracted or OCC provided services, although there is an encouraging trend towards the use of Personal Assistants. If demand for block contracted or OCC services reduces significantly, those arrangements will be reviewed. It is likely that there will be a core provision of contracted day and domiciliary provision for some years. While Brokers may identify significant new sources of support, it is unlikely that they will be able to match the cost efficiency of large block contracts for all cases. This applies particularly for high-dependency Customers in isolated areas who are very expensive to support on a spot basis.

Some individual elements of support packages may cost more due to a personal rather than 'block' service delivery, but the overall cost of packages is expected to be lower on average.

***5. What do you think the impact of the recession will be for self directed support, especially in areas where specialist support is needed?***

The recession will increase the available pool of potential employees, both for traditional services and more personalised provision such as Personal Assistants. Family members of Customers who have not previously contemplated a paid caring role will come forward for paid work, because they have become unemployed. In the short-term, this trend will improve the availability of domiciliary care, which has been in short supply for many years in Oxfordshire. If NHS staffing reductions are severe due to the downturn, this will release trained staff who will then become available for specialist double-handed provision purchased directly by the Customer or Broker. Prices for both contracted and directly purchased care are likely to remain static or fall due to increased supply.

If efficiency savings driven by OCC budget reductions are applied directly to the Resource Allocation System (RAS), individual Customers will have less budget to spend on their support.

**6. Why is the cost per broker cheaper nationally than paying a social worker?**

Most Brokers will be employed by 3<sup>rd</sup> sector organisations. Pay rates and on-costs in the independent sector are significantly lower than OCC. External Brokers will not usually have social work qualifications, and will therefore be paid on lower grades. See answer to Cllr. Sanders Question 2 above.

**7. Why is it cheaper for a broker to do the talking and the listening than it is for a Care Manager to do so?**

See Question 2. Brokers will be less expensive per hour, and will have limits on the amount of time per case that does not currently apply directly to OCC staff.

**Questions from Councillor Jenny Hannaby**

**1. How will we guarantee the safety of our clients when a broker is involved?**

All cases which have an allocated Personal Budget will have had an assessment by a Care Manager. The support plan completed by a Broker will have to be signed off by a Care Manager or Unit Manager, to ensure that the support package meets assessed need. In situations where the Customer is deemed to be extremely vulnerable, a Care Manager will undertake the brokerage function and hold the case themselves.

Most Brokers will be either directly contracted to the Council from reputable voluntary organisations, or approved by OCC through the 'Support with Confidence' scheme. Both these mechanisms allow the Council to maintain significant control over quality of brokerage. Approved Brokers will be trained in safeguarding alert procedures, and will work closely with Care Managers to ensure the safety of Customers.

Where family members or non-Approved Brokers undertake brokerage functions, there will be an increased frequency and depth of Review, to check that support plans are appropriate and meeting needs.

In the mid-term, all employed Brokers will have to be registered under the new Vetting and Barring scheme, which gives additional protection for vulnerable adults. It is also probable that formal regulation of Brokerage will be extended in future, by the Care Quality Commission and/or the General Social Care Council.

**2. What is/will the criteria be for selection of brokers?**

Individual Customers should be free to select their own Broker, subject to their capacity to make such a choice. However, for the majority of Customers it is likely that a Broker will be allocated to them as a 'default' position. This process has worked well in the learning exercise. Customers will be encouraged to use a contracted or 'Support with Confidence' approved Broker, but they may use a family member or friend. We wish to encourage a diverse range of brokerage options, to maximise the potential for innovative and cost-effective support.

### ***3. How will brokers and services be monitored in the future?***

Brokers will primarily be monitored by the quality of the support plans and outcomes they produce. Contracted and 'Support with Confidence' approved Brokers will be subject to usual monitoring procedures in terms of regular and spot checks on training, competence and Customer satisfaction. They will be subject to CRB and Vetting and Barring checks.

Contracted and in-house services will be subject to standard contract monitoring and internal systems, which check the quality of delivered support. Services (e.g. domiciliary care) which are regulated by the Care Quality Commission (CQC) will continue to be subject to national quality standards and to inspection. Some Personal Assistants will be monitored through the Support with Confidence scheme, and may also be registered by the General Social Care Council in future.

Where Customers choose to use informal services where the Council has no direct involvement (e.g. family carers or neighbours and friends), the primary monitoring will be through the Review process, to check that assessed needs are being met. It is accepted that there is some increased risk in the use on informal care provision, but this is balanced by the improvement in quality and flexibility of informal support. When 'Care Cards' are introduced, the Council will be able to monitor expenditure directly and check for financial abuse.

### ***4. Will people be able to purchase services with their personal budget from Council run services?***

Yes, Customers will have access to the full range of Council-run and contracted services using Personal Budgets. If requested as part of a support plan, the cost of these services will effectively be deducted from the Personal Budget. The Customer will then be able to take the remainder of the budget as a Direct Payment.

At present, Council-run services cannot be purchased with Direct Payments, but they can be provided via a Personal Budget. Some Councils are considering the conversion of in-house services into Trading Companies, and Essex launched the first of these companies in July this year. This new model of provision allows the Company to sell services directly to private payers, and also to users of Direct Payments. It increases the income potential of a Provider, and offers some security against reduction in demand due to personalisation.

Alan Sinclair  
Programme Director Transforming Adult Social Care  
Tel 01865 323665

Martin Bradshaw  
Assistant Head of Service  
Lead for Real Choice and Support Workstream  
Tel 01865 323683

Flo van Diemen  
Communications and Information Officer  
Tel 01865 323667