

B&NES Placements & Packages Policy

Packages Of Care & Support Purchased With A Personal Budget, Extra Care & Supported Living Arrangements And Registered Residential And Nursing Home Placements

FINAL

February 2011

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SECTION ONE - INTRODUCTION

This document sets out for health and social care managers and other case managers the overall approach and policy framework for setting up placements and packages of care & support in Bath & North East Somerset.

The policy provides local and national context, resource allocation guidelines as well as detail in relation to specific areas of practice such as Third Party Top Ups, Continuing Health Care and Personal Budgets.

Other related documents include:

- Eligibility Criteria for Adult Social Care Services in B&NES
- B&NES Fairer Contributions Policy for Non-Residential Social Care Services
- B&NES Personal Budgets Manual
- B&NES Multi Agency Safeguarding Adults Policy and Procedure
- B&NES Policy & Guidance on Mental Health Act 2007 Section 117 Aftercare
- ***The Guide to Care Homes in your Local Area: Care 2010*** (this guide includes details of all extra care and domiciliary care services, residential and nursing homes and nursing agencies in B&NES)

SECTION TWO - STRATEGIC AIMS

The Government's commitment to the transformation of social care as set out in *Putting People First (DH 2007)* highlights the requirement on Local Authorities to orchestrate a shift in emphasis away from old patterns of service delivery. Such a shift needs to transform social care into a system which maximises service user choice and control, facilitates the growth of creative and innovative solutions to people's identified care and support needs and enables the wider community to have a role in maintaining the independence of older and vulnerable people.

The values underpinning *Putting People First* are central to the strategic aims of this document,

"Ensuring older people, people with chronic conditions, disabled people and people with mental health problems have the best possible quality of life and the equality of independent living is fundamental to a socially just society... The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services... the right to self-determination will be at the heart of a reformed system only constrained by the realities of finite resources and levels of protection, which should be responsible but not risk averse."

This policy has been developed in recognition of the need for a shift in emphasis away from registered residential care and towards supporting people to remain in an appropriate community setting. The policy also responds to the need to bring tighter control around the financial resources currently associated with placements and packages of care and support. It is further recognised that for some service users a placement in a residential or nursing care home is an appropriate response to their identified needs.

The strategic aims of this policy are therefore,

- To reduce inappropriate admissions to permanent residential and nursing care placements for older people, people with learning difficulties, people with mental health needs and people with physical and/or sensory disabilities
- To shift the overall balance between residential placements and packages of care and support delivered through Personal Budgets
- To identify efficiency gains and real term costs savings in the distribution of resources across community and residential packages of care and support, and between different service user groups
- To promote active review, re-ablement and rehabilitation of people who receive a package of care and support

SECTION THREE - GENERAL PRINCIPLES

The guiding principle when considering a package of care and support for an individual should always be to ensure that identified needs are met, and/or that the individual is managed to support their own recovery and that health & wellbeing is safeguarded. An underlying assumption of a 'minimum intervention' to secure the above should also be adopted so that independence and choice & control for service users is maximised.

The stepped approach set out below shows how these principles should be translated into practice for all service users entering, or currently within the social care system in B&NES. Case managers should be aware that all proposed packages of care and support which are likely to exceed a weekly cost of £413 must be referred to the Placements & Packages Panel for approval (guidance on the Placements & Packages Panel can be found in Section 7).

Step One – Care and Support in the Community

The advent of Personal Budgets means that help for people to remain in their own home, or help to live in a supported, independent setting can be arranged flexibly and creatively to suit an individual's preferences and to meet their assessed needs.

In Bath & North East Somerset Personal Budgets may be used to purchase a range of social care services such as domiciliary care and day care. They may also be used to purchase respite breaks in residential care homes or replacement care at home. Other types of care and support that may be purchased with a Personal Budget include supported living packages, employment of personal assistants and 'top up' services in Extra Care schemes.

A Personal Budget to support independent living should always be the first option considered for a service user who is **new** to the social care system. Case managers should consider the following (and be able to evidence their rationale) before rejecting this option in favour of a higher level of intervention:

- Would the service user's capacity for independent living with appropriate ongoing care and support be restored by a period of intensive rehabilitation and re-ablement
- Would a limited amount of additional resource i.e. an Exceptional Budget enable the service user to remain independent (guidance on Exceptional Budgets can be found in Section 9.5 of the Personal Budgets manual)
- Does the service user have a carer or family member who would be willing to provide additional support or resources to enable them to continue to live independently (guidance on carers Personal Budgets can be found in Section 6 of the Personal Budgets manual)

NB: Social capital (support from carers, family and friends) or voluntary top ups to facilitate independent living may only be considered to bridge care and support gaps relating to user *preference* i.e. if the level of resource available via a Personal Budget is insufficient to support independent living and a more cost effective intervention has been recommended by the case manager e.g. residential care, but the service user *prefers* to remain at home. The social care duty to meet service user needs appropriately remains, AND the necessity to manage the overall cost of a care and support packages is a priority.

- Would the overall cost of a package of care and support in the community represent good value for money when the level of service user contribution is taken into account (guidance on service user contributions to Personal Budgets can be found in Section 7 of the Personal Budgets manual, case managers should also refer to the B&NES Fairer Contributions Policy 2010)
- Would additional support from the brokerage team help to secure a more cost effective package of care and support for the service user, for example *Personal Brokerage* as operated in several other local authorities allows individual packages of care and support to be tendered on the basis of outcomes and cost

Since November 2009 a Personal Budget to support independent living should also be the first option for **existing service users** whose packages of care and support are

due for **review**. Case managers and reviewing officers should consider the following (and be able to evidence their rationale) before rejecting this option in favour of a higher level of intervention:

- If the service user is currently in a residential placement, would a Personal Budget enable them to be supported to live independently at less cost to the authority (provided that both practical and psychological support needs can be met)
- If the service user is currently in a residential placement, would additional support from the brokerage team help to secure a more cost effective package of care and support in the community using a Personal Budget
- If the service user is currently in a residential placement, would their capacity for independent living with appropriate ongoing care and support be restored by a period of intensive rehabilitation and re-ablement
- If the service user is currently in a residential placement, do they have a carer or family member who would be willing to provide additional support or resources to enable them to continue to achieve independent living
- If the service user is already receiving a package of care and support in the community have all the options outlined above been considered in order to maintain independent living and to bring the overall cost of the package down to within reasonable benchmarks

Step Two – Extra Care and Support

There are currently 140+ Extra Care units in B&NES delivered via partnerships between Registered Social Landlords (RSL) and domiciliary care providers. Extra Care provides service users with their own tenancy within a specifically designed housing scheme plus access to an on site, twenty four hour care and support service. The value of Extra Care lies in its ability to deliver high quality personal and domestic assistance, in addition to housing related support to older and vulnerable tenants to help them to maintain independent living. As such, Extra Care can provide an appropriate alternative to a residential care home placement for many service users.

A referral to Extra Care should always be considered as an alternative to a residential care home placement and case managers should be able to provide evidence to support decisions which do not favour this option.

Personal Budgets are not currently available to purchase Extra Care in B&NES as all schemes have been developed on a block contract model which provides core funding for providers and therefore security to tenants, in relation to the delivery of a twenty four hour care and support service. A Personal Budget may however be used to deliver a 'top up' to a standard Extra Care package providing the total cost to social services does not exceed reasonable benchmark costs for a residential care placement.

Funding for Extra Care placements is made up from a number of sources including resources committed from social services to cover care costs, rent and services charge income paid by tenants or via housing benefit subsidies and housing related support costs covered by tenants or Supporting People subsidy. The average weekly cost of an Extra Care placement is around £400 with the social care element of this being less than £300. Extra Care therefore also represents a cost effective way of supporting older and vulnerable people.

Case managers should consider the following (and be able to evidence their rationale) before rejecting this option in favour of a higher level of intervention:

- Would the service user's capacity for independent living in an Extra Care setting be facilitated by a period of intensive rehabilitation and re-ablement
- Would a 'top up' package of care and support funded through a Personal Budget enable the service user to achieve or maintain independent living in an Extra Care setting
- Does the service user have a carer or family member who would be willing to provide additional support or resources to enable them to continue to achieve or maintain independent living in an Extra Care setting

Step Three - Residential and Nursing Home Placements

In a certain number of cases a residential or nursing home placement will be considered to be the safest and most cost effective option for a service user following assessment. Case managers should be able to evidence that this is the case in all circumstances where a residential or nursing home placement is proposed as the preferred option.

The market for residential care and nursing care is reasonably well developed in B&NES however the cost and quality of provision may vary enormously from home to home. The guiding principles for case managers when trying to secure a residential or nursing home placement for a service user must be:

- Can the placement safely and securely meet the individual's assessed care and support needs
- Is the cost of the placement within the guide prices set by B&NES
- Will all obligations under the Choice Directive been met by this placement

The Placements & Packages Panel process requires that case managers obtain three separate quotes for residential or nursing home placements (unless a placement is available at B&NES guide price) in relation to each individual they are proposing for this option. Case managers should consider the following when obtaining these quotes:

- Are there any current safeguarding concerns about the home

- Have any lower level concerns or complaints been logged in the last six months in relation to the home
- Can the home offer a placement within the guide price set by B&NES
- Are the individual's family and/or carers clear about the quality and financial framework within which choice is possible

NB: Information about the quality of residential and nursing homes can be obtained from CQC and from officers within the Non-Acute & Social Care Commissioning Team

SECTION FOUR - CHOICE DIRECTIVE

When a residential or nursing home placement is considered to be the only appropriate option for a service user, following assessment and consideration of options one to three above, service users and their families/carers have a right under the Government's Choice Directive to express a preference.

The Directive only applies where the outcome of the assessment and care planning process shows that the level of an individual's care and support needs makes them eligible to receive residential or nursing home care.

In its guidance "NHS Responsibility for meeting Continuing Health Care Needs" (HSG (95)8/LAC(95)5), the Department of Health states:

*"Where a patient has been assessed as needing care in a nursing home or residential care home arranged by a Local Authority, he or she has the right, under the Directions of Choice LAC (92)27 and LAC (92)18, to choose, **within limits on costs and assessed needs**, which home he or she moves into. Where, however, a place in the particular home chosen by the patient is not currently available and is unlikely to be available in the near future, it may be necessary for the patient to be discharged to another home until a place is available" (paragraph 26)*

What this means in practice is that where a service user expresses an preference for a particular home, the authority must arrange a placement in that home **provided that all of the criteria set out below are met:**

- The home is suitable in relation to the individual's assessed needs
- The placement would not cost the Local Authority more than it would usually expect to pay for someone with the individual's assessed needs
- There is a space available at the home
- The person in charge of the home is willing to provide the placement subject to the Local Authority's usual terms and conditions for such a placement

If the case manager cannot demonstrate that all of the above criteria are fully met, the placements panel is under no obligation to approve the placement and a suitable alternative placement must be sought.

In a limited number of cases it may be appropriate for a service user to be discharged from hospital into a residential or nursing home placement however this should not be considered to be standard practice, rather the stepped approach outlined in Section 3 should be adopted in all cases unless it can be evidenced that this level of intervention is the most appropriate to meet the individual’s assessed care and support needs. Service users do have the right to refuse to be discharged to a residential placement and in such cases the guidance goes on to say,

“Where patients have been assessed as not requiring NHS continuing inpatient care, as now, they do not have the right to occupy indefinitely an NHS bed. In all but a very small number of cases where a patient is being placed under Part 2 of the Mental Health Act 1983, they do however have the right to refuse to be discharged from NHS care into a nursing home or residential care home (para. 27). In such cases, the Social Services Department should work with both hospital and community based staff, and with the patient, his or her family and any carer to explore alternative options” (paragraph 28)

Consideration of the overall cost of an alternative care and support package must be a priority along with responding to the expressed preference of the service user and their family/carer. For this reason, the decision to fund an alternative package falls within the Placements & Packages Panel Process as outlined in Section 7 of this policy. Case managers should refer to the guide prices in Section 5 to determine if a referral to panel is necessary.

SECTION FIVE – GUIDE PRICES FOR PLACEMENTS AND PACKAGES

The table below sets out 2010/11 guide prices for placements and packages of care and support in B&NES. For extra care, residential and nursing care placements these are the agreed prices that the Partnership will pay to providers. For Personal Budgets used to purchase community, independent and support living services the guide price represents a trigger for referral to the Placements & Packages Panel.

It is important for case managers to familiarise themselves with the table below. Placements and packages at or below the guide prices set out in the left hand column may be approved by Team Managers or Assistant Team Managers.

ALL PLACEMENTS AND PACKAGES ABOVE THE GUIDE PRICES MUST BE REFERRED TO THE PLACEMENTS AND PACKAGES PANEL.

| | Guide Price | Refer to Placements & |
|--|-------------|-----------------------|
|--|-------------|-----------------------|

| | | Packages Panel |
|-------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Personal Budgets (all client groups except MH) | < £413 per week | > £413 per week |
| Mental Health (working age) | < £150 per week | > £150 per week |
| Mental Health (older people) | <£452 | >£452 |
| Extra Care (standard package) | < £273 per week | > £273 per week |
| Extra Care (top up) | < £140 per week In addition to basic extra care package i.e. < £413 per week | > £140 per week In addition to basic extra care package i.e. > £413 per week |
| Residential Care Home* (Independent) | < £413 per week | > £413 per week |
| Nursing Care Home | < £536 per week | > £536 per week |
| Residential EMI Home* (Independent) | < £452 per week | > £452 per week |
| Nursing EMI Home | < £569 per week | > £569 per week |
| CHC | < £650 per week | > £650 per week |

NB: Transitional trigger amounts for Mental Health (adults of working age). This will be reviewed in 2011/12.

* The guide price for B&NES CRC residential care home placements and residential EMI home is higher than this amount however these may be approved by Team Managers or Assistant Team Managers.

SECTION SIX – ADDITIONAL PAYMENTS

Third Party Top Ups

The Local Authority may choose to support a more expensive placement option for which the service user has expressed a preference if there is a third party willing to pay the difference between the cost the authority would normally expect to pay and the actual cost of the placement. A third party in this case might be a relative, friend, charity or any other source.

In such cases the Local Authority remains responsible for the full cost of the placement and must contract with the home to pay the fees in full. The third party's contribution will be treated as part of the service user's income for the purposes of financial assessment and charging; the Local Authority will recover the contribution in this way.

The prospective service user in these cases will therefore need to demonstrate that there is a third party able and willing to pay the difference between the authority's normal cost and the accommodation's actual fees. The service user does not need to be able to prove that the payments will continue. However, should the payments cease there is no obligation whatsoever on the authority to maintain the resident in the more expensive accommodation. This should be made clear to all parties, including the provider of the accommodation, from the outset.

Arrangements between the authority, service user and third party will need to be reviewed from time to time to take account of changes to the accommodation's fees and also changes to the amount the authority would usually expect to pay. **These may not change at the same rate, and individuals should be told that there cannot be a guarantee that any increases in the home's fees will automatically be shared evenly between the authority and third party.**

Case managers need to make clear to service users and third parties the basis on which arrangements are to be made when they seek to exercise their right to express a preference for a more expensive placement option. It must be quite clear to all involved that the authority's commitment to the more expensive accommodation lasts only so long as the third party continues to contribute at the required rate, and the service provided continues to be suitable and be provided according to the authority's usual terms and conditions.

Extra Special Needs Payments

Extra special needs payments should only be agreed if the assessed needs of the service user require a level of service that is above that normally required under the specification for care homes. Case managers should refer to the guide prices set out in Section 5 and should refer all such case to the Placements & Packages Panel for approval. The amount and reason for an ESPN should be noted separately from the normal contract price on all relevant paperwork together with an end date to coincide with the review of the placement.

All placements which include an ESPN must be reviewed every three months. If the service user's needs no longer justify an ESPN at the point of review (at four weeks and thereafter at three monthly intervals) the relevant paperwork and financial schedules should be completed to reflect this.

Market Forces Payments

Market forces payments should be treated in the same way as extra special needs payments in that they should be seen as a **temporary commitment only** which must be reviewed at four weeks. Market forces payment should only be **paid for a maximum of three months.**

Out of Area Placements: Matching Other Local Authority Rates

In some instances residential placements will be made outside of B&NES in other local authority areas, for example to facilitate proximity to family, carers and friends. Case managers may 'match' residential prices set by other local authorities provided they do not exceed 20% more than the B&NES guide price e.g. £413 + (20% x £413) = £495.60. Out of area placements which exceed this 20% margin must be referred to the Placements & Packages Panel for approval.

SECTION SEVEN - PLACEMENTS AND PACKAGES PANEL PROCESS

All requests for packages of care and support (Personal Budgets, supported living packages, extra care and 'residential respite only' packages) and all residential or nursing home placements exceeding the guide prices set out in the table in Section 5 must be submitted to the Placements & Packages Panel for approval.

Placements & Packages below the guide prices set out in the table in Section 5 may be approved by Team Managers.

Transitional arrangements are currently in place in relation to placements and packages for mental health service users (working age) due to:

- The current levels of expenditure and the priority need to control costs in these areas
- The relatively recent introduction of Personal Budgets for mental health service users and the need to ensure that practice is appropriate and consistent
- Current thresholds being already embedded in practice

Therefore, until further notice all mental health placements and packages exceeding £150 per week will continue to be referred to the panel for approval. Timescales for increasing the threshold up to £413 will be decided by commissioners.

All requests for placements and packages above guide prices must be presented to the panel by the case manager using the appropriate paperwork and costing sheets. Three separate quotes must be obtained detailing how the individual's care and support needs might be met including the relative cost of each option being presented. As a general principle the most cost effective package should be pursued, care packages costing 20% more than the most cost effective package identified are unlikely to be sanctioned.

SECTION EIGHT - CONTINUING HEALTH CARE¹

¹ This information was summarised from advice received from Bevan Brittan solicitors in April 2008 in relation to *Patient Choice - High Cost Care Arrangements for Continuing NHS Health Care*

When an individual has been assessed as being eligible for CHC the Partnership recognises an individual's choice in determining where their care will be provided but this must be balanced by the responsibility to deliver appropriate levels of care, safely and within reasonable resource limits. Case managers must ensure choice is taken into account when considering placements or packages of care and that this is exercised within the framework set out in previous section of this policy.

At the present time CHC funding cannot be paid to individuals as a direct payment for the employment of personal assistants (although this may change following the Personal Health Budgets pilots). If an existing direct payment user appears to be eligible for CHC funding following screening, they may be given the option to proceed with CHC assessment or not. In practice this means that service users may choose to continue to receive a social care funded package even if it appears they may be eligible for CHC funding. However the granting of additional social care resources in such cases will not be automatic and will be subject to approval by the Placements & Packages Panel.

All CHC packages above the £650 must be referred to the Placements & Packages Panel for approval as already detailed. As a general principle the most cost effective package should be pursued, care packages costing 20% more than the most cost effective package identified are unlikely to be sanctioned.

Where the cost of a proposed package exceeds this limit, the panel will consider the individual's assessed needs, acceptable standards of living, the nature and extent of the needs and relative costs and benefits when compared to a less expensive package. All assessments will include a review of psychological and social care needs and will consider the impact on home and family life as well as the individual's needs.

The Partnership is only obliged to provide services that meet all reasonable requirements. An individual (or a third party) may wish to augment their CHC package to meet their personal preferences and they are at liberty to do so. In such circumstances case managers should refer to Section 6 of this policy for further guidance, and to the specific guidance on additional services set out below.

As a general rule case managers should only permit individuals (or third parties) to make a contribution to any excess where:

- The additional services are optional, non-essential services which a care home resident has chosen (but was not obliged) to include in their package
- The additional services are part of the care home's standard package i.e. not optional, but are of a type that would not ordinarily be provided
- Case managers must be satisfied that the additional services are genuine services that do not fall within its statutory responsibilities

An individual or their representative has the right to decline CHC services and make their own arrangements if they choose to do so. However, **where an individual has been assessed as eligible for CHC they may not choose to decline this offer in favour of Local Authority funded care.**

Where an individual has been assessed as being eligible for CHC services and it has been agreed that it is safe and appropriate to provide such care in a person's own home, this will be sanctioned providing that the cost of doing so does not contravene the cost effectiveness guidance set out previously.

When considering a request to deliver a complex care package in a home setting case managers must take account of the following issues:

- Care can be delivered safely to the individual and without undue risk to the individual, care staff or other resident members of the household (including children). Safety will be determined by a formal assessment of risk, undertaken by an appropriately qualified professional. The risk assessment will include the availability of equipment, the appropriateness of the physical environment and availability of trained carers and/or staff to deliver the care whenever it is required
- The acceptance of the case manager and each person involved in the individual's care of any identified risks and the individual's acceptance of the risks and potential consequences of receiving care. Where an identified risk to the care providers or the individual can be minimised through actions by the individual or his/her family and/or carers that those individuals agree to comply with the steps required to minimise such identified risk
- The individual's General Practitioner agrees to provide primary medical support
- The individual's preferred choice
- The suitability and availability of alternative arrangements
- The extent and complexity of the individual's needs
- The cost of providing the care at home in the context of best value and the costs of usual care
- The relative cost of providing the package of choice considered against the relative benefit
- The psychological, social and physical impact on the individual
- The individual's human rights and the rights of their family and/or carers including the right of respect for home and family life
- The willingness and ability of family members and/or friends to provide elements of the care where this is necessary/desirable part of the care plan and the agreement of those persons to the care plan

If the individual does not have the mental capacity to make an informed choice the person identified as the 'Decision Maker' for the individual or representative with registered lasting Power of Attorney should be consulted.²

SECTION NINE - S117 AFTERCARE DUTY

Detailed policy and guidance in relation to aftercare duties towards service users detained under the Mental Health Act 1983 (amended 2007) can be found in the separate policy document.

Section 117 Aftercare is intended to provide sufficient support to people who have been compulsorily detained so that they can leave hospital and return to home, or to other appropriate accommodation such as a supported living environment or residential care home. The aim of providing such care and support is to minimise the risk of a service user's mental health deteriorating and to prevent the need for further hospital treatment.

Service users may not be charged for care and support services delivered under Section 117 so it is important to consider the size and cost (to the Partnership) of the care and support package proposed, and to remain focussed on regularly reviewing such arrangements. For this reason all Section 117 Aftercare arrangements should be discussed and reviewed regularly via the panel process outlined previously. The outcome of such discussions should be used to inform decision making in relation to discharge of Section 117 Aftercare arrangements within the appropriate Care Programme Approach setting.

Discharge of a service user from Section 117 Aftercare arrangements must be jointly agreed by all strategic partners (health, social care and housing) and may not necessarily result in service provision ending however the need for ongoing care and support should be assessed under Section 47 of the National Health & Community Care Act in the usual way.

Service user who are discharged from Section 117 Aftercare arrangements but continue to receive services under the relevant community care legislation may become liable to contribute financially to their package of care and support as set out in Section 12 of this policy.

SECTION TEN - PLACEMENT REVIEW

² Refer to the Mental Capacity Act (2005) and National Framework (2009) for more information.

When reviewing a placement or package of care and support case managers must ensure that the following principles are adhered to:

- I) **Reviews must evidence that both health and social care identified outcomes are being achieved**
 - The purpose of the package or placement and the desired outcomes are clearly identified
 - How outcomes are being achieved and how they will continue to be achieved
 - The views of the service users regarding the outcomes to be achieved are heard
 - Identified outcomes fit with *Putting People First* agenda

- II) **Reviews must evidence that the cost effectiveness and value for money (including informal carers time) of the placement or package has been considered and confirmed**
 - Consider and evaluate benchmark costs in relation to the placement or packages and the identified outcomes to be achieved
 - Amendments to placements and care and support packages are appropriately recorded and communicated to providers, carers and the finance department

- III) **Scheduled Reviews MUST be conducted annually** with the exception of placements which include an ESPN which are reviewed every three months and placements or packages which include a market forces payment which should only be paid for a minimum of three months

- IV) **Reviews must endeavour to facilitate service user choice, whilst promoting independence and recovery AND taking the availability of resources into account**

- V) **The member of staff carrying out the review MUST be competent and understand the review process, all complex reviews will be carried out by qualified practitioners**
 - Both health and social care issues MUST be considered
 - Safeguarding investigations and reviews are considered complex

In addition to the principles set out above, high cost placements or packages of care and support will be targeted first for review followed by reviews of placements and packages which have not been considered for over two years.

SECTION ELEVEN - SAFEGUARDING

B&NES Local Safeguarding Adults Board (LSAB) Multi Agency Safeguarding Adults Policy and Procedure was revised and launched in April 2010. Each agency including

CH&SCS and AWP has its own Safeguarding Adults Policy which corresponds to the multi agency policy. The multi agency policy highlights the need to empower service users at risk to make decisions based on informed choices and to balance taking risks with quality of life decisions.

A key principle of the LSAB Safeguarding Adults Strategic Plan 2009-11 is that all adults have the right to independence that involves a degree of risk. When making a decision on a placement or package of support case managers are required to balance the need to safeguard the individual alongside empowering them to take risks.

Safeguarding considerations are made throughout the Personal Budgets process and there is supporting documentation available for practitioners that fits with the principles presented in the South West Regional Safeguarding and Personalisation Framework. If a service user is placed in a residential or nursing care home, current safeguarding issues must be considered before the placement is authorised.

Through CQC and B&NES Contract & Commissioning Team care homes are aware of their responsibilities under the *Safeguarding Vulnerable Groups Act 2006* and the *Independent Safeguarding Authority (ISA) Vetting and Barring Scheme*.

SECTION TWELVE - FINANCIAL CONTRIBUTIONS AND CHARGING

A single *Fairer Contributions* policy for all non-residential social services, including Extra Care services has been recently adopted in B&NES. All service users receiving a package of care and support in the community must be financially assessed under this policy and may be liable to contribute financially to the cost of their care and support package. Contributions are assessed based on ability to pay and not on the size of the service user's care and support package.

NB: No service user groups are exempt from the B&NES Fairer Contributions policy. Service users who refuse to participate in the financial assessment process will be liable to cover the full cost of their care and support package.

Services must not be withdrawn or withheld solely on the basis that a service user refuses to pay for them. However, in a limited number of cases a service user may refuse a package of care and support on the basis that they do not wish to contribute to the cost of providing it. In order to facilitate an informed decision, sufficient information must be provided to the service user to enable them to understand the potential risks associated with refusing to accept each of the services they have refused. **This process must be recorded by case managers.** The capacity (or otherwise) of a service user to make an informed decision must also be established and recorded.

Service users who have capacity **and** have received sufficient information to inform any decision to refuse services are required to sign a declaration to this effect and this must be recorded by case managers.

Service users who have refused services are still entitled to reviews of the assessment of their needs and any resultant care/support plan. Such reviews should also ensure that the service user still has the capacity and information available to make an informed decision about the risks of continuing to refuse the services.

This section must be completed by all locality managers, team managers and case managers and returned to:

Placements & Packages Policy Confirmation
Non-Acute & Social Care Commissioning Team
2nd Floor Trust HQ
St Martin's Hospital
Midford Road
Bath BA2 5RP

DECLARATION

I have read and understood the B&NES Placements & Packages Policy. Any questions or queries in relation to this policy have been raised with my line manager and have been appropriately responded to.

I agree to ensure that my practice is consistent with, and adheres to, the guidance set out in the B&NES Placements & Packages Policy.

Signed:

Job Title:

Line Manager Signature:

Date: