

Choice and Affordability Practice Guidance

LONDON BOROUGH OF CAMDEN

ADULT SOCIAL CARE

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1. Purpose

This guidance explores the ways in which Camden Adult Social Care (ASC) should arrange care and support to meet eligible outcomes, that both reflects the choices of the person with support needs (referred to as 'adult' hereafter) and balances the need for ASC to meet these eligible outcomes cost effectively.

2. Scope

This practice guidance is to be used alongside the care and support statutory guidance. It is for frontline workers in ASC and any delegated party carrying out assessments on behalf of ASC.

3. Strengths based approach

Practitioners should work with the adult to identify their strengths and personal, community and social networks. All of these factors should be explored including the use and benefits of assistive technology, before formal care and support are considered. Strengths should be maximised to achieve identified outcomes, improve the adult's wellbeing and facilitate their independence and ability to make choices. The strengths based approach enables the adult to lead and be in control of their care and support needs, it can also delay the development of further needs. Further information regarding how social care professionals can prepare for and conduct a strength based assessment with an adult or carer can be found [here](#).

4. Least Restrictive Option

The Care and Support Statutory Guidance at paragraph 1.14(h) states that the Council:

'needs to ensure that any restriction on the individual's rights or freedom ... is kept to the minimum necessary for achieving the purpose ... Where the local authority has to take actions which restrict rights or freedoms, they should ensure that the course followed is the least restrictive necessary.'

This means that if a person's care and support needs can be met in a Shared Lives or Extra Care placement (less restrictive), they should not be met in a care home (more restrictive).

5. Positive risk taking

Positive risk taking means giving the person with support needs real choice and control over how they make decisions about their care and support, enabling people to take positive risks whilst managing significant risk safely. Risk enablement should become a central part of placing the adult at the centre of their own care and support. Further information regarding risk enablement can be found [here](#) and Camden's guidance regarding positive risk taking will be available soon.

6. Mental Capacity Act 2005

All practitioners have a duty to comply with the code of practice and key principles outlined in the Mental Capacity Act 2005, which should be applied and used to underpin all actions when supporting an adult. This also applies to when there are concerns of self-neglect. Although there is no clear point at which certain behavioural patterns become self-neglect, it often involves interplay between mental, physical, social and environmental factors. Further information regarding self-neglect can be found [here](#).

7. Advocacy

Reasonable adjustments must be made to ensure that the adult has access to information and advice services and can be actively involved in playing a key part in identifying their needs and desired outcomes. If the adult has substantial difficulty in being involved in any part of their care and support planning process the council must make suitable arrangements for an independent advocate to be appointed if there is not an appropriate individual to support them.

8. Choice, control and meeting eligible outcomes

Individual choice and control over how eligible outcomes are met is essential. Once it has been identified that an adult has an eligible need, as part of the decision making process Camden:

- Should take into consideration its own finances in considering the best value option
- May consider the best value option when taking a decision in determining how to meet individuals assessed needs.
- Consider each person's circumstances individually on a case by case basis, weighing up the total cost of different options to decide which option would enable the desired outcome for the best value.

9. Care and Support Statutory guidance

The care and support statutory guidance states:

In determining how to meet needs, the local authority may also take into reasonable consideration its own finances and budgetary position...The local authority may reasonably consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how an individual's needs should be met (but not whether those needs are met). However, the local authority should not set arbitrary upper limits on the costs it is willing to pay to meet needs through certain routes – doing so would not deliver an approach that is person-centred or compatible with public law principles. The authority may take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value. (10.27 Care and support statutory guidance)

In simple terms this means that the local authority can take into reasonable consideration its own financial position when determining how to meet an adult's eligible need. However the local authority must not apply random or inconsistent criteria on what it is prepared to pay to deliver services that meet eligible needs. The local authority can make decisions regarding how to meet the cost of services for eligible needs on a case by case basis but should explore the cost of all available options. The decision on how best to meet needs should not result in selecting the cheapest option of care and support but should be based on what will deliver the required outcome as well as being best value for money.

10. Examples of balancing an adult's choice with budgetary considerations

10.1 Choice of accommodation

Annex A of the care and support statutory guidance states that councils must ensure that:

'People are able to express a preference about the setting in which their needs are met through the care and support planning process. Once the support plan is agreed, the choice is between different settings, not different types. For example, a person cannot choose a care home when the care and support planning process, which involves the person, has assessed their needs as needing to be met in a shared lives scheme.' (Annex A Care and support statutory guidance)

The type of provision (Care Home, Supported Living, Shared Lives, care at home etc.) should be determined during the support planning process. People can then 'express a preference' about the setting in which their needs are to be met. In this context setting means different providers of the same type.

For example if a person's support plan determines that their needs can be met in a Shared Lives placement (the type of placement), the person is entitled to 'express a preference' about which Shared Lives placement (the setting) they move to.

Additional Payment

An additional payment (top up) is when extra money is needed to fund the difference between the value of an individual's social care personal budget and the cost of their chosen accommodation setting. The payment may be required where the chosen accommodation costs more than the amount in the personal budget. For further information, see full [Choice of Accommodation and Additional Payments](#) guidance.

Case Study 1

Mrs Enid Watson is an 86yr old woman who moved to Camden with her husband in her early 50's and worked as a hairdresser until she retired. Enid has always led a very active life but over the last 4 years, both her physical and emotional health has

significantly deteriorated. She requires assistance with all her activities of daily living and needs 2 people to support her to transfer and mobilise.

She has 2 carers, 4 times daily to provide support. The district nurses visit twice weekly for pressure and catheter care. Her daughter Beryl, lives in Hastings, visits her mother once a month and has appointeeship to support her mother to manage her finances. She has become increasingly worried about Enid over the last year.

Enid used to attend a day centre but due to her living on the 5th floor, the lift regularly breaking down and her now needing 2 carers to transfer, she is now housebound and her only contact is with her family and carers.

Enid's GP feels that Enid is suffering from reactive depression due to the loss of her husband and her social isolation. Enid says that she does not want to take any antidepressants nor does she want to engage in counselling.

The social worker has discussed the option of moving to extra care sheltered housing with Enid who does not want to move. The ECF panel feel that Enid's needs are too high to be able to be met effectively in extra care sheltered housing.

Enid has told the social worker that she wants to remain in the flat where she lived with her husband for 30 yrs. Whilst Enid said that she wants her care to continue, she also said that she finds it difficult to communicate with so many different carers and will often refuse to accept support. Enid's daughter is insisting that Adult Social Care provide an improved service including a waking night carer to ensure her mother's safety.

The social worker explains that the cost of the care required at this point means that alternative suitable options must be considered. They explain that the council have to make best use of their available resources to meet the needs of vulnerable people across the borough in a fair and equitable way, and that Enid's needs could be met in a placement at a lower cost.

The daughter is unhappy about this and asks to speak to the social worker's manager. The manager explains that no final decision has been made and that Enid and her daughter's views will be taken into account, but that costs will be one of the considerations when weighing up different options. The manager suggests visiting some nursing homes with her mother to get an idea of what they offer. The daughter reluctantly agrees; she is still unhappy but is reassured that her views are being taken into account.

Following several more falls and deterioration in Enid's pressure sores and breathlessness, a social worker completes a mental capacity assessment regarding Enid's ability to decide on her present and future care and concludes that with the appropriate amount of information and assistance, Enid can still be supported to make decisions about her future accommodation.

Over the course of two meetings, the social worker and Beryl all support Enid to weigh up the advantages and disadvantages of remaining at home versus moving to nursing care. Enid agrees to a trial period in a nursing home near her daughter in

Hastings and following a full assessment and confirmation that she does not meet the CHC criteria, Camden's QAP panel agree a trial period in a nursing home.

Enid moves to a nursing home in Hastings and is reviewed by the social worker at 6 weeks. Enid is very clear that she wants to remain at the nursing home in the longer term. Enid's pressure sores have started to improve and she is no longer wearing a catheter. Due to the consistency of her key worker and a core group of carers, Enid feels much more comfortable with her carers and has agreed to accepting support from them whilst actively undertaking any personal care tasks that she is able to do herself.

Enid sees her daughter and grandchildren twice weekly and has accepted some counselling regarding the death of her husband and coming to terms with her changed situation. As she grew up in Hastings, she has also made contact with 2 of her friends that she went to Hairdressing College with and all 3 of them have started to organise some hairdressing to the other residents.

10.2 Choice of meal provision

An eligible outcome for an adult may be meal provision. Many people would choose to have a paid carer cook a meal for them. The social worker should consider with the person what their eligible need is (meal provision), what their desired outcome is (e.g. stay healthy through eating well) and how might their need and desired outcome be met cost effectively but in a way which works for them.

If their desired outcome is to stay healthy through eating well, what is it that is most important to them? e.g. the type of food they eat, how it is cooked, the time of day they eat etc.

Options the social worker might explore with them are:

- Is there anyone close to the person who could cook meals for them and freeze them on a weekly basis?
- Could they try a range of home delivered or pre-packaged meals? If they are unable to heat up a meal, is there anyone that could do this for them? If not, a carer may be able to come in to carry out this task.
- If they are not satisfied with the options that are available to meet their eligible need cost effectively, do they wish to choose to pay for someone to cook a meal for them from their available financial resources.

Whilst there may be individual circumstances where it is appropriate for ASC to provide a carer to cook a meal, cost effectiveness is a key factor in meeting needs for meal provision. Although the person's preferences in terms of meeting this eligible needs should be taken into consideration and efforts made to offer as much choice as possible, ASC is only able to offer choice within the context of meeting eligible need cost effectively.

Case Study 2

Mr John Staines is 82 years old, he has lived alone since his wife died last year and is visited regularly by his son who lives in Kent and visits once a week. John has several significant medical conditions which impact on his mobility. He uses a walking stick and is unable to walk to the shops or to the local cafes.

John has an assessed eligible need for meal provision. He very much likes traditional British food such as fish and chips and has told the social worker that he wants the council to arrange for someone to cook him a meal every day at lunchtime. He feels that due to the perching stool that the OT has arranged he can make himself a sandwich for tea or heat up some soup.

The social worker suggests that he heats up a pre-packaged meal for his main meal and offers to assist John to purchase a microwave.

John feels that he is too old to think about using a microwave and wants a freshly cooked meal. The social worker explains that this option is not cost effective for the local authority. The social worker suggests that they talk to John's son, David, to see if he can make any suggestions. John phones David who speaks to both John and the social worker.

David offers to cook a week's worth of meals and drop them off when he sees his dad. He says that he will buy a simple microwave for his dad and show him how to use it. John is worried that this will be too much for David and is still nervous about using a microwave. David reassures him and everyone agrees that this proposal should be trialled for a month.

After a month, John feels ok about using the microwave but David is finding it difficult to cook seven meals every week. John agrees to trial a range of pre-packaged meals, interspersed with some of David's meals.

10.3 Day Opportunities

Case Study 3

Jane is in her late 30's and lives with her parents and younger sibling. On moving from children to adult services Jane was placed in a day service as "in those days" there was little alternative provision. She has attended this provision for over 10 years at a cost of £6250 per year.

However, Jane has always expressed that she did not like the service as she felt that she was "more able" than many of her peers.

At her review Jane and her team discussed alternatives to attending the day service. Whilst Jane didn't want to be there, she was also very nervous about the unknown. Through intensive work with the day centre staff and health professionals Jane was supported to find some meaningful activities from the universal offer. These activities were attending a course at a local college, two days volunteering and a day that Jane called her 'pampering day', which included going for a swim and going to the gym.

As Jane's confidence grew, the day service staff slowly withdrew and Jane is now accessing all of these activities without input of social care staff, except one member of staff who attends the gym with her to meet some of the needs that she has in order to access the swimming pool.

This provision costs £1750 per year. Jane does occasionally return to the day service if she feels she needs a confidence boost.

Through creative support planning Jane's wellbeing has significantly increased while delivering a saving of £4500 per year. Jane has now not had day service provision funded in her personal budget for 2 years.

11. Additional information and review

Practitioners are encouraged to discuss any cases regarding choice and affordability with their line manager and should refer to the guidance for further information. The Choice and Affordability guidance will be reviewed annually or earlier in accordance with relevant changes in legislation, regulations or guidance. Any major changes to this guidance will be subject to consultation.

The ASC Practice Guide has been developed to support Camden adult social care practitioners understand and deliver their duties in line with the legal requirements outlined in the Care Act 2014.

The ASC Practice Guide can be found [here](#).