

CABINET
14 JUNE 2018**FUTURE PROVISION OF REPLACEMENT CARE
(OVERNIGHT RESPITE) SERVICES FOR ADULTS WITH A
LEARNING DISABILITY****Relevant Cabinet Member**

Mr A I Hardman

Relevant Officer

Director of Adult Services

Local Members

Mr B Clayton, Mrs R L Dent, Mr P B Harrison, Mr R C Lunn, Mr C Rogers, Mrs E B Tucker, Mr P A Tuthill

Recommendation

1. The Cabinet Member with Responsibility for Adult Social Care recommends that Cabinet:

- (a) notes the aim of improving outcomes and efficiency of replacement care (overnight respite) provision for adults with a Learning Disability, together with the results and feedback to date from pre-consultation engagement with individuals using services, carers, staff and other stakeholders, which has identified the importance of replacement care for people using services and their carers and generated many ideas about how services could be organised differently in the future;**
- (b) endorses the approach to achieving that aim, with the intention that the Director of Adult Services and her commissioners work with the providers of the commissioned replacement care services to remodel the way services are provided in order to meet eligible care needs now and in the future, ensuring maximum value for money, by exploring the options set out in paragraph 25 below and then implementing improvements as appropriate; and**
- (c) notes that to the extent that any future proposals for service change require formal consultation, proposals will be brought back to Cabinet to seek permission to consult at a future date as required.**

Background

2. Replacement care, also known as "respite" from caring or "short breaks", is the support provided to an individual due to a carer having a break from their usual caring role. It is the support offered to people needing help in fulfilling their caring commitments to reduce unnecessary pressure or stress, and usually involves

overnight care for one or more nights. These can be planned breaks or short notice in emergency situations. Under the Care Act, local authorities must have regard to the wellbeing principle, as it may be the case that the carer needs a break from caring responsibilities to look after their own physical/ mental health and emotional wellbeing, social and economic wellbeing and to spend time with other members of the family and personal relationships.

3. Worcestershire's Adult Learning Disability Strategy 2016-2018 "Better outcomes for people with a Learning Disability and their families" sets out the commitment to improve outcomes for people with a Learning Disability, enabling people to have choice and control over their care, support and health needs, and working together as partners to improve lives and make sure services are accessible. Specifically in relation to replacement care services, "Big Aim 6: The Right Support for Carers" commits to improve how replacement care works in the county, aiming for an equitable and integrated replacement care service across Worcestershire.

4. Planned replacement care is identified in an individual's needs assessment and support plan for people who are eligible for Council-funded services under the Care Act. The support plan sets out the number of nights of replacement care required for that individual per year. To meet these needs, the majority of replacement care provision is commissioned by the Council on a block purchase basis (from both internal and external providers), and therefore at a fixed cost. This means that if the nights included in the contract are not all actually used, the cost is still incurred.

5. The Council currently commissions fixed cost replacement care for people with a Learning Disability in the following settings:

- In-house provision at Worth Crescent in Stourport and Pershore Short Breaks unit, provided by the Council's Adult Social Care Provider Services
- Osborne Court in Malvern and Church View in Bromsgrove via a contract with Worcestershire Health and Care NHS Trust ("WHCT")
- Lock Close in Redditch via a contract with the external provider HF Trust Ltd.

Currently, around 178 individuals receive a regular replacement care service funded by the Council within these services. A number of Continuing Health Care (NHS) funded clients also access the services, in particular the services provided by WHCT.

6. Cabinet received a report on 8 February 2018 "Future Provision of Replacement Care Services for Adults with a Learning Disability". Cabinet approved the recommendation to carry out pre-consultation engagement with individuals using replacement care services, family carers, professionals and wider stakeholders, on how learning disability replacement care services should be delivered in the future.

7. Pre-consultation engagement commenced on 27 March 2018 and continued to end of April 2018. The summarised results of the engagement are detailed in paragraphs 18-22 below. In total, 10 meetings have been held attended by approximately 82 carers and 44 staff. Speakeasy NOW have worked with the Council to engage with people using services, and have spoken to 18 adults with learning disabilities. Where people using services have not been able to contribute directly to engagement conversations due to the severity of their learning disability, staff and carers have been asked to advocate as appropriate. Individual conversations have also been held with carers, staff and service users where

required. Wider stakeholders have been engaged at representative groups and through 1-1 meetings.

Context for Change – Outcomes, Budgets and Sustainability

8. The review and analysis of replacement care provision and usage to date has taken account of:

- a) current capacity (based on the number of beds and nights available)
- b) current allocation of provision to individuals who have an identified need for a replacement care service
- c) the matching of specialised replacement care provisions to individuals with specific identified needs e.g. requirement for nursing or health-based replacement care
- d) the suitability of accommodation and facilities available
- e) the cost per night at each provision
- f) the potential to deliver additional and/or more cost effective capacity, for example at existing units or through the purchase of provision from external providers or Shared Lives carers
- g) geographical spread of provision and people using the services.

9. The total 2018/19 budget for all Learning Disability Replacement Care provision is £2.1 million. The budget includes all of the block-contracted provision and Council-provided services as well as a small amount of provision in external care homes and specialist units via individual spot purchases (for example, where individuals choose to access provision in other settings). Some replacement care is also provided by Shared Lives carers through the Shared Lives scheme. The total 2018/19 budget for support for adults with Learning Disabilities is £52 million.

10. Initial work reported in the 8 February 2018 Cabinet Report identified that there were around 1,800 nights purchased but not used per annum across the county (equivalent to 5 beds). Similar under-usage of the provision available has continued in the period since the previous report.

11. However, further detailed analysis and the results of the pre-consultation engagement have revealed more complex reasons for the under-usage than just a reduction in need. For example, during 2017/18, over 3,000 nights of replacement care were purchased from external providers outside of the block contracts referenced in paragraph 5 above, at a total cost of over £0.5 million. Much of this purchasing was for emergency placements and/or for people with very complex needs and challenging behaviours, and in many cases these placements had to be made outside of the block contracts due to the lack of the right type of capacity.

12. In the longer-term, while there are some strategies which are likely to see a reduction in the need for replacement care over time, there are also other factors e.g. demographic pressures and increased complexity of need which are likely to see the need for replacement care increase.

13. The feedback from carers in particular during the pre-consultation engagement has reiterated how important replacement care/overnight short breaks services are to enable them to continue their caring role. Carers UK have estimated that unpaid carers save £132bn nationally each year (Carers UK Valuing Carers 2015). In

Worcestershire, on average it costs over £500 more per week to support someone with learning disabilities in an external Supported Living or Residential placement than the weekly cost to support someone living at home with a family carer.

14. Demographic changes mean that there are more people growing older with a Learning Disability and their family carers are also getting older. In the longer term, this type of demographic change is likely to reduce the overall need for replacement care. For example, if an adult with learning disabilities moves into their own Supported Living accommodation there is no ongoing need for replacement care. However, in the medium term these changes are likely to lead to an increase in need for replacement care in order to sustain family carer support as long as possible.

15. There is also evidence for increases in the number of young people with very complex needs coming into adulthood, for example people with behaviours that challenge services and people with complex health needs. Replacement care is a valuable service for family carers of people with complex needs and often there is a need for a higher number of nights in order to support family carers in their role. Sufficient suitable replacement care provision is needed to be able to meet this level of need.

16. There is also an identified need for sufficient capacity to meet emergency replacement care requirements, for example when there is a crisis situation in a family. If more emergency requirements can be met within existing services, there will be a reduced cost to purchase external placements.

17. The overall picture of need for this type of service is therefore very complex and provision needs to be matched to meet needs and demands now and in the medium to long-term, while at the same time securing the best value for money within the available budget for the services.

Summary of Pre-consultation Engagement Findings

18. Pre-consultation engagement focussed on the following messages about why we need to look at the services:

- We need to get the best value for money from the Council's budget
- Overall, the current evidence shows that there are more beds purchased than are used; although there is also growing evidence of unmet need in some areas
- We need to make sure people are receiving the most appropriate service for their needs
- We need to plan for changing needs and expectations for replacement care over time.

19. We asked carers and staff the following questions to stimulate our discussions

- Why is replacement care important for you?
- What do the current services do well?
- Are there things that could be done better or differently?
- Do you have any ideas for how replacement care services across Worcestershire could be organised more efficiently/effectively?
- Are there other ways that replacement care could be provided?

- How do we increase occupancy/maximise usage/ensure we use the skills and facilities in each unit to their full?
- Do you think people get enough choice about how their replacement care is offered?
- Does the service you use work for you geographically?

Feedback from Carers

20. The main findings and areas of discussion during pre-consultation engagement with family carers in relation to replacement care services are summarised below:

- a) Replacement care is a vital service for carers; without it their caring role would be at serious risk and they would not be able to carry on providing care;
- b) The adverse financial impact on the Council of carers not being able to care would be significant. If replacement care services were not available, higher costs would be incurred for example if people currently cared for at home had to move into residential care;
- c) The services currently provided give carers peace of mind that their family members are being well looked after. Carers trust the staff and the services. Services are very responsive and adaptable and try to accommodate changes in need wherever they can. The continuity of staff in the services is very important. Staff are very approachable and like a family;
- d) The services have been very supportive of carers, providing both practical and emotional support for example at times of illness or bereavement. In some cases, services have helped carers manage the challenging behaviours of the people they care for more effectively. There are also examples of how replacement care services have supported carers to enter and/or maintain their own paid employment. For health-based services, carers value the support with complex health needs that the services provide;
- e) The services are equally important for people with learning disabilities using them; it is a break for them too. Friendship groups are very important. Any changes for people with learning disabilities can cause huge anxiety and have a massive impact; they often rely on routine and continuity. Services have helped people to develop independent living skills and prepared them for the transition away from family carers in the future;
- f) We need to take into account, when planning services now and for the future, the fact that people with learning disabilities are living longer and have more complex needs. As carers get older, the availability of replacement care services becomes even more important;
- g) There needs to be a range of quality services which are flexible to meet the range of needs. The mix and compatibility of people using the services at any one time needs to be right, for example some types of needs are not compatible with each other. Differences in the ages of people attending also needs to be considered;

- h) Could there be more flexibility in relation to the number of nights allocated in an individual's support plan? For example, if there was a range/leeway that would save social work time and enable services to meet needs more flexibly;
- i) Staff in the services need to be supported with appropriate support and training to carry out their role effectively;
- j) It is very important that people making decisions about services understand the needs of people with learning disabilities and their carers;
- k) Services could be more effectively co-ordinated by working more closely together;
- l) Services should be better promoted to people with learning disabilities and their carers, for example to young people who are looking at options for post-college;
- m) There are some carers who would like to have availability of replacement care services more centrally in the county, for example in Worcester. However, in many other cases the current geographical locations of services works well and carers would not want any change;
- n) The buildings can be restrictive for some of the services e.g. lack of enough ground floor rooms. This can limit people's choice about where to get their service. Smaller services can also suffer from lack of flexibility and economies of scale; it is however important that a homely feel is maintained. Larger services can also work less well for certain types of need e.g. for people on the autistic spectrum. Appropriate range and choice of provision is vital.

Feedback from Staff

21. The main findings and areas of discussion during pre-consultation engagement with staff in relation to replacement care services are summarised below:

- a) Referrals could be managed more effectively, ensuring that people's level of need is accurately reported to the service in order to ensure that needs can be accommodated effectively. There also needs to be closer working between social work teams and service providers to ensure that expectations of families for numbers and allocations of nights are managed effectively. It was suggested across all services that a centralised process (e.g. short breaks panel or planning meeting) would be very beneficial to enable more appropriate placements and more joined-up management of services;
- b) Managing this type of service is very complex; for example there can be last-minute cancellations due to people's health and that can result in beds not being occupied; there is a balance between maximising choice (for example choice of day) and making sure the service is fully effective. Particularly in smaller services, it is difficult to accommodate annual holiday stays of one or two weeks with the planned regular replacement care stays; however, staff are very responsive and flexible to meet changing needs and emergency situations, and to manage compatibility effectively;

- c) Weekends are the busiest time and services are most often full at weekends. This can impact on the ability of services to take emergency referrals which can require a continuous service for a number of weeks. It is very disruptive for families to cancel regular replacement care to accommodate an emergency; emergency placements often last longer than originally expected. If emergencies for people who have used a service in the past could be accommodated, this would be highly beneficial as individuals and their families would already know the service;
- d) There are a number of issues with transport (both transport to and from home and particularly transport to and from day services); for example, notice periods for transport requirements can be inflexible;
- e) The relationship between overnight replacement care and day service provision needs to be looked at; there is currently a lack of consistency across provisions and across the week about how day services are provided and there are some inefficiencies with transporting people to and from separate day services. Having to travel in the morning to day services can be disruptive for some people using the services;
- f) The way that occupancy is measured needs to be looked at; for example, teatime and evening visits could be taken into account. Performance monitoring needs to be consistent across all five services and more responsive to the complex needs being managed by the services;
- g) The size of services needs to be looked at as some services are too small to maximise flexibility and economies of scale; also the needs and expectations of young people coming through transitions and their families, particularly where they have received a short breaks service as a child. Increasing capacity for replacement care in Shared Lives should be explored;
- h) There were many ideas put forward by staff for managing services more efficiently from a financial point of view, for example generating income from additional activities, increasing available beds;
- i) Staff do not always feel fully equipped to take people with challenging behaviour (NB Council provided services) and some of the services are not adapted physically to be able to accept people with this level of need;
- j) The role of replacement care in increasing people's independence is very important. It can be a stepping stone into supported living in some cases. Services work to help people with their independent living skills. Outcomes for people in replacement care should not all be about going out in the community; sometimes spending time relaxing or socialising with friends at the centre are equally important for this type of service;
- k) Some services (Council provided services) are not fully staffed and have a number of staff vacancies and this has contributed to the lower occupancy rates in these services;
- l) It is very difficult to manage the range of needs effectively in one service;

- m) Some of the existing buildings are a constraint on managing the services on a daily basis and on future service development;
- n) People accessing replacement care are growing older and there is an increasing prevalence of dementia for people with learning disabilities; this leads to increased needs.

Feedback from People using Services

22. Speakeasy NOW visited three replacement care services during April 2018 and asked people what they thought about the services they attended. Speakeasy NOW's findings are summarised below and their detailed report is attached as an Appendix. The summarised feedback was as follows:

- a) Many people have been attending the same services for a long time;
- b) Many people know each other very well and have long-established friends in the services whom they enjoy seeing when they attend;
- c) People know the staff well and staff in the services have helped people with dealing with change and difficult periods in their lives e.g. bereavements;
- d) Routines are very important to people;
- e) People like the opportunity to do a variety of activities, either in the centres or out in the community;
- f) People have different preferences e.g. for socialising or for being on their own, and it is important to them that they can choose what to do;
- g) Not everyone who uses a replacement care service understands why they are there and this can cause anxiety; however, it is important that they feel safe and secure and it helps if they know the staff well and know what to expect;
- h) The relationships people have with replacement care staff are important.

Recommendations and Next Steps

23. The pre-consultation engagement work to date has provided some clear messages and feedback about the importance of replacement care for people using services and their carers, specific feedback about each individual replacement care service and many ideas about how services could be organised differently in the future. The pre-consultation engagement has proved invaluable in enabling commissioners to understand need at the moment, but also potential need over the next three to five years.

24. The work has demonstrated that, while savings and efficiencies can be made in relation to these services to ensure best value for money, the scale of potential savings, taking into account the rich information provided through the engagement process, is smaller than originally thought. To achieve the potential savings outlined in paragraphs 34-36 below will also take longer than originally thought. Based on the work to date and the need to explore each of the options in more detail, specific options and recommendations for formal consultation are therefore not being brought to Cabinet at this stage.

25. Therefore, in order to continue to deliver the Learning Disability Strategy commitment for "an equitable and integrated replacement care commissioned service across Worcestershire", to ensure best value for money and to futureproof

the service for a longer period of time, commissioners will use the results of pre-consultation engagement with individuals using services, family carers, professionals and wider stakeholders to explore and investigate the following options/areas:

- a) Introduction of a regular strategic planning meeting for replacement care/short breaks. This meeting would bring together the service providers with commissioners and social workers in order to manage more strategically new placements and plan to meet current and future needs;
- b) Produce revised Worcestershire guidance for social workers in relation to meeting replacement care needs under the Care Act, to facilitate a more consistent process;
- c) Strategic review of current provision based on current and future identified needs in order to maximise usage and potentially reduce or increase capacity where appropriate, including reviewing and revisiting individual service specifications as appropriate, and reviewing buildings and physical locations. Development of individual business cases for options as appropriate;
- d) Efficiency review of how replacement care services align with day services and transport;
- e) Review of how performance of providers is monitored via service specifications;
- f) Review of how the Worcestershire service-offer is marketed and publicised;
- g) Continued partnership working with Health (Worcestershire Health & Care NHS Trust and Worcestershire Clinical Commissioning Groups) to ensure best use of health-led services.

26. Cabinet is asked to endorse the intention for commissioners to work with the providers of the commissioned replacement care services to remodel the way services are provided in order to meet needs now and in the future and ensure maximum value for money, by exploring these options and implementing improvements where appropriate. To the extent that any future proposals for service change require formal consultation, these proposals will be brought back to Cabinet at a future date as required.

Legal and HR Implications

27. The Council has a duty to promote the well-being of individuals in its area under the Care Act 2014 and to provide a range of social care services for meeting assessed eligible care and support needs of adults, including care and support needs resulting from disabilities and a duty to support carers.

28. The Council values the feedback and input of its residents and users of services to inform service development. In order to inform its proposals, as well as meeting required legal duties, the Council will return to Cabinet with options and seek permission to consult on them where consultation is needed. It would then carry out consultation as required with individuals using services and family carers, and give proper consideration to the outcomes of consultation before any substantive decision to implement any such proposal is made.

29. Appropriate statutory consultations with staff would also be carried out as appropriate based on the nature of future proposals and the impact on specific staff groups. Any changes to staffing arising out of future proposals would be subject to the Council's Human Resources Policies and Procedures.

Equality and Diversity Implications

30. The Council must, during planning, decision-making and implementation, exercise a proportionate level of due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

31. A full equality impact analysis will be carried out for each element of the service where any changes are proposed where an equality impact screening indicates it is required, and these analyses will form part of future Cabinet reports to inform future decision-making.

Privacy and Public Health Impact Assessments

32. These proposals have no direct impact on information risk or privacy impact at this stage.

33. A Public Health Impact Assessment will be carried out for each element of the service where any substantial changes are proposed, and these analyses will form part of future Cabinet reports to inform future decision-making.

Financial Implications

34. The Medium Term Financial Plan approved by Full Council on 15 February 2018 anticipated a need for around £65 million of expenditure reductions or increases in income over the 3 year period 2018/19 to 2020/21. There is a risk to the Council's overall sustainability and delivering Social Care to those that need it most if expenditure reductions or increases in income are not delivered as required. However, it should also be recognised, as outlined in this report, that expenditure on replacement care services can be linked to future cost avoidance, by reducing the risk of the breakdown of care provided by families.

35. The total 2018/19 budget for all Learning Disability Replacement Care provision is £2.1 million. This is net (i.e. inclusive) of £0.2 million savings already achieved in 2017/18 and a further savings target of £0.2 million set in the budget agreed by Council on 15 February 2018. There is an additional savings target of £0.1 million for 2019/20 in the agreed Medium Term Financial Plan.

36. The results of the pre-consultation engagement and analysis have shown that the planned savings are unlikely to be achieved in full and may also be delayed against the current timescale. However, the next stage of work proposed will look to maximise the efficiency and value for money of the current services, quantify the savings amounts which can be delivered and identify other savings areas which can mitigate the impact of under-delivery.

Supporting Information

- Appendix – Speakeasy NOW Replacement Care/Respite Service User Engagement Report April 2018

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Director of Adult Services) the following are the background papers relating to the subject matter of this report:

Worcestershire's Adult Learning Disability Strategy 2016-2018 2nd Edition updated September 2018 – "Better outcomes for people with a Learning Disability and their families"

Agenda and background papers for the meeting of the Cabinet held on 8 February 2018

Agenda and background papers for the meeting of Council held on 15 February 2018