

## Cabinet

**Thursday, 22 July 2021, 10.00 am, County Hall**

**Membership:** Cllr Alan Amos, Cllr Marc Bayliss, Cllr Matt Dormer, Cllr Simon Geraghty (Chairman), Cllr Adrian Hardman (Vice Chairman), Cllr Marcus Hart, Cllr Adam Kent, Cllr Karen May, Cllr Tony Miller and Cllr Andy Roberts

### Agenda

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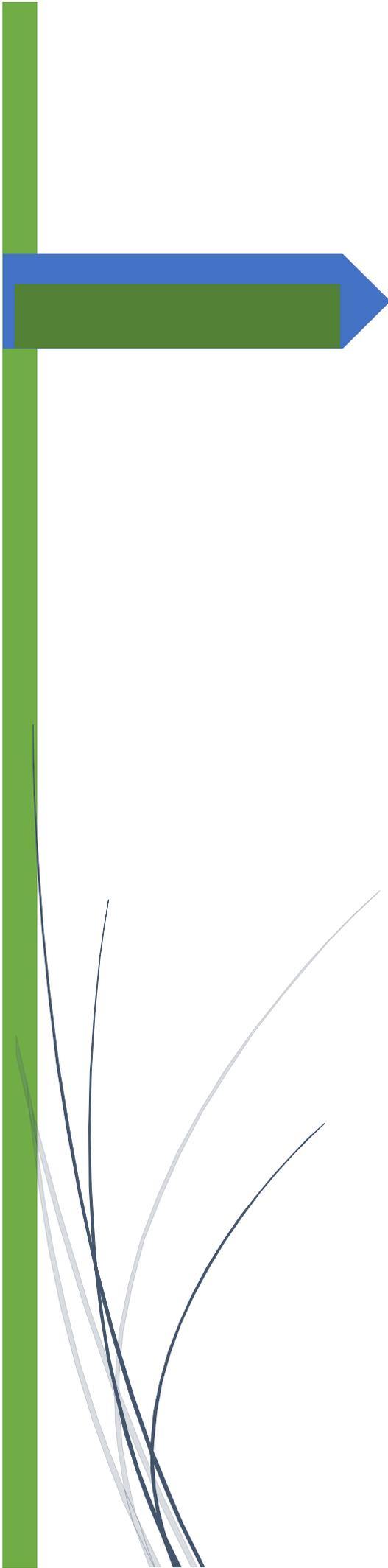
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All the above reports and supporting information can be accessed via the Council's website.

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# Day Services

## Review of WCC Connect Centres

26/01/2021

V.4

KORRINA CAMPBELL - INTERIM DAY OPPORTUNITIES REVIEW MANAGER  
KATIE STALLARD – SENIOR PROJECT MANAGER

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## Background

The overall purpose of the Day Opportunities Review is to consider how the council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individual carers.

The first phase of the review in late 2020 was to focus on the current offer for people using WCC in-house Resource Centres, with an aim of informing the potential development of future day opportunities for people with complex needs, across the portfolio of community opportunities for people with learning disabilities in Worcestershire.

One of the main findings of that review was that there was a “blurring” of both the Resource Centres and the Connect services in terms of the service offer per service and in terms of individuals levels of needs within the 2 services. Given that the initial aim of the review was to inform the potential development of future services for people with complex and high needs it became clear that further scoping needed to be completed in ensuring that the review incorporated **all** possible individuals in the day services who would be deemed within this cohort of service provision.

## Review Process

A similar exercise was carried out across the Connect services as to the one carried out within the previous Resource Centres reviewing exercise. The exercise focused on day to day frontline services which was completed by the Team Leaders and staff of the five Connect services, at various levels. Key data from this established whether the current service was “fit for purpose” for those individuals currently using the Connect services.

## Budget

Currently the budget per annum for the Connect services is c£1.4m which includes internal charges.

## Connect Services Overview

Currently 97 people with a learning disability use the 5 in-house Connect Services across the whole of Worcestershire:

- ***Droitwich & Bromsgrove*** 26 people
- ***Worcester*** 17 people
- ***Evesham*** 16 people
- ***Malvern*** 12 people
- ***Redditch*** 26 people

Part of the review was the compilation of individual Connect Service profiles, to allow us to consider any potential gaps in service provision or trends which may be useful when thinking about the holistic WCC complex/specialist provision for people with a learning disability. The findings from the individual Connect services profiles have also been amalgamated to provide us with an overall profile across all the existing Connect services.

## Executive Summary

1. 82 % of service users within the Connect services are over 40 years old
2. 56% of the service users have attended the Connect services for over 15 years and 66% over 10 years
3. The numbers of people within the connect services ranges from 12 service users - 26 service users
4. In terms of younger adults with a Learning Disability;

- a. 127 individuals who are seventeen years old and currently going through the transitions process, have been identified as potentially requiring some sort of Day Care Opportunity
  - b. have been identified as potentially requiring some sort of Day Care Opportunity
  - c. As in the Resource Centre review findings, currently there is a small proportion of younger adults within the Connect services, only 6 % are under twenty-four years old
5. 76% of individuals were identified as being suitable for just a Connect service
  6. 15 people were identified as being more suitable for a GOLD service or GOLD/Connect service
  7. There is still a blurring of the service offers between the Resource Centres and Connect Centres, due to referral processes and a lack of clarity about the service offers. This has identified that maybe the staffing levels and ratios of staff to individuals within the two types of provision are incorrect.
  8. 10% of service users have been identified as needing 2:2 or 2:1 support
  9. Just over 50% of service users only require an 8:1 ratio of support
  10. There is a heavy reliance on transport from individuals attending the connect services, with an annual cost to the Council of approximately £0.3m
  11. A large proportion of the service users (74%), within the Resource centres were identified as having health needs, none of these individuals are receiving Continued Health Care Funding.
  12. 3 of the connect services identified that all their service users would require advocacy support, 2 services said that the service users
  13. Overall there are only 2 out of area placements

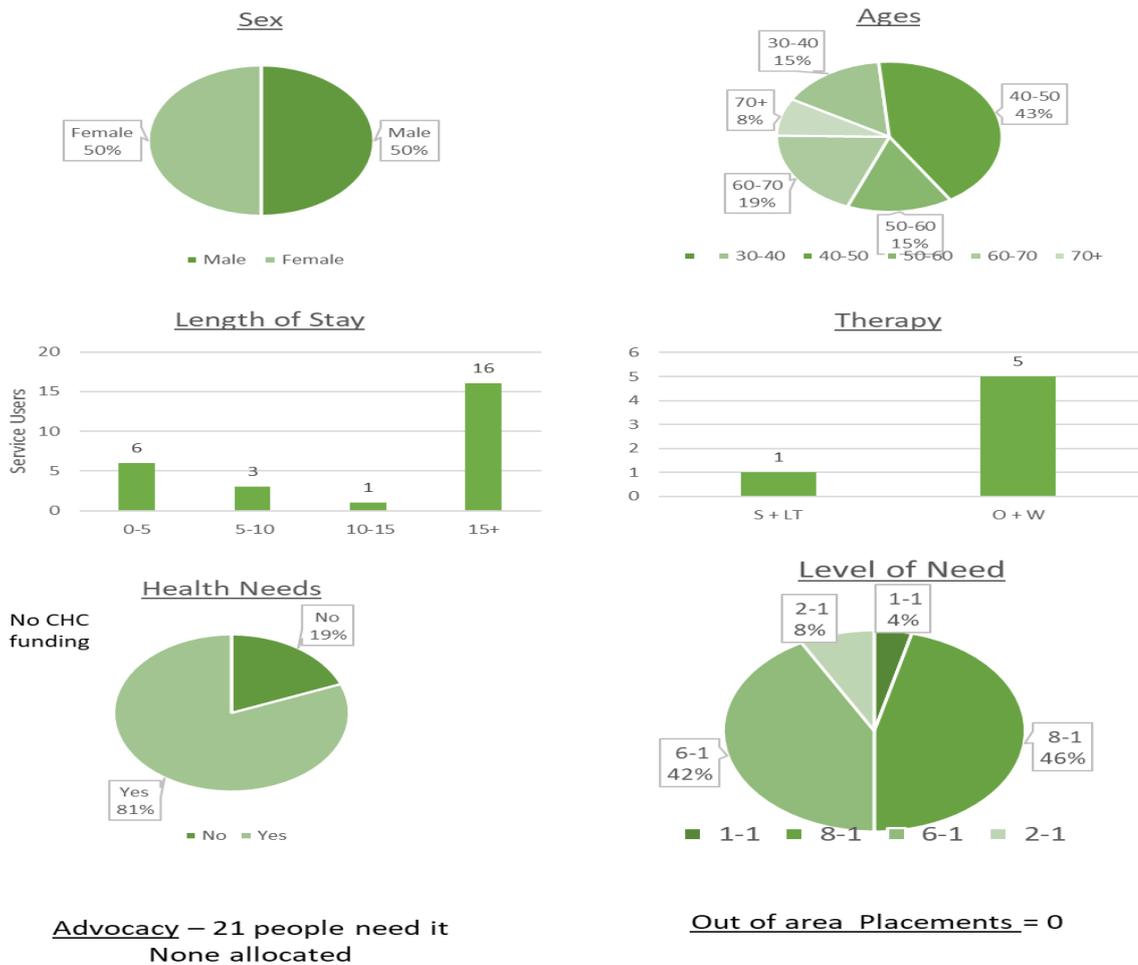
NB

It is worth noting that some of the data around the length in service for certain individuals may not be a completely accurate reflection. Many individuals received an in-house service provision prior to the Connect services and before a roll out of a new restructure, which included a pilot project, then began in 2012 which ran for 12 months and was rolled out service area by service area.

### **Bromsgrove & Droitwich Connect Service**

The service is based in Bromsgrove Resource Centre, which is a County owned building and is attended by 26 people.

## Connect Bromsgrove & Droitwich – 26 service users



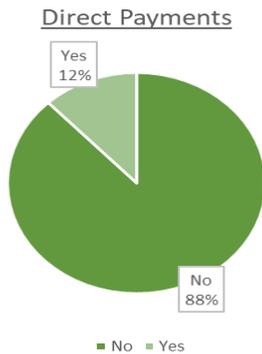
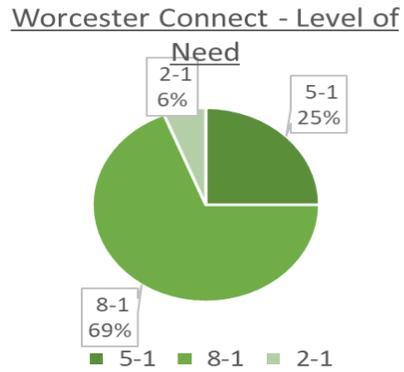
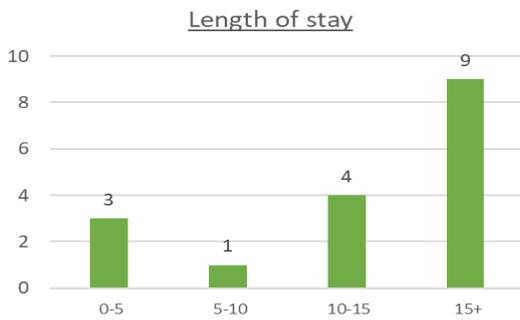
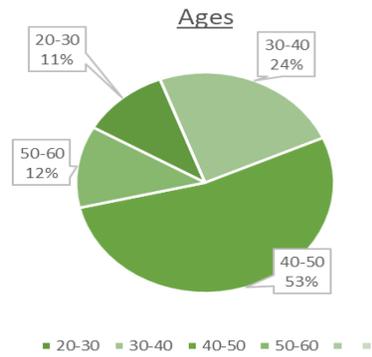
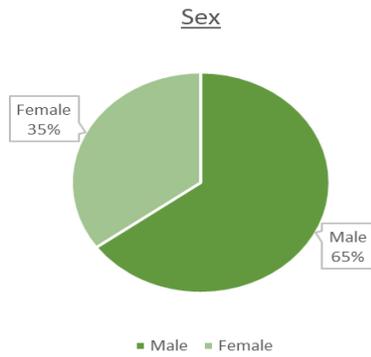
### **Droitwich & Bromsgrove Connect Service:**

- 62% of service users have been in the service for over 15 years
- 65% of service users have been in the service for over 10 years
- 1:1 and 2:1 hours make up 12% of services
- Internal transport provision equates to approximately 46% of the provision
- 81% of service users were identified by the team leaders and staff as having a health need yet only person was CHC funded
- There are no out of county placements
- 6 people were identified as being suitable for a GOLD service
- 6 service users received a therapy input

### **Worcester Connect Service**

The service is based in County Enterprises Building and is owned by WCC and is attended by 17 people.

**Worcester Connect Service – 17 Service users**



Therapy - No therapy input for anyone

Advocacy – No required for anyone

Out of Area = 0

Health Needs – 59% - No CHC funding

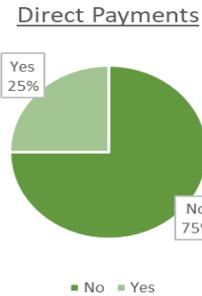
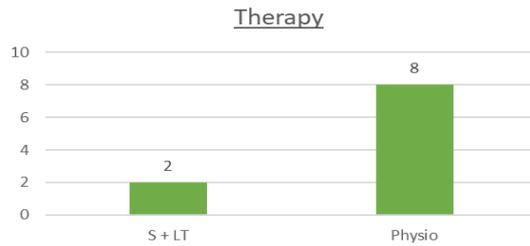
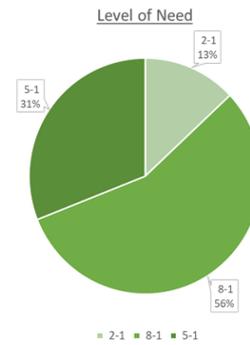
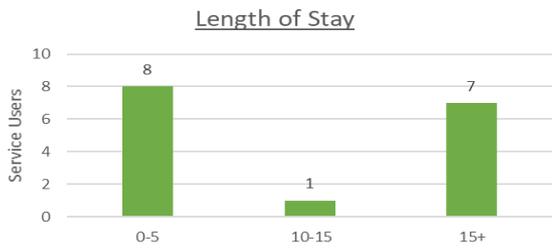
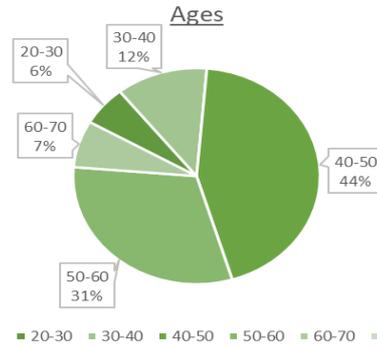
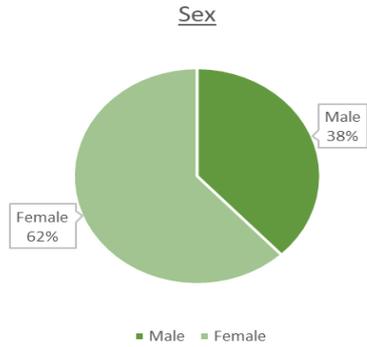
**Worcester Connect Service findings:**

- 56% of service users have been in the service for over 15 years
- 81% of service users have been in the service for over 10 years
- 1:1 and 2:1 hours make up 6% of services
- Internal transport provision equates to approximately 53% of the provision
- 59% of service users were identified by the team leaders and staff as having a health need but no service users are CHC funded
- There are no out of county placements
- No individuals were identified as being suitable for a GOLD service
- None of the service users received a therapy input

**Evesham Connect Service**

The service is based in Evesham Library and is attended by 16 people.

**Connect Evesham – 16 service users**



CHC – 100% health needs, 0 CHC funding

Advocacy – All needed – 0 advocated

Out of area = 0

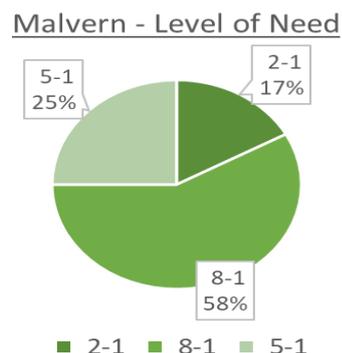
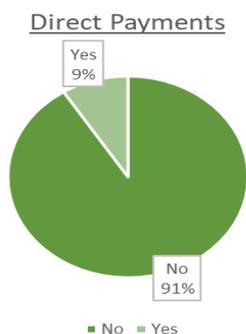
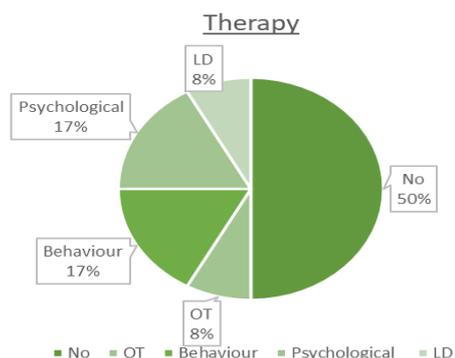
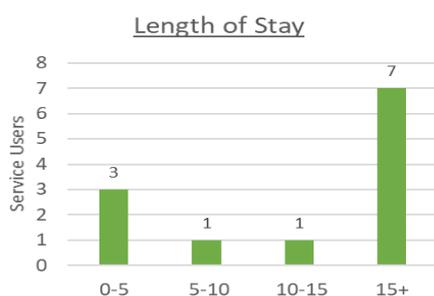
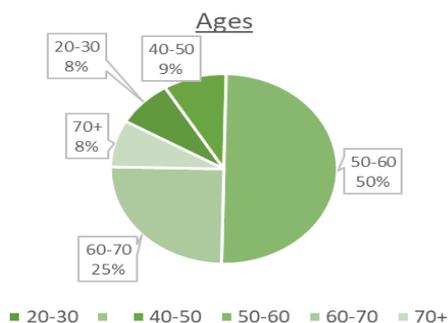
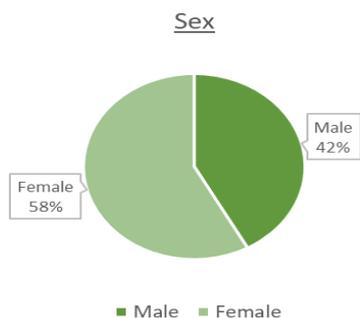
**Evesham Connect Service findings:**

- 44% of service users have been in the service for over 15 years
- 50% of service users have been in the service for over 10 years
- 1:1 and 2:1 hours make up 44% of services
- Internal transport provision equates to approximately 44% of the provision
- All of the service users were identified by the team leaders and staff as having a health need yet none are CHC funded
- There are no out of county placements
- 13% of people were identified as being suitable for a GOLD service
- 10 service users received either speech and language therapy or physiotherapy

**Malvern Connect Service**

The service is based in the Cube which is WCC owned but leased to the Cube Trust and is attended by 12 people.

## Connect Malvern – 12 service users



CHC Funding  
100% No CHC funding

Advocacy – 100% required, only 1 person advocated

Out of area = 2 people

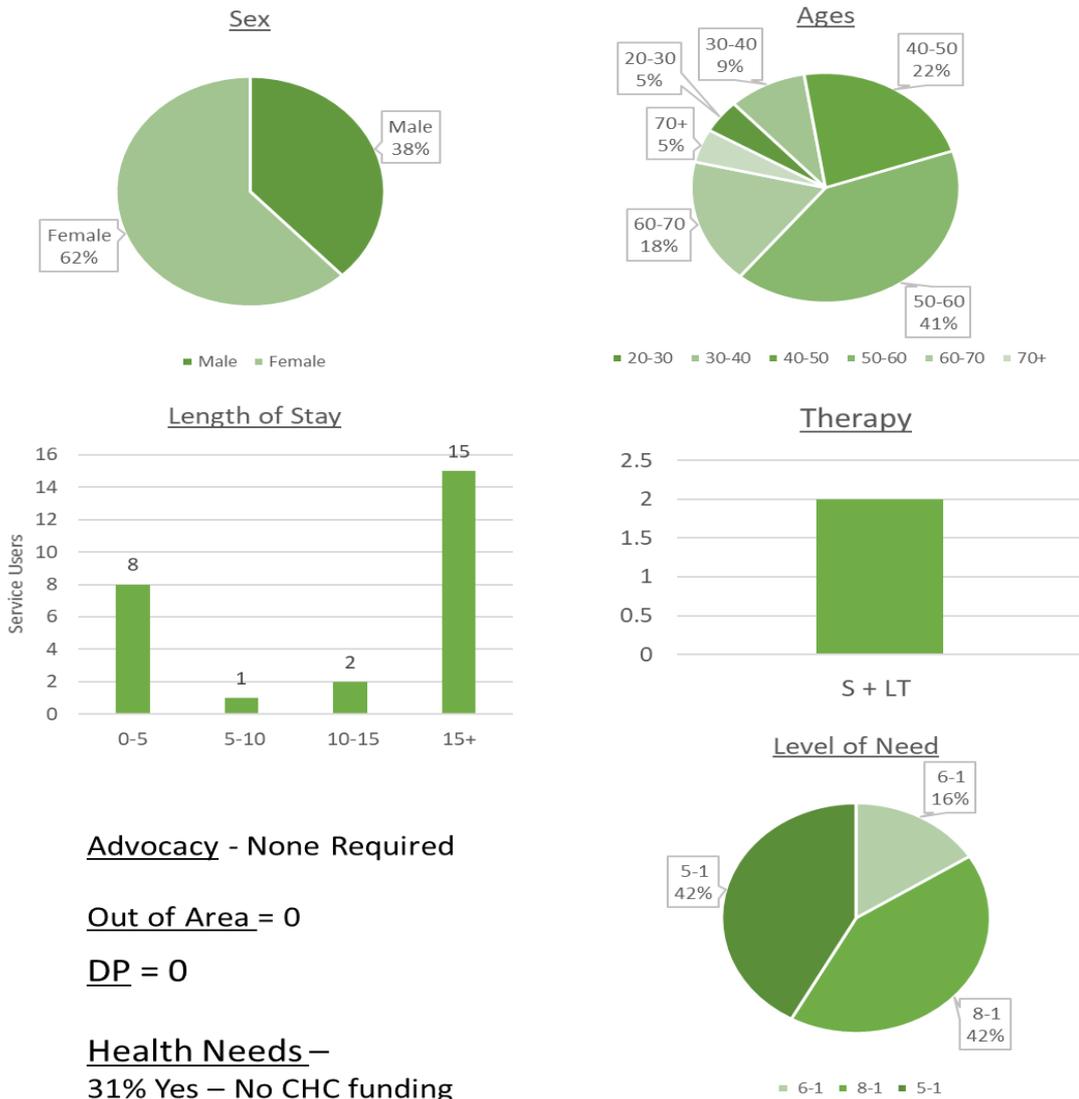
### Malvern Connect Service Findings:

- 58% of service users have been in the service for over 15 years
- 67% of service users have been in the service for over 10 years
- 1:1 and 2:1 hours make up 17% of services
- Internal transport provision equates to approximately 42% of the provision
- All service users were identified by the team leaders and staff as having health needs, yet no service users are CHC funded
- There are 2 out of county placements
- 50% of the service users receive some form of therapy input

### Redditch Connect Service

The service is based in Halycon Centre and is attended by 26 people.

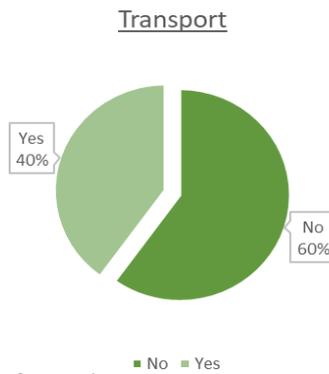
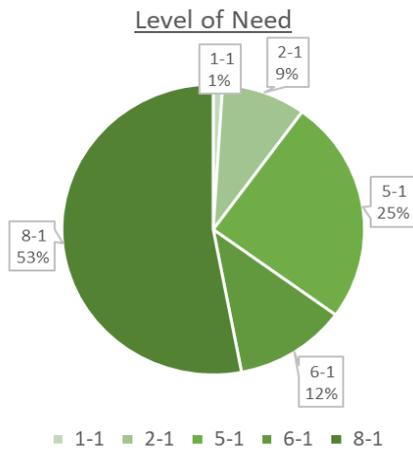
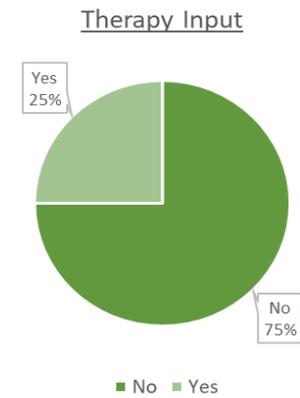
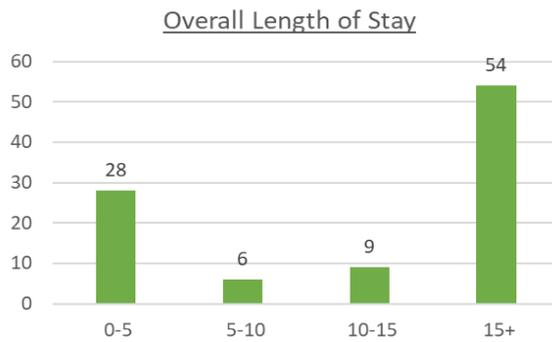
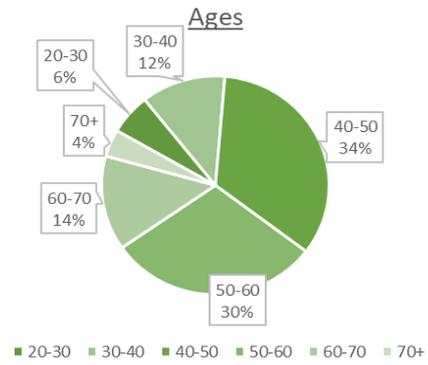
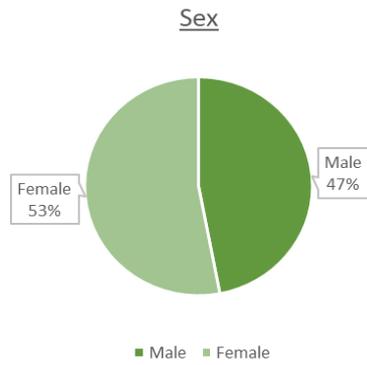
## Redditch Connect – 26 users



### Redditch Connect Service findings:

- 58% of service users have been in the service for over 15 years
- 65% of service users have been on the service for over 10 years
- There are no individuals receiving 1:1 and 2:1 hours
- Internal transport provision equates to approximately 31% of the provision
- 31% of service users were identified by the team leaders and staff as having health needs, yet no service users are CHC funded
- There are no out of county placements
- 2 of the service users receive speech and language therapy

## Countywide Overview of all Five Connect Services



**Out of area placements – 0**

**Advocacy – 3 services need 100%  
2 services need 0**

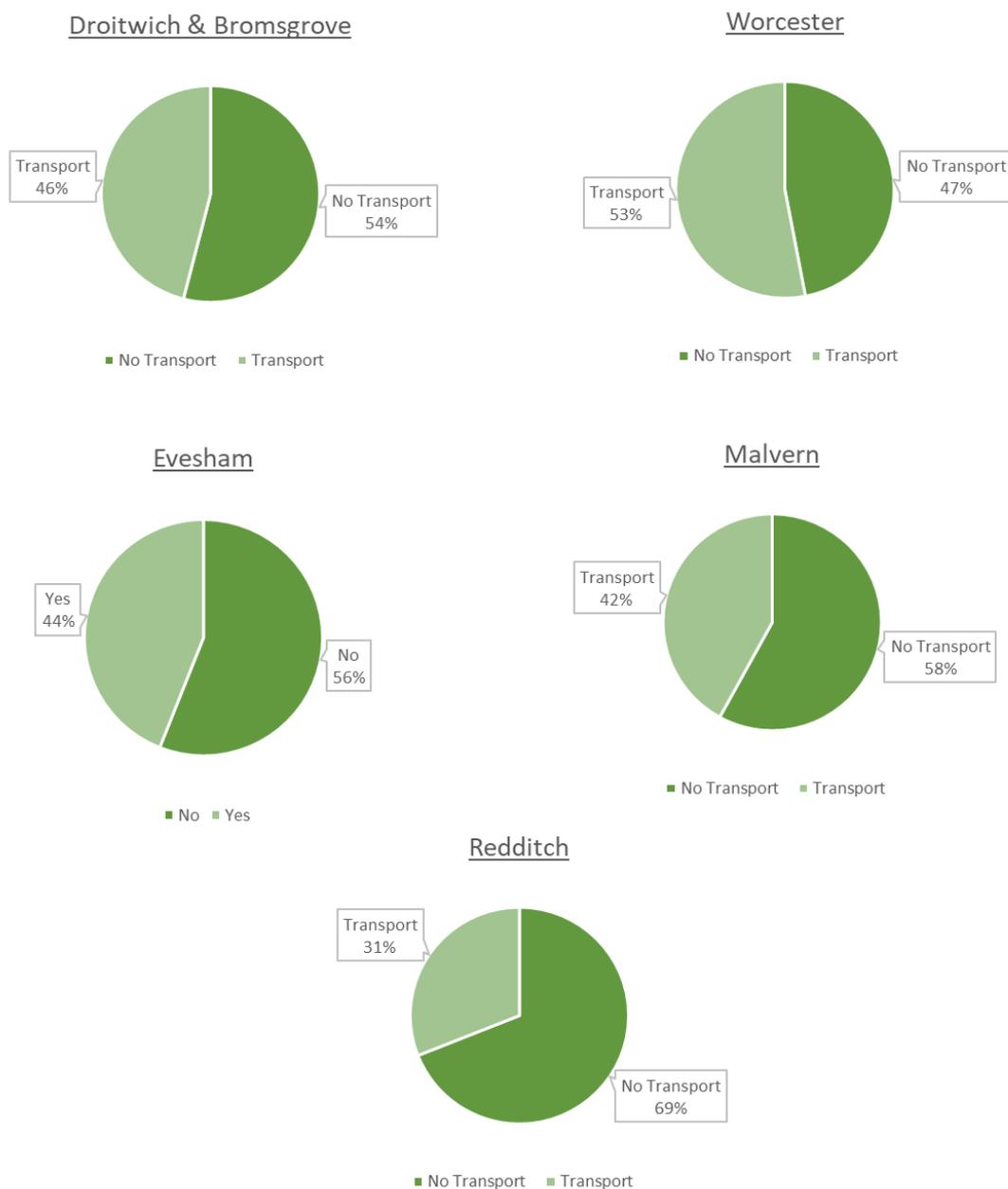
**Overall Connect Service findings:**

- 56% of service users have been in the service for over 15 years
- 66% of service users have been on the service for over 10 years
- 10% of individuals are receiving 1:1 and 2:1 hours
- Internal transport provision equates to approximately 40% of the provision
- 74% of service users were identified by the team leaders and staff as having health needs, yet no service users are CHC funded
- There are only 2 out of county placements

## Transport

Below is the breakdown of the transport provision across all of the 5 Connect Services with a County overview included.

## Transport Overview

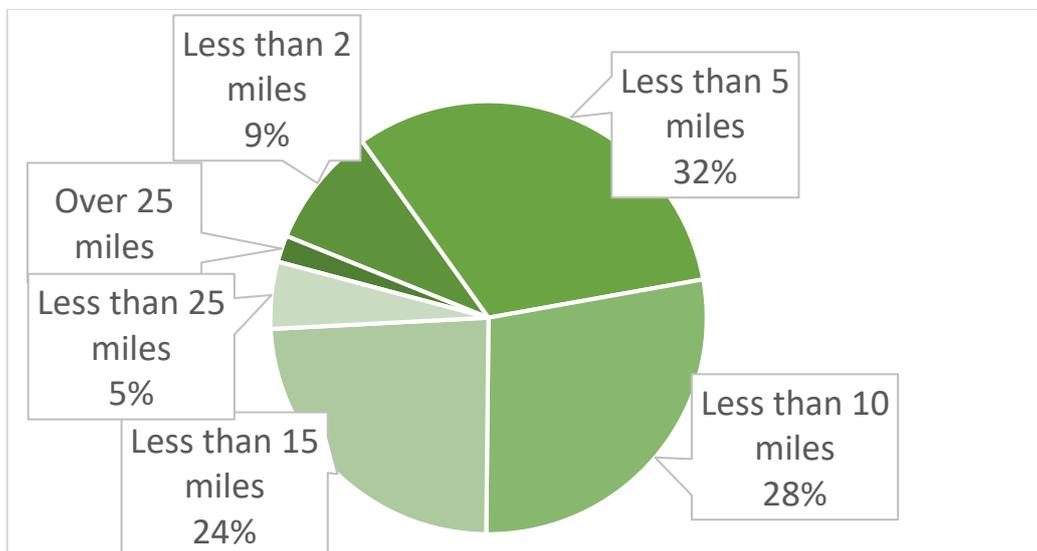


Transport costs are incorporated into an individual's care package as a whole figure and there is a notional amount charged to the service user.

Currently 43% of service users use transport to get into the Connect Services.

40 of the service users share transport services with other service users, which highlights the necessity to consider this interface as part of the transport review and the impact of any proposed changes.

Below is a breakdown of the overall individual journey lengths of the service users attending the Connect services



### Best fit Service User Breakdown

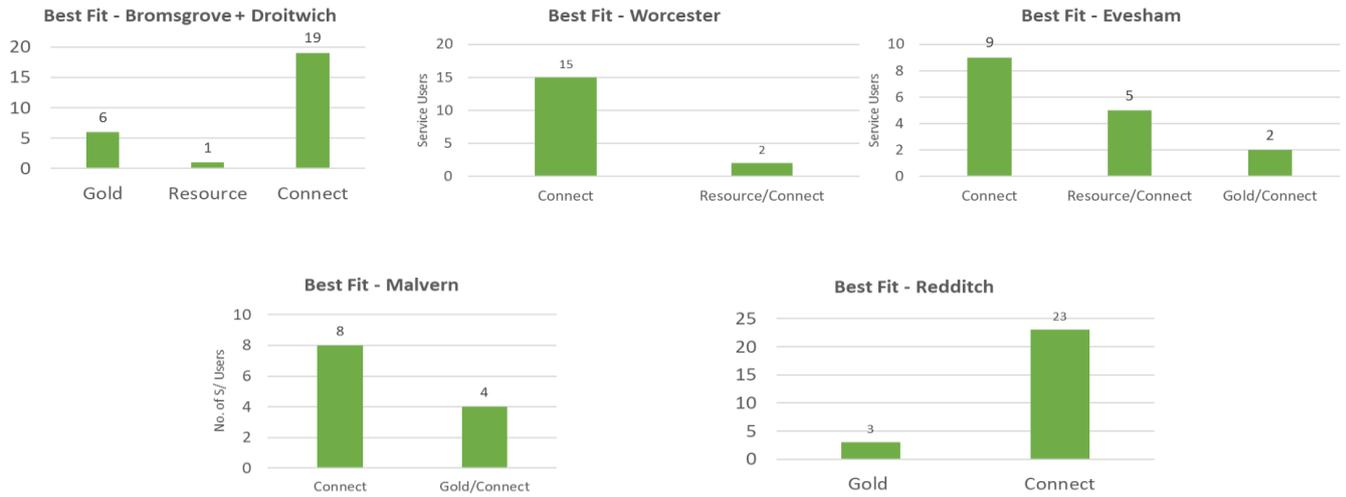
As mentioned previously and as part of the desktop exercise, the Connect Services staff were asked to review each service user, on an individual basis, to consider if the current service they were receiving within the Connect services was considered the *best fit* for them.

The alternative types of service categories were based on the original current service provisions of:

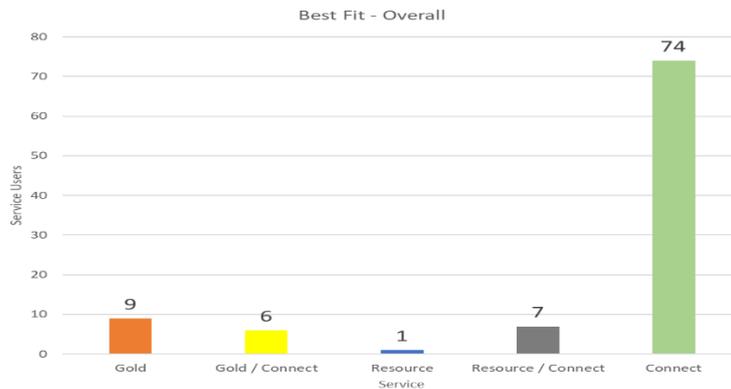
- A Growing Old with a Learning Disability (GOLD) service for Older People with an LD
- The Resource Centre for individuals with high needs
- The Connect Services for a more community-based offer for lower level needs
- Complex Care for high needs individuals requiring a predominantly buildings-based service

The staff were asked to consider the options and note what service or combination of services would be more suitable for each individual, setting aside existing processes and referral routes.

Below are the visual diagrams identifying the breakdown per Connect service of where the staff thought individuals would be better suited:



Below is the amalgamated data which gives an overview of the County picture in terms of *Best fit* services for all the existing individuals within the 5 Connect services.

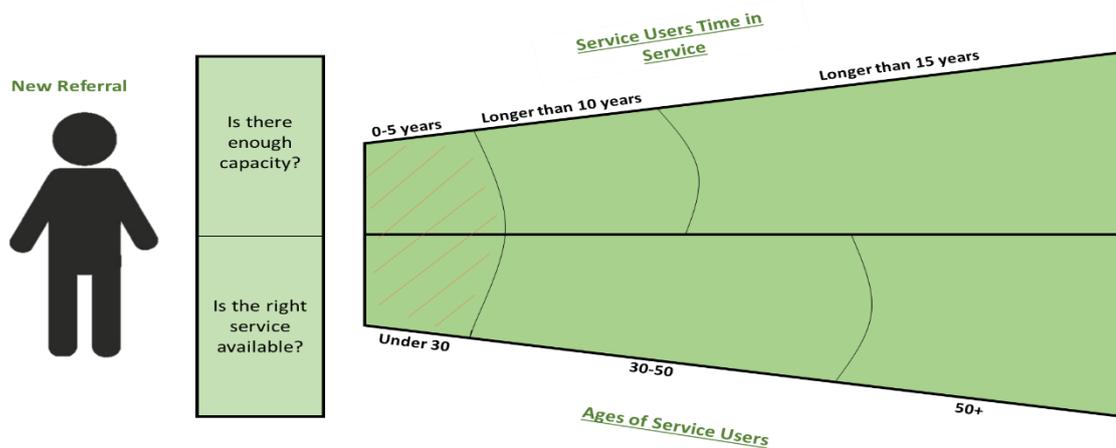


### Current Gaps and outcomes of the review

The diagram below visually highlights the current breakdown of the existing service users within the Connect services which replicates the same picture as within the Resource Centres.

Currently, as identified in the diagram and through the individual and County profiles, there are clear blockages within current services, whereby WCC could be perceived as not providing an equitable service across all the age population within Worcestershire for people with complex needs. Whilst there is an offer for younger people with a learning disability within other services, both internally and externally, the complex offer seems to be restricted.

## Current Connect Services – As IS



## Conclusion

It is clear, that there are some significant issues which need further exploration when looking at the internal WCC day services provision, both across the Resource Centres and Connect Services.

The next phase of the ongoing Day services modernisation is to consider both the Resource Centre and Connect services reviews to combine the findings and form the basis of a holistic direction of travel document, encompassing all the individuals across the both sets of services, in terms of considering future options for complex care within the Worcestershire Learning disability services.

A key component of this next phase will be to engage with the service users, carers and staff in terms of potentially co-producing alternative and complimentary options for specialist and complex services.

## Data Protection Full Assessment Impact Assessment Id: #216

### 1.0 Screening Information

**Project Name**

Day Opportunities Review

**Name of Project Sponsor**

Hannah Perrott

**Name of Project Manager**

Katie Stallard

**Name of Project Lead**

Korrina Campbell

**Please give a brief description of the project**

The purpose of the Day Opportunities Review is to consider how the Council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individuals and carers. The Council's preferred approach, which was agreed and approved at the October Cabinet meeting, is to move to the position where internal day opportunities will only be provided where there isn't the capacity or capability within the external market to meet eligible need.

**Data Protection screening result**

Will require a full impact assessment

**Equality and Public Health screening result**

Will require a full impact assessment

**Environmental Sustainability screening result**

Will require a full impact assessment

### 1.1 Background and Purpose

**Background and Purpose of Project?**

To support your answer to this question, you can upload a copy of the project's Business Case or similar document. As part of its duties under the Care Act 2014, the Council must meet the care and support needs of adults and the support needs of carers who are assessed as eligible under the Act's eligibility criteria. Eligible needs may be met by the provision of day opportunities to meet the adult's outcomes as identified in their needs assessment and will be recorded in their care and support plan.

There is a mixed market of day opportunities for people with learning disabilities within Worcestershire. Currently 206 people attend internally provided day opportunities while around 300 people attend services provided by the external market. This equates to a split of 60% external / 40% internal although these numbers do include some people who attend a mixture of both internal and external services. An increasing number of people also access external day opportunities by arranging their own care using a Council-funded direct payment.

The Council has directly provided internal day opportunity provision for over 25 years through Resource Centres and Connect Services. Resource Centres operate Monday to Friday and provide a variety of activities for people with complex learning disabilities. Many of these activities are building based with some community-based activities planned according to individual needs and preferences. Support for individuals includes personal care, physiotherapy, occupational therapy, speech and language support, behaviour support, psychology support and support to access the community.

Connect Centre Services operate Monday to Friday and they provide mainly community-based day opportunities to adults with less complex learning disabilities. This service provides support such as: access to employment/work experience, education and volunteering, personal care, meeting friends, computer/IT literacy support.

Following the changes to the Council's Day Opportunities provision, as a result of Covid-19, Cabinet agreed at their meeting on 22 October 2020 the need to review the Council's long-term position in providing access to day service support both internally and externally in order to continue to meet assessed need.

Cabinet received an update on the first stage of the review at their meeting on 4 February 2021. This stage focused on the current

offer for people using Council provided Resource Centres. The findings demonstrated that there is clearly a need for the Council to continue to provide a Resource Centre / building based offer that meets the needs of individuals with more complex needs. However, it showed evidence that improvements and changes need to be made to ensure that individuals are receiving the most appropriate services to meet their assessed eligible needs in line with the Council's Statutory Duty. It also highlighted evidence that the Council needs to plan for the longer term taking into account the needs of young adults moving into the service and the ageing population of both service users and their families/carers.

As a result of these findings, Cabinet agreed to commence the second phase of the review which has focused on the Connect Service offer as well as developing a deeper understanding of the capability and capacity within the external market. Following the same approach as the first phase, service users, their families/carer's and staff have been engaged in the review. The second phase also concludes the day opportunities review and makes recommendations for the long term and future "offer" of day opportunity provision.

### Upload Business Case or Support documents

No files uploaded

### Project Outputs

Briefly summarise the activities needed to achieve the project outcomes.

- Cabinet report to be written and considered July 2021
- Comms and engagement with all staff, carer's, partner organisations and individuals who would be affected by these changes, would be required through any process.
- Market analysis to take place (Commissioning led) to have a clear understanding of the market and where capacity is to enable the reassessment process.
- Public Consultation will need to take place with Service users and Carer's from August 2021 pending Cabinet approval
- Following consultation any recommendations will require a Cabinet/Cabinet Member decision
- Where changes may be implemented individual reassessments with all individuals will need to take place to review their support plans.

### Project Outcomes

Briefly summarise what the project will achieve.

In the short term the project will support those most in need by reopening the Resource Centres and Connects (with reduced capacity according to Covid guidelines) and continuing to support people in the community in the first instance. In the longer term the project aims to achieve modern services, provided only where this cannot be provided by the market.

### Is the project a new function/service or does it relate to an existing Council function/service?

Existing

### Was consultation carried out on this project?

No

## 1.2 Responsibility

### Directorate/Organisation

People

### Service Area

Communities

## 1.4 Specifics

### Project Reference (if known)

Not Recorded

### Intended Project Close Date \*

August 2022

## 1.5 Project Part of a Strategic Programme

Is this project part of a strategic programme?

Yes

An overarching screening has already been carried out for the following areas:

Not recorded

Upload previous impact assessment documents if available

No files uploaded

## 2.0 Personal Data

Who are you processing data about?

Customers, clients or service users

Staff, persons contracted to provide a service

Carers or representatives

What personal data will be collected? \*

The second stage is to list all of the types of personal data that you believe the project/works/additional processing will utilise.

Please select yes for as many examples of types of data that are relevant and include any others in the free text at the bottom of the page.

**Basic Identifiers:**

**Name**

Yes

**Date of Birth**

Yes

**Age**

Yes

**Gender**

No

**Sex**

No

**Contact Details:**

**Address**

Yes

**Email Address**

Yes

**Home Phone Number**

No

**Mobile Phone Number**

No

**Postcode**

Yes

**ID Number:**

**National Insurance Number**

No

**Driving Licence/Number**

No

**NHS Number**

No

**Other General Identifier**

Yes

**Employment:**

**Work Related Training/Awards**

No

**Financial:**

**Income/Financial/Tax Situation**

Yes

**Appearance:**

**Photograph**

No

**Physical Description**

No

**Lifestyle:**

**Living Habits**

No

**Marital Status**

No

**Technology:**

**Login/Username**

No

**Device MAC Address (Wireless Network Interface)**

No

**Device Mobile Phone/Device IMEI No**

No

**Location Data (Travel/GDPS/GSM Data)**

No

**Online Identifier e.g. IP Address**

No

**Website Cookies**

No

**Other Data Types Collected**

Not Recorded

## 2.1 Legal basis for Personal Data

### What is your lawful basis for processing the personal data? \*

Please choose one of the following

Data Subject's consent for the purpose

No

Necessary for a contract with the Data Subject

No

Necessary to comply with a legal obligation

No

Necessary to protect the vital interests of an individual(s)

No

Necessary for a task in the public interest or exercise of official authority of Controller

Yes

Necessary for legitimate interests of Controller unless interests are overridden by the interests or rights of the individual (only available in limited circumstances to public bodies)

No

## 2.2 Special Data

### What special category personal data (if any) will be collected? \*

This section will not apply to all projects and should only be completed if it applies to you.

It is important that you read this section carefully, as these data types require additional care and protection.

If you do pick anything from this list, you will be required to give more details in Section 4 of this form.

You can read more about Special Category Data through this link;

<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/>

#### Race

No

#### Ethnic origin

No

#### Political opinions

No

#### Religion

No

#### Philosophical beliefs

No

#### Trade union membership

No

#### Genetic Data

No

#### Biometric Data

No

#### Sex life

No

#### Health or social care

Yes

## 2.3 Legal basis for Special Data

### What is the relevant condition for processing the special category personal data? \*

You must qualify under one of the below exemptions as well as having a legal basis from the previous question.

#### Explicit Consent

The data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject;

No

#### Employment and Social Security

Processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject;

No

#### Vital Interests

Processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent;

No

#### Legitimate Interests of:

**"a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim".**

Processing is carried out in the course of its legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim and on condition that the processing relates solely to the members or to former members of the body or to persons who have regular contact with it in connection with its purposes and that the personal data are not disclosed outside that body without the consent of the data subjects;

**Note – this is not often applicable to local authorities.**

No

#### Publicly Available Data

Processing relates to personal data which are manifestly made public by the data subject;

No

#### Legal or Court Proceedings

Processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity;

No

#### Public Interest - Statutory Necessity

Processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;

No

#### Medical, Health and Social Care Provision

Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

Yes

#### Public Health

Processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy;

No

#### Archiving or Scientific, Historical or Statistical Research Purposes

Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

No

## 2.4 Information Involved

Understanding the information flows involved in a project is essential to a proper assessment of privacy risks.

### How will the data be collected? \*

This section should be filled in for every project, not just those collecting Special Category data. LAS records will be used to review care packages in place

### What will the data be used for? \*

This section should be filled in for every project, not just those collecting Special Category data. The data will be used to support ongoing care needs and ensure outcomes are able to be met.

### Has data already been collected?

Yes

### Are the purposes for which you are collecting the data different? \*

If the data you are hoping to use was not collected specifically for this project, please explain in the box below why it was collected. This will include data that you have collected from other teams within WCC.

No. The purpose of the data collection is to understand and assess a person's social care needs

### Explain why existing and/or less intrusive processes or measures would be inadequate \*

In this section, you should explain why your new method/project is absolutely necessary and show that you have thought about all other options.

Care needs to be established on a one to one basis with all the individuals. We would be using the same existing methods to communicate and support individuals

## 3.0 Other organisations

### Are other organisations involved in processing the data?

No

## 3.1 Storage detail

### How will the information be stored? \*

Please include details of whether data will be stored outside of the European Economic Area (EEA).

Please remember that cloud storage and back up servers maybe outside the EEA.

Data will be stored within the Councils LAS system. Project information will also be stored on the u drive as part of the project records, although the actual details of individuals will be limited primarily to LAS number.

### For how long will the data be retained? \*

The data will be retained within the Councils usual guidelines. Staffing information are held for 6 years after the person has left. Project records will be help for up to 6 years post implementation.

### What is the deletion process? \*

In line with company policy

## 4 Consultation details

Consultation can be used at any stage of the DPIA process and is important to allow people to highlight privacy risks and solutions based on their own area of interest or expertise.

For further assistance and information please visit the [consultation toolkit section on Ourspace](#).

### Explain what practical steps you are going to take to ensure that you identify and address privacy risks \*

Individual records are held securely through Liquidlogic. Consultation documents will have limited distribution before the main consultation commences to reduce the risk of privacy being compromised. Any HR records are held centrally and only limited/necessary information shared for consultation.

### Who should be consulted, internally and externally? Do you need to seek the views of members of the public? \*

Internal staff, Service users, their carer's and family

### How will you carry out the consultation? \*

(You should link this to the relevant stages of your project management process)

Consultation will start following agreement at cabinet. Individuals will be invited to engage in consultation with management on the proposals presented - including asking questions, challenging information etc. Individual responses to the consultation may be made in discussion during individual meetings, in writing afterwards or if necessary a further meeting can be arranged.

## 5 Risk register

At this stage you should identify the possible privacy risks together with their likelihood, severity and overall level, and for high risks the measures taken to reduce the risk.

Add any risk to the relevant sections below.

### Fair and Lawful Processing

Data must be processed lawfully, fairly and in a transparent manner.

Please also consider

- Have you identified at least one lawful basis for the personal data processed as part of the project?
- Does at least one Controller involved have a lawful power to act?
- Do you need to create or amend a privacy notice?
- How is your processing going to be transparent?

### Risk that processing is not transparent, and individuals are unaware that data is being collected or why it is processed

#### Unmitigated Risk

Likelihood - Unlikely

Severity - Some Impact

Score - Low

#### Mitigation/Solution

All clients will be engaged in consultation and aware of the changes to be made. Access to any personal data will be limited to reduce the risk of it being processed unlawfully. The amount of personal data about individuals which is shared with the project team will be limited to reduce the risk of information leaks or inappropriate processing.

#### Mitigated Risk

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

#### Result

Accepted

### Risk that information is being processed unlawfully

No Risk

### Specific, explicit and legitimate purposes

The purpose for which you process personal data must be specified, explicit and legitimate. Personal data collected must not be processed in a manner that is incompatible with the purpose for which it was originally collected.

Please also consider

- Does your project plan cover all of the purposes for processing personal data? If not your plan needs amending accordingly.
- Are all elements of the processing compatible with the original reason and justification for the processing?
- What are these specific, explicit and legitimate purposes?

**Risk of 'mission creep' and information is used for different, or incompatible purposes to that identified when originally collected**

No Risk

**Adequate, relevant and not excessive**

Personal data processed must be adequate, relevant and not excessive in relation to the purpose for which it is processed.

Please also consider

- Is the quality of the information adequate for the purposes it is used?
- If not, how is this to be addressed?
- Are measures in place to ensure that data is limited to that which is needed to fulfill the aim of the processing?
- Which personal data elements do not need to be included without compromising the needs of the project?

**Risk of loss of control over the use of personal data**

No Risk

**Risk that inadequate data quality means the information is not fit for the identified purpose(s) potentially leading to inaccurate decision making**

No Risk

**Risk that any new surveillance methods may be an unjustified intrusion on individuals' privacy**

No Risk

**Accurate and timely**

Personal data processed must be accurate and, where necessary, kept up to date, and every reasonable step must be taken to ensure that personal data that is inaccurate is erased or rectified without delay.

Please also consider

- If you are procuring new software does it allow you to amend data when necessary?
- How are you ensuring that personal data obtained from individuals or other organisations is accurate?
- Do you have processes in place to keep data up to date?
- If any data sets are to be merged, what checks are carried out to ensure that the right data records are matched/merged together?

**Any data matching or linking, including whole data sets may link wrong records together**

**Unmitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Mitigation/Solution**

All information is recorded on Liquidlogic and if any information is inaccurate this will be visible to those individuals who require access and a deletion can be made. Regular reviews take place within the Social Work Teams to ensure that the information recorded is up to date and still relevant.

**Mitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Result**

Accepted

**Storage limitation**

Personal data must be kept for no longer than is necessary for the purpose for which it is processed. Appropriate time limits must be

established for the periodic review of the need for the continued storage of personal data.

Please also consider

- What are the risks associated with how long data is retained and how they might be mitigated?
- Has a review, retention and disposal (RRD) policy been established?
- How does the software enable you to easily act on retention criteria – does it enable bulk review/destruction; set review periods; extract for long-term preservation/retention of the corporate memory?

**Risk information is retained for the wrong length of time (both too long and too short)**

No Risk

**Risk information is not securely destroyed when its retention period has been reached**

No Risk

## Security

Personal data must be processed in a manner that ensures appropriate security of the personal data, using appropriate technical or organisational measures (and, in this principle, “appropriate security” includes protection against unauthorised or unlawful processing and against accidental loss, destruction or damage).

Please also consider

- What technical and organisational measures are in place to ensure that the data is protected to an adequate level?
- What training on data protection and/or information sharing has been undertaken by relevant staff?
- What access controls are in place to enforce the ‘need to know’ principle?
- What assurance frameworks are utilised to assess adequacy of security measures in place e.g. NHS DSPT; Cyber Essentials Plus; PSN Certification?

**Risk of loss of confidentiality**

No Risk

**Risk of inadequate security controls in place to protect and secure personal data, including inappropriate access**

No Risk

**Risk that workers processing the data are not aware of their data responsibilities**

No Risk

**Risk that information is distributed using inappropriate methods**

No Risk

**Risk of re-identification of pseudonymized or anonymised data (e.g. collecting matching and linking identifiers and information may result in information that is no longer safely anonymised)**

No Risk

**Risk that information is transferred to a ‘third country’ without adequate safeguards**

No Risk

## Financial and reputational

**Risk of identity theft or fraud**

No Risk

**Risk of financial loss for individuals or other third parties**

No Risk

**Risk of financial loss for the Council (including ICO fines)**

**Unmitigated Risk**

Likelihood - Unlikely

Severity - Serious Impact

Score - Medium

**Mitigation/Solution**

If all mitigations actions are listed around the sharing of data we not likely to breach ICO guidelines so will not incur fines.

**Mitigated Risk**

Likelihood - Unlikely

Severity - Serious Impact

Score - Medium

**Result**

Accepted

**Risk of reputational damage to the Council, partners, and processors****Unmitigated Risk**

Likelihood - Reasonably Unlikely

Severity - Minimal Impact

Score - Low

**Mitigation/Solution**

Changes to Day Services will have a political impact and carer's, families and Service users will potentially refer to Council members for support. To reduce this risk consultation and communication and engagement with all involved is key.

**Mitigated Risk**

Likelihood - Likely

Severity - Minimal Impact

Score - High

**Result**

Accepted

**Health, safety and wellbeing****Risk of physical harm to individuals**

No Risk

**Risk of physical harm to staff and workers**

No Risk

**Risk of discrimination**

No Risk

**Risk of other significant economic or social disadvantage**

No Risk

**Individuals Rights**

Data protection legislation gives data subjects' various rights (listed below). Limiting or restricting any of these rights is likely to be a significant impact so the justification for any restriction, as well as mitigations, must be fully outlined.

**Inability to meet individuals' right to be informed**

No Risk

**Inability to meet individuals' right of access**

No Risk

**Inability to meet individuals' right to rectify inaccurate data**

No Risk

**Inability to meet individuals' right to restrict processing**

No Risk

**Inability to meet individuals' right to object**

No Risk

**Inability to meet individuals' rights relating to automated decision making and profiling**

No Risk

## Additional project specific risks

No additional risks recorded

## 6 Declaration

I confirm to the best of my knowledge that the information I have provided is true, complete and accurate \*

Selected

I confirm that I will make sure that data protection has been and continues to be considered throughout the project life cycle and should circumstances change in the project to include any processing of personal data a further Data Protection Impact Assessment Screening will be carried out \*

Selected

## Equality and Public Health Full Impact Assessment

### Impact Assessment Id: #216

#### 1.0 Screening Information

**Project Name**

Day Opportunities Review

**Name of Project Sponsor**

Hannah Perrott

**Name of Project Manager**

Katie Stallard

**Name of Project Lead**

Korrina Campbell

**Please give a brief description of the project**

The purpose of the Day Opportunities Review is to consider how the Council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individuals and carer's. The Council's preferred approach, which was agreed and approved at the October Cabinet meeting, is to move to the position where internal day opportunities will only be provided where there isn't the capacity or capability within the external market to meet eligible need.

**Data Protection screening result**

Will require a full impact assessment

**Equality and Public Health screening result**

Will require a full impact assessment

**Environmental Sustainability screening result**

Will require a full impact assessment

#### 1.1 Background and Purpose

**Background and Purpose of Project?**

To support your answer to this question, you can upload a copy of the project's Business Case or similar document.

As part of its duties under the Care Act 2014, the Council must meet the care and support needs of adults and the support needs of carers who are assessed as eligible under the Act's eligibility criteria. Eligible needs may be met by the provision of day opportunities to meet the adult's outcomes as identified in their needs assessment and will be recorded in their care and support plan.

There is a mixed market of day opportunities for people with learning disabilities within Worcestershire. Currently 206 people attend internally provided day opportunities while around 300 people attend services provided by the external market. This equates to a split of 60% external / 40% internal although these numbers do include some people who attend a mixture of both internal and external services. An increasing number of people also access external day opportunities by arranging their own care using a Council-funded direct payment.

The Council has directly provided internal day opportunity provision for over 25 years through Resource Centres and Connect Services. Resource Centres operate Monday to Friday and provide a variety of activities for people with complex learning disabilities. Many of these activities are building based with some community-based activities planned according to individual needs and preferences. Support for individuals includes personal care, physiotherapy, occupational therapy, speech and language support, behaviour support, psychology support and support to access the community.

Connect Centre Services operate Monday to Friday and they provide mainly community-based day opportunities to adults with less complex learning disabilities. This service provides support such as: access to employment/work experience, education and volunteering, personal care, meeting friends, computer/IT literacy support.

Following the changes to the Council's Day Opportunities provision, as a result of Covid-19, Cabinet agreed at their meeting on 22 October 2020 the need to review the Council's long-term position in providing access to day service support both internally and externally in order to continue to meet assessed need.

Cabinet received an update on the first stage of the review at their meeting on 4 February 2021. This stage focused on the current offer for people using Council provided Resource Centres. The findings demonstrated that there is clearly a need for the Council to continue to provide a Resource Centre / building based offer that meets the needs of individuals with more complex needs. However, it showed evidence that improvements and changes need to be made to ensure that individuals are receiving the most appropriate services to meet their assessed eligible needs in line with the Council's Statutory Duty. It also highlighted evidence that the Council needs to plan for the longer term taking into account the needs of young adults moving into the service and the ageing population of both service users and their families/carers.

As a result of these findings, Cabinet agreed to commence the second phase of the review which has focused on the Connect Service offer as well as developing a deeper understanding of the capability and capacity within the external market. Following the same approach as the first phase, service users, their families/carer's and staff have been engaged in the review. The second phase also concludes the day opportunities review and makes recommendations for the long term and future "offer" of day opportunity provision.

### Upload Business Case or Support documents

No files uploaded

### Project Outputs

Briefly summarise the activities needed to achieve the project outcomes.

- Cabinet report to be written and considered July 2021
- Comms and engagement with all staff, carer's, partner organisations and individuals who would be affected by these changes, would be required through any process.
- Market analysis to take place (Commissioning led) to have a clear understanding of the market and where capacity is to enable the reassessment process.
- Public Consultation will need to take place with Service users and Carer's from August 2021 pending Cabinet approval
- Following consultation any recommendations will require a Cabinet/Cabinet Member decision
- Where changes may be implemented individual reassessments with all individuals will need to take place to review their support plans.

### Project Outcomes

Briefly summarise what the project will achieve.

In the short term the project will support those most in need by reopening the Resource Centres and Connects (with reduced capacity according to Covid guidelines) and continuing to support people in the community in the first instance. In the longer term the project aims to achieve modern services, provided only where this cannot be provided by the market.

### Is the project a new function/service or does it relate to an existing Council function/service?

Existing

### Was consultation carried out on this project?

No

## 1.2 Responsibility

### Directorate/Organisation

People

### Service Area

Communities

## 1.3 Specifics

### Project Reference (if known)

Not Recorded

### Intended Project Close Date \*

August 2022

## 1.4 Project Part of a Strategic Programme

Is this project part of a strategic programme?

Yes

An overarching screening has already been carried out for the following areas:

Not recorded

Upload previous impact assessment documents if available

No files uploaded

## 2 Organisations Involved

Please identify the organisation(s) involved:

Worcestershire County Council

Other - Worcestershire Association of Carers, Advocacy Support

Details of contributors to this assessment:

<b>Name</b>	Katie Stallard
<b>Job title</b>	Portfolio Lead
<b>Email address</b>	kstallard2@worcestershire.gov.uk

<b>Name</b>	Korrina Campbell
<b>Job title</b>	Interim Day Opportunities/Replacement Care Review Manager
<b>Email address</b>	kcampbell@worcestershire.gov.uk

## 3.0 Who will be affected by the development and implementation

Please identify group(s) involved:

Service User

Carers

Staff

## 3.1 Information and evidence reviewed

What information and evidence have you reviewed to help inform this assessment? \*

We have worked with carer's, staff and some service users to gather feelings and thoughts on how the future service could be offered and how this could change in the future to support demand. Information has been gathered through Data already available to us on the system of LAS and through our informatics team.

## 3.2 Summary of engagement or consultation undertaken

### Who and how have you engaged, or why do you believe engagement is not required? \*

The review was managed by a project group that included a wide cross section of stakeholder representation. The activities carried out included in the review are listed below.

Stakeholder engagement which took place with:

- o WCC staff including; the Day Services Manager, the Connect Services Team Leaders and the senior support workers.
- o Carer's representatives from WAC Carer's Group Meeting
- o Speakeasy Now who carried out an engagement exercise with service users and carer's

Question and Answer sessions took place following agreement at cabinet with carer's across Resource Centres and Connect. Zoom sessions have taken place for both Resource Centre Carer's and Connect Carer/ SU's for carer's to reflect their thoughts, needs and hopes for the future

Letters have been sent following every engagement activity to ensure we provide everyone with the same information.

Staff engagement sessions for Resource and Connects and attending team meetings where appropriate alongside Team Leader sessions.

## 3.3 Summary of relevant findings

### Please summarise your relevant findings. \*

Some of the key findings from engagement have found the following: -

- Some individuals may benefit from alternative support i.e. people who are older and need a befriending/peer support type of service.
- Engagement with carer's has shown the importance of friendship groups and there is a lack of awareness and usage of direct payments.
- Zoom meetings/letters is a good way to communicate, but concerned on the number of carer's present
- Before changes are made alternative provision needs to be there for people
- Outreach is great for some people but not for all. Building based is a requirement for some
- Anxious about reassessments, was previously informed reassessments means % less support
- SU's have been together for so long change will have a huge impact on their wellbeing
- People could be supported into employment at a younger age
  - There needs to be an adjustment period for each SU following Covid 19. Some individuals haven't left the house in the last 12 months and will need time to settle.
- It's important to promote Independence and move away from traditional services
- Younger SU's want to do different things to older people and most Day Services are predominately older people.
- Pleased around engagement approach and feel they are being given an opportunity to be involved
- Aware 9-5 service offer isn't practical anymore and that evenings and weekends should be offered.
- Keen to ensure Replacement care is reviewed alongside Day Services
- Individuals are really benefitting from the 1:1 support that is currently being offered.
- Positive towards the change knowing more options will be available
- Positive towards the engagement approach and feel informed
- Confusion around whether the services will reopen and in what format

## 4 Protected characteristics - Equality

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please select one or more impact box(es) below for each equality group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative for the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. who are part of these equality groups.

### Age

Potential neutral impact selected.

### Explanation of your reasoning:

Although there will be a change in provision for the individuals. As the care will be needs led, a similar service offer will be provided

elsewhere so this will not have an impact.

### Disability

Potential positive impact selected.

#### Explanation of your reasoning:

Although there will be a change in provision for the individuals. As the care will be needs led, a similar service offer will be provided elsewhere so this will not have an impact. Some individuals have found alternative options to Day Services already which is already having a positive impact on their lives. In addition, current covid restrictions mean that many individuals are receiving a much lower level of service than normal. By reviewing needs and finding the most suitable provision, the support provided will be based on the level of need.

### Gender reassignment

Potential neutral impact selected

#### Explanation of your reasoning:

Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals. Services provided internally, and those commissioned externally, have a requirement to consider anti discriminatory practice within service provision.

### Marriage and civil partnerships

Potential neutral impact selected.

#### Explanation of your reasoning:

Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals. Services provided internally, and those commissioned externally, have a requirement to consider anti-discriminatory practice within service provision.

### Pregnancy and maternity

Potential neutral impact selected.

#### Explanation of your reasoning:

Referrals for services will come from Social Workers and where necessary appropriate risks will be assessed in order to ensure safety of pregnant workers and/or service users.

### Race including travelling communities

Potential neutral impact selected.

#### Explanation of your reasoning:

**A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Services provided internally, and those commissioned externally, have a requirement to consider anti-discriminatory practice within service provision.**

### Religion and belief

Potential neutral impact selected.

#### Explanation of your reasoning:

A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Services provided internally, and those commissioned externally, have a requirement to consider anti-discriminatory practice within service provision

### Sex

Potential neutral impact selected.

#### Explanation of your reasoning:

A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals.

### Sexual orientation

Potential neutral impact selected.

#### Explanation of your reasoning:

A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals

## 5 Characteristics - Public health

### Other vulnerable and disadvantaged groups

Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Changes to the Day Service provision internally will change where individuals have support but the overall outcome will still be met in other ways. Covid 19 measures have been put into place to mitigate the effect on vulnerable people. All government guidance and PHE recommendations regarding PPE have been applied to all Day Services.

### Health inequalities

Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs.

### Social and economic

Potential neutral impact selected. Potential negative impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessment by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Changes to the Day Service provision internally will change where individuals have support but the overall outcome will still be met in other ways. Some individuals have been attending Day Services for many years and the change could have a negative impact on those friendships that have formed.

### Physical health

Potential positive impact selected. Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessment by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Changes to the Day Service provision internally will change where individuals have support but the overall outcome will still be met in other ways. Some individuals may choose more individual activities which could have a positive impact on their physical health.

### Mental health and wellbeing

Potential positive impact selected. Potential neutral impact selected. Potential negative impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Changes to the Day Service provision internally will change where individuals have support but the overall outcome will still be met in other ways. Some individuals may choose more individual activities which could have a positive impact on their mental health. Some individuals have been attending Day Services for many years and the change could have a negative impact on those friendships that have formed.

### Access to services

Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs

## 6 Actions to mitigate potential negative impacts

<b>Risk identified</b>	There is a risk that changes to internal Connect Day Services could have a negative impact on staff and Service users
<b>Actions required to reduce/eliminate negative impact</b>	We will continue to engage with SU's and staff to reduce any negative impact and ensure the social workers complete individual led assessments.
<b>Who will lead this action</b>	Social Workers, Morgan Price And Korrina Campbell To Ensure A Cohesive Approach
<b>Timeframe</b>	August 2022

### How will you monitor these actions?

We will continue to engage with service users and staff

## 7 When will you review this equality and public health estimate(EPHIA)?

It will be reviewed following feedback from any engagement and consultations that result from the programme of work

## 8 Declaration

The following statement has been read and agreed:

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- Our Organisation will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others
- All staff are expected to deliver and provide services and care in a manner which respects the individuality of service users, patients, carers etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics

I confirm to the best of my knowledge that the information I have provided is true, complete and accurate

I confirm that I will make sure that Equality and Public Health have been and continue to be considered throughout the project life cycle and that, if circumstances change in the project, a further Equality and Public Health Impact Assessment Screening will be carried out.

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## Environmental Sustainability Full Impact Assessment

### Impact Assessment Id: #216

#### 1.0 Screening Information

**Project Name**

Day Opportunities Review

**Name of Project Sponsor**

Hannah Perrott

**Name of Project Manager**

Katie Stallard

**Name of Project Lead**

Korrina Campbell

**Please give a brief description of the project**

The purpose of the Day Opportunities Review is to consider how the Council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individuals and carer's. The Council's preferred approach, which was agreed and approved at the October Cabinet meeting, is to move to the position where internal day opportunities will only be provided where there isn't the capacity or capability within the external market to meet eligible need.

**Data Protection screening result**

Will require a full impact assessment

**Equality and Public Health screening result**

Will require a full impact assessment

**Environmental Sustainability screening result**

Will require a full impact assessment

#### 1.1 Background and Purpose

**Background and Purpose of Project?**

To support your answer to this question, you can upload a copy of the project's Business Case or similar document.

As part of its duties under the Care Act 2014, the Council must meet the care and support needs of adults and the support needs of carers who are assessed as eligible under the Act's eligibility criteria. Eligible needs may be met by the provision of day opportunities to meet the adult's outcomes as identified in their needs assessment and will be recorded in their care and support plan.

There is a mixed market of day opportunities for people with learning disabilities within Worcestershire. Currently 206 people attend internally provided day opportunities while around 300 people attend services provided by the external market. This equates to a split of 60% external / 40% internal although these numbers do include some people who attend a mixture of both internal and external services. An increasing number of people also access external day opportunities by arranging their own care using a Council-funded direct payment.

The Council has directly provided internal day opportunity provision for over 25 years through Resource Centres and Connect Services. Resource Centres operate Monday to Friday and provide a variety of activities for people with complex learning disabilities. Many of these activities are building based with some community-based activities planned according to individual needs and preferences. Support for individuals includes personal care, physiotherapy, occupational therapy, speech and language support, behaviour support, psychology support and support to access the community.

Connect Centre Services operate Monday to Friday and they provide mainly community-based day opportunities to adults with less complex learning disabilities. This service provides support such as: access to employment/work experience, education and volunteering, personal care, meeting friends, computer/IT literacy support.

Following the changes to the Council's Day Opportunities provision, as a result of Covid-19, Cabinet agreed at their meeting on 22 October 2020 the need to review the Council's long-term position in providing access to day service support both internally and externally in order to continue to meet assessed need.

Cabinet received an update on the first stage of the review at their meeting on 4 February 2021. This stage focused on the current offer for people using Council provided Resource Centres. The findings demonstrated that there is clearly a need for the Council to continue to provide a Resource Centre / building based offer that meets the needs of individuals with more complex needs. However, it showed evidence that improvements and changes need to be made to ensure that individuals are receiving the most appropriate services to meet their assessed eligible needs in line with the Council's Statutory Duty. It also highlighted evidence that the Council needs to plan for the longer term taking into account the needs of young adults moving into the service and the ageing population of both service users and their families/carers.

As a result of these findings, Cabinet agreed to commence the second phase of the review which has focused on the Connect Service offer as well as developing a deeper understanding of the capability and capacity within the external market. Following the same approach as the first phase, service users, their families/carer's and staff have been engaged in the review. The second phase also concludes the day opportunities review and makes recommendations for the long term and future "offer" of day opportunity provision.

### Upload Business Case or Support documents

No files uploaded

### Project Outputs

Briefly summarise the activities needed to achieve the project outcomes.

- Cabinet report to be written and considered July 2021
- Comms and engagement with all staff, carer's, partner organisations and individuals who would be affected by these changes, would be required through any process.
- Market analysis to take place (Commissioning led) to have a clear understanding of the market and where capacity is to enable the reassessment process.
- Public Consultation will need to take place with Service users and Carer's from August 2021 pending Cabinet approval
- Following consultation any recommendations will require a Cabinet/Cabinet Member decision
- Where changes may be implemented individual reassessments with all individuals will need to take place to review their support plans.

### Project Outcomes

Briefly summarise what the project will achieve.

In the short term the project will support those most in need by reopening the Resource Centres and Connects (with reduced capacity according to Covid guidelines) and continuing to support people in the community in the first instance. In the longer term the project aims to achieve modern services, provided only where this cannot be provided by the market.

### Is the project a new function/service or does it relate to an existing Council function/service?

Existing

### Was consultation carried out on this project?

No

## 1.2 Responsibility

### Directorate/Organisation

People

### Service Area

Communities

## 1.3 Specifics

### Project Reference (if known)

Not Recorded

### Intended Project Close Date \*

August 2022

## 1.4 Project Part of a Strategic Programme

**Is this project part of a strategic programme?**

Yes

**An overarching screening has already been carried out for the following areas:**

Not recorded

**Upload previous impact assessment documents if available**

No files uploaded

## 2 Greenhouse Gas Emissions

**Could the project result in an increase in GHG emissions (including CO2)?** Yes

Please be mindful that the Council has committed to reduce its GHG emissions to zero by 2050 and most projects are likely to have an impact on this target. This should be a key consideration in your project delivery and should be reviewed when completing the assessment.

**Have you undertaken an assessment of the project to know if there will likely be an increase in GHG emissions?** No

## 3 Resources

**Will the project result in increased consumption of electricity, gas or other heating fuels?** No

e.g. project may require use of additional buildings, lighting and heating in buildings, additional ICT equipment, etc.

**Will the project reduce energy needs and result in reduced consumption?** Yes

e.g. disposal of WCC property assets

**Will the project require additional water resources leading to an increase in water consumption?** No

e.g. increased use of water through construction processes

**Might there be a decrease in water consumption?** No

e.g. will the project involve water saving measures or initiatives

**Will the project result in the use of other resources, materials or minerals?** No

e.g. use of natural resources such as wood; or use of aggregate minerals?

## 4 Transport

**Will the project result in more people needing to travel?** Yes

e.g. will there be additional cars on the road

**Please explain your answer below:**

All individuals will have an assessment of need completed and where required transport will be sought, whether this is through our internal provision or through other day services transport options. We are aware some individuals currently do not require transport due to the location of service offered. Depending on the market capacity will determine if transport will be required leading to potential additional transport requirements.

**Have alternative transport modes been considered?** Yes

e.g. could use be made of public transport/walking/cycling etc.

**Please explain your answer below:**

Through individual assessment where appropriate alternative transport modes will be considered.

## 5 Waste

**Is there likely to be an increase in waste as a result of the project? No**

e.g. construction waste, packaging waste etc.

**Have opportunities to prevent, minimise, reuse or recycle waste been identified and considered? No**

e.g. will recycling facilities be available as part of the project

## 6 Wildlife and Biodiversity

**Will there be any negative impacts on the natural environment? No**

e.g. will the project involve removal of green space/trees; have wildlife surveys been considered; result in enhancements to green infrastructure; increased biodiversity opportunities etc.?

**Has a preliminary ecological appraisal been undertaken? No**

**Has there been consideration of statutory assessments? No**

e.g. Sustainability Appraisals, Strategic Environmental Assessments and Habitat Regulations Assessment Screening?

N.B. This is a matter of legal compliance - All plans and projects (including planning applications) which are not directly connected with, or necessary for, the conservation management of a habitat site, require consideration of whether the plan or project is likely to have significant effects on that site. This consideration – typically referred to as the ‘Habitats Regulations Assessment screening’ – should take into account the potential effects both of the plan/project itself and in combination with other plans or projects.

## 7 Pollution to land/air/water

**Is there a risk of pollution to the local environment? No**

e.g.

- will there be surface water run-off or discharge into local water source?
- will there be any impact on local water quality?
- will any waste water require treatment?
- is there the potential for spillage of chemicals?
- is there the potential for emissions to air from combustion processes resulting in poor air quality?

## 8 Resilience to climate risks

**Could climate risks affect your project? No**

N.B. some projects may be more sensitive to future changes in the climate e.g. hotter and drier summers; milder and wetter winters; increased likelihood of extreme weather events. These climate risks may affect project delivery and should be considered at the early stages of project development.

**Has the impact of extreme weather events on the project been considered? No**

e.g. heat waves and flooding.

**Is there a business/project continuity plan in place to ensure climate risks are minimised? No**

e.g. can you ensure that the project is resilient to climate risks and can continue to deliver on outcomes.

**Could the project exacerbate climate risks? No**

e.g. increase flood risk or worsen temperature extremes in the locality.

**Will the project result in the use of other resources, materials or minerals? No**

e.g. use of natural resources such as wood; or use of aggregate minerals?

## 9 Historic Environment

**Have you checked with the WCC Historic Environment team as to whether there are any impacts on the Historic Environment (negative or positive)?**

**No**

Check every development with the Historic Environment Team at the planning stage of each project. Further assessment may be required depending on the nature and scale of development. There may also be design options that would negate any need for further assessment (and lessen costs), or even opportunities to enhance heritage assets or their setting through the development.

**Does the development have the potential to result in any impacts to the historic environment or opportunities for enhancement?**

**No**

If yes, then further assessment will be required. This could take the form of a watching brief during groundworks if the potential is clearly understood and relatively low, or a more comprehensive desk-based and/or field investigation prior to development.

## 10 Procurement

**Could any procurement associated with the project have a detrimental environmental impact? No**

e.g. procurement of goods from overseas that have to be shipped; use of unsustainable materials or materials that cannot be recycled at the end of their use?

**Is there likely to be increased Greenhouse Gas emissions from products purchased for the project? No**

e.g. carbon emissions from transport and manufacturing

**Will you be able to make use of sustainable products? No**

e.g. recycled, local, ethical etc.

**Have you considered the Public Services (Social Value) Act 2012? No**

All major contracts let by the Council (those of more than £100,000 in total value) will be expected to deliver a meaningful contribution to our vision of Social Value in the county. The Act requires us to consider how the services we commission and procure might improve the economic, social and environmental well-being of the local area.

– please see: [Social Value](#)

## 11 Declaration

**I have confirmed that to the best of my knowledge that the information I have provided is true, complete and accurate**

**I have confirmed that I will make sure that Environmental Sustainability has been and continues to be considered throughout the project life cycle and should circumstances change in the project a further Environmental Sustainability Assessment Screening will be carried out.**

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# Day Opportunities Public Consultation Timeline

**Target Audience**

Carers  
S/Users  
WCC  
Staff  
SW's  
LD Team

Carers  
S/Users  
WCC  
Staff  
SW's  
LD Team

Carers  
S/Users

Carers  
S/Users

Carers  
S/Users

Carers  
S/Users

S/Users

Carers  
S/Users

Carers  
S/Users

Carers  
S/Users/  
staff

**Key Dates**

29/7/21

2/8/21

3/8/21

9/8/21 – 13/8/21

16/8/21  
19/8/21

30/8/21

20/9/21-  
24/9/21

11/10/21 – 15/10/21

18/10/21

8/11/21

**Key Messages**

Update around outcome of cabinet meeting

Confirm start of consultation

Media briefing around consultation

Awareness around consultation process

Awareness around consultation process

Promoting link to consultation surveys

Engage with Service users and advocacy support

Engage with Service users

Notification of closure of survey

Feedback from consultation

**Key Tools**

Letter (KS/KC) to cover key dates  
Email (MP)

OurSpace (LB)  
FirstSpace (LB)

Media Statement (LB)

Face to Face session Connect centres

Face to Face session Resource centres

Social Media Facebook Twitter (LB)

User friendly presentation (KS/KC)

Q & A script

Letter (KS/KC)

Press Release (LB)

Website (LB)

Zoom Briefing (KS/KC)

Q & A script

User friendly feedback form (KS/KC)

Final Report (CB/KS/KC)

Staff Presentation (KS/KC)

Presentation (KS/KC)

User friendly feedback form (KS/KC)

Letter (KS/KC)

Agenda

Presentation (KS/KC)

Feedback forms

Agenda

Feedback forms

**Delivery Lead (s)**

MP

MP/PF/HP/KC/KS

PF/HN

PF/HN/AH

PF/HN/AH

LB

MP/HN/KS/KC

KS/KC

KS/KC

KS/KC

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# Mapping and Gapping Exercise

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## Replacement Services

**Korrina Campbell – Interim Day Opportunities Review Manager**

**Fran Kelsey – Lead Commissioner**

**Amanda Dunn – Senior Project Officer**

**10/12/2020**

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## Executive Summary and findings

The purpose of the Replacement Care Mapping and Gapping exercise is to consider how the council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individual carers

### Overall Findings

- Commissioned Replacement Care summary:
  - There are 33.3 Learning Disability beds across 5 schemes
  - There are 8 General beds and 5 dementia beds for Older People across 8 Sanctuary Homes
  - 296 Replacement Care nights are provided through the Shared Lives scheme
  - 63 carers are still in the Flexible Break Care Scheme for carers
  - 27 Young Adults are receiving a Replacement Care provision
  - There is no designated Physical Disabilities provision for Replacement Care
- The two main critical areas for further scoping, following on for this mapping and gapping exercise, would be around whether the Replacement Care provision is fairly proportioned and is it truly based on an individual's and carer's needs.
- The figure of £1.1 million for spot purchasing across all services appears quite a high amount proportionally alongside the level of funding already allocated to the current commissioned services.
- There is a need for provision for emergency placements and for people with very complex needs/challenging behaviours and the right type of capacity

### Learning Disabilities

- The range of occupancy levels, across all LD schemes pre-covid, is between; 55% and 97%
- 43 - 159 nights were cancelled across LD schemes between April 19 and February 20
- Replacement Care for people with complex needs is costing approx. £285 per night across WCC and WCHT provided services, with lower level replacement services costing approximately £170 per night across Worth Crescent and Lock Close.
- The data identified within each of the commissioned Learning Disability Replacement Care services potentially evidences the statement about there being inconsistency in allocations of nights per year when providing Replacement Care
- Individuals attending the WCC Resource Centres do not all attend a local Replacement Care service

### Older People

- Occupancy levels in OP:
  - Eight general replacement care beds identified a 25% occupancy rate versus a 75% void rate during covid whilst over the 2018/19 period it was 64%
  - Five dementia replacement beds, identifies a 39% occupancy rate against a 61% vacancy rate during covid whilst over the 2018/2019 period it was 70%

- External providers are reluctant to provide replacement care through spot purchasing arrangements and where block arrangements are under-occupied, spot purchasing does not represent best value for money.

### **Transitions**

- 132 young adults currently allocated to the YAT team have been identified as potentially needing Replacement Care over the next 5 years

### **Flexible Breaks Scheme**

- There are still 63 Carers accessing the Flexible Breaks Scheme, further clarification needs to be made as to whether these individuals are accessing any other services

### **Shared Lives**

- Currently there are a cohort of Carers from within the Shared Lives scheme who rely on the Replacement Care provision themselves
- A large proportion of Shared Lives Carers provide replacement for each other i.e. within the shared lives cohort of carers through an “exchange” type of arrangement.
- Shared Lives weekly cost to Shared Lives providers is £69.60 per night, so considerably lower than the other commissioned bed-based provision

### **Physical Disabilities**

- Currently, there are 7 “pure” PD cases that we have no day service or replacement care provision at the moment.
- There are a significant number of young people with a physical disability that are coming into Adult services over the next 5 years

## **Background**

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, which is primarily commissioned by the Council on a block purchase basis (from both internal and external providers), and therefore at a fixed cost.

WCC Adult Social Care recognises that Replacement Care can provide positive outcomes for unpaid carers and the people they care for and can prevent more costly interventions which can arise as a result of a carer no longer being able to continue in that role. The ultimate aim of Replacement Care is to ensure we use resources equitably and efficiently, and where they can have the biggest impact.

Respite provision allows carers the opportunity to re-charge, maintain their employment status, preserve their psychological wellbeing and spend time with other members of the family. Similarly, the people they care for also receive a stable environment, an opportunity to socialise and the development of their skills, interests and relationships.

The *WCC Our People Strategy*, articulates our ambition to commission and remodel Replacement Care. It was reported to Cabinet in 2015 that there was a need to further analyse needs of those in replacement care to accurately predict supply requirements. The further Cabinet report in 2018, endorsed the value of replacement care in supporting family carer arrangements which represent good value for money.

The Cabinet endorsed the WCC Provider Services Strategy in July 2019 whereby the Council should only provide care directly where the market is unable or unwilling.

## **Mapping and Gapping Exercise**

Alongside the current Day Services review, it was also agreed that a *mapping and gapping* exercise was to be completed focusing on Replacement Care Services across the County, forming an additional workstream within the *Shaping Services Programme*. Due to the clear interdependencies between the two pieces of work it was agreed that the interim appointed lead for the day services review (Korrina Campbell - KC) would also complete this mapping and gapping exercise. The purpose of this exercise is to map out the current position statement around Replacement Care Services within Worcestershire across all key service areas; Older People and people with a Learning or Physical Disability, with an ultimate aim of informing the development of a next phase scope for review, for any potential future opportunities for the provision of Replacement Care Services.

## Mapping and Gapping – Identified scope of the exercise

Within the scope of the review, several key milestones were identified and included:

- The need to understand what is provided, how and by whom
- That the scope needed to include Older People and people with a Physical/Learning Disability
- The need to understand how people are assessed for replacement care initially and how this is assessed during annual reviews
- The need to recognise interconnectivity with internal provision and how this compares in terms of Value For Money with external market – noting current benchmarking is showing internal provision as significantly higher unit costs
- The need to complete clear scope and mapping to identify opportunities and gaps for review
- That the approach needs to ensure equity, based on individuals needs
- Links into services with interdependencies
- Further links to be understood and managed in relation to Shared Lives provision
- To ensure that we have appropriate policy, practice and procedures to ensure the best value offer for replacement care that provides an equitable approach across service users based on their needs
- Agreement to complete a mapping exercise and understand the “As Is” model to inform the development of scope for review and change (to be completed early December). Agreed for Korrina Campbell to lead with Fran Kelsey supporting from a commissioning perspective.

## Methods and scoping

A project group was established to encompass a wide cross section of stakeholder representation, whereby project documentation was completed and implemented in line with reporting requirements to the Shaping Services Board; Terms of Reference, a detailed project plan and a Risks Assumptions Issues Dependencies (RAID) log.

The overarching project plan has been completed which includes the initial phase covering:

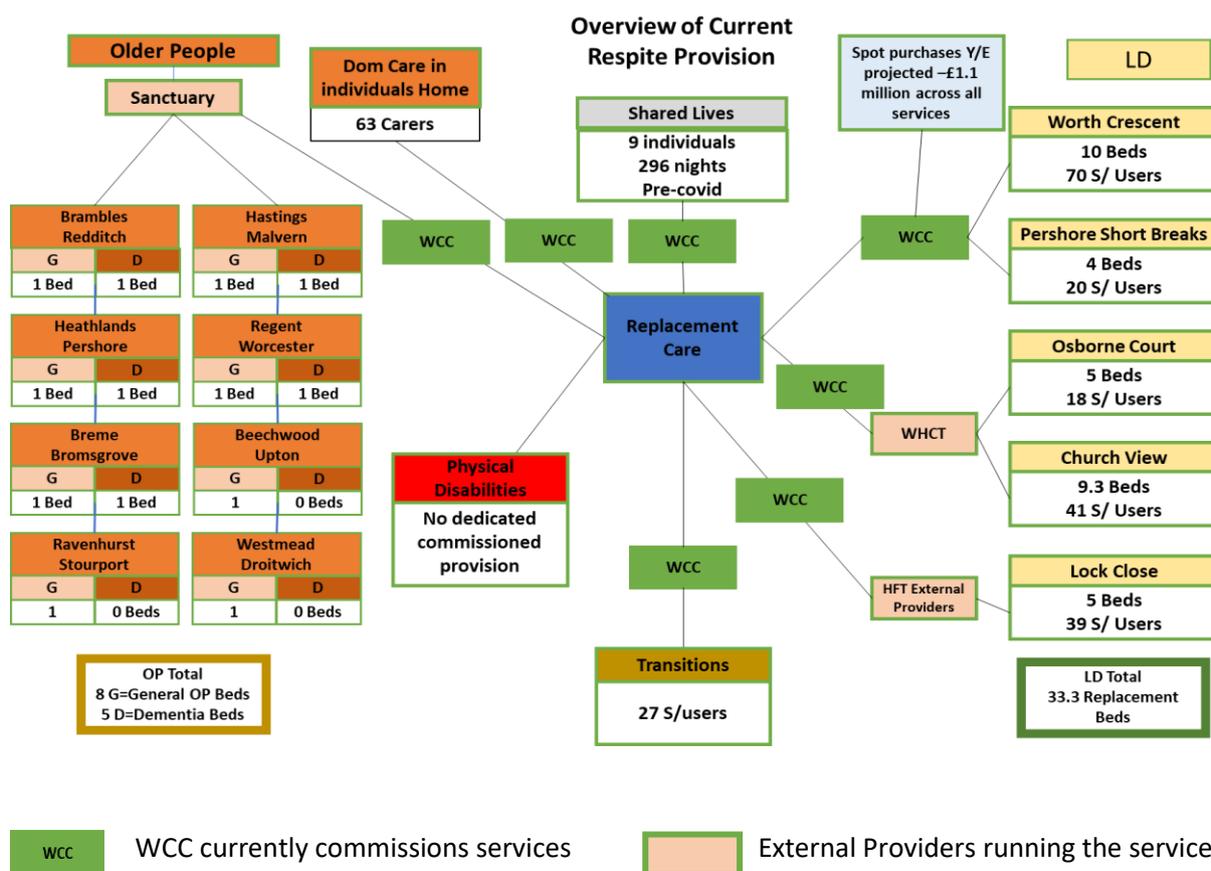
- Position statement and reviewing process
- Individual service modelling internal/external – LD/OP/PD
- Accessing current replacement services
- Service and Market Capacity
- Transport
- Financial modelling

Due to the nature of the review and that it was an initial fact-finding exercise, it was agreed that at this stage it would be more appropriate to establish a short-term Task and Finish Group who would be engaged as part of the process to ensure key interfaces and interdependencies were considered. The Task and Finish Group Membership, included:

- *Korrina Campbell* – Interim Day Opportunities Review Manager – Lead on mapping and gapping exercise
- *Amanda Dunn* – Programme Portfolio Lead
- *Fran Kelsey* – Lead Commissioner
- *Mike Briggs* – Transport Project Manager
- *Maria Idoine* – Senior Finance Business Partner
- *Robert Reader* – Brokerage Team Manager

## Current “As Is” Replacement Care Services:

Currently, Replacement Care is provided through a variety of services and through both internal and external providers as identified in the diagram below:



Below is the breakdown of all current replacement care being provided to individuals through the above identified service provision between the period of 1<sup>st</sup> November 2019 – 1<sup>st</sup> September 2020:

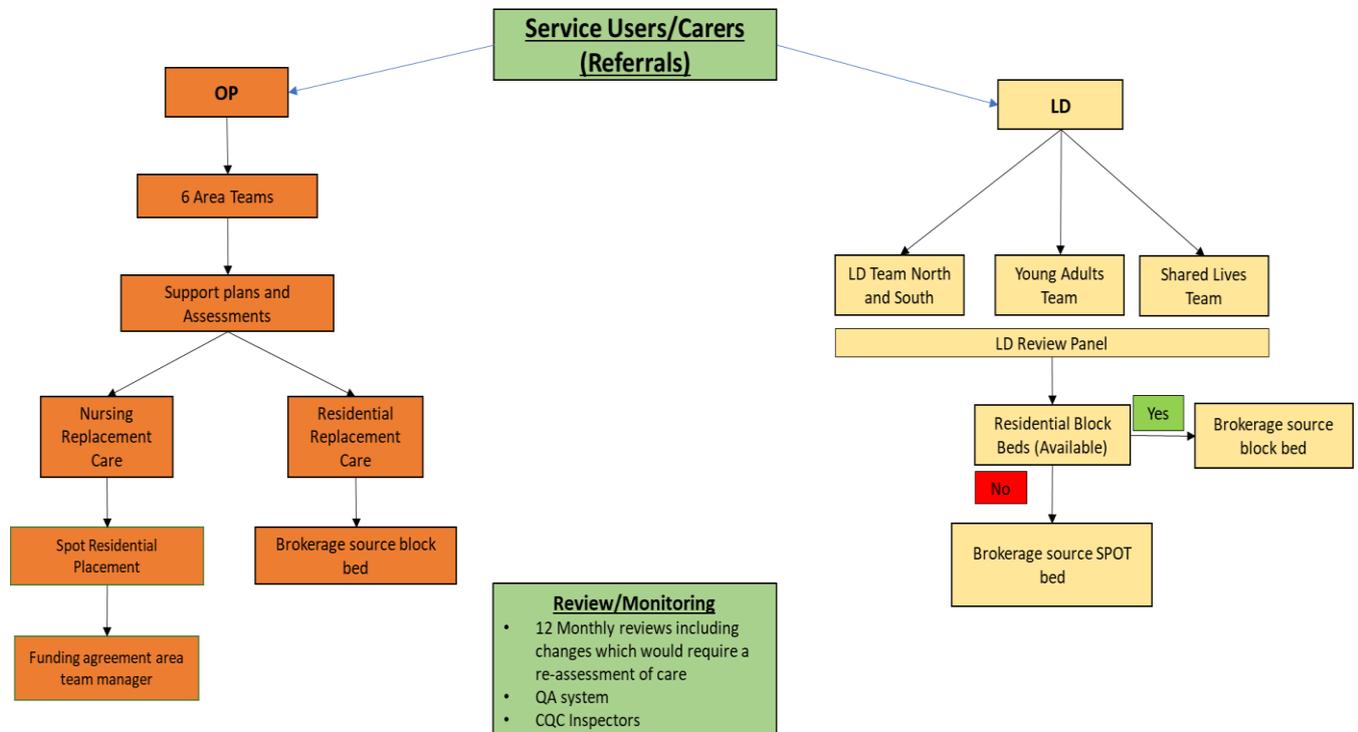
Replacement Care Type of Replacement Care	People										
	1 Nov 2019	1 Dec 2019	1 Jan 2020	1 Feb 2020	1 Mar 2020	1 Apr 2020	1 May 2020	1 Jun 2020	1 Jul 2020	1 Aug 2020	1 Sep 2020
Replacement Care (ALL)	197	199	198	198	194	191	185	186	192	191	193
Intermittent Respite Care	185	185	185	185	186	184	184	184	186	185	184
Residential Care (Block Purchased or In-house)	6	3	3		2						1
Residential Care (Spot Purchased)	6	5	4	3	3	3		1			2
Residential Block	4	5	5	9	4	4	1	1	5	5	5
Nursing Care (Spot Purchased)	1	1	1	1					1	1	1

There are five types of replacement care in use over this period, with the new *intermittent respite service* category coming on stream from November 2019, which was when the new Controcc system was introduced to capture all Replacement Care data in a different way under the heading of *intermittent respite care*.

Emergency Replacement is not included in this data, as its usage operationally is very different to that of planned Replacement Care.

## Current Referral Process into Replacement Care for Older People/People with a Learning Disability

In terms of the LD referral process not all requests go through LD Funding Review Panel as this depends on the total package cost and devolved decision-making levels, however in the future there are plans to establish a replacement care review panel.



## Learning Disabilities Assessment process

The Social Worker or Reviewing Officer will complete all the necessary paperwork including an assessment and obtain funding approval for the replacement episode from their Team Manager or Learning Disabilities Funding Panel as appropriate. Upon request by the Social Worker or Reviewing Officer, the Brokerage Team will contact the unit manager (or the nominated contact for the unit), to request the Service and ascertain availability for the required period.

When the most appropriate unit is sourced, a senior member of staff from the unit shall, through liaison with the allocated social worker or team manager, complete a care assessment within a maximum of 7 days and devise an introductory programme in agreement with the potential adult with a learning disability and their family/carer.

If the assessment outcome is positive and the provisional booking is to be confirmed, the Social Worker or Reviewing Officer will within three working days confirm the booking verbally with the unit manager (or the nominated contact for the home), and send the workflow to the Brokerage Team.

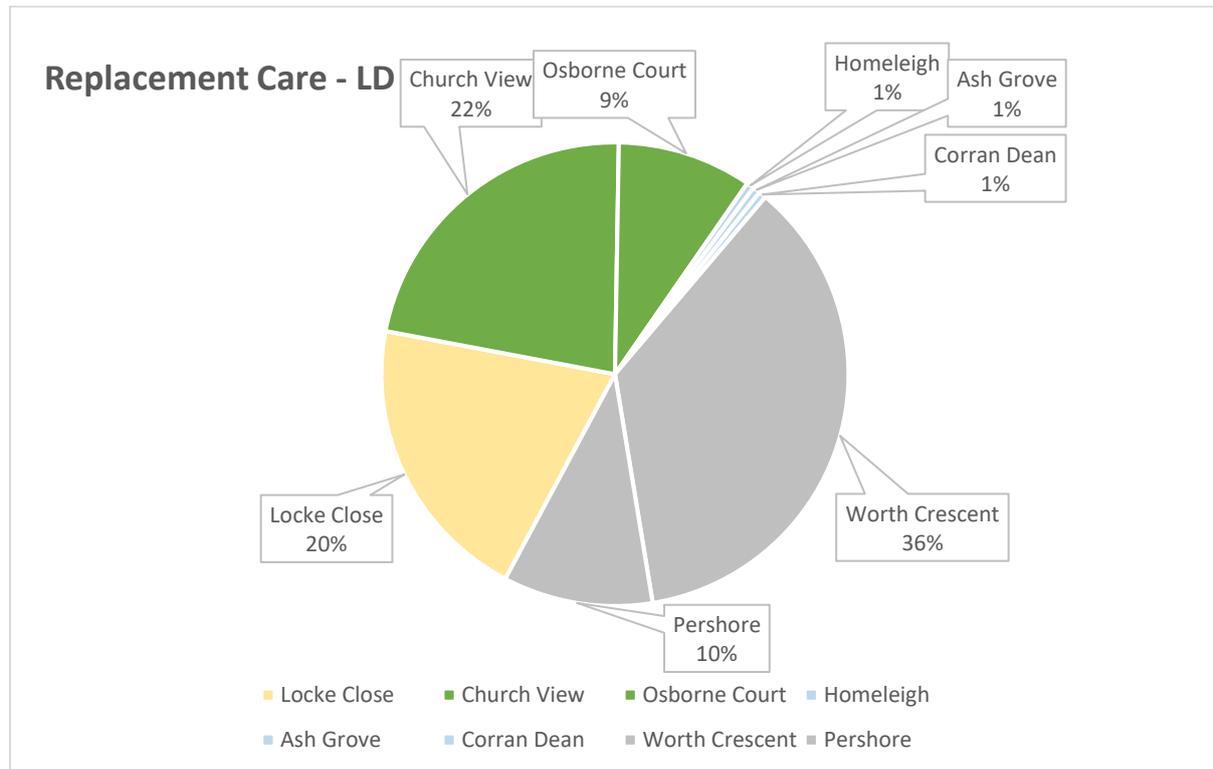
## Older People's Assessment Process

All referrals for Replacement Care go through the WCC brokerage service and are on a first come-first served basis with Social Workers not being allowed to approach the homes directly. The majority of bookings are made for the whole year and are sent through in April on block and added to the brokerage booking system. This process is for Residential Replacement beds as Nursing Replacement is not contracted on a block bed basis, they are always sourced through spot purchasing arrangements.

### Current Provision within LD

Currently within Learning Disability Services WCC commissions various Replacement services. The budget for all Learning Disability Replacement Care provision 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.

The current provision of Replacement Care *bed-based provision*, enables 191 adults with a Learning Disability to access this type of service and includes;



- 14 Replacement Care Beds are located within Worth Crescent (Stourport) and Pershore Short Breaks (Pershore) and are classed as an in-house provision
- 14 Replacement Care Beds are located within Osborne Court (Malvern) and Church View (Bromsgrove) which are commissioned through WCC but provided through WHCT. These services are specifically for people with complex health or behavioural needs and a number of the beds are recharged to the CCG for those who are eligible for Continuing Health Care funding.
- 5 Replacement Care Beds are commissioned by WCC and provided through an external provider HFT at Lock Close, Redditch.
- Other Replacement Care beds have been provided through spot purchasing arrangements on an individual basis, as identified in the diagram.

Of those individuals that attend Replacement Care

- 49 attend one of the WCC Resource Centres
- 17 attend one of the WCC Connect Services
- 83 attend an external day service

### LD Replacement Service Profiles

Service	No of Beds	No of Service Users	Type of service	Service Hours
Worth Crescent Stourport WCC	10	56	The majority of individuals who attend the service have low level mobility needs but can require a high-level of support due to challenging behaviours across individuals who may have a learning disability alongside some mental health issues. All staff are MAPPA trained.	Monday to Friday 07:00am to 09:30 am then 16:00pm to 07:00am the next day. On a Saturday and Sunday the service is open 24 hours.
Pershore Short Breaks (Station Road) WCC	4	19	4 bed unit all ground floor. All individuals are high level dependency who may need assistance with hoisting, drinking and eating (the unit doesn't do peg feeding)	The service is open from Monday to Friday 07:00am to 10:00 am then 16:00 pm to 07:00am the next day with no cover during the daytime period, but 24-hour cover at weekends.
Osborne Court WCHT	5	19	Provides a specialist high quality, stimulating replacement care provision that is able to meet the needs of adults who have a learning disability and additional complex physical disabilities, complex health issues and/or behaviours that challenge that may require a nurse to provide, co-ordinate or manage their care and support needs.	Willowbank 1 has 5 beds and is available 360 nights a year and are available 24 hours a day
Church View	9.3	35	Provides a specialist high quality, stimulating replacement care provision that is able to meet the needs of adults who have a learning disability and additional complex physical disabilities, complex health issues and/or behaviours that challenge that may require a nurse to provide, co-ordinate or manage their care and support needs.	The unit has 12 beds, in 3 distinct sub-units: 5 beds, 3 beds and 4 beds respectively. The 4 bed unit is available for 120 nights per year and the others 360 nights per year (this equates to an average occupancy of 9.3 beds) and are available 24 hours a day
Lock Close HFT	5	35	The scheme provides replacement care of up to 2 weeks' duration at any one time provided primarily but not exclusively for adults with a learning disability residing in Redditch and Bromsgrove who meet the eligibility criteria.	Provides replacement care between the hours of 16:00 and 09:30 Monday to Friday and 24 hour support at weekends and bank holidays

#### Additional Table explanation notes:

- Service user levels based on average numbers from April 2019 – October 2020
- Weekly Cost assumes full occupancy
- Osborne Court - there are also children's short breaks co-located on this site
- Church View budget includes a £78k contribution from the CCG

## Nights Allocation

Data for the service profiling within the next section, has been taken from the 2018-2019 period and extracted from a quarter's monitoring report, given the COVID situation and the reduction of services since February 2020, but still incorporating a fairly static cohort of individuals. The *nights allocated* columns are categorised as; WCC being a Social Care support need and CHC being a Health Care support provision i.e. more complex.

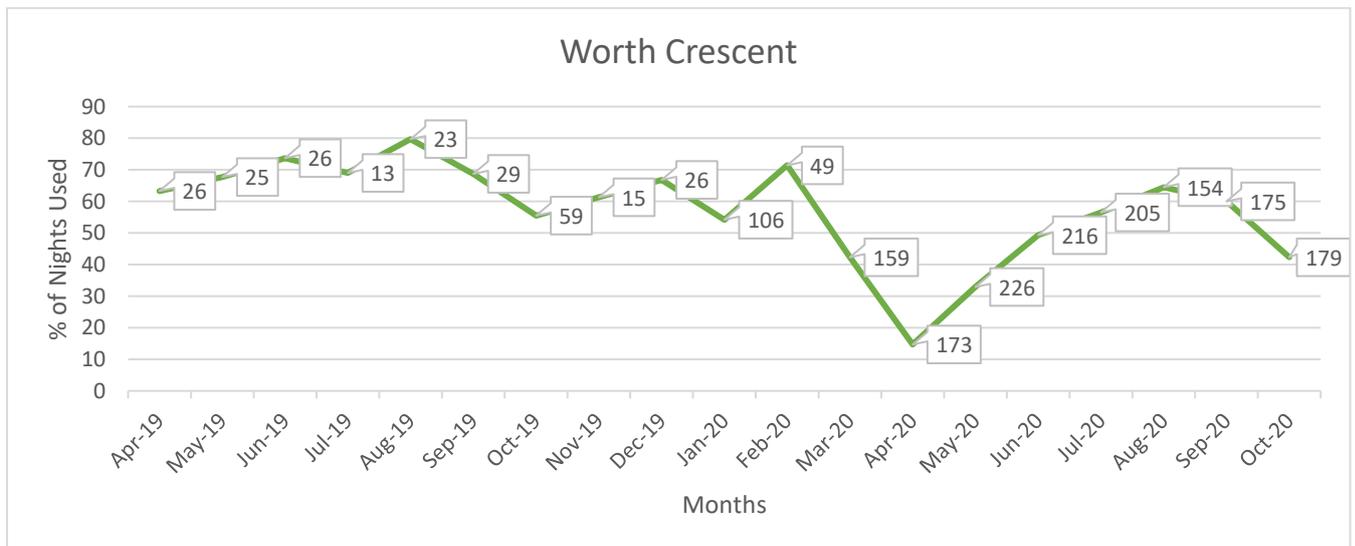
Service	WCC Nights Allocated	CHC Nights Allocated	WCC/CHC Nights proportion and Service User Breakdown
Worth Crescent Stourport WCC	2,290	0	100% WCC Nights
Pershore Short Breaks (Station Road) WCC	988	122	<p><b>Night</b> CHC 11% Non-CHC 89%</p> <p><b>Service Users</b> CHC 1 Non-CHC 17</p>
Osborne Court WCHT	1,023	327	<p><b>Night</b> CHC 24% Non-CHC 76%</p> <p><b>Service Users</b> CHC 6 Non-CHC 21</p>
Church View WCHT	2,120	668	<p><b>Night</b> CHC 24% Non-CHC 76%</p> <p><b>Service Users</b> CHC 10 Non-CHC 39</p>
Lock Close HFT	1,665	0	100% WCC Nights
<b>TOTAL:</b> <b>80% WCC Nights Allocated</b> <b>20% CHC Nights Allocated</b>	<p>The data above starts to analyse the breakdown of types of replacement provision per service, provided for service individuals accessing the current commissioned LD replacement services. As you would expect, the 3 services identified as supporting complex needs individuals; Pershore Short Breaks, Osborne Court and Church View have a proportion of CHC nights allocated within each service, on average currently 20%, with the remaining 80% being classed as a social care provision.</p> <p>Complex Replacement care is costing approx. £2,000 per week across WCC and WCHT provided services, with lower level replacement services costing approximately £1,200 across Worth Crescent and Locke Close.</p> <p>Given the cost levels difference it would be useful to identify needs of individuals within each service to ascertain if staffing ratios etc are correct which would ultimately impact on service unit costs.</p>		

## Occupancy Levels and Cancellations

The following section, of the *mapping and gapping exercise*, starts to consider the occupancy levels in each of the Replacement Services and covers a period from April 2019 up to October 2020. The numbers on the graphs are the numbers of nights cancelled per month per service. Due to the COVID 19 pandemic there are obvious dips in occupancy levels and higher number of cancellations within that period, so the focus around the data is summarised on the pre-covid data.

### Worth Crescent

- Pre-covid, occupancy levels vary from 55%-80%
- Pre-covid, cancellations per month vary from 13 nights to 106



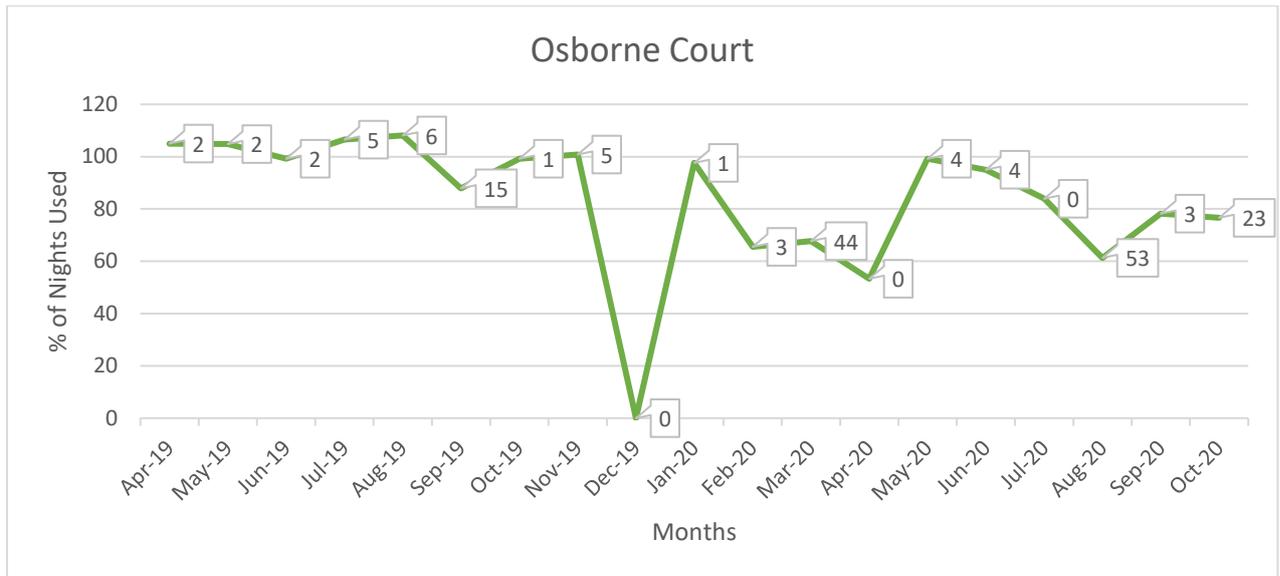
### Pershore Short Breaks

- Pre-covid, occupancy levels vary from 60% - 97%
- Pre-covid, cancellations per month vary from 0 nights to 19



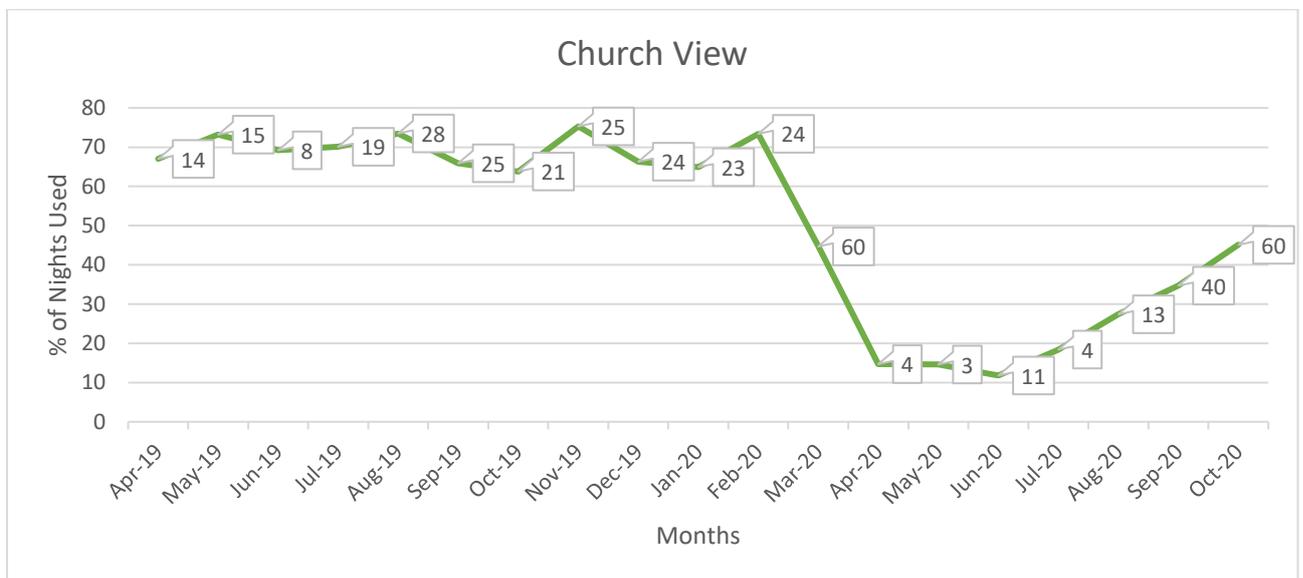
### Osborne Court

- Pre-covid, occupancy levels vary from 90% - 108% but this is obviously a data input error and potentially due to there being a bed number of 9.3 instead of a whole figure and that Osborne Court was accommodating a long-term emergency for a number of months and used an extra bed. Missing data has also given a zero-occupancy rate for Dec 19 data, so has been discounted
- Pre-covid, cancellations per month vary from 1 night to 15



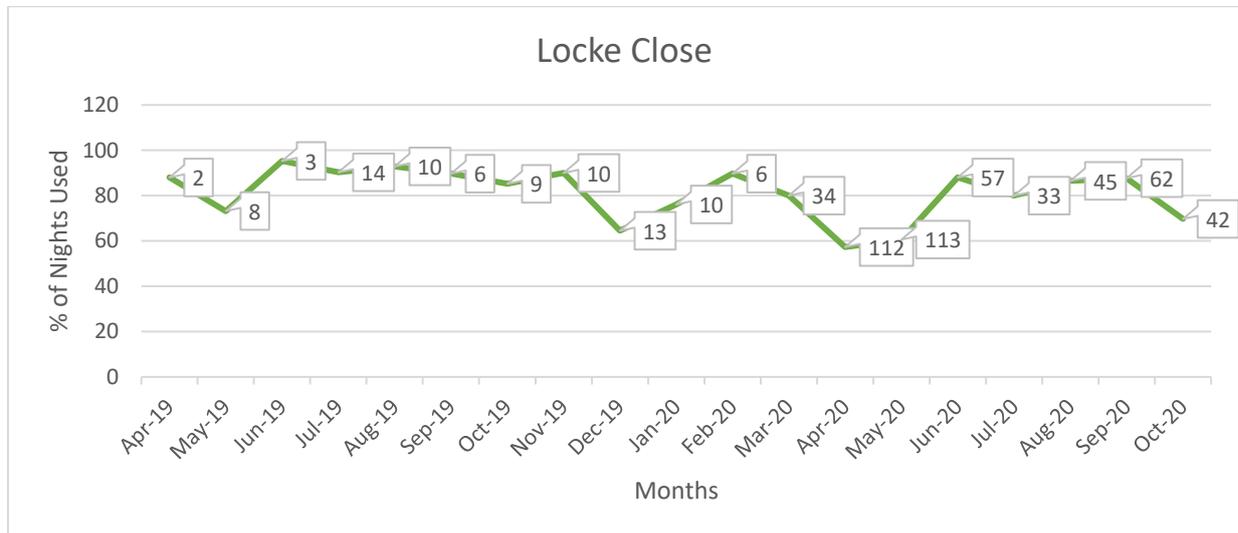
### Church View

- Pre-covid, occupancy levels vary from 65% - 75%
- Pre-covid, cancellations per month vary from 8 nights to 28

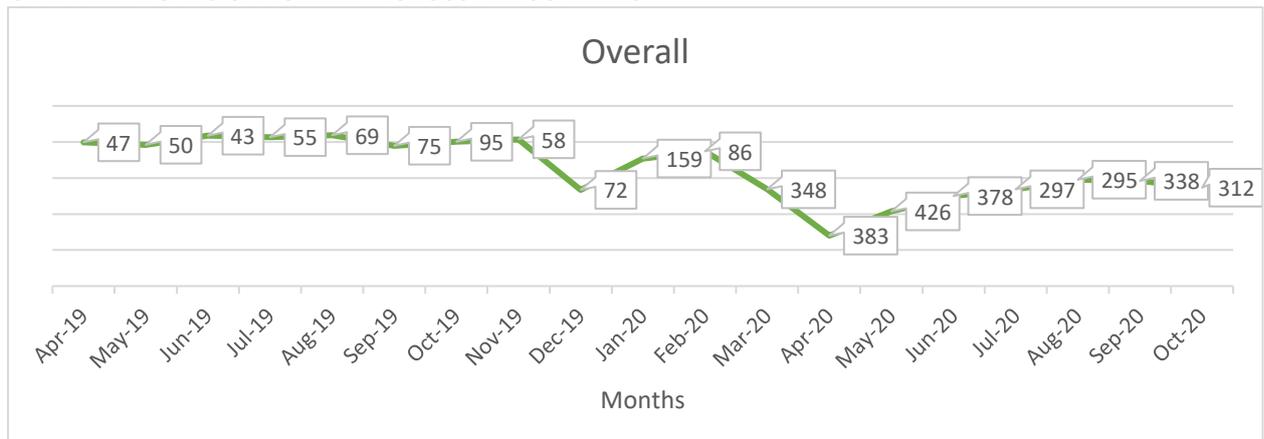


## Locke Close

- Pre-covid, occupancy levels vary from 65% - 95%
- Pre-covid, cancellations per month vary from 2 nights to 14



## OVERALL NIGHTS CANCELLED ACROSS ALL SCHEMES

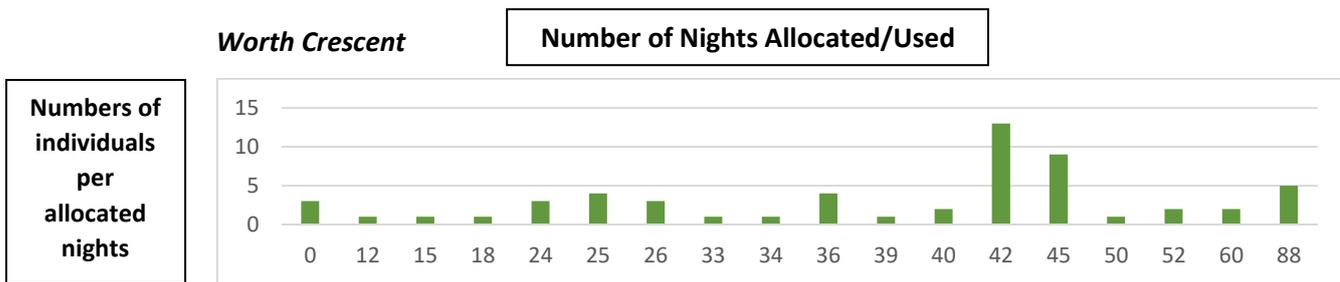


## Observations

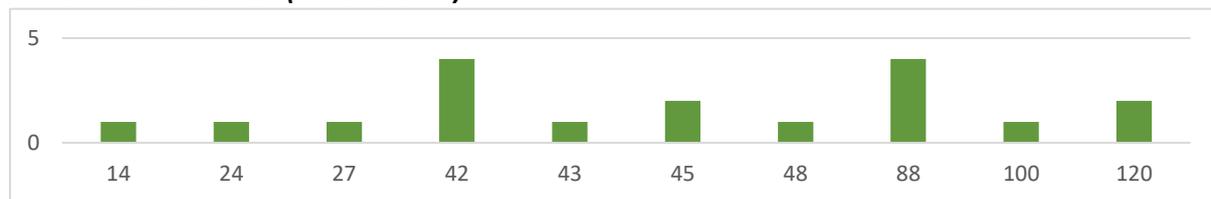
- The range of occupancy levels, across all schemes pre-covid, is between; 55% and 97% (exc 108%) and a range of 43 - 159 nights being cancelled between April 2019 and February 2020.
- Although there is evidence of under occupancy in each Replacement Care service, feedback from staff indicates that some carers are not able to access the nights they are entitled to, due to beds not being available for full weeks. This issue needs further investigation to understand the potential reasons for the low occupancy levels in certain services and in evidencing anecdotal statements.
- Unit costs also need to be based on actual occupancy levels to ensure accurate figures on not based on an assumed occupancy level across all services. Given some of the under-occupancy levels, this will have significant impact funding wise.

## Equity

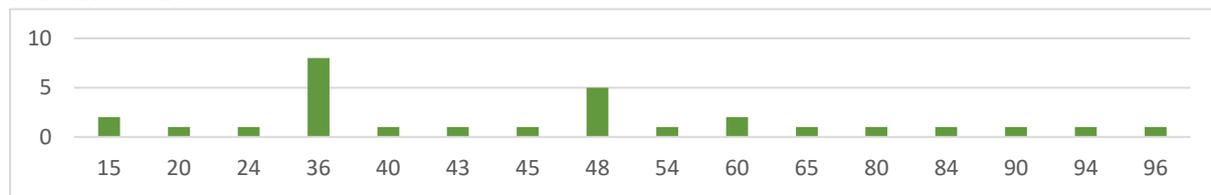
Below are the graphs highlighting the range of nights allocated/used and the proportion of service users per each number of nights allocation; i.e. 10 service users have 42 nights per annum.



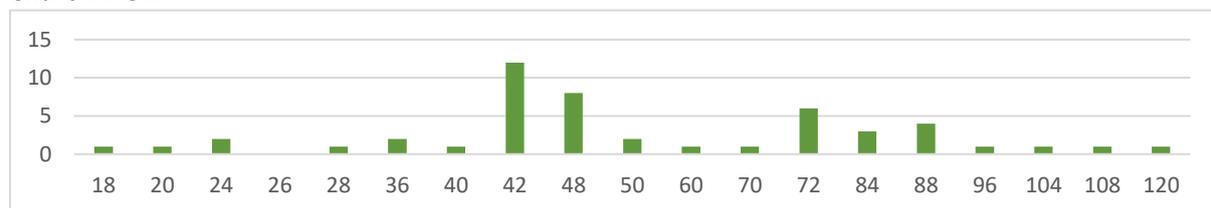
### **Pershore Short Breaks (Station Road)**



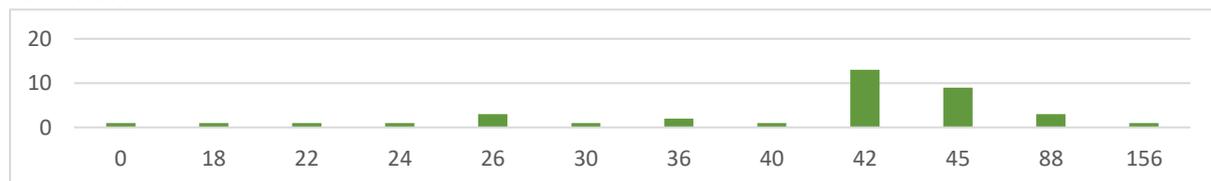
### **Osborne Court**



### **Church View**



### **Lock Close**



WCC have faced external challenge during care package reviews of un-proportionality when providing Replacement Care. The data identified within each of the commissioned Learning Disability Replacement services potentially evidences this statement, although we need to be clear that we understand why the allocations are so varied in each service.

- Number of nights allocated per individual has an obvious impact around capacity levels and numbers of people able to access each service, for example; Lock Close has a high proportion of individuals with less than 45 nights allocation and an average of 91% occupancy, so more people able to access the service
- The main two critical areas for further scoping would be around whether the Replacement Care provision is fairly proportioned and is it truly based on an individuals and carers needs.

### Day Care interdependency

The *mapping and gapping* exercise was to be completed within Replacement Care Services across the County, forming an additional workstream within the *Shaping Services Programme*, alongside the day services review. Due to the clear interdependencies between the two pieces of work it was agreed that the interim appointed lead for the day services review (Korrina Campbell - KC) would also complete this mapping and gapping exercise. Below is a breakdown of number of service users who use Replacement Care services alongside attending Day services, in total 49 service users, just under 50%. It is important these interdependencies are considered to give a holistic view of each individual and the support they are receiving in determining equity and risks if too many changes are made in both services at the same time.

Church view	Corran Dean	Lock Close	Osborne Close	Pershore Short Breaks	Worth Crescent
3	1	8	5	7	15
<b>Total - 49</b>					

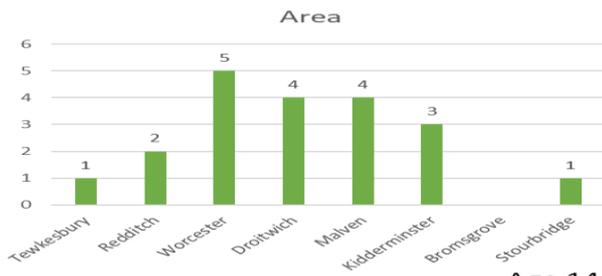
### Transitions Interdependency

As part of the mapping and gapping exercise it was acknowledged that individuals with a learning disability, going through the transition from Children’s Services, through to Adult Services, with a potential future need for a Replacement Service, was considered. As the table below highlights, as an Authority we need to ensure that adequate provision and services that meet our duty of care needs are addressed and planned for, in a person-centred way. Given the numbers of young people who will be potentially accessing future services, we need to ensure that we have the right capacity to meet those needs in services.

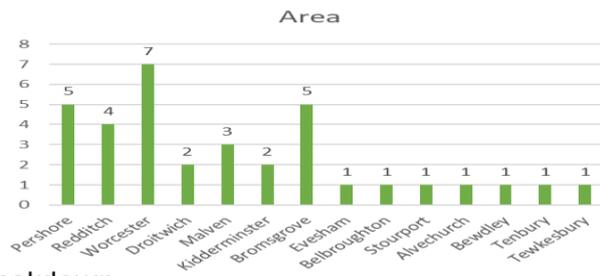
A successful piece of joint working between Adults and Worcestershire Children First commissioners and WHCT was concluded during 2020 to transform Osborne Court into an all-age site which accommodates children’s short breaks as well as adults’ replacement care provision. This will improve the outcomes for young people with complex health needs as they transition into adult services and potentially sets a benchmark for further joint working across the “Preparing for Adulthood” agenda.

Age	Identified Need/Projected Need
17 Years Old	<ul style="list-style-type: none"> <li>• 27 individuals are currently accessing Replacement Care</li> <li>• 88 individuals have been identified as needing Replacement Care in the near future</li> <li>• 115 individuals have been identified as not requiring replacement care in the future</li> </ul>
16 Years Old	<ul style="list-style-type: none"> <li>• 11 individuals have been identified as needing Replacement Care in the near future</li> </ul>
15 Years Old	<ul style="list-style-type: none"> <li>• 19 individuals have been identified as needing Replacement Care in the near future</li> </ul>
14 Years Old	<ul style="list-style-type: none"> <li>• 14 individuals have been identified as needing Replacement Care in the near future</li> </ul>

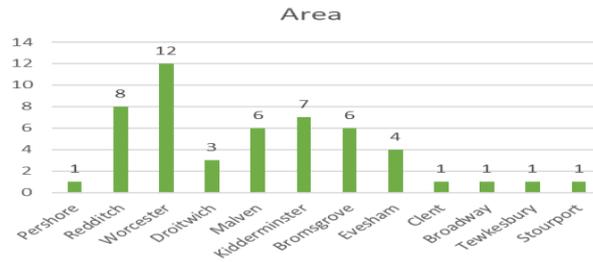
**Age 16 Breakdown**



**Age 15 Breakdown**



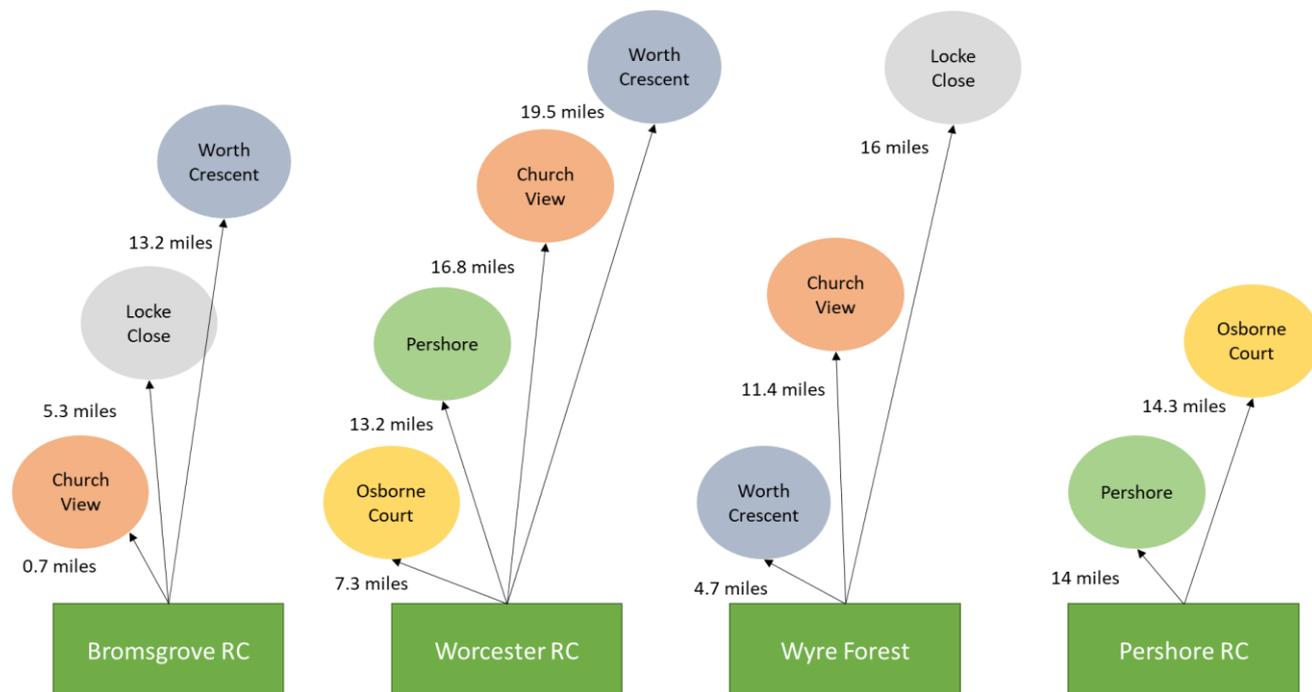
**Age 14 Breakdown**



It is also critical that we consider the types of services we will be providing in meeting those emerging individual needs, for example, there is a high ratio of young people with autism and PD that will be needing a service.

It will also be important to ensure services are provided within the correct geographical location and so needs to be a consideration around any further exploratory work taken as part of the future offer for Replacement Services.

## Transport Findings for those individuals with a Learning Disability accessing both Replacement and Day Care Services



As stated previously, of those individuals that attend Replacement Care, forty-nine also attend one of the WCC Resource Centres; Bromsgrove, Worcester, Wyre Forest and Pershore.

- The above diagram starts to map where those individuals are supported and includes the distance in mileage between the WCC Resource Centre and the Replacement services that each individual attends, confirming that individuals attending the WCC Resource Centres do not all attend a local Replacement Care service

Connect Services have not been included in this figure and the diagram above only reflects the crossover between those individuals attending Replacement Services and the Resource Centres.

### Observations from the diagram:

- Individuals attending the WCC Resource Centres do not all attend the same Replacement service. Is this due to:
  - Historical attendance at both services or one of them
  - The Replacement service is more appropriately placed to meet that individuals needs
  - Individual service users attending more than one Replacement Service
  - Transport routes
  - Capacity Issues
- Worcester Resource Centre has a crossover with 4 of the 5 Replacement Services and highlighting the biggest difference in terms of miles between services along with Bromsgrove Resource Centre which is a similar scenario
- Within Pershore Resource Centre individuals only access two of the Replacement Care services which are similar distances to each other, however this may be due to levels of numbers, as only 9 people attend the Pershore Resource Centre

### Current Provision within Older People

There are currently thirteen beds providing replacement care for Older People across Worcestershire. Each bed is provided on a block contract basis by Sanctuary Care and provided within eight of their different care homes. Eight of the beds are classed as *Generic Replacement Care* for older people and 5 are *Dementia specific replacement care* beds.

Home	Location	Replacement Care Bed	Dementia Replacement Care Bed
Brambles	Upton-upon-Severn	Yes - one	Yes - one
Beechwood	Redditch	Yes - one	
Breme	Bromsgrove	Yes - one	Yes - one
Hastings	Malvern	Yes - one	Yes - one
Heathlands	Pershore	Yes - one	Yes - one
Ravenhurst	Stourport-on-Severn	Yes - one	
Regent	Worcester	Yes - one	Yes - one
Westmead	Droitwich	Yes - one	

### WCC CARE HOME PRICE BANDINGS 2020 – 2021 (From 6th April 2020)

#### OLDER PEOPLE AND PEOPLE WITH PHYSICAL DISABILITIES

##### **BAND 2**

Relates to older people assessed as in need of, and eligible for, personal care in a care home and drawing higher rate of Attendance Allowance.

Older People receiving personal care in a care home:

- Single Room: £479.50
- Shared Room: £468.50

##### **BAND 4**

Relates to older people assessed as in need of, and eligible for, care in a care home with nursing.

- Single Room: £491.50 - FNC contribution payable by NHS £165.56
- Shared Room: £474.00 - FNC contribution payable by NHS £165.56

##### **BAND 6**

Relates to older people or people up to age 65 with physical disabilities, with complex nursing and/or medical and/or social care needs whose care plan requires a care home placement which costs more than the Council's normal price banding. The difference between the normal banding and the Band 6 rate may be paid for by the Council or NHS or other body, or a combination of these.

Rate is negotiated individually and inclusive of any eligible FNC

There is currently a workstream outside of this mapping and gapping exercise to look at the whole current residential contract with Sanctuary, but even though the commissioned Replacement beds

are only a small proportion of the wider contract, WCC will still need to understand some of the potential impact this will have on the Replacement beds.

The current contract with Sanctuary Care ends on 31<sup>st</sup> March 2021.

## Occupancy Levels

### Data captured from January to November 2020 - Occupancy rate by home by month

#### General Replacement Beds

	Beds	2020 Calendar Year
Beechwood	1	0.9%
Brambles	1	13%
Breme	1	26%
Hastings	1	59%
Heathlands	1	25%
Ravenhurst	1	36%
Regent	1	25%
Westmead	1	18%

#### Occupied beds and overall occupancy rate

Occupancy rate (%)	25
Void rate (%)	75

Rate per Night @ November to 26<sup>th</sup> = £78.57  
 Contracted value per month £2,435.67  
 Void cost per month £14,760.16

#### Dementia Replacement Beds

	Beds	2020 Calendar Year
Brambles	1	39%
Breme	1	44%
Hastings	1	42%
Heathlands	1	26%
Regent	1	43%

#### Occupied beds and overall occupancy rate

Occupancy rate (%)	39
Void rate (%)	61

Rate per Night @ November to 26<sup>th</sup> £83.29  
 Contracted value per month £2,581.99  
 Void cost per month £7,745.97

Data for the occupancy levels are taken between the period of January 2020 and November 2020 and of course, pre-covid, so will reflect an expected drop in occupancy levels.

The overall occupancy rate across all the eight general replacement beds identifies a 25% occupancy rate versus a 75% void rate which of course is very low. The void cost per month is quite substantial, leading to what would be a high unit cost for each bed.

Within the five dementia replacement beds, the data reflects a 39% occupancy rate against a 61% vacancy rate and as with the general beds equates to a high monthly void cost.

In September 2019 it was reported to Adult Services that occupancy in the Replacement Care/ Dementia Replacement Care beds is traditionally lower than that observed for residential care and in 2018/19 was 64% (Replacement Care) and 70% (Dementia Replacement Care). Even before covid the occupancy levels are low and further work will need to be completed to understand the historical data.

External providers are reluctant to provide replacement care beds through a spot purchasing arrangement, this may be due to various reasons, such as issues around same day admissions, or wanting to complete their own assessments. Historically it has also proven difficult to get occupancy levels within the homes. If there is no availability within the in-house services or they aren't suitable for an individual, then brokerage would look at a spot purchasing arrangement with other external providers.

It will be interesting to see if this position has remained, given the dramatic changes across the Older Persons Social care landscape which has been severely impacted throughout the covid pandemic.

Currently, there are no nursing care replacement beds within Worcestershire.

## **Flexible Breaks Scheme for Adult Carers in Worcestershire (Domiciliary Care in the Home)**

Sitting Services have been commissioned by WCC since 2003 to give Carers a break from their caring role. In April 2010 a revised and enhanced service was introduced known as the Flexible Breaks Scheme. The purpose of the Flexible Breaks Scheme was to match a Carer and cared-for person with a paid Carer in order to:

- a) Enable Carers to take a break from their regular role of caring
- b) Support the cared-for person in engaging in meaningful activities

There are still 63 Carers accessing the Flexible Breaks scheme, this is for Older People service users and consists of 3 or 4 hours per week to enable carers to take a regular break from their caring role. This service closed to new referrals in 2016 WCC agreed to keep this in place to the carers in receipt at the time, this has gradually reduced in numbers over the last 4 years.

The 19/20 budget for the Flexible Breaks Scheme is £365,900.

## Shared Lives

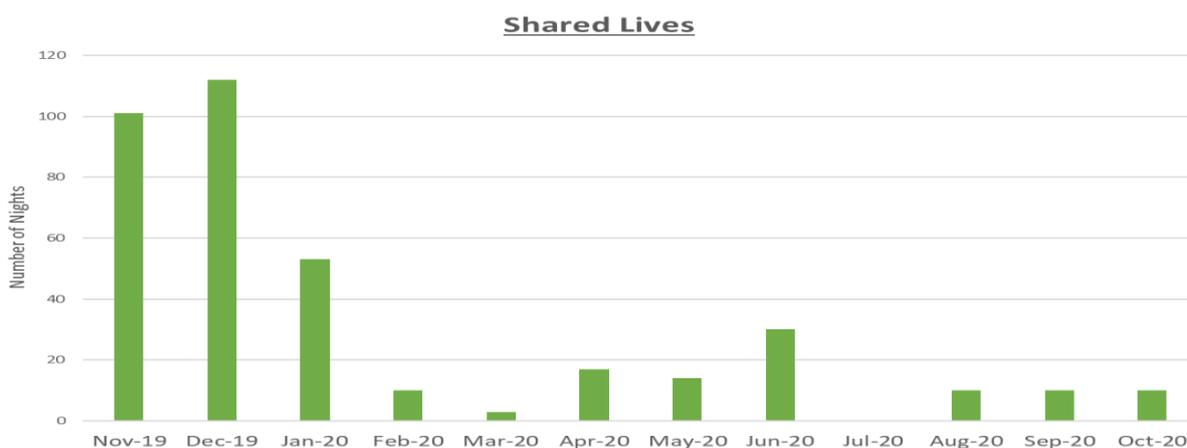
Worcestershire Shared Lives has been in place since 2004 but has been operational through an Adult Placement Scheme prior to this. It has an established staff team and Registered Manager who successfully deliver support to people living in Worcestershire. Currently the scheme has incorporated Shared Lives Plus aspirations and guidance to achieve outcomes for over 127 people. There are currently 152 Shared Lives providers within the system, however recent proposals have identified that the service aims to increase this by 22 providers totalling 174 providers by 2022.

Shared Lives is a highly flexible form of supported living, recruiting Shared Lives providers to give individuals the opportunity to live within a family in the provider’s own home, including Replacement Care.

Currently there are a cohort of Carers from within the Shared Lives scheme who rely on the Replacement Care provision themselves, in ensuring minimised risks of carer breakdown. It has also been identified that in the event of any DOLS or safeguarding issues within Shared Lives that any emergency placements tend to be directed to the internal WCC replacement services. A large proportion of Shared Lives Carers provide replacement for each other i.e. within the shared lives cohort of carers through an “exchange” type of arrangement.

The majority of individuals in receipt of Replacement Care are within the LD Services.

**Number of Replacement Care Nights**



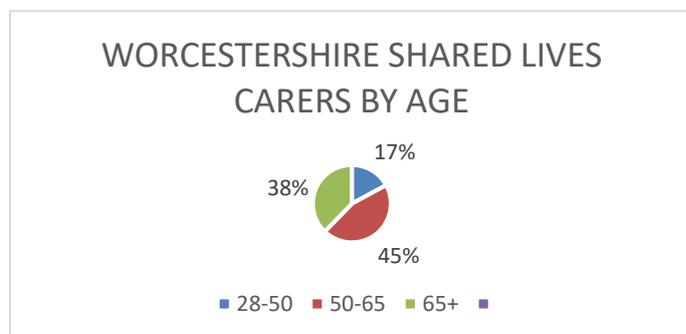
It is clear that the Replacement services are critical in ensuring the Shared Lives providers are supported in their role, so we will need to ensure that the planned growth opportunities within the Shared Lives schemes are taken into account when looking at future proofing our Learning Disability services, and indeed possible alternative service provision. It is also clear that there is another consideration in terms of the transport review, as the majority of the service users attending the day services from the Shared Lives provision, also rely on transport.

Below is the night fee paid to Shared Lives carers when providing Replacement Care:

	2018/19	2019/20	2020/21
<b>Replacement care</b>	£66.26 per night	£68.25 per night	£69.60 per night

## Ageing Population

The breakdown of carers age profiles across various services for people with Learning Disabilities, highlights a major concern of a large proportion of carers which are elderly, which carers themselves raise individually in respect of concerns as to who will care for the person with learning disabilities in the event of ill health or if they are not around.



Another factor which we need to consider is where some service profiling has already taken place within the Shared Lives service, that has identified the ageing population of the current Shared lives carers which identifies a risk of the number of carers/placements declining over the next 5 years.

This risk is also a major concern within the LD Replacement Care Services as it is a similar scenario, as identified within the snapshot of carers age profiles below:

Pershore	Worth
<ul style="list-style-type: none"> <li>6 carers are over 70 years old</li> <li>12 carers are aged 50 -70 years old</li> </ul>	<ul style="list-style-type: none"> <li>15 carers are over 70</li> <li>8 carers are in their 70's</li> </ul>

## Physical Disabilities

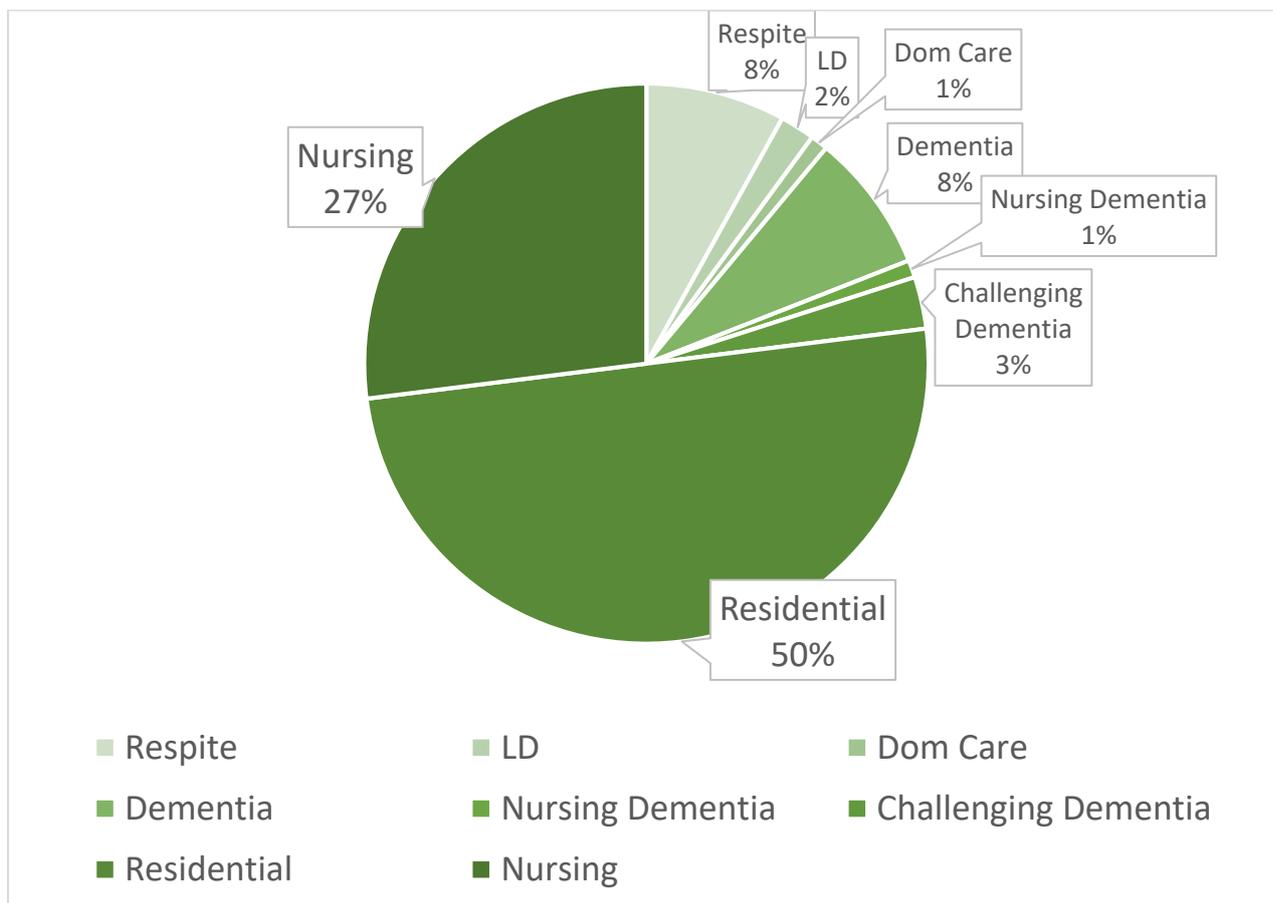
Currently, WCC does not commission a specific Replacement Service for people with a Physical Disability, although some of the replacement services have individuals who currently attend services who do have a physical disability.

As indicated from the transitions lead, there are a significant number of young people with a physical disability that are coming into Adult services over the next 5 years and as currently there is not any commissioned replacement care or day services for that group, as an Authority, we will need to ensure we are fulfilling our duty of care under the social care act in providing appropriate services.

Currently, there are 7 "pure" PD cases that we have no day service or replacement care provision for at the moment. Although a small proportion, it is a significant issue if they have single carers, or very complex health needs. WCC have hit crisis point with a few of these individuals which, in the long term, may turn out to be either really expensive in trying to source an appropriate service or pose significant potential risks for the individual, carers and WCC if no solutions are found.

## Emergency Replacement Care

### Emergency Replacement Care from 11/2019 – 4/2020

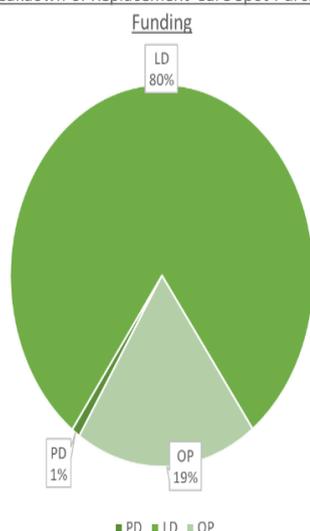


- Between the period of November 2019 and November 2020 there were approximately 375 episodes of emergency respite.
- Currently there are no emergency Replacement Care beds for either older people or people with a physical or learning disability.
- 98% of emergency replacement provision is for older people and providers are often able to accommodate any requests.
- It is harder to source emergency replacement care for someone with a learning disability.
- Emergency respite will take priority over any planned replacement care.

## Spot Purchasing arrangements

Currently the estimated total for spot purchasing Replacement Care across all services is £1,097,444.33 per year (including Mental Health).

Breakdown of Replacement Care Spot Purchase



Further work has been completed in breaking down the actual “true” spot purchasing figure, ensuring that any commissioned Replacement services are not included within the financial breakdown table below and to ensure no double counting. The original figure of £2.7 million appeared a significant amount proportionally alongside the level of funding already allocated to the current commissioned services. Finance colleagues have now confirmed that there was double-counting, so the actual true figure is the £1.1 million figure.

It is important, that future scoping includes understanding the reasons for the spot purchasing and the correlation between the spot purchasing arrangements and emergency replacement provision, as well as how data is captured and reported.

## Overall Findings across all services

A key activity as defined as part of the mapping and gapping exercise was around understanding the “As Is” model to inform the development of a scoping exercise around a potential further review.

This final section of the report summarises the key findings from the mapping and gapping exercise and identifies the key areas proposed in terms of the next phase around further scoping for review, including identified gaps:

Findings	Further scope for review and identified gaps
<b>Overall Findings</b>	
Projected year end figure of £1.1 million for spot purchasing Replacement Care across all services	<ul style="list-style-type: none"> <li>Understand why 80% of the spot purchase funding is allocated to LD when we have under-occupancy in the commissioned schemes</li> <li>Understand the capacity issues within the services</li> </ul>
Capacity building is required for replacement care to ensure higher occupancy and/or alternative provision	
Perceived large variances around replacement care service costs, internally and externally	<ul style="list-style-type: none"> <li>Ascertain internal versus external services unit costs but based on actual occupancy levels and not 90% blanket figure</li> <li>Understand impact of smaller schemes versus larger ones</li> </ul>
Fluctuations in occupancy levels	<ul style="list-style-type: none"> <li>Understand rationale and process around SW referrals and whether they refer to block contracted commissioned services first before spot purchase</li> </ul>
Direct Payments	<ul style="list-style-type: none"> <li>Further exploration around how people use their DP in all replacement services</li> </ul>

<p>From the LD database 86 people on a DP – but could be combination across several services</p> <ul style="list-style-type: none"> <li>• 16-year olds – 4 on a DP</li> <li>• 15-year olds – 16</li> <li>• 14-year olds - 24</li> </ul>	
<p>Emergency respite: A large amount of money is spent on emergency Respite</p> <p>Emergency respite reasons have identified a proportion of people with challenging behaviours A need for emergency placements and for people with very complex needs/challenging behaviours and the right type of capacity.</p> <p>Large numbers of replacement care were purchased from external providers outside of WCC commissioned services</p> <p>Emergency placements often last longer than originally expected</p> <p>Disruptive for families to cancel regular replacement care to accommodate emergencies</p>	<ul style="list-style-type: none"> <li>• Need to understand reasons for level of emergency respite and spot purchasing funding</li> <li>• Need to clarify levels within each disability service area to scope potential provision required</li> <li>• Understand causes of emergency respite across all areas</li> <li>• Explore the emergency respite, cost implications and comparison to block contracts</li> <li>• Explore the impact on block contracts and on planned replacement care of emergency placements being made in these facilities.</li> </ul>
<p>As part of the emergency respite scoping it has been highlighted that £145,019.27 was spent on Mental Health Services</p>	<ul style="list-style-type: none"> <li>• Clarity around whether these services are to be included in the next phase</li> </ul>
<p>There is a continuing emphasis on traditional forms of respite care and short breaks, with restricted choice at a local level There needs to be a range of quality services which are flexible to meet the range of needs</p> <p>Alternatives to this level of building- based care and where building based care required seek from external market</p>	<ul style="list-style-type: none"> <li>• Strong recommendation of review of clients and needs</li> <li>• Research around innovative models</li> <li>• Explore alternative provision of Replacement Care</li> <li>• Options appraisal exercise to identify alternative models</li> </ul>
<p>It is difficult to accommodate annual holiday stays of one or 2 weeks with the planned regular replacement care stays</p>	<ul style="list-style-type: none"> <li>• Understand any “blockages”</li> <li>• Level of impact this having on carers</li> <li>• Consider existing processes and booking arrangements</li> </ul>

### ***Learning Disabilities***

<b>Findings</b>	<b>Further scope for review and identified gaps</b>
<p>Equity of range of offer - 18 nights to 150 and ensuring an efficient referrals and placements process, to ensure people are placed in the right type of service to meet their needs</p>	<ul style="list-style-type: none"> <li>• Establish why there is such a variance in allocated Replacement Care i.e. range from 18 – 120 <ul style="list-style-type: none"> <li>○ Is it around the assessment process</li> <li>○ Lack of policy?</li> <li>○ Is it carer pressure?</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Equity and further work to understand individual service provision i.e. are people getting lot of replacement <b>and</b> day care</li> <li>• Review referrals and placements processes</li> </ul>
A high proportion of individuals attend multi-services	<ul style="list-style-type: none"> <li>• Look at individual service users across all services to understand actual individual levels especially in Pershore Short Breaks where high level of users attend day services</li> <li>• Impact on buildings when individuals are accessing several sites i.e. empty buildings</li> </ul>
There are still a significant number of individuals who receive the previous level of 42 nights	<ul style="list-style-type: none"> <li>• Establish perception around the 42 nights</li> <li>• Further clarity around Social Care Act requirements</li> </ul>
High levels of cancellations	<ul style="list-style-type: none"> <li>• Understand reasons for cancellations and notice periods</li> </ul>
Under occupancy yet people saying “can’t get enough nights”	<ul style="list-style-type: none"> <li>• Explore reasons <ul style="list-style-type: none"> <li>○ Weekends blocked</li> <li>○ Peak times throughout the year</li> </ul> </li> </ul>
Why Lock Close has higher occupancy levels	<ul style="list-style-type: none"> <li>• Is it because fairer allocation across users</li> </ul>
Can we agree a better process so individuals aren’t having to attend day care if at respite  Issues around hours provided within services if individuals don’t access day services	<ul style="list-style-type: none"> <li>• Process around service users receiving day care and replacement care</li> <li>• Consider hours available for the Replacement services</li> </ul>
High levels of older carers	<ul style="list-style-type: none"> <li>• Explore risks associated with the ageing carers and consider contingency planning arrangements</li> <li>• Explore alternative Replacement provision for older people with an LD ie GOLD/Dementia services</li> </ul>
Significantly higher proportion of social Care nights against CHC nights	<ul style="list-style-type: none"> <li>• Explore if WCC have the right service offer</li> <li>• Cost comparisons between a perceived health/complex offer</li> <li>• Breakdown of service users level of need</li> </ul>
Transport – Individuals attending the resource centre don’t always access the nearest replacement service	<ul style="list-style-type: none"> <li>• Understanding individual service user journeys</li> <li>• Understanding levels of needs as this may be the reason why</li> </ul>

### ***Older People***

<b>Findings</b>	<b>Further scope for review and identified gaps</b>
People accessing replacement care are growing older and there is an increasing prevalence for of dementia	<ul style="list-style-type: none"> <li>• Explore options for services</li> <li>• Consideration of capacity required in services</li> </ul>
Clarification around contractual arrangements of flexible breaks scheme	<ul style="list-style-type: none"> <li>• Review existing provision and if fit for purpose and contractual obligations</li> </ul>
Sanctuary Contract review may impact on the Replacement beds	<ul style="list-style-type: none"> <li>• Consider impact of changes to the existing contract</li> <li>• Consider if the current arrangement/provision is fit for purpose</li> </ul>

### ***Transitions into adulthood***

Findings	Further scope for review and identified gaps
There are significant numbers of individuals coming through transitions who have been projected as needing a replacement service	<ul style="list-style-type: none"> <li>• Consideration of whether current services are fit for purpose given the disability breakdown data</li> <li>• Are the services located in the correct geographical location given the projected area data</li> </ul>
Currently 27 individuals are accessing replacement care	<ul style="list-style-type: none"> <li>• Further understanding around current service offers within All Age disability including Children's short breaks</li> </ul>
There is a risk that individuals going through the transition process from Children's services to Adult Services were unable to access this valuable provision due to capacity issues	<ul style="list-style-type: none"> <li>• Consider capacity levels within current services</li> <li>• Consider referral process across the transition process</li> <li>• Current offer for younger individuals in adults replacement services</li> </ul>

### Shared Lives

Findings	Further scope for review and identified gaps
Significant interface between the Replacement services and the Shared lives carers	<ul style="list-style-type: none"> <li>• Review current crossover and allocations between services</li> <li>• Identify required level of need</li> <li>• Understand levels of needs of individuals within Shared Lives services</li> </ul>

### Physical Disabilities

Findings	Further scope for review and identified gaps
No dedicated commissioned PD service	<ul style="list-style-type: none"> <li>• Explore options and levels of need and capacity in services required</li> </ul>
It is known there are some complex people in PD coming through transitions	<ul style="list-style-type: none"> <li>• Is there a necessity for dedicated commissioned PD service</li> <li>• How many people in replacement care have a PD i.e. within current provision WHCT services?</li> </ul>
Physical adapted properties	<ul style="list-style-type: none"> <li>• Feasibility around current buildings and if fit for purpose</li> </ul>



# TRANSFORMING REPLACEMENT CARE

**Worcestershire County Council**

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V.7 July 2021

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## Introduction

The following report is to review the current 'replacement care' provision for people with a learning disability and their carers within Worcestershire and to propose potential alternative ways of delivering replacement care within Worcestershire.

The report and proposals are to help in assisting the development of future replacement care provision, whilst taking into account the impact of any moves on the model of the developing portfolio of community opportunities for people with learning disabilities.

## Purpose of the service

Local engagement and national guidance have highlighted many problems with use of the term 'replacement care'. The words 'replacement care' tends to put the focus only providing relief from carers from the caring situation. Some people say that the term 'replacement care' puts them off because they associate it with going into an "institution."

There has been a tendency to interpret replacement care as a service provided in a block or one or two weeks. However, the length of replacement care can be:

- a few hours
- during the day
- during the night
- over a weekend
- for a few days
- for an extended period of 1, 2 or several weeks

The Care Commission advocates that the distinctive feature of a replacement service is that the break should be *"a positive experience for a person and their carer by providing a break from their usual routines in order to improve the quality of their lives and support their relationship."*

Almost all replacement care should be planned well in advance. However emergency replacement is sometimes needed as a result of illness of a carer or the breakdown of a relationship. Replacement services should be designed to accommodate such unplanned needs.

The value of replacement services for people with special needs and their families/carers is significant. People need breaks in different ways at different times and for different periods. Early and regular interventions are required to sustain families in their role as long term carers. Carers are key partners of the local authority and NHS in providing care to people who are unable to look after themselves due to illness, disability or frailty. Without this care many people would be at risk, their quality of life would be poor or they may require admission to permanent care of some kind. 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.

Worcestershire County Council (WCC) services for people with learning disabilities, including our replacement services, promote through their practice the seven fundamental principles valued

- ✓ treated as individuals
- ✓ asked about what they need and involved in choices
- ✓ given help and support to do what they want to do
- ✓ able to get local services like everyone else

- ✓ able to get specialist services when they need them
- ✓ able to have services which take into account; age, ability and need

Demand for replacement care in the future is set to increase. This arises from policy shifts and National strategies which recognise the importance of replacement care as one element in a range of provision which supports people to live at home with carers or independently, as an alternative to living in long term residential care.

### Background

The previous *Worcestershire Replacement Care Mapping and Gapping exercise*, which was completed in December 2020, was to consider how the council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individuals and their carers, whilst also reviewing current provision.

### Overall Findings of the Replacement Care Mapping and Gapping exercise

Within Worcestershire the following current replacement provision was identified:

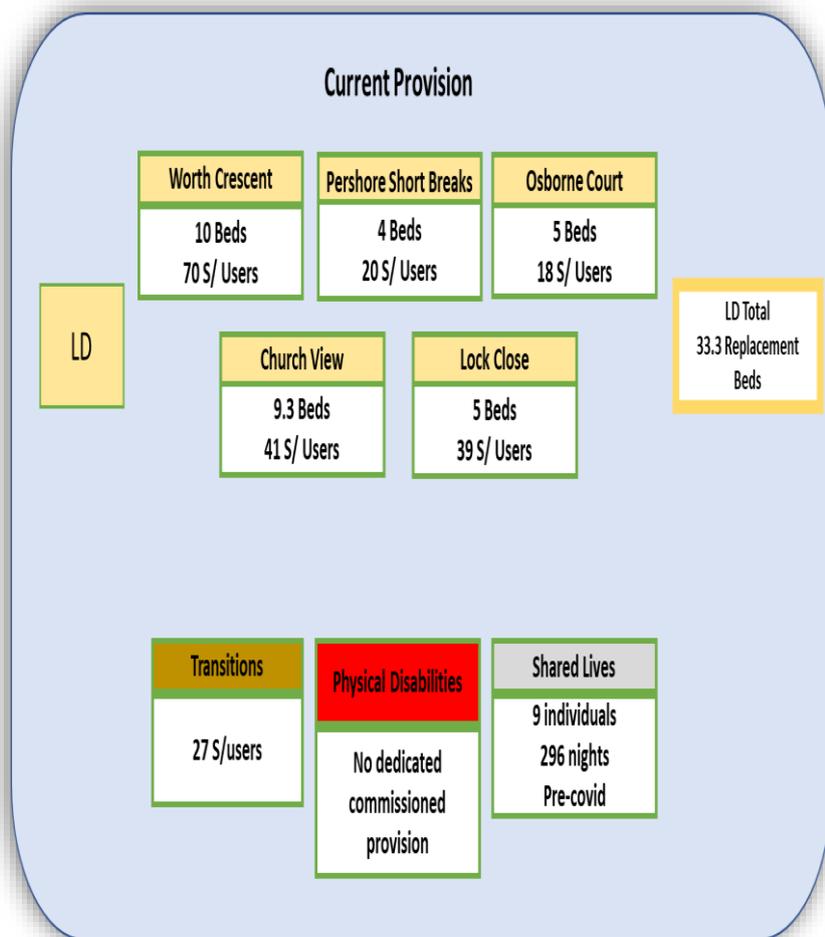
- There are 33.3 Learning Disability beds across 5 schemes
  - There are 8 General beds and 5 dementia beds for Older People across 8 Sanctuary Homes
  - 296 Replacement Care nights are provided through the Shared Lives scheme
  - 63 carers are still in the Flexible Break Care Scheme for carers
  - 27 Young Adults are receiving a Replacement Care provision
  - There is no designated Physical Disabilities provision for Replacement Care
- The two main critical areas that required further scoping, following on from the mapping and gapping exercise, were around whether the Replacement Care provision is:
    - fairly proportioned
    - and truly based on an individual's and carer's needs.
  - The amount spent on spot purchasing across all services is quite a high amount proportionally alongside the level of funding already allocated to the current commissioned services, which highlighted that there is a potential need for provision for emergency placements
  - Current provision is not flexible enough to meet needs and at times is difficult to access
  - The current provision is limited to bed-based respite and other options in addition to this would be more beneficial
  - Overnight replacement care will still be required to meet the needs of people with higher level needs

### Next Steps

In terms of next steps following on from the *Mapping and Gapping exercise* it was agreed, through the *Replacement Care Project Group*, that the principal focus and next steps would be around the in-house WCC replacement support provision for those people with a Learning Disability.

### WCC Replacement Care - Learning Disabilities – Key Findings

The main findings from the data gathered around the Learning Disability Replacement services included:



- The range of occupancy levels, across all the Replacement Learning Disability (LD) services pre-covid, was between 44% and 97%
- A range of 43 - 159 nights were cancelled across the Replacement services LD schemes, between April 19 and February 20
- The data identified within each of the commissioned Learning Disability Replacement Care services, potentially evidences the statement about there being inconsistency in allocations of nights per year for individuals when providing Replacement Care

➤ **Transitions**

Over the next 5 years, 132 young adults currently allocated to the YAT team have been identified as potentially needing Replacement Care.

➤ **PD**

Currently, there are 7 “pure” PD cases that we have no day service or replacement care provision at the moment. There are a significant number of young people with a physical disability that are coming into Adult services over the next 5 years, which we, as a council, need to address to ensure Care Act compliance.

➤ **Shared Lives**

Currently there are a cohort of Carers from within the Shared Lives scheme who rely on the Replacement Care provision themselves.

A large proportion of Shared Lives Carers provide replacement for each other i.e. within the shared lives cohort of carers through an “exchange” type of arrangement.

**Current Replacement Care Provision**

Currently WCC spends c£2.8m per annum (excluding recharges) on Replacement Care for people with a Learning Disability, plus approximately £0.4m per year on emergency replacement care.

There are two WCC in-house services, two WCHT services which are commissioned by WCC, as well as one service run by HFT, also commissioned by WCC.

Service	No Of Beds	No of Service Users	Type of service	Service Hours
Worth Crescent Stourport WCC	10	70	The majority of individuals who attend the service have low level mobility needs but can require a high-level of support due to challenging behaviours across individuals who may have a learning disability alongside some mental health issues.	Monday to Friday 07:00am to 09:30 am then 16:00pm to 07:00am the next day. On a Saturday and Sunday the service is open 24 hours.
Pershore Short Breaks (Station Road) WCC	4	20	4 bed unit all ground floor. All individuals are high level dependency who may need assistance with hoisting, drinking and eating (the unit doesn't do peg feeding)	The service is open from Monday to Friday 07:00am to 10:00 am then 16:00 pm to 07:00am the next day with no cover during the daytime period, but 24-hour cover at weekends.
Osborne Court WCHT	5	18	Provide a specialist high quality, stimulating replacement care provision that is able to meet the needs of adults who have a learning disability and additional complex physical disabilities, complex health issues and/or behaviours that challenge that may require a nurse to provide, co-ordinate or manage their care and support needs.	Willowbank 1 has 5 beds and is available 360 nights a year and are available 24 hours a day
Church View WCHT	9.3	41	Provide a specialist high quality, stimulating replacement care provision that is able to meet the needs of adults who have a learning disability and additional complex physical disabilities, complex health issues and/or behaviours that challenge that may require a nurse to provide, co-ordinate or manage their care and support needs.	The unit has 12 beds, in 3 distinct sub-units: 5 beds, 3 beds and 4 beds respectively. The 4 bed unit is available for 120 nights per year and the others 360 nights per year (this equates to an average occupancy of 9.3 beds) and are available 24 hours a day
Locke Close HFT	5	39	The scheme provides replacement care of up to 2 weeks' duration at any one time provided primarily but not exclusively for adults with a learning disability residing in Redditch and Bromsgrove who meet the eligibility criteria.	Provides replacement care between the hours of 16:00 and 09:30 Monday to Friday and 24 hour support at weekends and bank holidays

There is a significant range in terms of weekly costs across the five services, ranging between approximately £1,000 to £2,400 per week. This variation is partly based on the nature of the services, for example the provisions at Osborne Court and Church View are for people with complex needs and/or health-related needs (funded by Continuing Health Care).

### Emergency Replacement Care

In addition to the block contract arrangements, WCC also spent, in 2020/21 an additional £0.4m on emergency replacement care, which equates to 39% of emergency care spot purchasing across all services i.e. Older People, Mental Health and Physical Disabilities

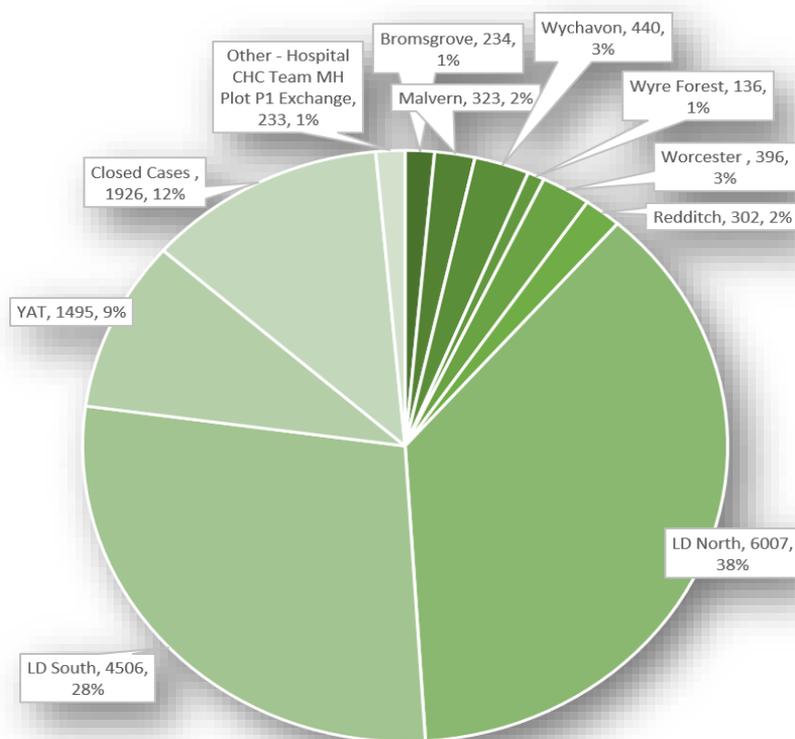
### What do we want to change and why?

The way we provide social care in Worcestershire is changing which gives us the opportunity to change the way Worcestershire County Council helps carers to have a short break from caring. There are three main reasons why we want to do this:

#### 1. To make sure that the way people get replacement care is fair and consistent

We have looked at the way replacement services are currently provided and we know there are some differences. For example, some people are getting more nights allocated than other individuals, so we need to ensure the services are equitable and accessible to all and based on each individual's needs.

#### Current Breakdown of Respite Nights



#### 2. To modernise and increase the range of Replacement Care that is available

When we were engaging with individuals who use our services, staff and carers, we asked people what was important to them. One of the things that people said was important was *“having more choices about Replacement Care”*. We believe we can do this by taking a ‘strength-based approach’ and by helping more people to be in control of their own lives.

### What is a strengths- based approach?

- A strengths-based approach starts by looking at ‘what matters’ to people rather than ‘what’s the matter’ with someone
- It means having new and different conversations with people about their care and support needs.
- It is about making the best use of the skills and resources people have and the skills and resources that exist in their relationships and in their communities.

### 3. To make sure that we make the best use of the money that we have available

We want to ensure we are spending money in the best way that we can. If we do not change the way we do things we will not be able to support more people.

#### Engagement Process and Outcomes of engagement

As part of the next phase in reviewing existing Replacement Care support for people with a Learning Disability, it was agreed that we needed to engage as widely as possible about current provision and identify any existing gaps and barriers for individuals and their carers.

Two questionnaires were devised, one to engage with those people within Adult Services, the other for younger adults including those due to transition from children's services into adult services. It was agreed this was a holistic approach and would begin to ensure that any future provision of replacement care services would be *fit for purpose* and meet identified needs, present and future.

#### Adult Questionnaire

The adult's questionnaire was through an on-line portal and distributed via the Worcestershire Association of Carers (WAC), to ensure an independent approach and to engage with as many people as possible. It was strongly acknowledged that we needed to engage with not only people that are currently using the in-house replacement service, but those individuals who may not be accessing services due to either not being aware of what is available, or it not being a suitable option for them. The questionnaire was circulated to approximately 2,000 individuals with 79 people responding. The full report and findings of the questionnaire are enclosed as Appendix 1. However, the main issues identified, included:

#### Executive Summary Adults

- Generally, people felt negative about their experiences of replacement care services, which were given an overall rating of 3.9 out of 10 from respondents.
- There appears to be an issue when it comes to accessing replacement care in the first instance, with 80% of respondents declaring that it was either 'difficult' or 'extremely difficult' to access the services
- People wanted to see an increase in the variety of services currently available to them, stating that they would like more choices in the service.
- 67 respondents were willing to travel for the right service compared to only 12 that weren't.
- When asked about the range of replacement care services, the overwhelming response was that more services should be provided within local areas.
- Many people find that a direct payment offers more flexibility, however one issue that was noted quite a few times throughout the questionnaire was the apparent inflexibility of the direct payments service, many people were hesitant to entertain the idea of switching to direct payments until this was resolved.
- Out of 79 people only 3 people 'strongly agreed' that there is just about the right amount of replacement services to help and support them in their role of parent/carer
- Only 12 people out of 79 said they felt like they had enough access to replacement provision
- 80% of carers would like us to explore alternative replacement care options and share these options with them
- 81% of carers said they would like to see new services developed
- 69% of carers would like to be able to book Replacement care up to 6 months in advance

### Younger Person's Questionnaire

The second questionnaire was focussed around short breaks and aimed at receiving feedback from younger people and their families/carers around existing provision and what future need might be.

Links were established with the All Age Disability (AAD) Project Team in terms of the approach in distributing the questionnaire, as well links into the Young Adults Team (YAT) to obtain relevant data around existing service users and those that may need a service in the future.

The questionnaire was a user-friendly, on-line questionnaire and could be accessed through the Local Offer website, on the news and updates page, as well as being promoted by social workers and key leads, with the families they were working with. The questionnaire was also promoted through Families in Partnership and SENDIASS services. The information about the questionnaire was also shared via the special school heads network.

The full report and findings are enclosed as Appendix 2. However, the main issues identified, included:

### Executive Summary Younger People

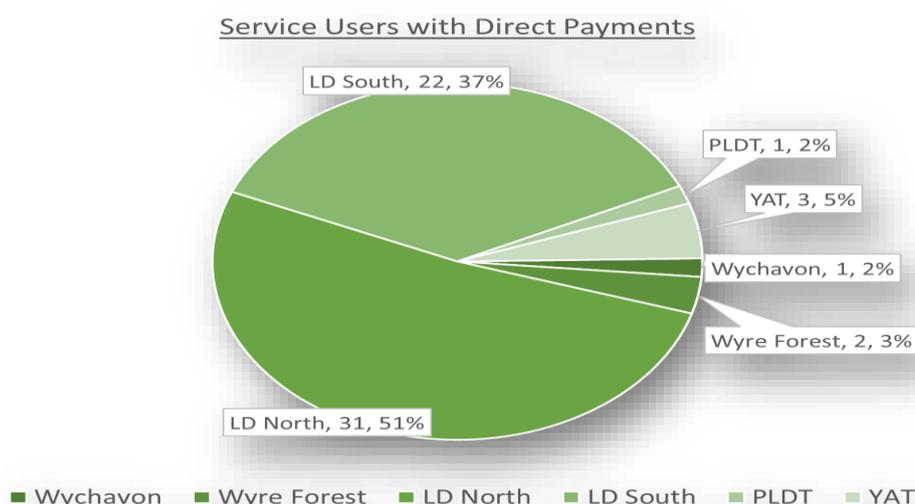
- 12 people responded to the community short breaks services questionnaire, these primarily consisted of carers with past or current experiences of these services.
- Generally, people felt better than average about their experiences of community short breaks services, one quarter of those who answered rated the services as 'okay', half of them said it was 'good' and the final quarter stated that they believed the services were brilliant.
- Respondents wanted to see an increase in the variety of services currently available to them, when asked if they believe that there was enough choice in activities or services, 92% answered no. The responses indicated that they would like more choices in the service and more activities that were suitable for those with complex mental or physical needs, disabled toilets were also a request.
- The limiting factors in accessing the services varied, the most common reason given was that they would prefer it if they could attend only with other disabled young people, 50% gave this as their reason. The two most common explanations after this were that they weren't confident the services could meet their additional needs or that the services just weren't offered or available in the first place (both with 42%).
- When asked how the services they access are organised, 75% answered that this was done by family, only 25% were organised by short breaks.
- Only 8% of those surveyed answered that they were on Direct Payments, the rest either answered no or declined to answer at all.
- 75% of those who answered had a PA provided, 25% did not.
- Only 25% of those asked believed they had the right level of support at the service/activity they were taking part in, the remaining 75% didn't think they were provided with this.
- 25% out of those surveyed answered that they attended after school clubs, holidays/playschemes and overnight respite when needed, the remaining 75% did not.
- The following activities/services were put forward when asked what the service users would like to do at the moment but couldn't: Going to see friends, Face to face Rangers, Bowling and making new friends, Boccia, Sailing, Horse riding, Swimming, Trips out (safari park, drayton manor), Quiet, autism friendly sessions at the gym to use fitness equipment, Sports Sessions, Hydro Therapy (waiting to reopen), Calm social group in a café setting, Evening disco with support to help young people meet each other and encourage independence.

- When asked who they attended the services most commonly with, someone to support them / a PA was the most frequent response with 75% answering as such, 66% attended with friends who were disabled, 50% with friends who weren't disabled, 25% on their own and 16% with siblings.
- In terms of travel to the services, 66% were taken by their parents, 16% took a taxi with a PA, 8% travelled by car with a friend and the remaining 10% took a taxi with their parent/carer.
- When asked what clubs and activities they took part in, the following were listed: Rangers, Girl Guiding, Lickey Phab, Keep on Moving, Where Next?, Illumination Theatre group, Boccia, Special Olympics, Horse Riding, Kids Saturday Club, SEN Swim and Hansel and Gretel Social Club

### Direct Payments Engagement

- To review the Direct Payment policy and consider existing barriers

Discussions were held with the Direct Payments Champions group to consider existing barriers and issues around the use of DP's for Replacement Care. Some key discussion areas were explored:




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### What are the current options for replacement care and what do we tell DP recipients and carers?

#### Options:

1. Full week in a care home
2. Personal Assistants – care in the home
3. Domiciliary care – care in the home
4. Day opportunities & social opportunities in a centre, in the community and in their home

#### Challenges for YAT

Young People transition from children to adult services, so they may have stayed at existing replacement schemes previously. Regular overnights on a weekend (e.g. 2 nights a month). Families like this to continue due to the level of complexity of need and this option might be better than breaks at home. It was identified that there are sometimes differences in what Children's services will pay for and what adults services will pay for.

For some families, grandparents are paid via a Direct payment.

**Another break offer**

- Barnardo's Carers - the family offer is replacement care. These are funded through DP's.
- Shared lives providers who provides the care and another shared lives provider who does the replacement care.
- Good day opportunities and evening opportunities (e.g. sleep overs & holidays where the support plan states the need for a sleep over, mini break and/or holiday).

**Link between day opportunity and replacement care**

- Usual practice is to link the day opportunity need with the replacement care and detail these in the support plan.
- Most people want care at home – it was thought that this is delivered.
- If the individual has a care agency in place already, then add in a break for carers to this (could be rota care, then this means the individual is cared for by their usual agency & worker (where possible – for fully supported and DP's) & with their PA where possible or from a pool of PA's/contingency PA) – via their DP.

**Importance of the Assets Register for Each Area**

Day opportunities – on Dynamic Purchasing List and wider assets of the local area was felt to be critical.

**Pooling or joint funding with DP's for replacement care and day opportunities?**

- Share taxis with each, clarification is needed if this currently happens
- Not much pooling of DP's currently

**Do these options work? Are these what DP recipients and carers really want? What do DP recipients and carers say to us about what makes a good break?**

- Yes, but room for improvement
- Need more services to tap into – microenterprises, a way to bridge the gap of a PA and domiciliary care.
- Services that people can trust, to be safe, familiarity (LD, dementia, autism, complex needs etc) is very important to individuals.
- Being enriched by the day opportunity – activities they like – person centred and ideally in the community.
- Emergency care required – Fri night, expensive care home option, may get 24/7 support which may not be needed. Rota's fully booked – need to book a couple of months in advance. No space for emergencies. Sometimes emergency placements will mean that another person's replacement/carer break is cancelled. Need to really consider the impact on the carer's wellbeing.

**Can we make this happen? What are the barriers and issues to making these things happen from the DP recipient's, carer, DP Champions, and council perspectives?**

- Sourcing PA's can be an issue, need to source more easily. It will help once we get the 'PA Pool' established.
- Staff don't know the cost of replacement care. Social care staff need to know the cost so we can try to get better value. We, the individuals and carers can be more person centred and be more creative in our conversations and when thinking about options.

- Sometimes we need specialised care home options for individuals to go to. Brokerage tend to do the 'usual search' and technically a care home can be found, and the care home could meet needs (e.g. young person). But family and the individual may want a specialist care home or something more suitable for the individual's age. Funding is a barrier to this type of option being explored. Perhaps we need to think about budget allocation we give rather than a place for the replacement care. Families can do a 'third party top up' to make this option happen and sign up to this via a DP Agreement. (We have just amended the DP Agreement – given to Legal for sign off). We don't want people to receive less care hours as funding more expensive care e.g. 3 weeks of replacement care rather than the assessed need for 6 weeks.
- Need to consider wishes of the carer and cared for as the whole purpose is for a break so family need to be satisfied and comfortable that their loved one/cared for will be happy and safe, others it is hard for carers to relax and enjoy their break. This comes back to what a 'good break looks like for the carer'.
- Information is a barrier – not knowing what goes on in our local area
- Lack of contingency planning
- Not knowing the agency or PA makes having a break difficult. Time is required for the individual and the family to get to know the PA or domiciliary care agency so when the carer takes a break this is taken care of already.
- Dom care – does not have the same barriers as a PA if an individual has an agency who delivers care to them already. They will likely be able to do extra hours to cover carers break. May or may not be same caregiver.
- Balance cost with people's choice e.g. to pay for B&B with PA. Compare cost with replacement care.
- Not always time to use strengths/assets-based perspective and approach required – go with something quick and easier and familiar.
- Outcome of replacement care is for carer to feel rested and rejuvenated & feel the cared for is safe and secure – challenge is how this is met flexibly.
- Crisis options need to be easy & accessible.

### Soft Market Testing

In conjunction with the individual and carer engagement, it was agreed to carry out some soft market testing around external providers.

A WCC internal report was completed to ascertain what National Providers currently offer, or may be able to offer, in terms of future replacement care.

The top ten suppliers based on value of spend with neighbouring local authorities are:

- ❖ Cygnet Health Care
- ❖ MacIntyre
- ❖ Turning Point
- ❖ Care UK (Learning Disabilities Services)
- ❖ Voyage Care
- ❖ The National Autistic Society
- ❖ Dimensions (UK) Ltd
- ❖ Mencap
- ❖ HF Trust
- ❖ Holmleigh Care Homes Ltd

A benchmarking exercise was also completed to understand what other Local Authorities were providing in terms of service provision and the amount being spent.

**Key Findings of the Soft Market Exercise:**

- ❖ There is a variety of activity in Replacement Care ranging from contracts with differing categories (commonly referred to as Lots) with Respite/Replacement Care being classed as one of these categories for providers to bid for as part of a package alongside 24/7 residential or Supported Living care options to Open Frameworks and DPS arrangements.
- ❖ There are not many opportunities that have been advertised and tendered for purely based on Respite provision. This strengthens the fact that Respite/Replacement Care can be an unstable source of income for a care provider and risky to undertake as the only provision of service on offer.
- ❖ The market is steered towards Frameworks and DPS offers where flexibility and variety of providers are on offer to commissioners of LD care.
- ❖ Contract periods are averaging at 4 years with contract annual values ranging from £12m down to £50k so difficult to quantify.

Following on from the report it was agreed that 1-1 meetings with providers would be held, with a specific remit of how we could work together in providing capacity in the market and addressing identified current gaps. Some of these gaps included, that there is:

- *A need for provision for emergency placements and for people with very complex needs/challenging behaviours and the right type of capacity*
- *A continuing emphasis on traditional forms of replacement care, with restricted choice at a local level*
- *Not a designated provision for Physical Disabilities replacement services*
- *A lack in provision of a range of quality services which are flexible to meet the range of needs*
- *Limited choice of alternatives to bed-based replacement care provision*
- *A need for further research around innovative models*

The provider sessions were held in April 2021 and the main focus of the sessions included:

**Key Questions?**

- Would you be interested in providing Replacement services in Worcestershire?
- What type of replacement services do you currently provide in other areas?
- Given the key gaps identified, do you have any proposals around addressing any of those gaps?
- What are your thoughts around services for younger adults?
- How can we, as an Authority, ensure sustainability in replacement services for external providers?
- What are your thoughts about the use of Direct Payments for Replacement support services
- Positives and ideas you can offer?
- Barriers that you are aware of?
- Next steps

Providers are currently considering the areas of focus and will be sending us any proposals, recommendations as we continue through the engagement process.

**Future Provision**

In terms of future replacement provision within Worcestershire, for individuals with a Learning Disability and having determined that the current offer has some significant gaps, as identified through the engagement questionnaires with individuals and their carers, it is proposed that there are key areas for future exploration in terms of potential future WCC Replacement Care support:

- To explore the impact and feasibility of reducing the number of Replacement Care Beds across the County by 9 in line with occupancy levels in the schemes and consider:
  - Financial impact
  - Geographical impact on current and future users
  - Scheme viability based on bed reductions
  - Contractual obligations
- To explore potential cost diversions from bed-based savings to community-based options which we estimate could be in the region of £500k

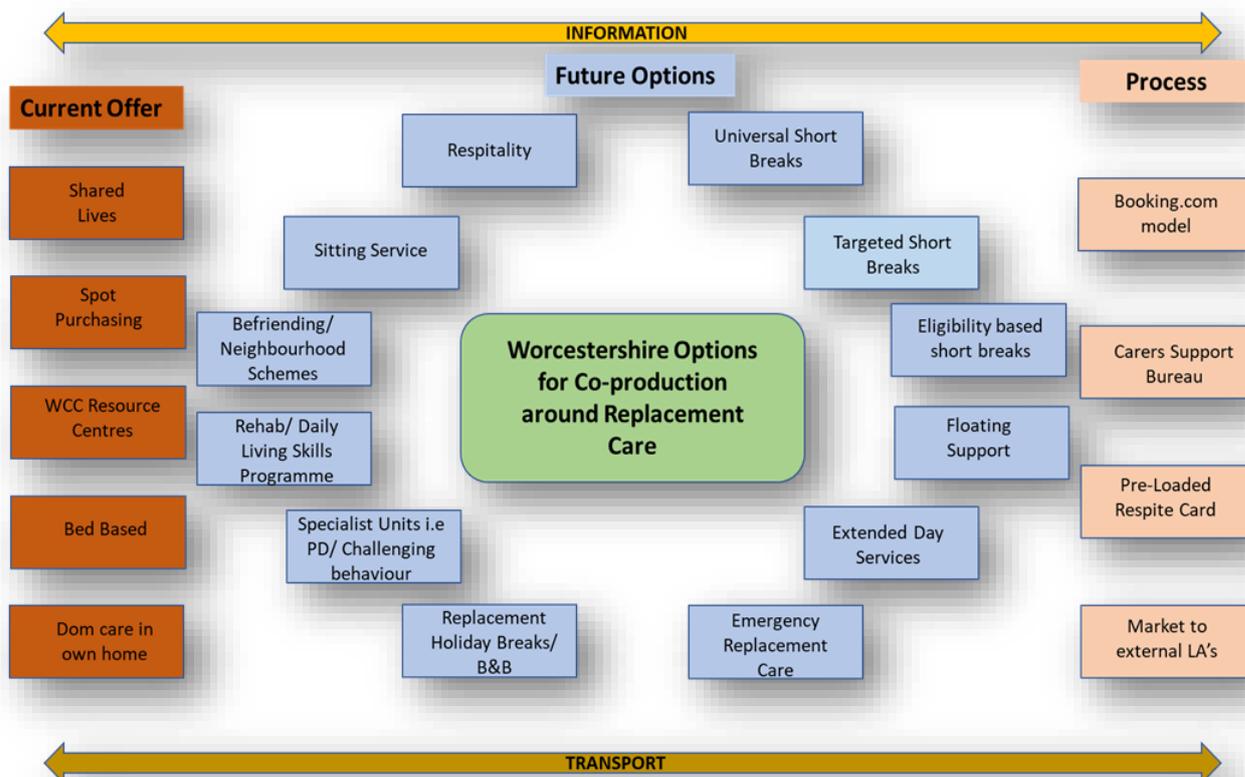
**Emergency Replacement Care**

- To explore alternative proposals for Emergency Learning Disability Replacement Care



**Future Options:**

- To explore potential future options and the impact of establishing new services (descriptions of proposed models are outlined in appendix 2)
- To ascertain actual capacity within external providers and potential costs
- To consider how people can access Replacement care within Worcestershire

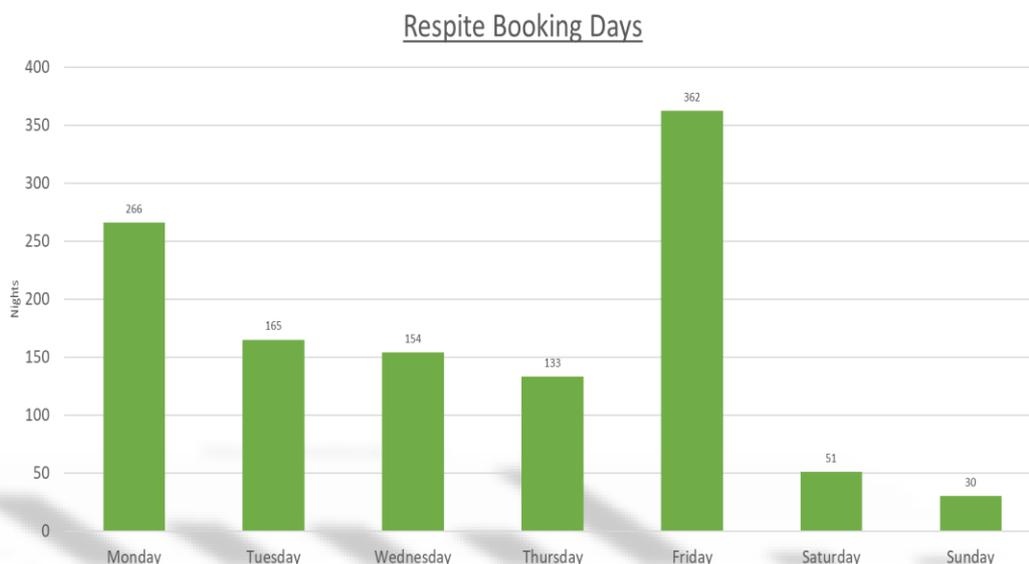


In terms of establishing and agreeing a future WCC Replacement Care Offer for individuals, it would be important to also consider the following key issues:

- What is the WCC offer?
  - Who is replacement care for?
  - Purpose of replacement Care
  - Difference between Replacement Care and short breaks – less confusion between children and Adult services
  - What Replacement Care options are available
- Clear information and guidance on what carers can expect
- Replacement care entitlement and monitoring
- Is Replacement care the right word
- Balance required between overnight options and daytime/evening options
- Transport options for accessing replacement care, including costs
- Provide appropriate care for those who have compatibility issues within existing replacement settings
- Planning in place to deal with increasing demands
- Accurate recording systems
- Evaluation of Replacement Care outcomes

### Current Replacement Care Booking patterns

- To further consider the implication of booking patterns and people potentially blocking weekends which restricts accessing full replacement care weeks



### Next steps:

- The completion of a feasibility study on all existing County Council-owned buildings which provide replacement care
- To review the current Service offer and what this should/could look like
- To draft a replacement care policy to help support and regulate good practice

- To complete further market engagement to work with the market to see what collaboration opportunities there are for replacement care
- To work with the All Age Disability team to explore an option around an independent hub approach for children and young adults
- To explore the possibility of decommissioning some of the existing provision and look at re-commissioning alternative support which could be more fit for purpose and linking into day opportunities
- Work with Herefordshire and Worcestershire Clinical Commissioning Group to review how health-based replacement care is commissioned
- To explore the impact of reducing the number of Replacement Care Beds across the County by 9 beds in line with current occupancy levels in the schemes and agree key phases
- To ascertain potential savings from reductions in beds and cost future potential models
- To explore possible PD placements and cost provision
- To establish solutions for emergency replacement care, reducing level of spot purchasing
- To complete a direction of travel for WCC replacement services including the younger persons offer
- To align to the review within younger adults services around the re-commissioning of the “community short breaks and domiciliary care service”
- Consider improved access to Replacement Care services
- Consider booking processes to ensure equity of provision

**Cabinet Decisions:**

- To approve the decision to move away from a pure bed-based replacement care provision for people with a Learning Disability
- To proceed with completing a Direction of Travel for WCC replacement services
- To agree consultation with carers and staff around potential changes in conjunction with feedback from engagement process/questionnaires
- To draft a formal policy and review the existing guidance documents per service delivery area

**Appendix 1 – Adults Questionnaire Report**



**Replacement Care Services in Worcestershire  
Adult Services Engagement**



**Korrina Campbell** – *Interim Day Services/Replacement Care Review Lead*

**Katie Stallard** – *Portfolio Manager*

**Jenny Hewitt** - *Carer Engagement and Involvement Lead*

March 2021

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## Acknowledgements

*Thank you to the Worcestershire Association of Carers (WAC) who very kindly agreed to assist Worcestershire County Council (WCC) in the process of engaging with carers and individuals around the current replacement care offer.*

## Executive Summary

- 79 people responded to the replacement care services questionnaire, these primarily consisted of carers with past or current experiences of these services.
- Generally, people felt negative about their experiences of replacement care services, which were given an overall rating of 3.9 out of 10 from respondents.
- There also appears to be an issue when it comes to accessing them in the first place, with 80% of respondents declaring that it was either 'difficult' or 'extremely difficult' to access the services
- People wanted to see an increase in the variety of services currently available to them, stating that they would like more choices in the service. 52 out of 79 people either responded Agree or Strongly Agree to the statement – *"There is not enough choice around replacement care services."*
- 67 respondents were willing to travel for the right service compared to only 12 that weren't.
- The response when asked about the ease of accessing services was overwhelmingly negative. 32 out of 79 responded that they found it 'extremely difficult' to access any replacement care services, the remaining 31 described it as 'quite difficult'
- When asked about the range of replacement care services, the overwhelming response was that more services should be provided within local areas. 32 people agreed that more services should be provided and the remaining 36 agreed strongly with this statement.
- Many people find that a direct payment offers more flexibility, when asked about this, 29 responded that they were already on direct payments, 34 answered that they weren't on direct payments but would consider moving over to the system and the remaining 16 people weren't on direct payments and had no interest in changing that.
- One issue that was noted quite a few times throughout the questionnaire was the apparent inflexibility of the direct payments service, many people were hesitant to entertain the idea of switching to direct payments until this was resolved.
- Out of 79 people only 3 people 'strongly agreed' that there is just about the right amount of replacement services to help and support them in their role of parent/carer, 11 more 'agreed' with the statement and 11 answered neutrally. 25 respondents answered that they 'disagreed' with this statement and the remaining 29 'strongly disagreed'.
- To the question, do you feel you have had enough access to replacement provision, the answer was overwhelmingly negative. Only 12 people out of 79 said yes or expressed

contentment, the remaining 65 either disagreed or didn't know that they were able to access the service in the first place.

- Around working with local communities and replacement care there was choice, waiting lists and lack of availability
- 80% of carers would like us to explore alternative replacement care options and share these options with them
- 81% of carers said they would like to see new services developed
- 69% of carers would like to be able to book Replacement care up to 6 months in advance

## Introduction

Replacement care, also known as "replacement from caring", "respite" or "short breaks", is the support provided to an individual due to a carer having a break from their usual caring role.

Worcestershire County Council (WCC) want to ensure that replacement care provision within Worcester meets the needs of service users and carers. The current model of replacement care provision relies heavily on a buildings-based, bed-based model and ideas for change include remodelling the current provision to offer an increase in the choice of community-based options.

**“ Worcester County Council want to maximise the opportunity for people to have their say on ideas for changing respite services in the future. ”**

### Why are we focussing on this issue?

Worcestershire County Council know that replacement services are crucial and are keen to engage with staff, carers and individuals who may require a replacement service.

Alongside the current ongoing WCC Day Services review, it was also agreed that a *mapping and gapping* exercise was to be completed focusing on Replacement Care Services across the County. As part of the exercise it was agreed to consider things such as:

- Understanding what is provided, how and by whom
- To map and identify any opportunities and gaps

We are in the very early stages of looking at this, so as part of the mapping and gapping exercise it was agreed that at this early stage it would be extremely useful to start engaging with staff, carers and individuals, who have already started to suggest some great new opportunities and ideas around replacement services.

WCC are trying to find what works and where we could improve on things as they currently are around accessing replacement services.

### Methodology

Worcester Council produced a questionnaire which were circulated to over 2000 carers on the Worcestershire Association of Carers database. They asked carers to complete honestly and without bias. The survey primarily revolved around the state of replacement care in the region and how satisfied they were with the services available to them. Further questions asked them more specifically about issues such as:

- Transport to and from the service
- Whether they felt they had access to enough respite/replacement care services
- How they felt regarding the direct payment system

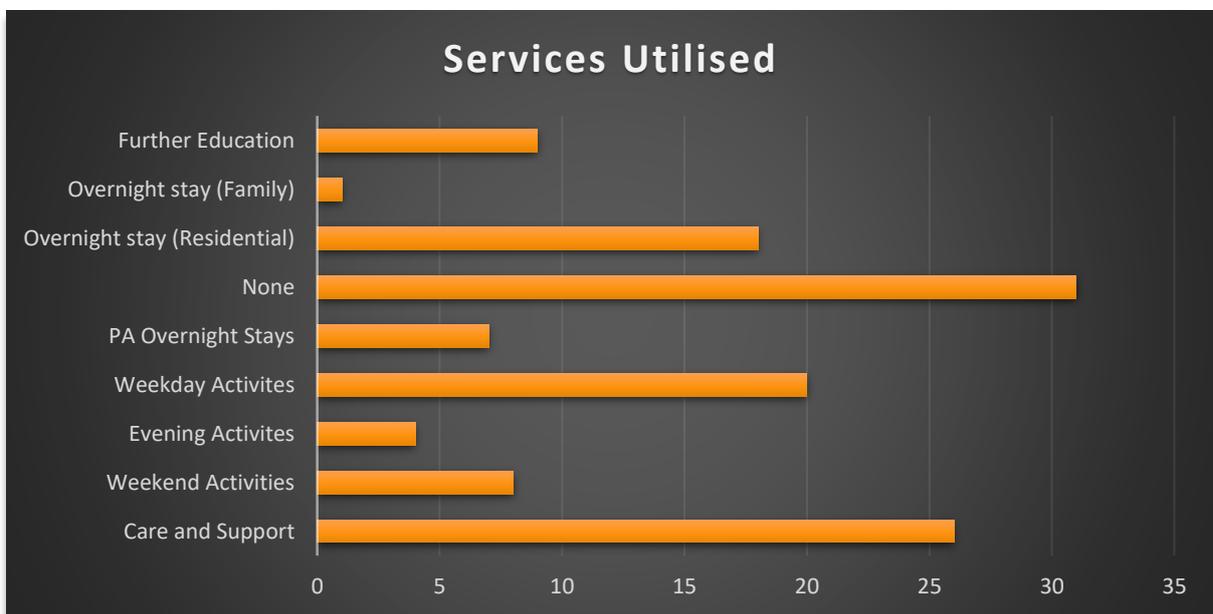
## Results

### People completing the questionnaire

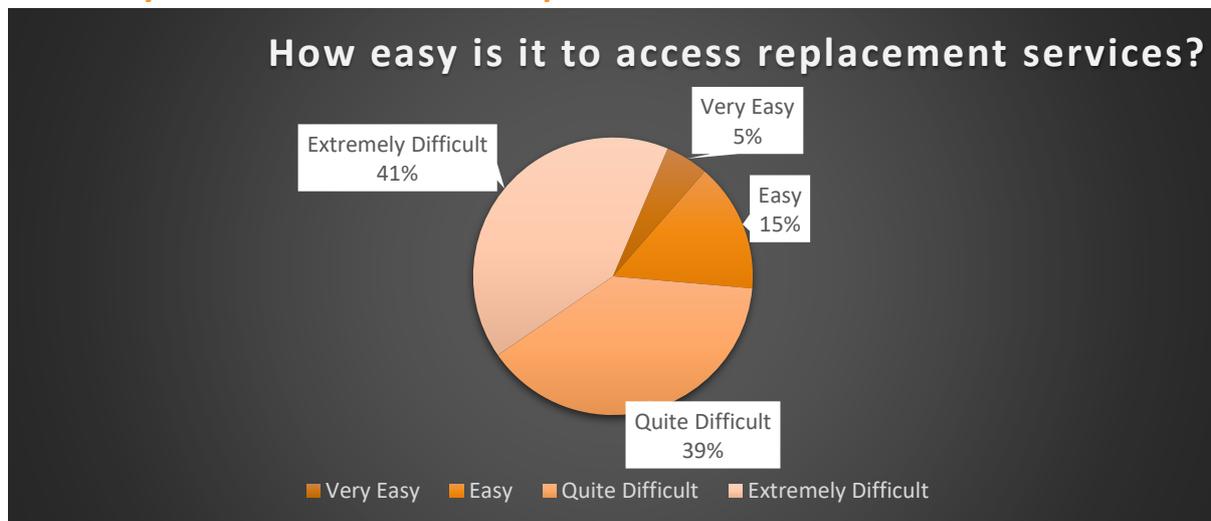
In total 79 responses were received. The questionnaire didn't ask those filling it in to specify any personal information but from the responses received it is obvious that a wide range of people of many different backgrounds and ages completed it.

### Services being used and experiences of respite care

When asked what services they/the person that they cared for attended, 31 answered that they didn't use any at all. After this came 'Care and Support in your own home' with 26 people answering that they used either this service alone or in conjunction with other services, following closely behind came Weekday Activities and 'Overnight Stay in a Residential/Nursing unit' with 20 and 18 users respectively.

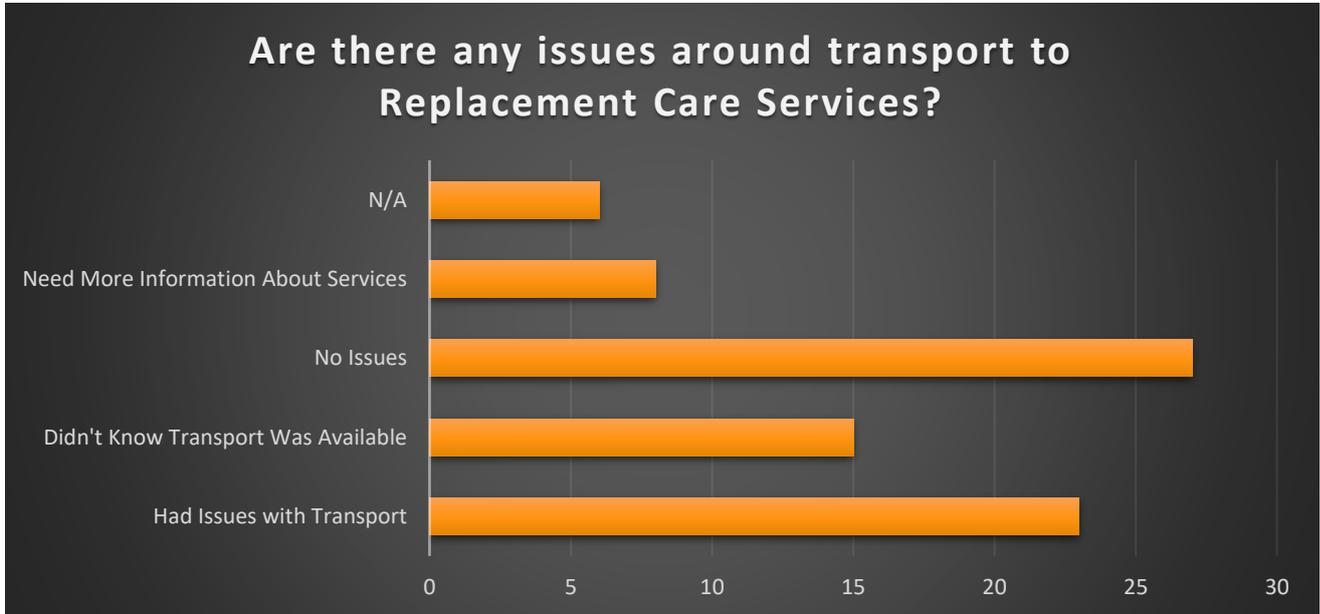


### How easy is it to access current Replacement Services?



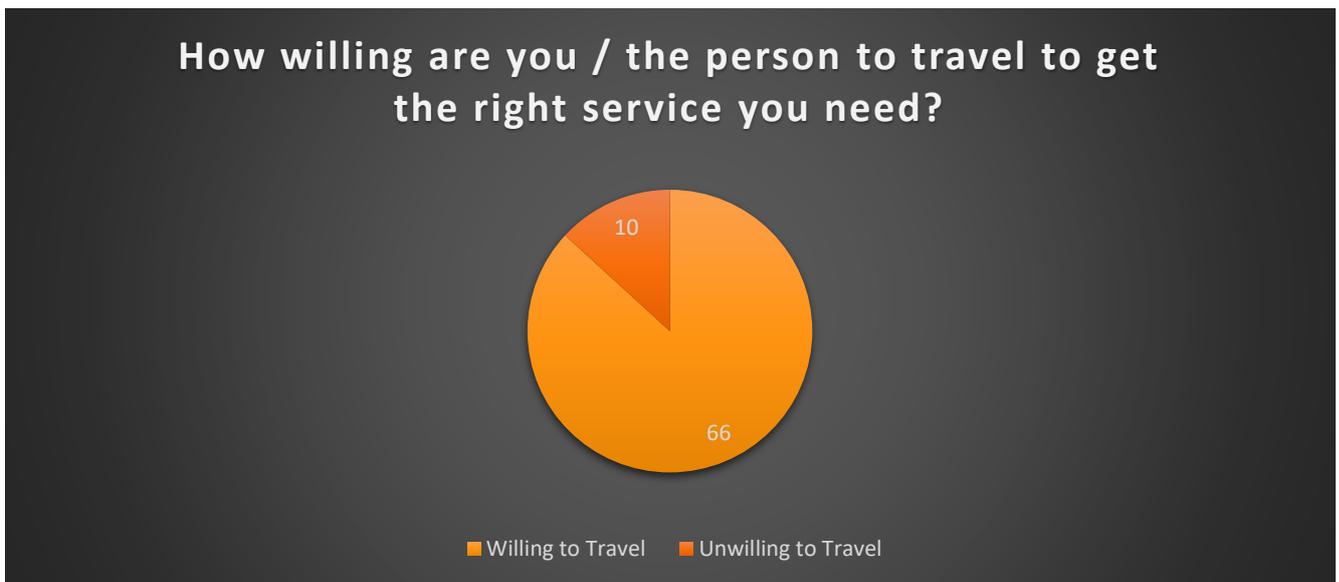
### Transport and willingness to travel

When asked if they had any issues with transport the majority of people (27 respondents) said that they had no issues, 23 answered that they had experienced issues and 15 didn't know that transport to services was available. A further 8 people replied that they needed more information regarding services in general as they weren't made aware of any replacement services in their area, the remaining 6 declined to answer.



### How willing are you/ the person to travel to get to the right service you need?

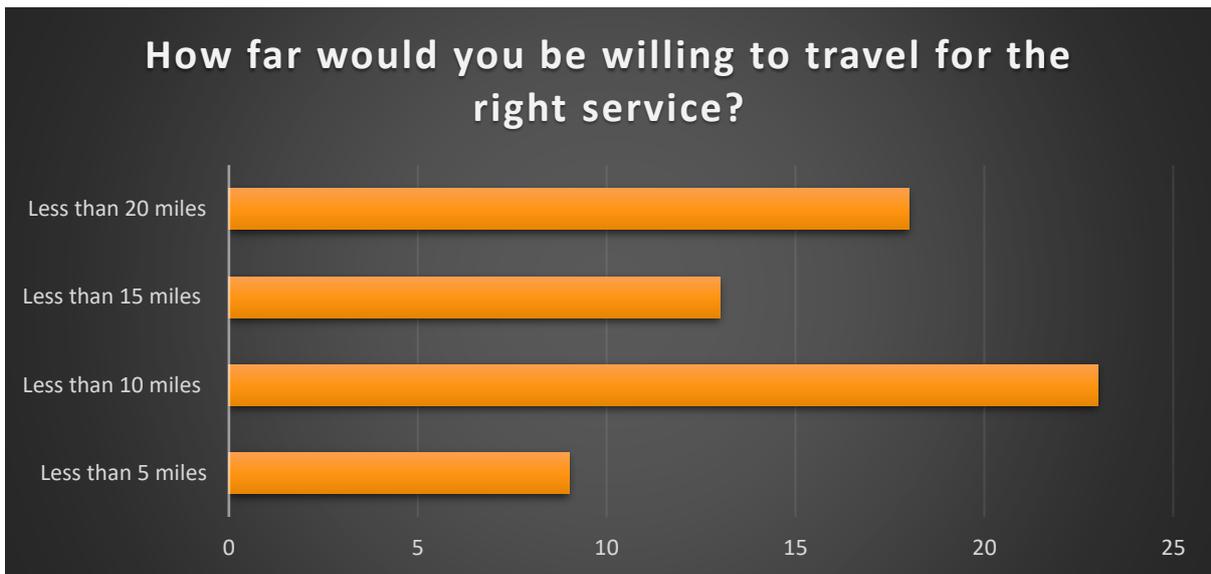
Respondents were, on the whole, willing to travel if that meant receiving the right service.



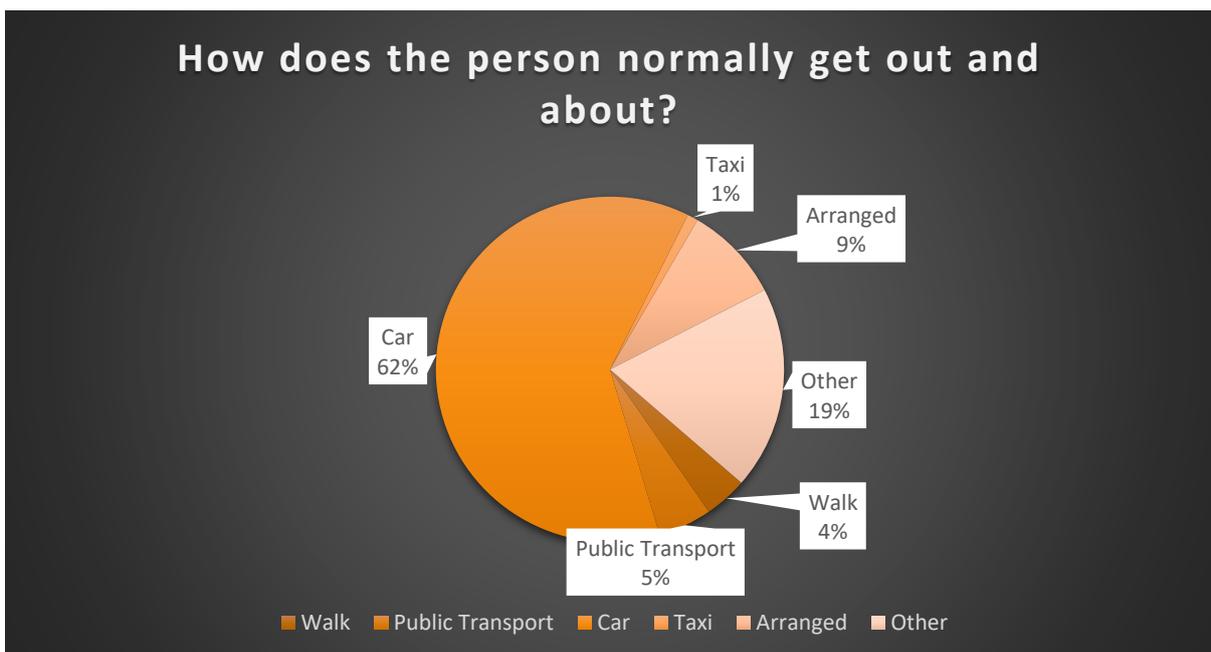
### How far would you be willing to travel for the right service?

The distance people were willing to travel varied but the majority weren't deterred by distance. 23 people said that they were willing to travel up to 10 miles, 18 said that they would travel up to 20 miles, 13 that they would travel up to 15 miles and only 9 declining to travel more than 5.

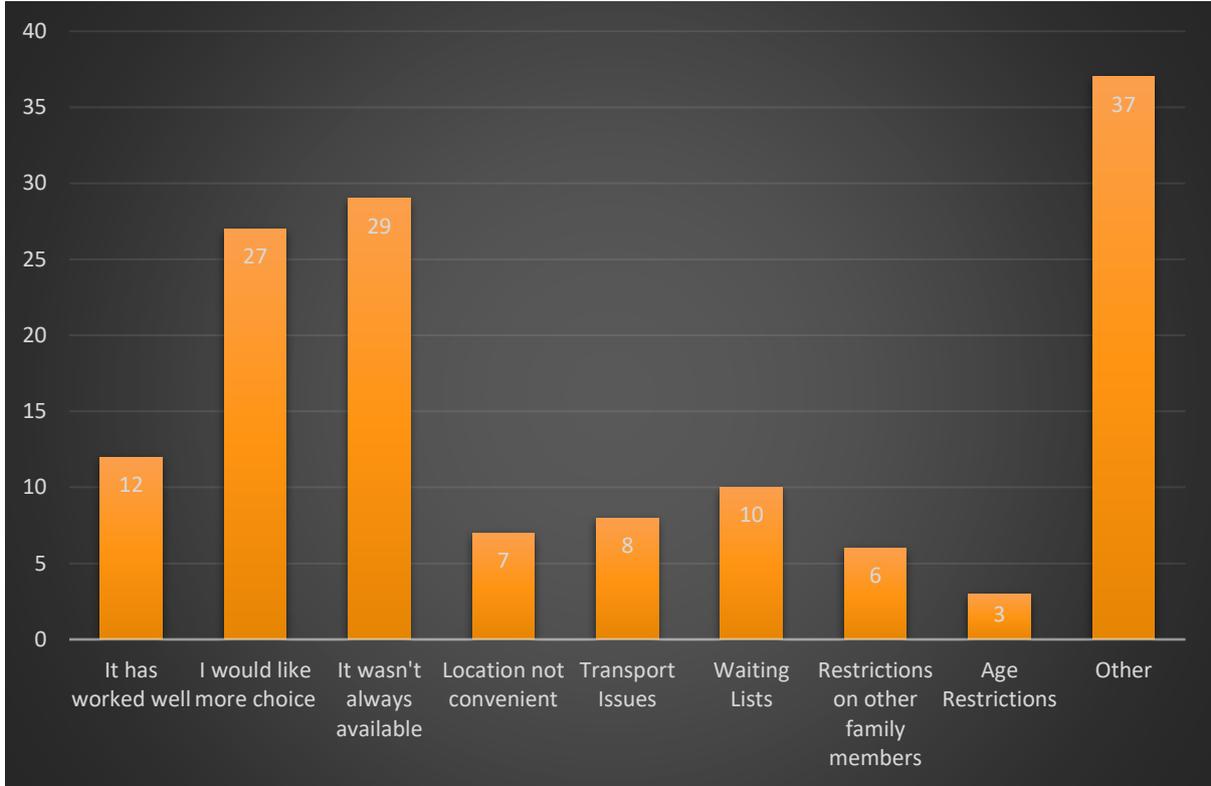
The general consensus seems to be that the elderly are often less willing to travel further afield, especially recently in consideration of the pandemic and the risks that, that has brought. Public transport is often something that they are unwilling to consider and as such they tend to suffer from issues with transport more than other groups.



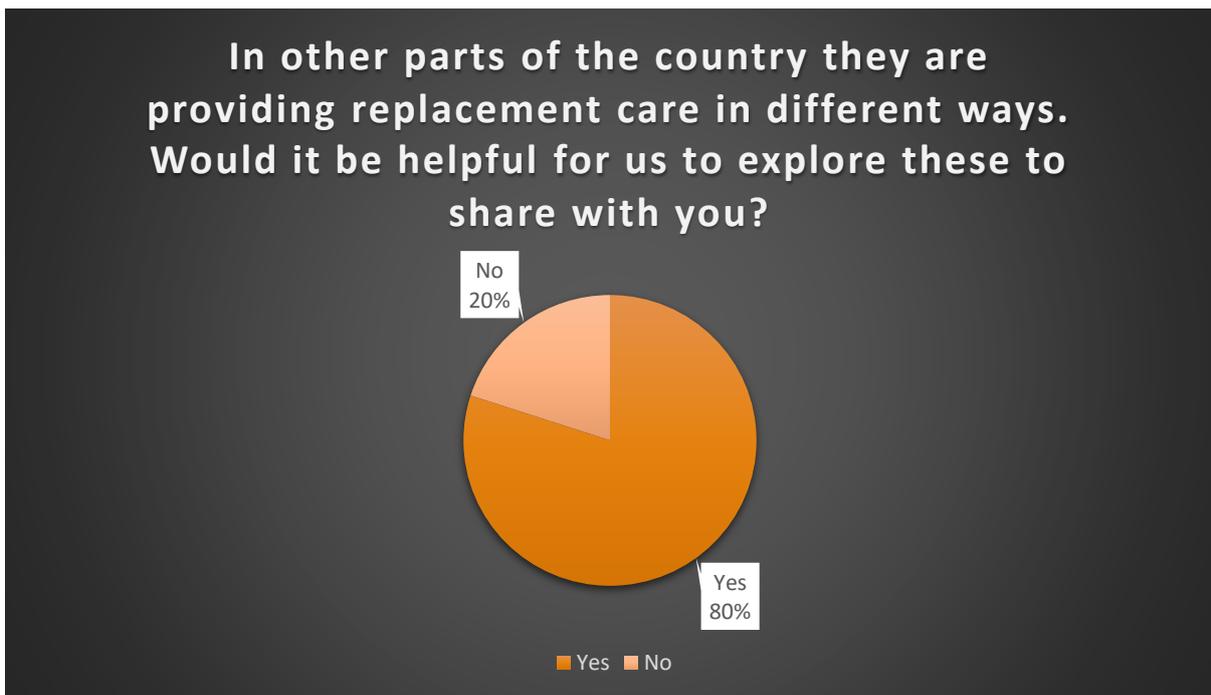
### How does the person normally get out and about?



**It is our intention to work closely with local communities to develop more inclusive services. What has been your experience of replacement care?**



**In other parts of the country they are providing replacement care in different ways. Would it be helpful to explore and share with you?**



### Are there new types of care and support services you would like to see developed?

Only 19% said “No”, with 81% of carers saying they would like to see new services developed

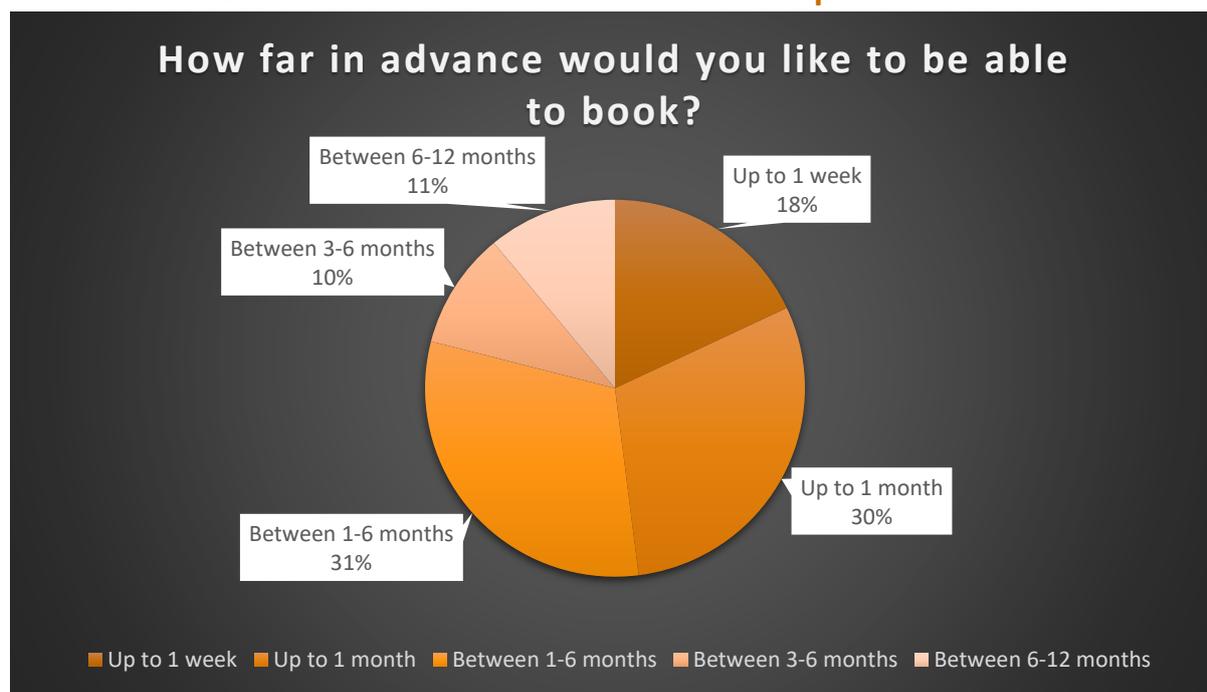
### Of the support currently available, what doesn't work?

- Lack of communication
- Change of staff
- Too prescriptive
- DP rate is very low – cannot attract staff
- Have to book short breaks dates in 6 months blocks

### Of the current support available, is it important to you and your family the time and days we provide?

Overwhelmingly yes to those it was applicable to

### How far in advance would like to be able to book replacement care?



### Have you ever had to use emergency replacement care?

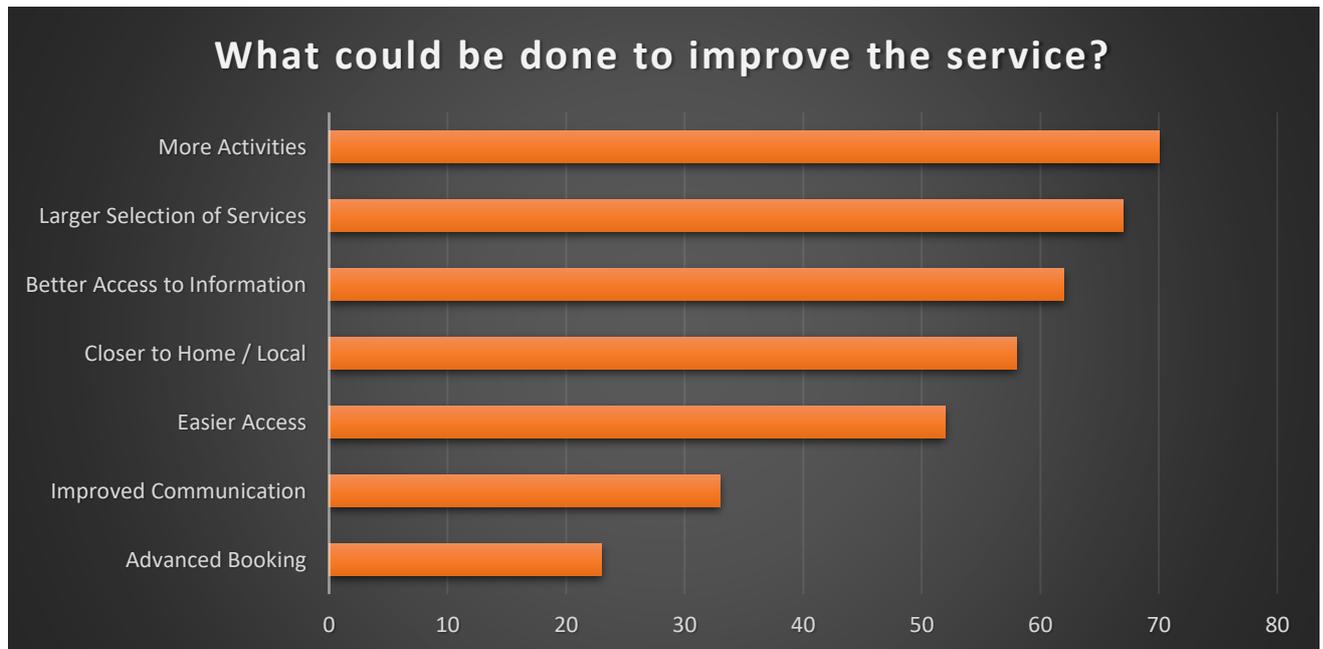
- *Not yet, but might need it. Wouldn't have a clue how to access help*
- *Yes, 2-3 weeks notice that booked dates were not available*
- *Would like to know what is available*
- *Have always had to ask family*
- *Had to reach crisis point before accessing it*

## Do you feel like you have access to enough replacement care?

- 82% said no or not applicable
- 18% yes

## What could be done to improve the service?

- When asked what could be done to work towards improving the service, 70 people said they would like more activities, 67 said they would like a larger selection of services, 62 answered that they would like to see better access to information, 58 would like more local services, 52 wanted easier access to the services, 33 wanted improved communication and 23 would like to see an improvement to advanced booking.
- When asked if there were any new types of care and support services they would like to see developed, a lot of suggestions were put forward. The main thing that people want to see more of were services that help them remain active and independent, lot of people stated that they'd rather go outside and engage with everyday life, rather than just attending day centres.
- A check up service has been suggested a few times also, for those that often have to leave the house for work this would allow them peace of mind that their dependent isn't left alone for too long.
- Dementia services also appear to need some innovation, a few responders mentioned that during this last year they have been socially isolated and withdrawn. As a solution to this problem, they have suggested that laptops/tablets are given out to allow them the opportunity to connect with others and socialise without having to go outside.
- Finally, carers have stated that they feel they could do with more support and advocacy, often they feel that they have no support.



**Appendix 2 – Description of potential future models**

Possible Future Options	Model/ Description of service
<b>Universal Short Breaks</b>	Resources available in the community that anyone can access. No requirement for either the carer or cared for person to be eligible for support from ASC Organisation may charge whilst others might be free of charge Could consider an “Active Card” which provides offers and discounts at various locations
<b>Targeted (open access) Short Breaks</b>	Resources that have been designed to meet needs of particular groups of people ie Dementia Cafes, Peer support groups etc No requirement for carer or cared for person to be eligible for support from ASC Often funded by grants from the Council or NHS. Short breaks may be free while others may charge.
<b>Eligibility based short breaks</b>	For people which cannot be met by universal or targeted short breaks Cared for person usually eligible for support from ASC although may be carer is eligible for support and cared for person agrees best way to meet their needs Cared for person will have a personal budget ie DP or LA managed payment Cared for person will usually have a financial assessment and may have to contribute in line with the council’s fairer charging policy Models could include: Personal assistant, day care, shared lives short break, short stay in residential/nursing home
<b>Floating Support</b>	Floating support that links into shared lives to cover day and night support
<b>Extended Day Services</b>	Expand to weekend and evening provision Day care being offered in the replacement unit which would increase bed occupancy, - provide 24 hour support, not increase costs? As day-care staff already, a current cost.
<b>Outreach support</b>	Outreach - with people who do not access the unit but need support – working with day services?
<b>Emergency Replacement Care</b>	Allocate block contract rooms for emergency care Emergency Respite Care considerations: <ul style="list-style-type: none"> <li>• Capacity to spot purchase locally</li> <li>• Carer fully informed of nature of emergency care – distance to location and cost</li> <li>• Sufficient information in Person centred care plan equipment, medication, GP etc</li> <li>• Palliative care resources on people meeting criteria</li> <li>• Bank staff for home-based respite</li> </ul>
<b>Holiday Breaks</b>	<ul style="list-style-type: none"> <li>• <a href="#">Tourism for All</a> is a national charity that provides information on accessible holiday venues and places in the UK and abroad for disabled people, their carers and family.</li> <li>• <a href="#">Revitalise</a> is a national charity that specialises in short breaks throughout the year for adults and children (aged six and older) with physical disabilities, dementia or sight impairment, and their carers. The charity has holiday centres around the UK, and also offers holidays in Spain and Germany. All Revitalise centres are registered as personal care centres and most are also registered as nursing care centres. However, the charity does not have the resources to provide holidays for people who are bed-dependent, or who have uncontrolled epilepsy, learning difficulties, or mental health problems.</li> <li>• <a href="#">The Disaway Trust</a> is a registered charity that organises group holidays internationally and in the UK for people with physical disabilities aged 16 to 80 years and their carers.</li> <li>• <a href="http://www.accessable.co.uk">www.accessable.co.uk</a> provides online access information to more than 90,000 venues across the UK and Ireland.</li> <li>• <a href="#">MindforYou</a> offers supported holidays for people living with dementia and their carers.</li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="http://www.disabledholidays.com">www.disabledholidays.com</a> DisabledHolidays.com is the UK's largest disability specialist travel agency providing accessible holidays. There is an easily searchable directory with wheelchair friendly holidays and accommodation for people with limited mobility or even pet friendly properties for people with hearing or visual impairments. They also arrange holidays for people with a terminal illness</li> <li>• <a href="http://www.disabledaccessholidays.com">www.disabledaccessholidays.com</a> arranges wheelchair assistance and flights from any UK airport</li> <li>• <a href="http://www.enableholidays.com">www.enableholidays.com</a> are holiday specialists providing accessible tailor-made holidays for wheelchair users with guaranteed adapted accommodation</li> <li>• <a href="http://www.limitlesstravel.org/disabled-holidays/">www.limitlesstravel.org/disabled-holidays/</a> offer various degrees of support and specialist assistance for disabled friendly holidays</li> </ul>
<b>Bed &amp; Breakfast</b>	With training – offering respite provision off-season
<b>Specialist Units</b>	<p>Providers could rent properties specifically adapted for respite</p> <ul style="list-style-type: none"> <li>• Profound and complex needs</li> <li>• Dementia</li> <li>• Challenging behaviour</li> </ul> <p>Small designated respite units</p> <p>Small units being part of a cluster of services on a site so that organisations already providing housing-support services, for example, could have a house/flat dedicated to respite provision as part of that cluster.</p>
<b>Rehab/ Daily Living Skills</b>	Rehab for individuals who may need respite for a short time back into the community. – for example, transitions, to support moves to supported living, shared lives etc Training for individuals for life skills, including refreshers.
<b>Befriending Schemes</b>	Provides companionship for isolated people offering a chance of developing new friendships and opportunities to participate in social activities.
<b>Neighbourhood Schemes</b>	Whereby people would offer various types of respite
<b>Sitting Service/ Community based Respite Service</b>	Support worker who provides care in your own home Availability of over-night care through sitter services
<b>Respitivity</b>	Respite breaks + hospitality -project that makes connections between local organisations that support unpaid carers, and local hospitality providers. It began in the USA where it is now becoming well established. The idea is that local hotels, for example, are able to make a 'gift' of an overnight stay to a carer (plus companion), examples might be the gift of a day-pass to a leisure club or spa, or a voucher for dinner for two. Generally these 'gifts' are offered in the off-peak season when there is capacity.
<b>Community Based Respite Services</b>	Offers a community-based service for individuals within a family home.
<b>Accessing Replacement Care Considerations</b>	
<b>Booking.com</b>	People allocated respite through an on-line booking system where they can see what is available, and then choose where and when they wanted to go.
<b>Carers Support Bureau</b>	<p>A respite / short breaks bureau - or perhaps a Carer Support Bureau - with a whole suite of measures for carer support, including respite / short breaks.</p> <p>Further exploration -how this would work if a range of organisations are doing Carer Support Plans - would they negotiate the support package with the Carer Support Bureau?</p>
<b>Pre-Loaded Replacement card</b>	With annual entitlement pre-loaded per annum – on-line or telephone booking
<b>Market to other LA's</b>	Sell respite to other neighbouring LA's

## Equality and Public Health Full Impact Assessment

### Impact Assessment Id: #138

#### 1.0 Screening Information

##### Project Name

Shaping an Effective Market - Replacement Care

##### Name of Project Sponsor

Elaine Carolan

##### Name of Project Manager

Amanda Dunn

##### Name of Project Lead

Korrina Campbell

##### Please give a brief description of the project

The purpose is to map out the Replacement care, also known as "respite" from caring or "short breaks" current model including reviewing existing policies, practice procedures to determine the best value offer. Replacement Care is the support provided to an individual due to a carer having a break from their usual caring role. Replacement care usually involves overnight care for one or more nights, but this is not the only way it can be provided, which can be planned breaks or short notice in emergency situations.

##### Data Protection screening result

Will require a full impact assessment

##### Equality and Public Health screening result

Will require a full impact assessment

##### Environmental Sustainability screening result

Will require a full impact assessment

#### 1.1 Background and Purpose

##### Background and Purpose of Project?

To support your answer to this question, you can upload a copy of the project's Business Case or similar document.

The purpose of the Replacement Care project is to consider how the council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individual carer's

##### Upload Business Case or Support documents

No files uploaded

##### Project Outputs

Briefly summarise the activities needed to achieve the project outcomes.

Review SPOT purchases for emergency placements to look at current/future demand

Review current commissioned services to ensure these are appropriate and provides equity for all

Review all service areas starting with LD, MH, PD, OP to ensure the service demand can be met

Create a policy/guidance that follows the three conversations approach and that is for all service areas which will help governance

##### Project Outcomes

Briefly summarise what the project will achieve.

To make sure that we make the best use of the money that we have available

To modernise and increase the range of Replacement Care that is available

To make sure that the way people get replacement care is fair and consistent

##### Is the project a new function/service or does it relate to an existing Council function/service?

Existing

##### Was consultation carried out on this project?

No

## 1.2 Responsibility

### Directorate/Organisation

People

### Service Area

Communities

## 1.3 Specifics

### Project Reference (if known)

Not Recorded

### Intended Project Close Date \*

October 2022

## 1.4 Project Part of a Strategic Programme

### Is this project part of a strategic programme?

Yes

### An overarching screening has already been carried out for the following areas:

Data Protection

Equality and Public Health

Environmental Sustainability

### What was the conclusion?

Full assessment required

### Upload previous impact assessment documents if available

No files uploaded

## 2 Organisations Involved

### Please identify the organisation(s) involved:

Worcestershire County Council

### Details of contributors to this assessment:

<b>Name</b>	Katie Stallard
<b>Job title</b>	Portfolio Lead
<b>Email address</b>	katiestallard2@worcestershire.gov.uk

<b>Name</b>	Korrina Campbell
<b>Job title</b>	Interim Day Opportunities/Replacement Care Review Manager
<b>Email address</b>	kcampbell@worcestershire.gov.uk

### 3.0 Who will be affected by the development and implementation

Please identify group(s) involved:

Service User

Carers

Staff

### 3.1 Information and evidence reviewed

#### What information and evidence have you reviewed to help inform this assessment? \*

As part of the next phase in reviewing existing Replacement Care support for people with a Learning Disability, it was agreed that we needed to engage as widely as possible about current provision and identify any existing gaps and barriers for individuals and their carers.

Two questionnaires were devised, one to engage with those people within Adult Services, the other for younger adults including those due to transition from children's services into adult services. It was agreed this was a holistic approach and would begin to ensure that any future provision of replacement care services would be fit for purpose and meet identified needs, present and future.

This is ongoing and we will continue to engage further with Carers, SU's and staff

### 3.2 Summary of engagement or consultation undertaken

#### Who and how have you engaged, or why do you believe engagement is not required? \*

First phase was a mapping and gapping exercise of the current provision/market. As part of the next phase in reviewing existing Replacement Care support for people with a Learning Disability, it was agreed that we needed to engage as widely as possible about current provision and identify any existing gaps and barriers for individuals and their carers.

Two questionnaires were devised, one to engage with those people within Adult Services, the other for younger adults including those due to transition from children's services into adult services. It was agreed this was a holistic approach and would begin to ensure that any future provision of replacement care services would be fit for purpose and meet identified needs, present and future.

### 3.3 Summary of relevant findings

#### Please summarise your relevant findings. \*

- People felt negative about their experiences of replacement care services, which were given an overall rating of 3.9 out of 10 from respondents.
  - There appears to be an issue when it comes to accessing replacement care in the first instance, with 80% of respondents declaring that it was either 'difficult' or 'extremely difficult' to access the services
  - People wanted to see an increase in the variety of services currently available to them, stating that they would like more choices in the service.
  - 67 respondents were willing to travel for the right service compared to only 12 that weren't.
  - When asked about the range of replacement care services, the overwhelming response was that more services should be provided within local areas.
  - People find that a direct payment offers more flexibility, however one issue that was noted quite a few times throughout the questionnaire was the apparent inflexibility of the direct payments service, many people were hesitant to entertain the idea of switching to direct payments until this was resolved.
  - Out of 79 people only 3 people 'strongly agreed' that there is just about the right amount of replacement services to help and support them in their role of parent/carer
  - Only 12 people out of 79 said they felt like they had enough access to replacement provision
  - 80% of carers would like us to explore alternative replacement care options and share these options with them
  - 81% of carer's said they would like to see new services developed
  - 69% of carer's would like to be able to book Replacement care up to 6 months in advance
- 12 people responded to the community short breaks services questionnaire.
- People felt better than average about their experiences of community short breaks services, one quarter of those who answered rated the services as 'okay', half of them said it was 'good' and the final quarter stated that they believed the services were brilliant.

## 4 Protected characteristics - Equality

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please select one or more impact box(es) below for each equality group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative for the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. who are part of these equality groups.

### Age

Potential neutral impact selected.

#### Explanation of your reasoning:

Although there might be a change in provision for the individuals. As the care will be needs led, a similar service offer will be provided elsewhere so this will not have an impact.

### Disability

Potential positive impact selected.

#### Explanation of your reasoning:

Although there might be a change in provision for the individuals. As the care will be needs led, a similar service offer will be provided elsewhere so this will not have an impact. Current covid restrictions mean that many individuals are receiving a much lower level of service than normal.

### Gender reassignment

Potential neutral impact selected

#### Explanation of your reasoning:

Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals. Services provided internally, and those commissioned externally, have a requirement to consider anti discriminatory practice within service provision.

### Marriage and civil partnerships

Potential neutral impact selected.

#### Explanation of your reasoning:

Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals. Services provided internally, and those commissioned externally, have a requirement to consider anti-discriminatory practice within service provision.

### **Pregnancy and maternity**

Potential neutral impact selected.

#### **Explanation of your reasoning:**

Referrals for services will come from Social Workers and where necessary appropriate risks will be assessed in order to ensure safety of pregnant workers and/or service users.

### **Race including travelling communities**

Potential neutral impact selected.

#### **Explanation of your reasoning:**

**A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Services provided internally, and those commissioned externally, have a requirement to consider anti-discriminatory practice within service provision.**

### **Religion and belief**

Potential neutral impact selected.

#### **Explanation of your reasoning:**

A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Services provided internally, and those commissioned externally, have a requirement to consider anti-discriminatory practice within service provision

### **Sex**

Potential neutral impact selected.

#### **Explanation of your reasoning:**

A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals.

### **Sexual orientation**

Potential neutral impact selected.

#### **Explanation of your reasoning:**

A needs assessment will be completed through the Social Work Teams and where appropriate referrals will be made. Referrals for services will come from Social Workers, who will have considered any specific requirements for individuals

## 5 Characteristics - Public health

### Other vulnerable and disadvantaged groups

Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Covid 19 measures have been put into place to mitigate the effect on vulnerable people. All government guidance and PHE recommendations regarding PPE have been applied to all Replacement Care.

### Health inequalities

Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs.

### Social and economic

Potential negative impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Changes to the Replacement care provision internally could change where individuals have support but the overall outcome will still be met in other ways. Some individuals have been attending Replacement Care for many years and the change could have a negative impact on those friendships that have formed. Changes are also being made to internal Day Services and often people who attend replacement care also attend Day Opportunities.

### Physical health

Potential positive impact selected. Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Changes to the Replacement care provision internally could change where individuals have support but the overall outcome will still be met in other ways. This is an opportunity for individuals to experience different replacement care which could help identify new interests/friendships.

### Mental health and wellbeing

Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs. Changes to the Replacement care provision internally could change where individuals have support but the overall outcome will still be met in other ways. This is an opportunity for individuals to experience different replacement care which could help identify new interests/friendships.

### Access to services

Potential neutral impact selected.

#### Explanation of your reasoning:

All individuals who have had a needs assessments by a Social Worker, and is eligible for services will be supported to access support to meet their needs.

## 6 Actions to mitigate potential negative impacts

<b>Risk identified</b>	There is a risk around raised anxieties in carer's/staff and service users.
<b>Actions required to reduce/eliminate negative impact</b>	We will mitigate this through clear messaging around the scope of the work and regular engagement with all people involved.
<b>Who will lead this action</b>	Korrina Campbell
<b>Timeframe</b>	6 -18 months

### How will you monitor these actions?

As a project group we monitor risks through project meetings and we will manage anxieties through feedback from carer's, staff and SU's

## 7 When will you review this equality and public health estimate(EPHIA)?

It will be reviewed following feedback from any engagement and consultations that result from the programme of work.

## 8 Declaration

The following statement has been read and agreed:

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- Our Organisation will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others
- All staff are expected to deliver and provide services and care in a manner which respects the individuality of service users, patients, carers etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics

I confirm to the best of my knowledge that the information I have provided is true, complete and accurate

I confirm that I will make sure that Equality and Public Health have been and continue to be considered throughout the project life cycle and that, if circumstances change in the project, a further Equality and Public Health Impact Assessment Screening will be carried out.

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## Data Protection Full Assessment Impact Assessment Id: #138

### 1.0 Screening Information

**Project Name**

Shaping an Effective Market - Replacement Care

**Name of Project Sponsor**

Elaine Carolan

**Name of Project Manager**

Amanda Dunn

**Name of Project Lead**

Korrina Campbell

**Please give a brief description of the project**

The purpose is to map out the Replacement care, also known as "respite" from caring or "short breaks" current model including reviewing existing policies, practice procedures to determine the best value offer. Replacement Care is the support provided to an individual due to a carer having a break from their usual caring role. Replacement care usually involves overnight care for one or more nights, but this is not the only way it can be provided, which can be planned breaks or short notice in emergency situations.

**Data Protection screening result**

Will require a full impact assessment

**Equality and Public Health screening result**

Will require a full impact assessment

**Environmental Sustainability screening result**

Will require a full impact assessment

### 1.1 Background and Purpose

**Background and Purpose of Project?**

To support your answer to this question, you can upload a copy of the project's Business Case or similar document. The purpose of the Replacement Care project is to consider how the council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individual carer's

**Upload Business Case or Support documents**

No files uploaded

**Project Outputs**

Briefly summarise the activities needed to achieve the project outcomes.

Review SPOT purchases for emergency placements to look at current/future demand

Review current commissioned services to ensure these are appropriate and provides equity for all

Review all service areas starting with LD, MH, PD, OP to ensure the service demand can be met

Create a policy/guidance that follows the three conversations approach and that is for all service areas which will help governance

**Project Outcomes**

Briefly summarise what the project will achieve.

To make sure that we make the best use of the money that we have available

To modernise and increase the range of Replacement Care that is available

To make sure that the way people get replacement care is fair and consistent

**Is the project a new function/service or does it relate to an existing Council function/service?**

Existing

**Was consultation carried out on this project?**

No

## 1.2 Responsibility

### Directorate/Organisation

People

### Service Area

Communities

## 1.4 Specifics

### Project Reference (if known)

Not Recorded

### Intended Project Close Date \*

October 2022

## 1.5 Project Part of a Strategic Programme

### Is this project part of a strategic programme?

Yes

### An overarching screening has already been carried out for the following areas:

Data Protection

Equality and Public Health

Environmental Sustainability

### What was the conclusion?

Full assessment required

### Upload previous impact assessment documents if available

No files uploaded

## 2.0 Personal Data

### Who are you processing data about?

Customers, clients or service users

Staff, persons contracted to provide a service

Carers or representatives

### What personal data will be collected? \*

The second stage is to list all of the types of personal data that you believe the project/works/additional processing will utilise.

Please select yes for as many examples of types of data that are relevant and include any others in the free text at the bottom of the page.

### Basic Identifiers:

#### Name

Yes

#### Date of Birth

Yes

#### Age

Yes

#### Gender

Yes

**Sex**

Yes

**Contact Details:**

**Address**

Yes

**Email Address**

Yes

**Home Phone Number**

Yes

**Mobile Phone Number**

Yes

**Postcode**

Yes

**ID Number:**

**National Insurance Number**

No

**Driving Licence/Number**

No

**NHS Number**

No

**Other General Identifier**

Yes

**Employment:**

**Work Related Training/Awards**

No

**Financial:**

**Income/Financial/Tax Situation**

No

**Appearance:**

**Photograph**

No

**Physical Description**

No

**Lifestyle:**

**Living Habits**

No

**Marital Status**

Yes

**Technology:**

**Login/Username**

No

**Device MAC Address (Wireless Network Interface)**

No

**Device Mobile Phone/Device IMEI No**

No

**Location Data (Travel/GDPS/GSM Data)**

No

**Online Identifier e.g. IP Address**

No

**Website Cookies**

No

**Other Data Types Collected**

Not Recorded

**2.1 Legal basis for Personal Data**

**What is your lawful basis for processing the personal data? \***

Please choose one of the following

Data Subject's consent for the purpose

No

Necessary for a contract with the Data Subject

No

Necessary to comply with a legal obligation

Yes

Necessary to protect the vital interests of an individual(s)

No

Necessary for a task in the public interest or exercise of official authority of Controller

No

Necessary for legitimate interests of Controller unless interests are overridden by the interests or rights of the individual (only available in limited circumstances to public bodies)

No

## 2.2 Special Data

### What special category personal data (if any) will be collected? \*

This section will not apply to all projects and should only be completed if it applies to you.

It is important that you read this section carefully, as these data types require additional care and protection.

If you do pick anything from this list, you will be required to give more details in Section 4 of this form.

You can read more about Special Category Data through this link;

<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/>

#### Race

No

#### Ethnic origin

No

#### Political opinions

No

#### Religion

No

#### Philosophical beliefs

No

#### Trade union membership

No

#### Genetic Data

No

#### Biometric Data

No

#### Sex life

No

#### Health or social care

Yes

## 2.3 Legal basis for Special Data

### What is the relevant condition for processing the special category personal data? \*

You must qualify under one of the below exemptions as well as having a legal basis from the previous question.

#### Explicit Consent

The data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject;

No

#### Employment and Social Security

Processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject;

No

#### Vital Interests

Processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent;

No

#### Legitimate Interests of:

**"a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim".**

Processing is carried out in the course of its legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim and on condition that the processing relates solely to the members or to former members of the body or to persons who have regular contact with it in connection with its purposes and that the personal data are not disclosed outside that body without the consent of the data subjects;

**Note – this is not often applicable to local authorities.**

No

**Publicly Available Data**

Processing relates to personal data which are manifestly made public by the data subject;

No

**Legal or Court Proceedings**

Processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity;

No

**Public Interest - Statutory Necessity**

Processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;

No

**Medical, Health and Social Care Provision**

Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

Yes

**Public Health**

Processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy;

No

**Archiving or Scientific, Historical or Statistical Research Purposes**

Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

No

**2.4**

**Information Involved**

Understanding the information flows involved in a project is essential to a proper assessment of privacy risks.

**How will the data be collected? \***

This section should be filled in for every project, not just those collecting Special Category data.

Assessments will be carried out per individual through a social work assessment. Information on requirements will be gathered through this process. The data is already collected in our Liquidlogic system

**What will the data be used for? \***

This section should be filled in for every project, not just those collecting Special Category data.

The data is only used to understand what support would be required for each individual and how much replacement care would be required.

**Has data already been collected?**

Yes

**Are the purposes for which you are collecting the data different? \***

If the data you are hoping to use was not collected specifically for this project, please explain in the box below why it was collected. This will

include data that you have collected from other teams within WCC.

We already know who requires replacement care as they are already on LAS and already receiving a service. This data is only for the purpose of identify who uses the service so we can engage them in the process to look at ways to develop what replacement care is offered in the future.

### **Explain why existing and/or less intrusive processes or measures would be inadequate \***

In this section, you should explain why your new method/project is absolutely necessary and show that you have thought about all other options.

We are using datasets which are being collected already within our social care system. This method of data capture means that data is being collected through conversation with clear method and reasoning. It is not intrusive and the individual can see the clear purpose for the data to be shared.

## **3.0 Other organisations**

### **Are other organisations involved in processing the data?**

No

## **3.1 Storage detail**

### **How will the information be stored? \***

Please include details of whether data will be stored outside of the European Economic Area (EEA).

Please remember that cloud storage and back up servers maybe outside the EEA.

Its stored within Liquidlogic (LAS) within the EEA.

### **For how long will the data be retained? \***

All data provided will be managed within it's usual data storage and destruction standards.

### **What is the deletion process? \***

All data provided will be managed within it's usual data storage and destruction standards.

## **4 Consultation details**

**Consultation can be used at any stage of the DPIA process and is important to allow people to highlight privacy risks and solutions based on their own area of interest or expertise.**

**For further assistance and information please visit the [consultation toolkit section on Ourspace](#).**

### **Explain what practical steps you are going to take to ensure that you identify and address privacy risks \***

Data is being captured, maintained and stored within existing secure systems. Data will be shared with Third Party providers as required to support the individual if required. These will all be companies who have contracts with the Council and will, therefore, have adequate privacy settings in place. We will also have safe and secure methods for sharing information.

### **Who should be consulted, internally and externally? Do you need to seek the views of members of the public? \***

The service user's and families directly and potentially staff. We will seek the views of those who receive replacement care and may wish to receive this service in the future.

### **How will you carry out the consultation? \***

(You should link this to the relevant stages of your project management process)

Through one to one meetings with social workers and with letters

## **5 Risk register**

**At this stage you should identify the possible privacy risks together with their likelihood, severity and overall level,**

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Keep it Green, Keep it on the Screen

and for high risks the measures taken to reduce the risk.  
Add any risk to the relevant sections below.

## Fair and Lawful Processing

Data must be processed lawfully, fairly and in a transparent manner.

Please also consider

- Have you identified at least one lawful basis for the personal data processed as part of the project?
- Does at least one Controller involved have a lawful power to act?
- Do you need to create or amend a privacy notice?
- How is your processing going to be transparent?

**Risk that processing is not transparent, and individuals are unaware that data is being collected or why it is processed**

No Risk

**Risk that information is being processed unlawfully**

No Risk

## Specific, explicit and legitimate purposes

The purpose for which you process personal data must be specified, explicit and legitimate. Personal data collected must not be processed in a manner that is incompatible with the purpose for which it was originally collected.

Please also consider

- Does your project plan cover all of the purposes for processing personal data? If not your plan needs amending accordingly.
- Are all elements of the processing compatible with the original reason and justification for the processing?
- What are these specific, explicit and legitimate purposes?

**Risk of 'mission creep' and information is used for different, or incompatible purposes to that identified when originally collected**

No Risk

## Adequate, relevant and not excessive

Personal data processed must be adequate, relevant and not excessive in relation to the purpose for which it is processed.

Please also consider

- Is the quality of the information adequate for the purposes it is used?
- If not, how is this to be addressed?
- Are measures in place to ensure that data is limited to that which is needed to fulfill the aim of the processing?
- Which personal data elements do not need to be included without compromising the needs of the project?

**Risk of loss of control over the use of personal data**

No Risk

**Risk that inadequate data quality means the information is not fit for the identified purpose(s) potentially leading to inaccurate decision making**

### Unmitigated Risk

Likelihood - Reasonably Unlikely

Severity - Minimal Impact

Score - Low

### Mitigation/Solution

Individual data is captured at point of assessment and reviewed as part of annual review. If/When it is identified an individual's situation has changed the data will be updated in between these times.

Providers are also able to flag to Social Work staff if they feel data is no longer up to date and Social Work staff will follow this up.

### Mitigated Risk

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

### Result

Accepted

**Risk that any new surveillance methods may be an unjustified intrusion on individuals' privacy**

No Risk

**Accurate and timely**

Personal data processed must be accurate and, where necessary, kept up to date, and every reasonable step must be taken to ensure that personal data that is inaccurate is erased or rectified without delay.

Please also consider

- If you are procuring new software does it allow you to amend data when necessary?
- How are you ensuring that personal data obtained from individuals or other organisations is accurate?
- Do you have processes in place to keep data up to date?
- If any data sets are to be merged, what checks are carried out to ensure that the right data records are matched/merged together?

**Any data matching or linking, including whole data sets may link wrong records together**

No Risk

**Storage limitation**

Personal data must be kept for no longer than is necessary for the purpose for which it is processed. Appropriate time limits must be established for the periodic review of the need for the continued storage of personal data.

Please also consider

- What are the risks associated with how long data is retained and how they might be mitigated?
- Has a review, retention and disposal (RRD) policy been established?
- How does the software enable you to easily act on retention criteria – does it enable bulk review/destruction; set review periods; extract for long-term preservation/retention of the corporate memory?

**Risk information is retained for the wrong length of time (both too long and too short)**

No Risk

**Risk information is not securely destroyed when its retention period has been reached**

No Risk

**Security**

Personal data must be processed in a manner that ensures appropriate security of the personal data, using appropriate technical or organisational measures (and, in this principle, "appropriate security" includes protection against unauthorised or unlawful processing and against accidental loss, destruction or damage).

Please also consider

- What technical and organisational measures are in place to ensure that the data is protected to an adequate level?
- What training on data protection and/or information sharing has been undertaken by relevant staff?
- What access controls are in place to enforce the 'need to know' principle?
- What assurance frameworks are utilised to assess adequacy of security measures in place e.g. NHS DSPT; Cyber Essentials Plus; PSN Certification?

**Risk of loss of confidentiality****Unmitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Mitigation/Solution**

Social Work staff and Providers are trained in the need to keep personal data confidential and relevant measures are in place to reprimand if these are not followed. We would use the corporate privacy statement to support.

**Mitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Result**

Accepted

**Risk of inadequate security controls in place to protect and secure personal data, including inappropriate access**

No Risk

**Risk that workers processing the data are not aware of their data responsibilities**

No Risk

**Risk that information is distributed using inappropriate methods**

No Risk

**Risk of re-identification of pseudonymized or anonymised data (e.g. collecting matching and linking identifiers and information may result in information that is no longer safely anonymised)**

No Risk

**Risk that information is transferred to a 'third country' without adequate safeguards**

No Risk

**Financial and reputational****Risk of identity theft or fraud****Unmitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Mitigation/Solution**

Relevant data protection training and guidelines are in place with staff. They are also covered in contracts with providers so although there is a risk of individual's breaching these are minimal. There is also a clear process for data security breaches to be reported and managed within the Council.

**Mitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Result**

Accepted

**Risk of financial loss for individuals or other third parties****Unmitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Mitigation/Solution**

Relevant data protection training and guidelines are in place with staff. They are also covered in contracts with providers so although there is a risk of individual's breaching these are minimal. There is also a clear process for data security breaches to be reported and managed within the Council.

**Mitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Result**

Accepted

**Risk of financial loss for the Council (including ICO fines)**

No Risk

**Risk of reputational damage to the Council, partners, and processors****Unmitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Mitigation/Solution**

Relevant data protection training and guidelines are in place with staff. They are also covered in contracts with providers so although there is a risk of individual's breaching these are minimal. There is also a clear process for data security breaches to be reported and managed within the Council.

**Mitigated Risk**

Likelihood - Unlikely

Severity - Minimal Impact

Score - Low

**Result**

Accepted

## Health, safety and wellbeing

### Risk of physical harm to individuals

No Risk

### Risk of physical harm to staff and workers

No Risk

### Risk of discrimination

No Risk

### Risk of other significant economic or social disadvantage

No Risk

## Individuals Rights

Data protection legislation gives data subjects' various rights (listed below). Limiting or restricting any of these rights is likely to be a significant impact so the justification for any restriction, as well as mitigations, must be fully outlined.

### Inability to meet individuals' right to be informed

No Risk

### Inability to meet individuals' right of access

No Risk

### Inability to meet individuals' right to rectify inaccurate data

No Risk

### Inability to meet individuals' right to restrict processing

No Risk

### Inability to meet individuals' rights relating to automated decision making and profiling

No Risk

## Additional project specific risks

No additional risks recorded

6

## Declaration

I confirm to the best of my knowledge that the information I have provided is true, complete and accurate \*

Selected

I confirm that I will make sure that data protection has been and continues to be considered throughout the project life cycle and should circumstances change in the project to include any processing of personal data a further Data Protection Impact Assessment Screening will be carried out \*

Selected

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## Environmental Sustainability Full Impact Assessment

### Impact Assessment Id: #138

#### 1.0 Screening Information

**Project Name**

Shaping an Effective Market - Replacement Care

**Name of Project Sponsor**

Elaine Carolan

**Name of Project Manager**

Amanda Dunn

**Name of Project Lead**

Korrina Campbell

**Please give a brief description of the project**

The purpose is to map out the Replacement care, also known as "respite" from caring or "short breaks" current model including reviewing existing policies, practice procedures to determine the best value offer. Replacement Care is the support provided to an individual due to a carer having a break from their usual caring role. Replacement care usually involves overnight care for one or more nights, but this is not the only way it can be provided, which can be planned breaks or short notice in emergency situations.

**Data Protection screening result**

Will require a full impact assessment

**Equality and Public Health screening result**

Will require a full impact assessment

**Environmental Sustainability screening result**

Will require a full impact assessment

#### 1.1 Background and Purpose

**Background and Purpose of Project?**

To support your answer to this question, you can upload a copy of the project's Business Case or similar document.

The purpose of the Replacement Care project is to consider how the council may continue to meet assessed eligible need in the most efficient and cost-effective way that promotes independence, social inclusion and positive outcomes for individual carer's

**Upload Business Case or Support documents**

No files uploaded

**Project Outputs**

Briefly summarise the activities needed to achieve the project outcomes.

Review SPOT purchases for emergency placements to look at current/future demand

Review current commissioned services to ensure these are appropriate and provides equity for all

Review all service areas starting with LD, MH, PD, OP to ensure the service demand can be met

Create a policy/guidance that follows the three conversations approach and that is for all service areas which will help governance

**Project Outcomes**

Briefly summarise what the project will achieve.

To make sure that we make the best use of the money that we have available

To modernise and increase the range of Replacement Care that is available

To make sure that the way people get replacement care is fair and consistent

**Is the project a new function/service or does it relate to an existing Council function/service?**

Existing

**Was consultation carried out on this project?**

No

## 1.2 Responsibility

### Directorate/Organisation

People

### Service Area

Communities

## 1.3 Specifics

### Project Reference (if known)

Not Recorded

### Intended Project Close Date \*

October 2022

## 1.4 Project Part of a Strategic Programme

### Is this project part of a strategic programme?

Yes

### An overarching screening has already been carried out for the following areas:

Data Protection

Equality and Public Health

Environmental Sustainability

### What was the conclusion?

Full assessment required

### Upload previous impact assessment documents if available

No files uploaded

## 2 Greenhouse Gas Emissions

### Could the project result in an increase in GHG emissions (including CO2)? Yes

Please be mindful that the Council has committed to reduce its GHG emissions to zero by 2050 and most projects are likely to have an impact on this target. This should be a key consideration in your project delivery and should be reviewed when completing the assessment.

### Have you undertaken an assessment of the project to know if there will likely be an increase in GHG emissions? No

### 3 Resources

**Will the project result in increased consumption of electricity, gas or other heating fuels? Yes**

e.g. project may require use of additional buildings, lighting and heating in buildings, additional ICT equipment, etc.

**Please explain your answer below:**

Whichever decision is taken then there will be an impact in terms of building energy use (continuing or possibly reducing) and also transport (again continuing or reducing.)

**Will the project reduce energy needs and result in reduced consumption? Yes**

e.g. disposal of WCC property assets

**Will the project require additional water resources leading to an increase in water consumption? No**

e.g. increased use of water through construction processes

**Might there be a decrease in water consumption? No**

e.g. will the project involve water saving measures or initiatives

**Will the project result in the use of other resources, materials or minerals? No**

e.g. use of natural resources such as wood; or use of aggregate minerals?

### 4 Transport

**Will the project result in more people needing to travel? No**

e.g. will there be additional cars on the road

**Have alternative transport modes been considered? Yes**

e.g. could use be made of public transport/walking/cycling etc.

**Please explain your answer below:**

As per every SW assessment public transport/walking/cycling is always considered first. Our aim is to reduce transport costs alongside the Transport project. Currently transport is used for individuals attending replacement care. If anything we will be looking to provide replacement care closer to their home so transport will be the same or reduced.

### 5 Waste

**Is there likely to be an increase in waste as a result of the project? No**

e.g. construction waste, packaging waste etc.

**Have opportunities to prevent, minimise, reuse or recycle waste been identified and considered? No**

e.g. will recycling facilities be available as part of the project

### 6 Wildlife and Biodiversity

**Will there be any negative impacts on the natural environment? No**

e.g. will the project involve removal of green space/trees; have wildlife surveys been considered; result in enhancements to green infrastructure; increased biodiversity opportunities etc.?

**Has a preliminary ecological appraisal been undertaken? No**

**Has there been consideration of statutory assessments? Yes**

e.g. Sustainability Appraisals, Strategic Environmental Assessments and Habitat Regulations Assessment Screening?

N.B. This is a matter of legal compliance - All plans and projects (including planning applications) which are not directly connected with, or necessary for, the conservation management of a habitat site, require consideration of whether the plan or project is likely to have significant effects on that site. This consideration – typically referred to as the 'Habitats Regulations Assessment screening' – should take into account the potential effects both of the plan/project itself and in combination with other plans or projects.

**Please explain your answer below:**

There is no impact on the environment

## 7 Pollution to land/air/water

**Is there a risk of pollution to the local environment? No**

e.g.

- will there be surface water run-off or discharge into local water source?
- will there be any impact on local water quality?
- will any waste water require treatment?
- is there the potential for spillage of chemicals?
- is there the potential for emissions to air from combustion processes resulting in poor air quality?

## 8 Resilience to climate risks

**Could climate risks affect your project? No**

N.B. some projects may be more sensitive to future changes in the climate e.g. hotter and drier summers; milder and wetter winters; increased likelihood of extreme weather events. These climate risks may affect project delivery and should be considered at the early stages of project development.

**Has the impact of extreme weather events on the project been considered? No**

e.g. heat waves and flooding.

**Is there a business/project continuity plan in place to ensure climate risks are minimised? No**

e.g. can you ensure that the project is resilient to climate risks and can continue to deliver on outcomes.

**Could the project exacerbate climate risks? No**

e.g. increase flood risk or worsen temperature extremes in the locality.

**Will the project result in the use of other resources, materials or minerals? No**

e.g. use of natural resources such as wood; or use of aggregate minerals?

## 9 Historic Environment

**Have you checked with the WCC Historic Environment team as to whether there are any impacts on the Historic Environment (negative or positive)?**

**No**

Check every development with the Historic Environment Team at the planning stage of each project. Further assessment may be required depending on the nature and scale of development. There may also be design options that would negate any need for further assessment (and lessen costs), or even opportunities to enhance heritage assets or their setting through the development.

**Does the development have the potential to result in any impacts to the historic environment or opportunities for enhancement?**

**No**

If yes, then further assessment will be required. This could take the form of a watching brief during groundworks if the potential is clearly understood and relatively low, or a more comprehensive desk-based and/or field investigation prior to development.

## 10 Procurement

**Could any procurement associated with the project have a detrimental environmental impact? No**

e.g. procurement of goods from overseas that have to be shipped; use of unsustainable materials or materials that cannot be recycled at the end of their use?

**Is there likely to be increased Greenhouse Gas emissions from products purchased for the project? No**

e.g. carbon emissions from transport and manufacturing

**Will you be able to make use of sustainable products? No**

e.g. recycled, local, ethical etc.

**Have you considered the Public Services (Social Value) Act 2012? No**

All major contracts let by the Council (those of more than £100,000 in total value) will be expected to deliver a meaningful contribution to our vision of Social Value in the county. The Act requires us to consider how the services we commission and procure might improve the economic, social and environmental well-being of the local area.

– please see: [Social Value](#)

## 11 Declaration

**I have confirmed that to the best of my knowledge that the information I have provided is true, complete and accurate**

**I have confirmed that I will make sure that Environmental Sustainability has been and continues to be considered throughout the project life cycle and should circumstances change in the project a further Environmental Sustainability Assessment Screening will be carried out.**

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