

CABINET 22 JULY 2021

A REVIEW OF REPLACEMENT CARE PROVISION FOR ADULTS

Relevant Cabinet Member

Councillor A Hardman

Relevant Chief Officer

Strategic Director for People

Local Member(s)

None

Recommendations:

1. The Cabinet Member with Responsibility for Adult Social Care recommends that Cabinet:
 - a) Notes the findings of the review of replacement care services as described in paragraphs 10-18 and outlined in full in the reports in the supporting information;
 - b) Approves the recommended actions of the review as described in paragraph 21 and;
 - c) Receives a further report later in 2021 which will make recommendations on proposals for the future service delivery model and the commencement of any formal consultation if required.

Background

2. 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 can be met by the provision of replacement care.

3. Replacement care, also known as "respite from caring" or "short breaks", is the support provided to an individual due to a carer having a planned break from their usual caring role. It can also be used for unplanned/emergency situations because of illness of a carer or the breakdown of a relationship. Replacement care 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.

4. There has been a tendency to interpret replacement care as a service provided in a block of 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

5. The Care Quality 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 relationships*. Almost all replacement care should be planned well in advance and recorded in care and support plans. However emergency replacement care is sometimes needed because of illness of a carer or the breakdown of a relationship. Replacement services should be designed to accommodate such unplanned needs.

6. Carers UK estimate that 1 in 8 adults (around 6.5million people) are carers, with another 6,000 people taking on a caring responsibility each day. However, as of 2020, this number has grown to around 13.6million people caring through the pandemic. Carers save the economy £132 billion per year, an average of £19K per carer, with a large proportion (5million) juggling caring responsibilities with work. The significant demand of caring means that 600 people give up work every day to care for an older or disabled relative.

7. This highlights the significant value of replacement services for people with support needs and their families/carers. 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.

8. The Council recognises the value replacement care can have on providing 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. For Worcestershire, there is a need to more accurately predict future demand on replacement care provision and to ensure that the services provided are equitable, represent good value for money and meet assessed eligible need for all age groups and a variety of needs.

9. The purpose of this report is to summarise the findings of a review of existing replacement care provision and to seek approval on recommendations for further developments and improvements to provision.

Replacement Care Review

10. The replacement care review has been carried out in two stages. The first stage, which was completed in December 2020, was a review of all current provision. The full report can be found in the supporting information section (titled: Replacement Care Mapping and Gapping exercise). The second stage focused on Council operated replacement care provision and a potential future service offer and the full report can also be found in the supporting information section (titled: Replacement Care Review Report). The scope of the review includes all age groups and needs (e.g. Learning Disability, Older People, Mental Health and Physical Disabilities).

11. For the first stage of the review a summary of the findings is listed below: -

- 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 figure of £1.1 million for spot purchasing across all services is quite a high amount proportionally alongside the level of funding already allocated to the current commissioned services and use of direct payments, this highlighted that there is a potential need for provision for emergency placements
- Current provision is not always 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
- The two main critical areas that required further scoping as part of the second phase of the review were around whether replacement care provision is:
 - fairly proportioned
 - and truly based on an individual's and carer's needs.

12. The second stage of the review considered how the council can 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 Council operated replacement care provision. The activities carried out included in the review are listed below

- A desktop analysis
- Engagement via a survey with people using services and family carers, including engagement with young people and their carers
- Market engagement with external providers

13. The stage of the review also considered the recent changes to social care practice (strengths-based) and how this creates an opportunity to change the way the Council helps carers to have a short break from caring. The three main reasons for doing this are:

- To make sure that the way people get replacement care is fair and consistent
- To modernise and increase the range of Replacement Care that is available
- To make sure that we make the best use of the money that we have available

14. A summary of the findings of the second stage of the review is listed below: -

- The range of occupancy levels, across all the replacement care for adults with learning disability (LD) services pre-covid, was between 44% and 97%
- A range of 43 - 159 nights (between 4 and 16%) were cancelled across the replacement services for LD schemes, between April 19 and February 20
- Over the next 5 years, 132 young adults currently allocated to the Young Adults Team team have been identified as potentially needing replacement care
- Currently, there are seven “pure” physical disability (PD) cases for whom there is no 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 the Council will need to address to ensure Care Act compliance.
- 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.
- Currently WCC spends c£2.8 million per annum (excluding recharges) on Replacement Care for people with a Learning Disability, plus approximately £0.4 million per year on emergency replacement care.
- 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).
- When analysing the way replacement care services are currently provided there are some differences. For example, some people are getting more nights allocated than other individuals, so there is a need to ensure the services are equitable and accessible to all and based on each individual’s needs
- When individuals were asked what was important to them. One of the things that people said was important was “*having more choices about Replacement Care*”.

15. The review also included an engagement activity with 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.

16. The adults questionnaire was circulated to approximately 2,000 individuals, through Worcestershire Association of Carers (WAC). 79 people responded. The full report and findings of the questionnaire are within Appendix 1 of the Replacement Care Report. However, the main issues identified, included:

- 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

17. 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. It was accessed through the Local Offer website and promoted through Families in Partnership, SENDIAAS, Special Schools and social work teams. In total 12 people responded. The full report and findings are within Appendix 2 of the Replacement Care Review Report. However, the main issues identified, included:

- 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 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.
- 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.

18. Alongside the individual and carer engagement, some soft market testing was carried out with external providers. This included ascertaining what national providers currently offer, or may be able to offer, in terms of replacement care. The key findings were:

- 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 Dynamic Purchasing System (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 Learning Disability care.
- Contract periods are averaging at 4 years with contract annual values ranging from £12 Million down to £50,000 so difficult to quantify.

Recommendations and Next Steps

19. The Replacement Care Review has demonstrated that there is clearly a need for the Council to address the significant gaps in the current replacement care provision across the age groups and types of need. There is also evidence that the Council

needs to plan for the longer term considering the needs of young adults moving into the service.

20. It is therefore recommended that Cabinet endorse the actions summarised in paragraph 21 to develop proposals for the future service offer. A further report will be presented later in 2021 which will make recommendations for the future service delivery model and the commencement of any formal consultation if required.

21. It is proposed that the key actions to determine the future WCC Replacement Care support are: -

- The completion of a feasibility study on all existing County Council-owned buildings which provide replacement care
- Review the current service offer and what this should/could look like – this would include exploring the possibility of decommissioning/reducing the number of replacement care beds in some of the existing provision and look at re-commissioning alternative support which could be more fit for purpose and linking into day opportunities
- Draft a replacement care policy to help support and regulate good practice – this policy would cover all age groups and levels of need.
- Complete further market engagement to work with the market to see what collaboration opportunities there are for replacement care
- Link this review to the work carried out within the All Age Disability team to explore an option around an independent hub approach for children and young adults
- Work with Herefordshire and Worcestershire Clinical Commissioning Group to review how health-based replacement care is commissioned.
- Ascertain the potential savings from reductions in beds and cost future potential models
- Explore possible physical disability placements and cost provision
- Establish solutions for emergency replacement care, reducing level of spot purchasing
- Complete a direction of travel for WCC replacement services including the younger persons offer
- Align to the review within younger adults' services around the re-commissioning of the "community short breaks and domiciliary care service"
- Incorporate the Mental Health requirement as part of the next phase as this is a recognised gap in the work carried out so far.

Legal, Financial and HR Implications

22. As part of its duties under the Care Act 2014, the Council must meet assessed eligible needs for those people in Worcestershire who are eligible for care and support. It also has a duty to carers, whom it has assessed as having eligible needs for support. The Council funds a wide range of replacement care provision for adults via block contracts with external providers, through direct payments and those provided internally by the Council's Adult Social Care Provider Services.

23. The annual budget for replacement care provision across the five Council provided centres is c£2.8 million excluding central recharges. There is also an annual budget of £0.4 million for emergency replacement care, supported by a contribution

from the Herefordshire and Worcestershire Clinical Commissioning Group of £78k. The aim of the any revised service that may be proposed as part of the further work identified above is to deliver replacement care within this cost envelope; however, more detailed financial evaluation and analysis will be included in future cabinet reports as part of the communication and recommendations relating to the outcome of the review.

24. There are 28 full time equivalents currently working within the Council operated replacement care provision (42 headcount).

Joint Equality, Public Health, Data Protection and Sustainability Impact Assessments

25. A **joint impact assessment (JIA)** screening has been carried out in respect of these recommendations and a full assessment will be completed to form the recommendations for longer-term plans for the delivery of day opportunities once identified. Although there may be changes to the provision for current service users, the focus will still be on meeting assessed care needs so impact will be minimalised. The screening report is included as an appendix to this report.

Supporting Information

Appendix 1 – Mapping and Gapping Report
Appendix 2 - Replacement Care Review Report
Appendix 3 – Joint Impact Assessment

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Strategic Director for People) In the opinion of the proper officer there are no background papers in support of this report.