

Mapping and Gapping Exercise

Replacement Services

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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:

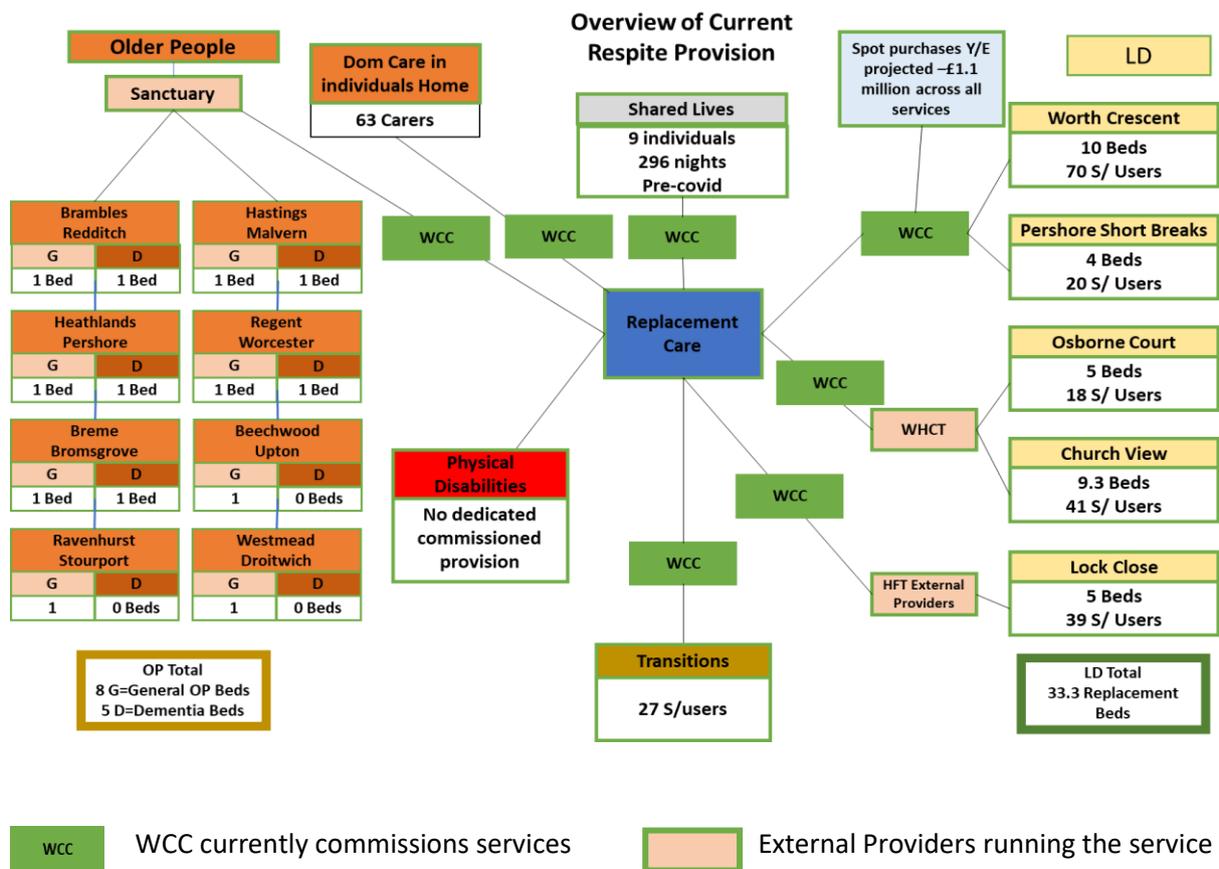
- Position statement and reviewing process
- Individual service modelling internal/external – LD/OP/PD
- Accessing current replacement services
- Service and Market Capacity
- Transport
- Financial modelling

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 1st November 2019 – 1st September 2020:

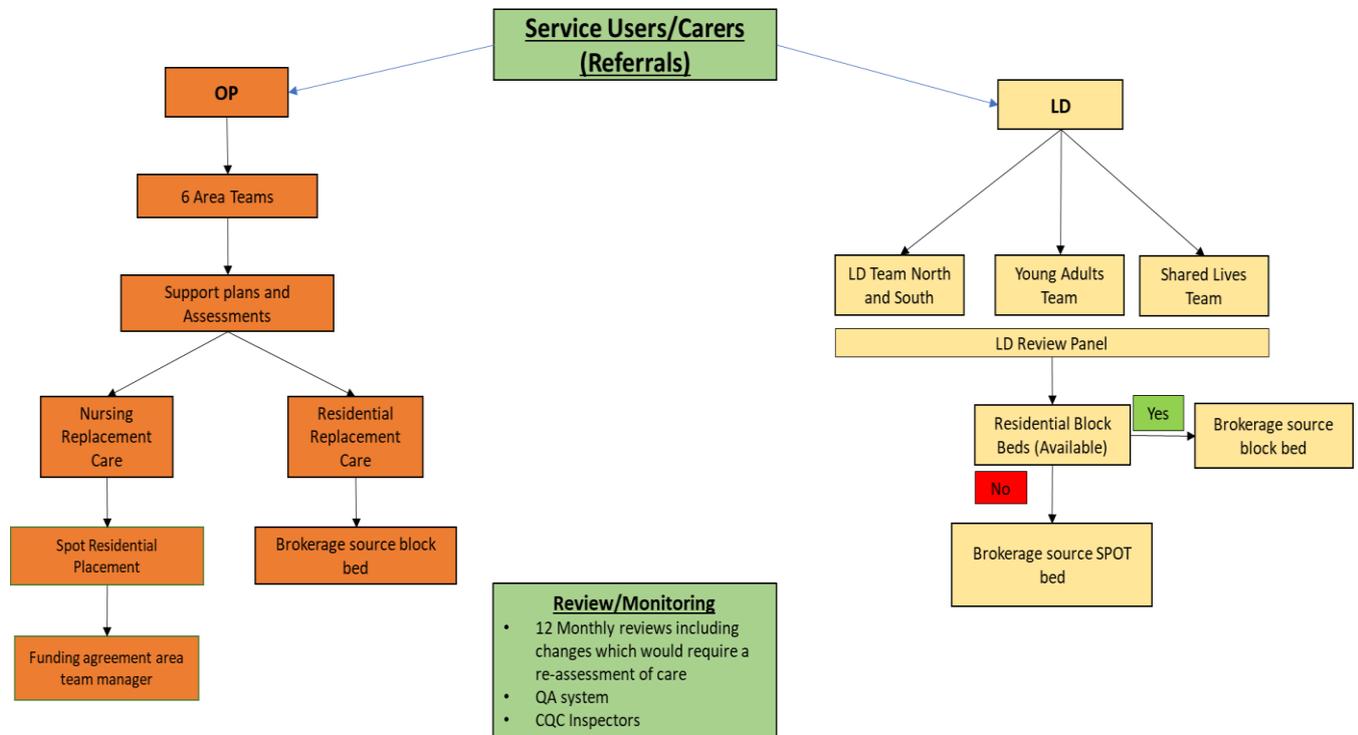
Replacement Care Type of Replacement Care	People										
	1 Nov 2019	1 Dec 2019	1 Jan 2020	1 Feb 2020	1 Mar 2020	1 Apr 2020	1 May 2020	1 Jun 2020	1 Jul 2020	1 Aug 2020	1 Sep 2020
Replacement Care (ALL)	197	199	198	198	194	191	185	186	192	191	193
Intermittent Respite Care	185	185	185	185	186	184	184	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.

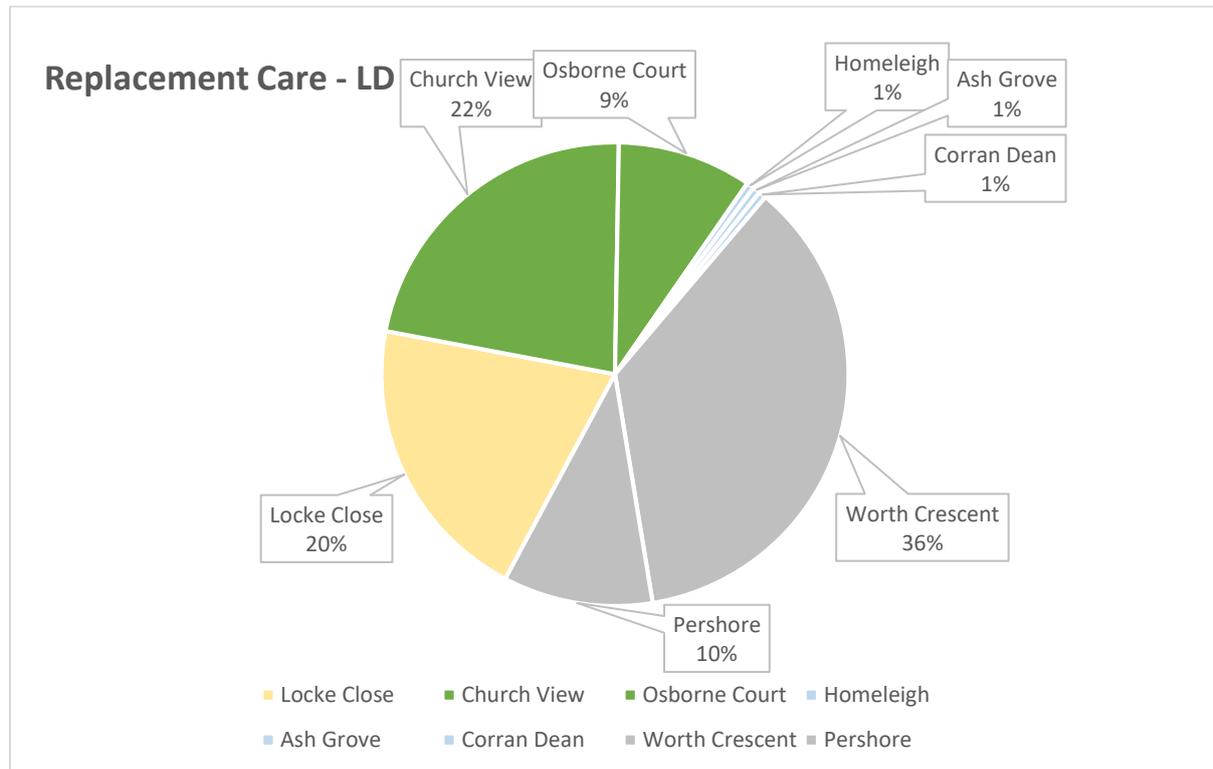
Older People's Assessment Process

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.

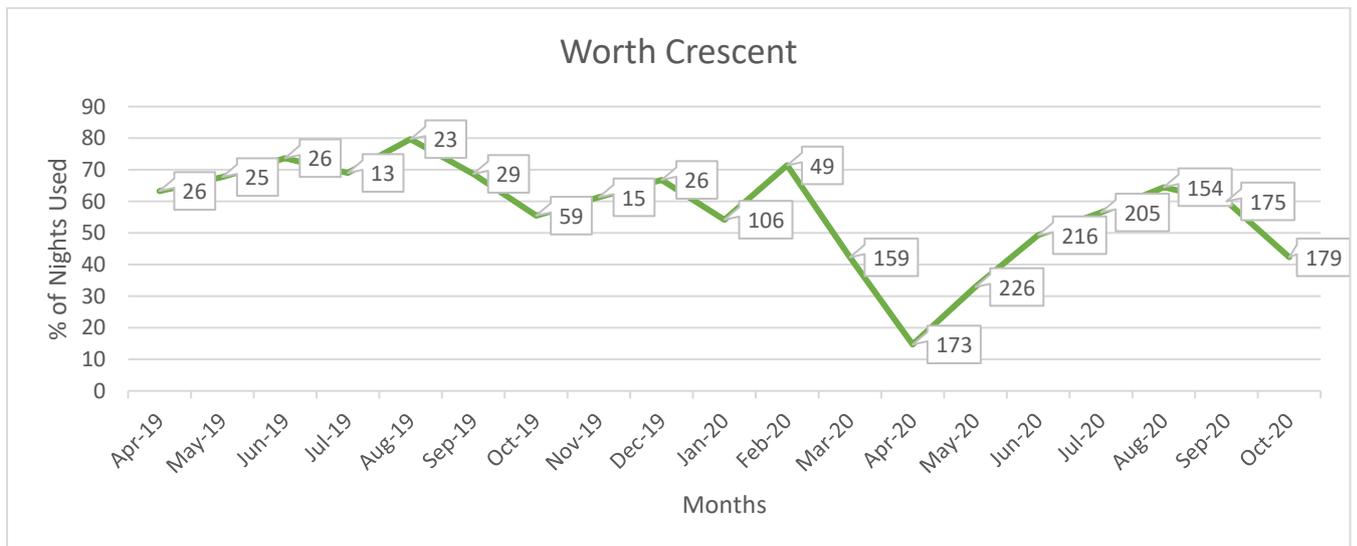
Service	WCC Nights Allocated	CHC Nights Allocated	WCC/CHC Nights proportion and Service User Breakdown
Worth Crescent Stourport WCC	2,290	0	100% WCC Nights
Pershore Short Breaks (Station Road) WCC	988	122	<p>Night CHC 11% Non-CHC 89%</p> <p>Service Users CHC 1 Non-CHC 17</p>
Osborne Court WCHT	1,023	327	<p>Night CHC 24% Non-CHC 76%</p> <p>Service Users CHC 6 Non-CHC 21</p>
Church View WCHT	2,120	668	<p>Night CHC 24% Non-CHC 76%</p> <p>Service Users CHC 10 Non-CHC 39</p>
Lock Close HFT	1,665	0	100% WCC Nights
TOTAL: 80% WCC Nights Allocated 20% CHC Nights Allocated	<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



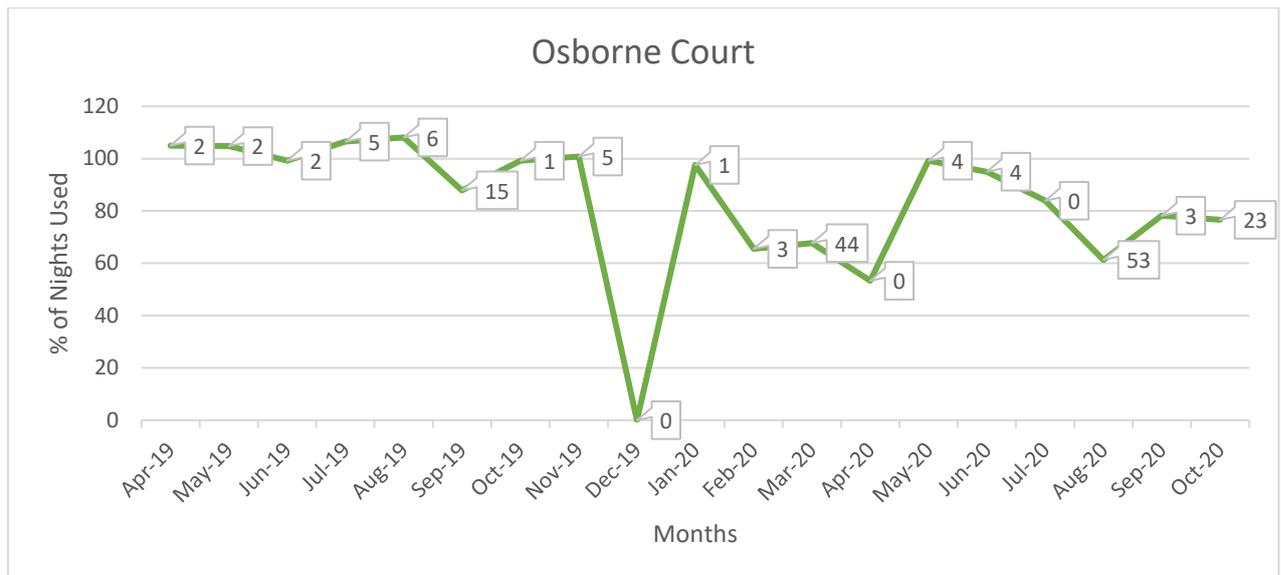
Pershore Short Breaks

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



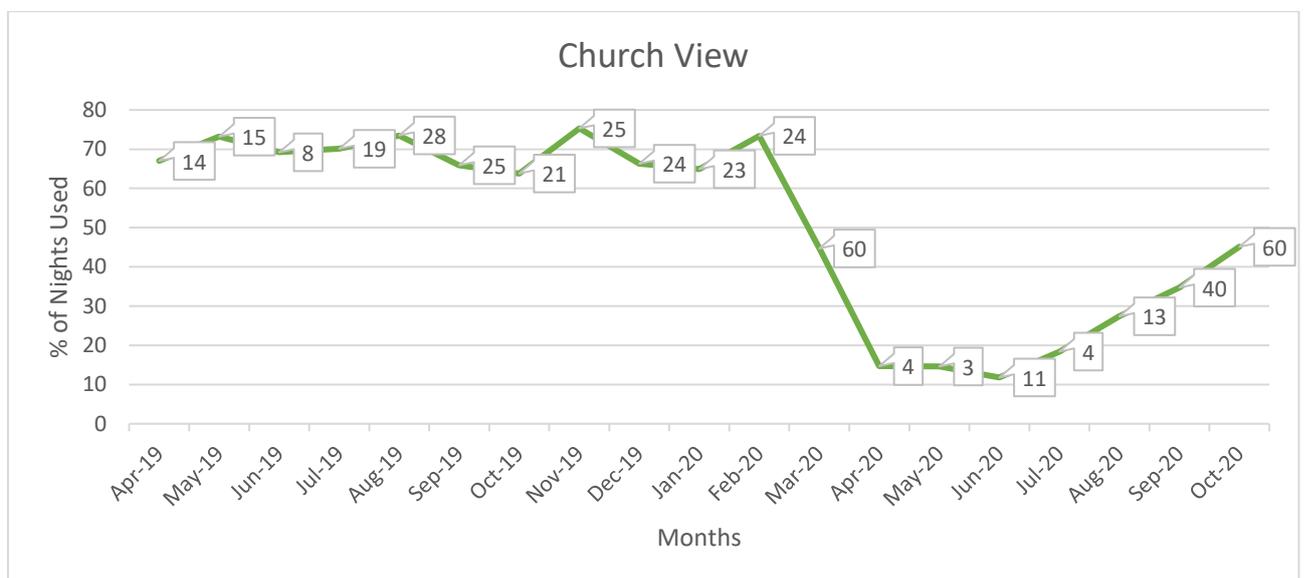
Osborne Court

- 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



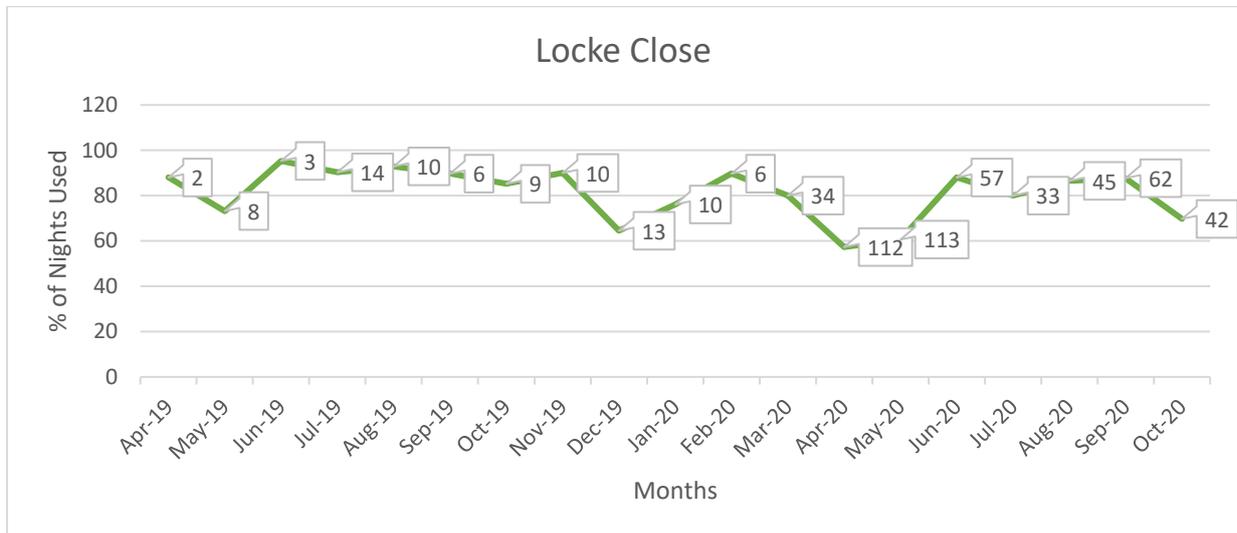
Church View

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

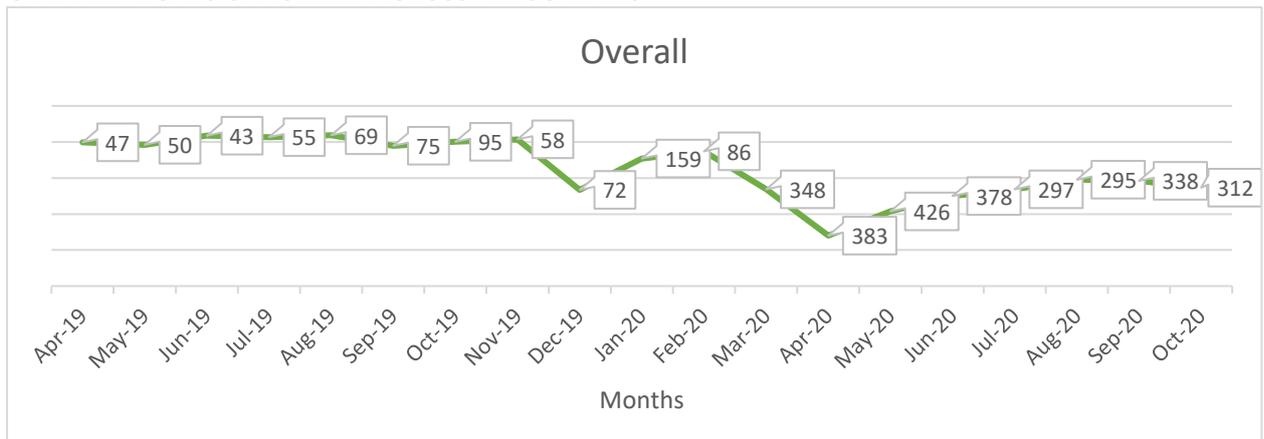


Locke Close

- 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

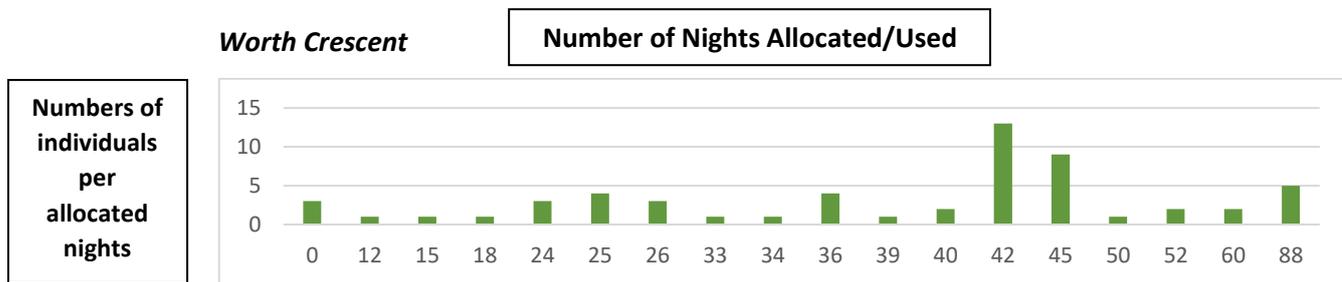


Observations

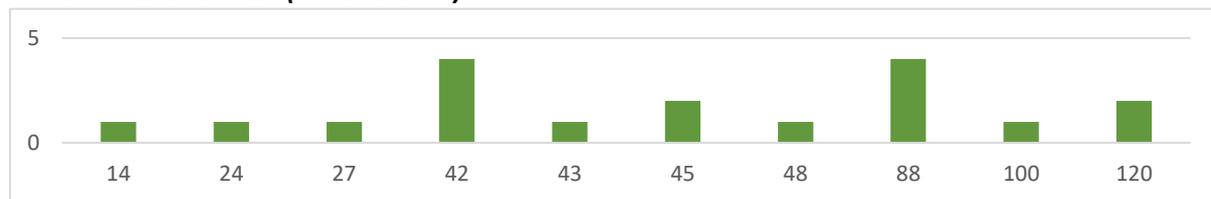
- The range of occupancy levels, across all schemes pre-covid, is between; 55% and 97% (exc 108%) and a range of 43 - 159 nights being cancelled between April 2019 and February 2020.
- Although there is evidence of under occupancy in each Replacement Care service, feedback from staff indicates that some 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

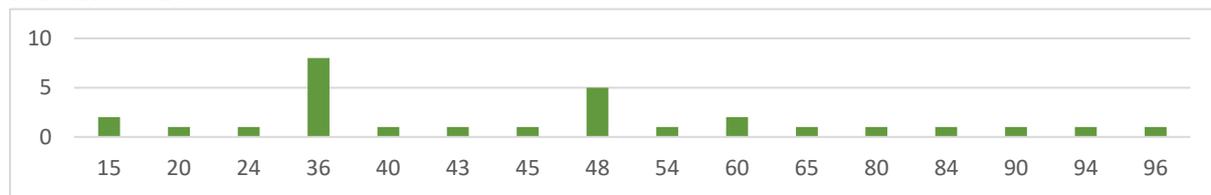
Below are the graphs highlighting the range of nights allocated/used and the proportion of service users per each number of nights allocation; i.e. 10 service users have 42 nights per annum.



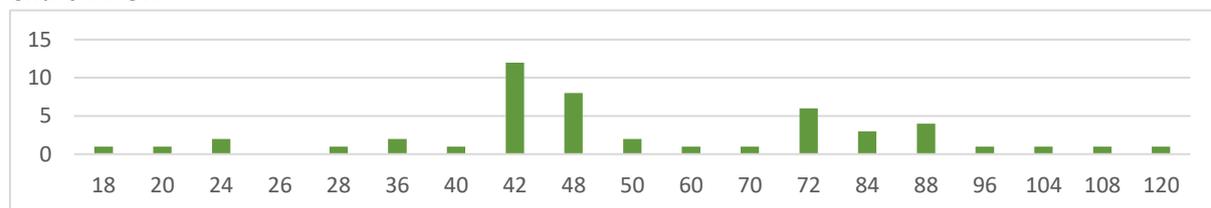
Pershore Short Breaks (Station Road)



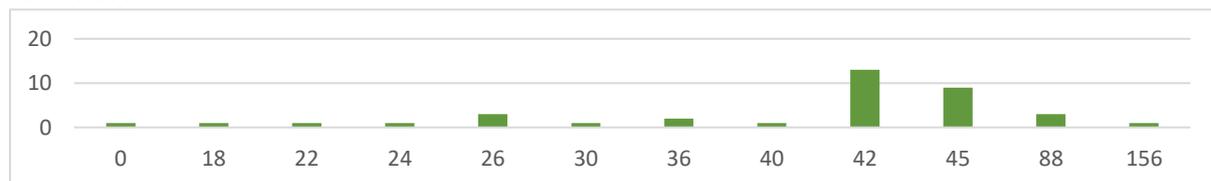
Osborne Court



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
Total - 49					

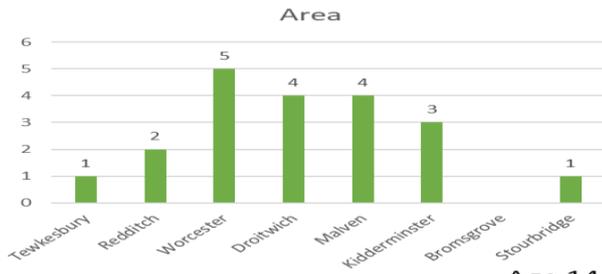
Transitions Interdependency

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.

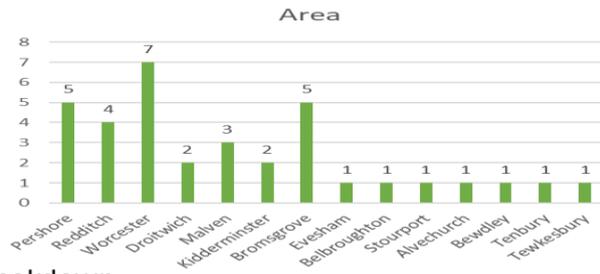
A successful piece of joint working between Adults and Worcestershire Children First commissioners and WHCT was concluded during 2020 to transform Osborne Court into an all-age site which accommodates children's short breaks as well as adults' replacement care provision. This will improve the outcomes 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">• 27 individuals are currently accessing Replacement Care• 88 individuals have been identified as needing Replacement Care in the near future• 115 individuals have been identified as not requiring replacement care in the future
16 Years Old	<ul style="list-style-type: none">• 11 individuals have been identified as needing Replacement Care in the near future
15 Years Old	<ul style="list-style-type: none">• 19 individuals have been identified as needing Replacement Care in the near future
14 Years Old	<ul style="list-style-type: none">• 14 individuals have been identified as needing Replacement Care in the near future

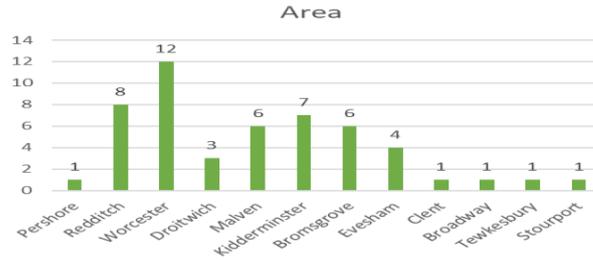
Age 16 Breakdown



Age 15 Breakdown



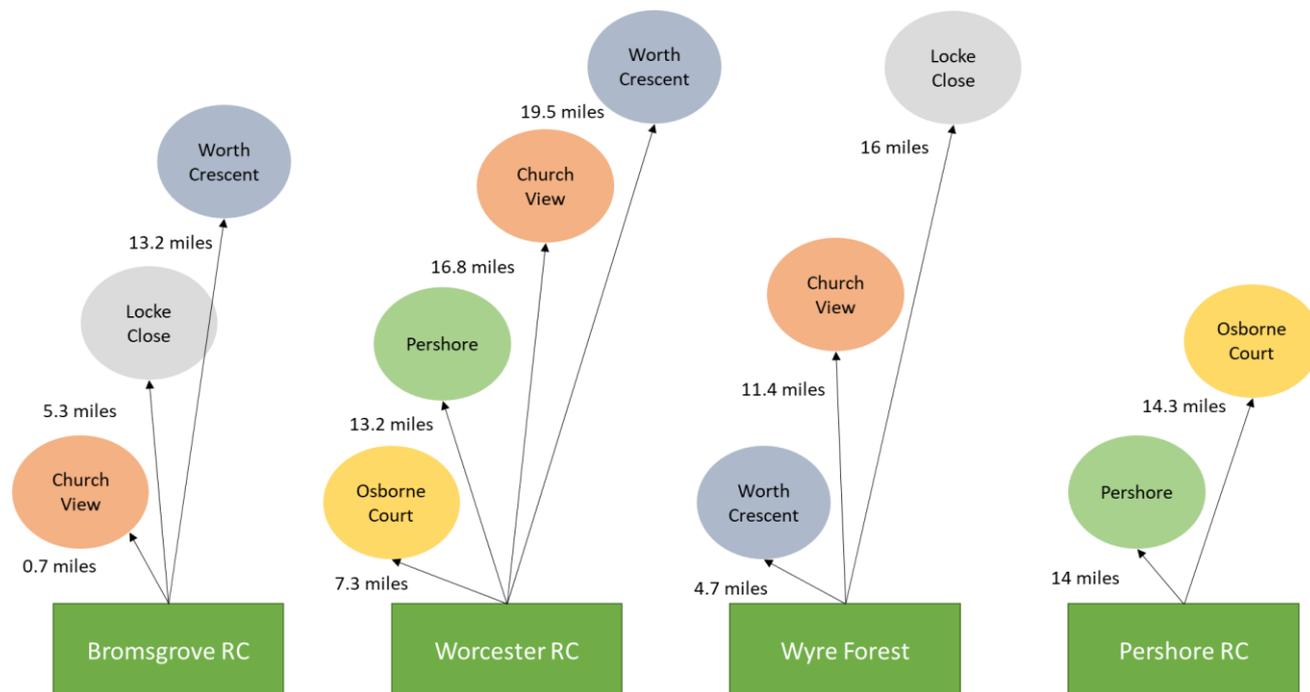
Age 14 Breakdown



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 individual's 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 31st 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 26th = £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 26th £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

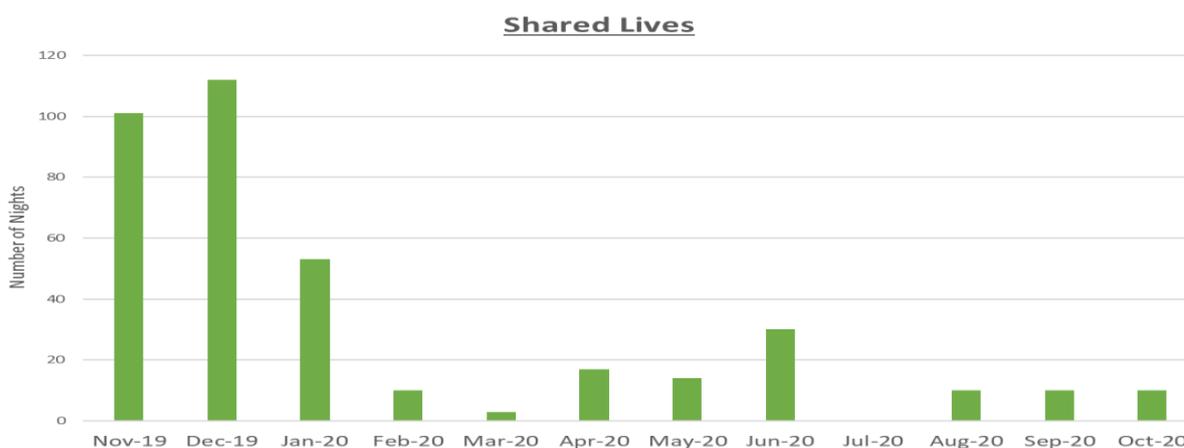
Worcestershire Shared Lives has been in place since 2004 but has been operational through an Adult Placement Scheme prior to this. It has an established staff team and Registered Manager who successfully deliver support to people living in Worcestershire. Currently the scheme has incorporated Shared 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



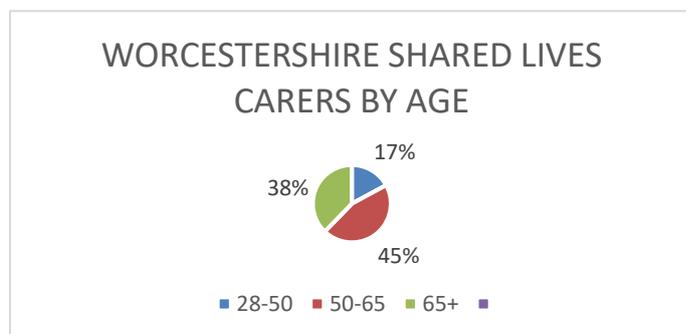
It is clear that the Replacement services are critical in ensuring the Shared Lives providers are supported in their role, so we will need to ensure that the planned growth opportunities within the Shared Lives schemes are taken into account when looking at future proofing our Learning Disability services, 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
Replacement care	£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"> 6 carers are over 70 years old 12 carers are aged 50 -70 years old 	<ul style="list-style-type: none"> 15 carers are over 70 8 carers are in their 70's

Physical Disabilities

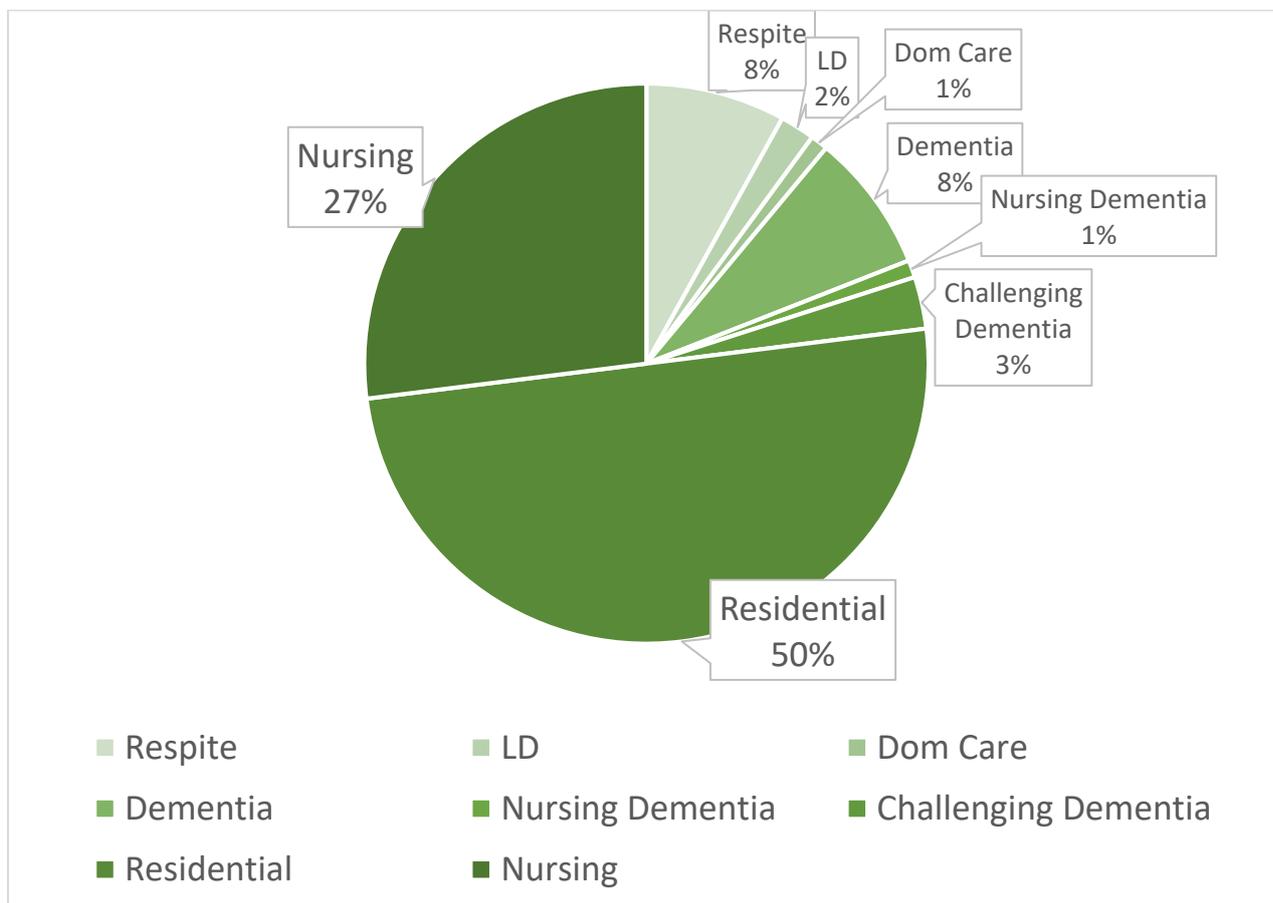
Currently, WCC does not commission a specific Replacement Service for people with a Physical Disability, although some of the replacement services have individuals who currently attend services who do have a physical disability.

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

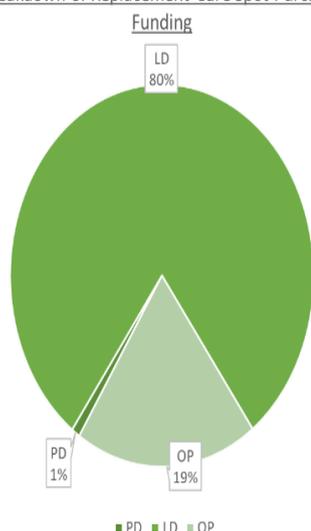


- Between the period of November 2019 and November 2020 there were approximately 375 episodes of emergency respite.
- Currently there are no emergency Replacement Care beds for either older people or people with a physical or learning disability.
- 98% of emergency replacement provision is for older 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
Overall Findings	
Projected year end figure of £1.1 million for spot purchasing Replacement Care across all services	<ul style="list-style-type: none"> Understand why 80% of the spot purchase funding is allocated to LD when we have under-occupancy in the commissioned schemes Understand the capacity issues within the services
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"> Ascertain internal versus external services unit costs but based on actual occupancy levels and not 90% blanket figure Understand impact of smaller schemes versus larger ones
Fluctuations in occupancy levels	<ul style="list-style-type: none"> Understand rationale and process around SW referrals and whether they refer to block contracted commissioned services first before spot purchase
Direct Payments	<ul style="list-style-type: none"> Further exploration around how people use their DP in all replacement services

<p>From the LD database 86 people on a DP – but could be combination across several services</p> <ul style="list-style-type: none"> • 16-year olds – 4 on a DP • 15-year olds – 16 • 14-year olds - 24 	
<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"> • Need to understand reasons for level of emergency respite and spot purchasing funding • Need to clarify levels within each disability service area to scope potential provision required • Understand causes of emergency respite across all areas • Explore the emergency respite, cost implications and comparison to block contracts • Explore the impact on block contracts and on planned replacement care of emergency placements being made in these facilities.
<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"> • Clarity around whether these services are to be included in the next phase
<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"> • Strong recommendation of review of clients and needs • Research around innovative models • Explore alternative provision of Replacement Care • Options appraisal exercise to identify alternative models
<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"> • Understand any “blockages” • Level of impact this having on carers • Consider existing processes and booking arrangements

Learning Disabilities

Findings	Further scope for review and identified gaps
<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"> • Establish why there is such a variance in allocated Replacement Care i.e. range from 18 – 120 <ul style="list-style-type: none"> ○ Is it around the assessment process ○ Lack of policy? ○ Is it carer pressure?

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

Older People

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

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"> • Consideration of whether current services are fit for purpose given the disability breakdown data • Are the services located in the correct geographical location given the projected area data
Currently 27 individuals are accessing replacement care	<ul style="list-style-type: none"> • Further understanding around current service offers within All Age disability including Children's short breaks
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"> • Consider capacity levels within current services • Consider referral process across the transition process • Current offer for younger individuals in adults replacement services

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"> • Review current crossover and allocations between services • Identify required level of need • Understand levels of needs of individuals within Shared Lives services

Physical Disabilities

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