



TRANSFORMING REPLACEMENT CARE

Worcestershire County Council

Korrina Campbell – *Interim Day Opportunities/Replacement Care Review Manager*

Fran Kelsey – *Lead Commissioner*

Katie Stallard – *Programme Portfolio Lead*

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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.

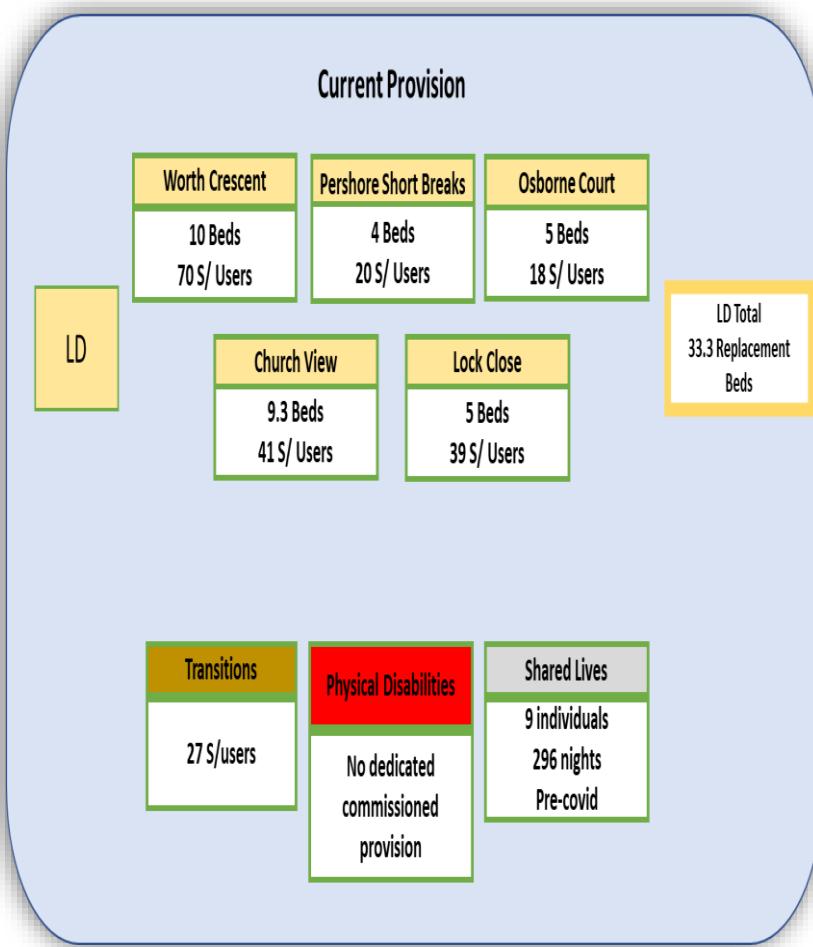
- The amount spent on spot purchasing across all services is quite a high amount proportionally alongside the level of funding already allocated to the current commissioned services, which highlighted that there is a potential need for provision for emergency placements
- Current provision is not flexible 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

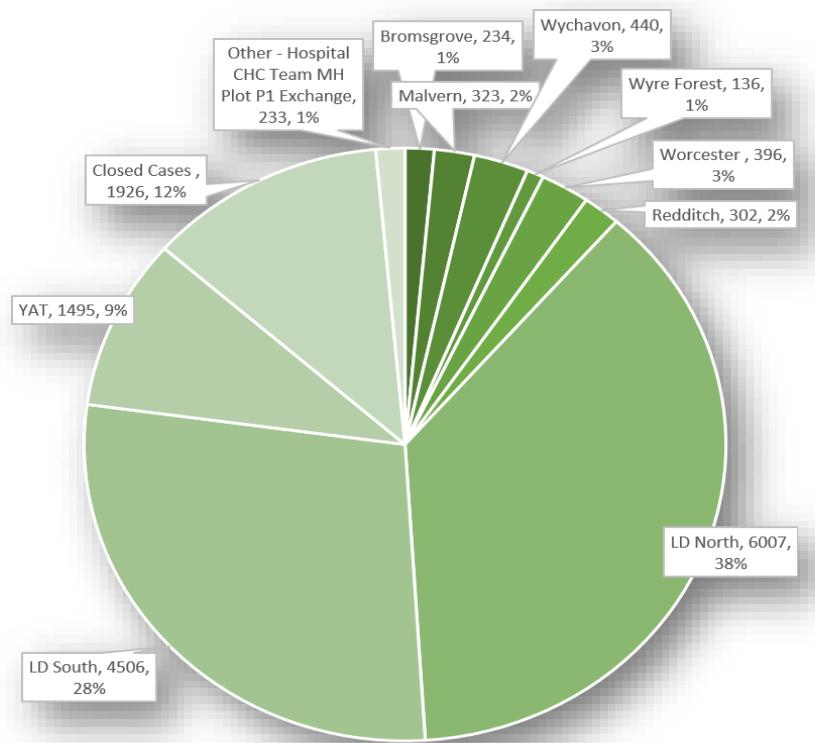
What do we want to change and why?

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

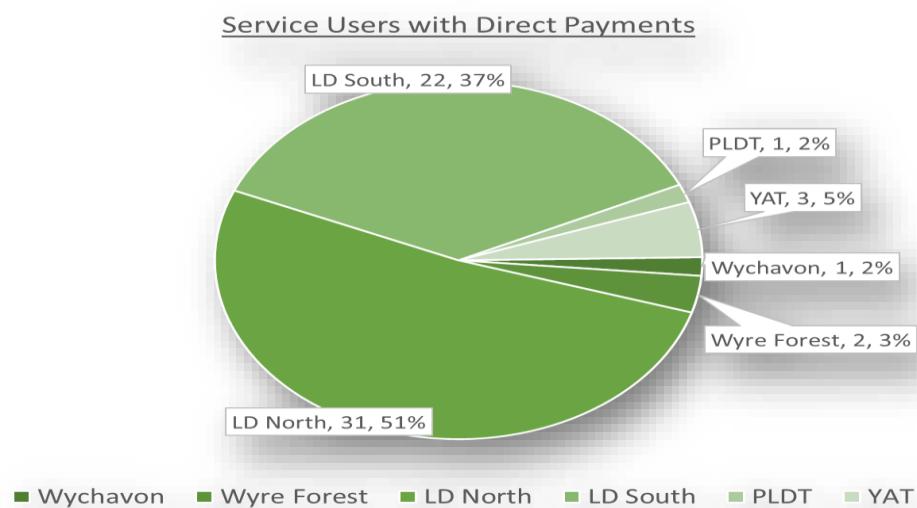
- 12 people responded to the community short breaks services questionnaire, these primarily consisted of carers with past or current experiences of these services.
- Generally, people felt better than average about their experiences of community short breaks services, one quarter of those who answered 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:



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.

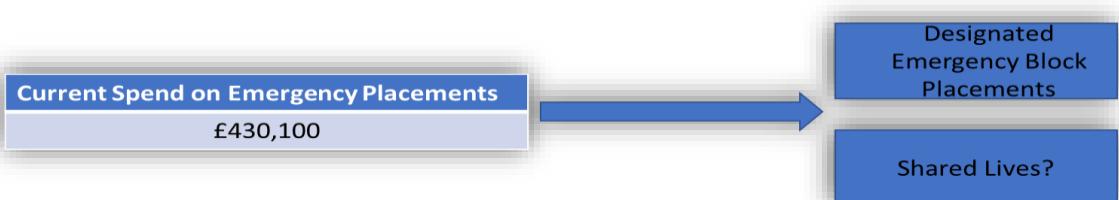
Future Provision

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

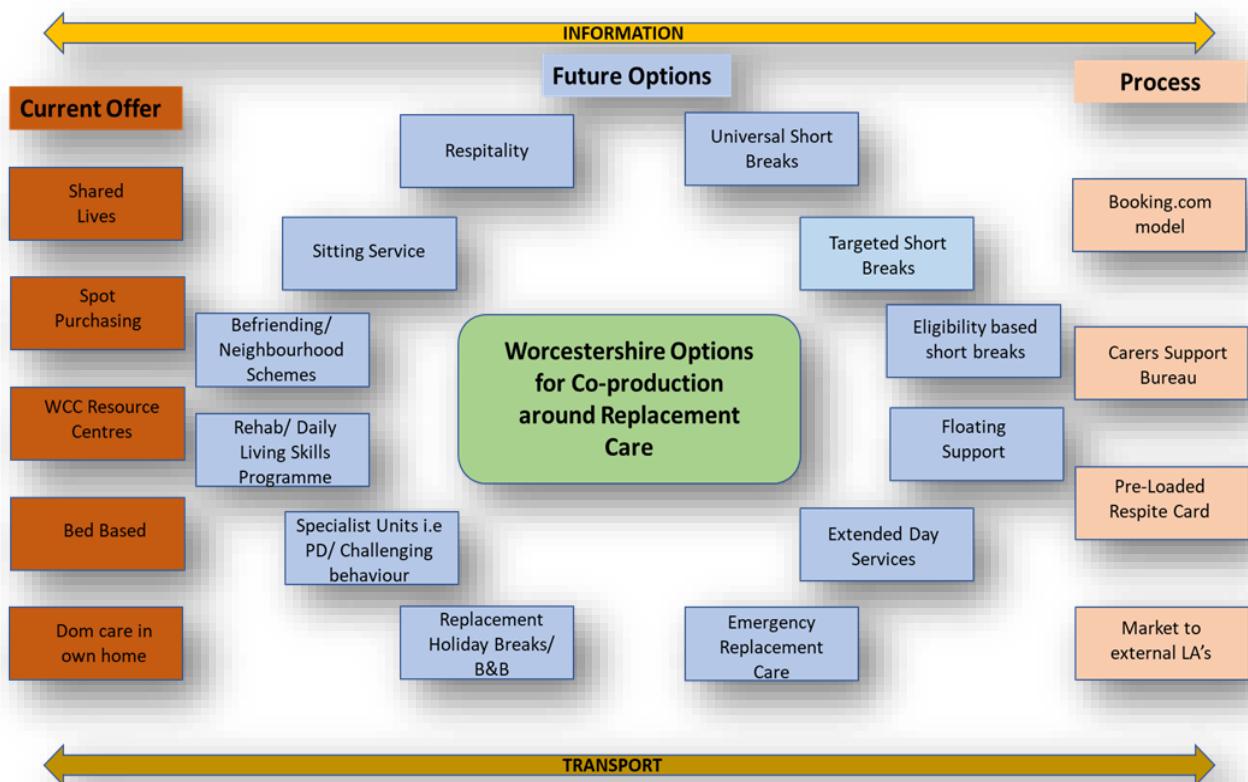
Emergency Replacement Care

- 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.

“ Worcestershire 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

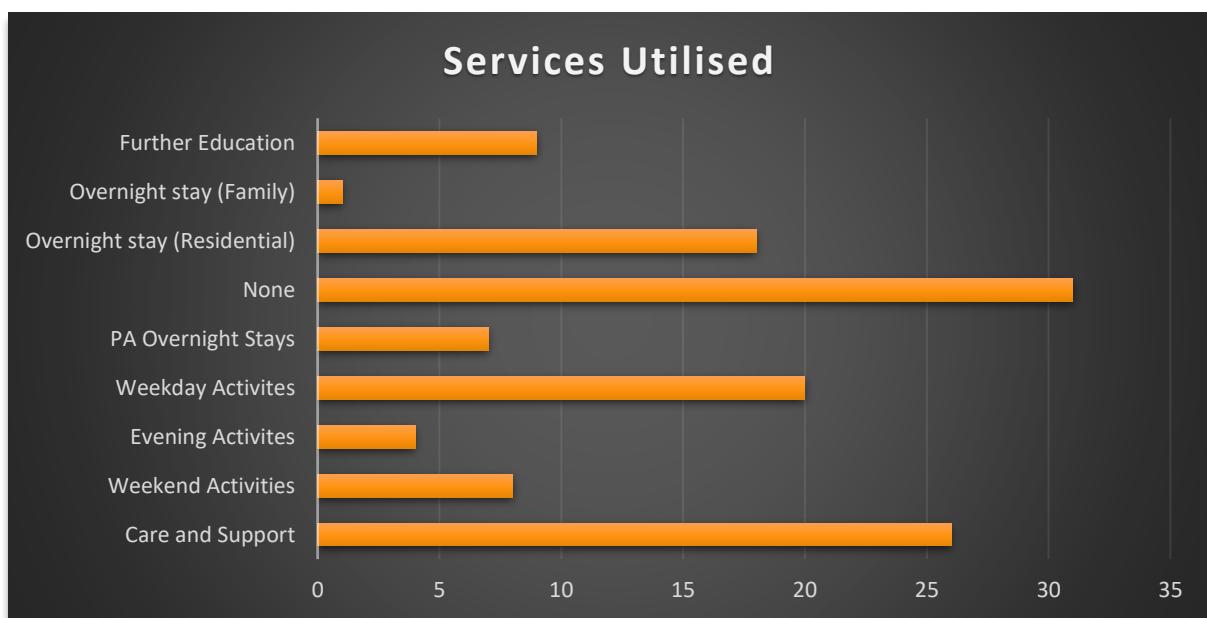
Results

People completing the questionnaire

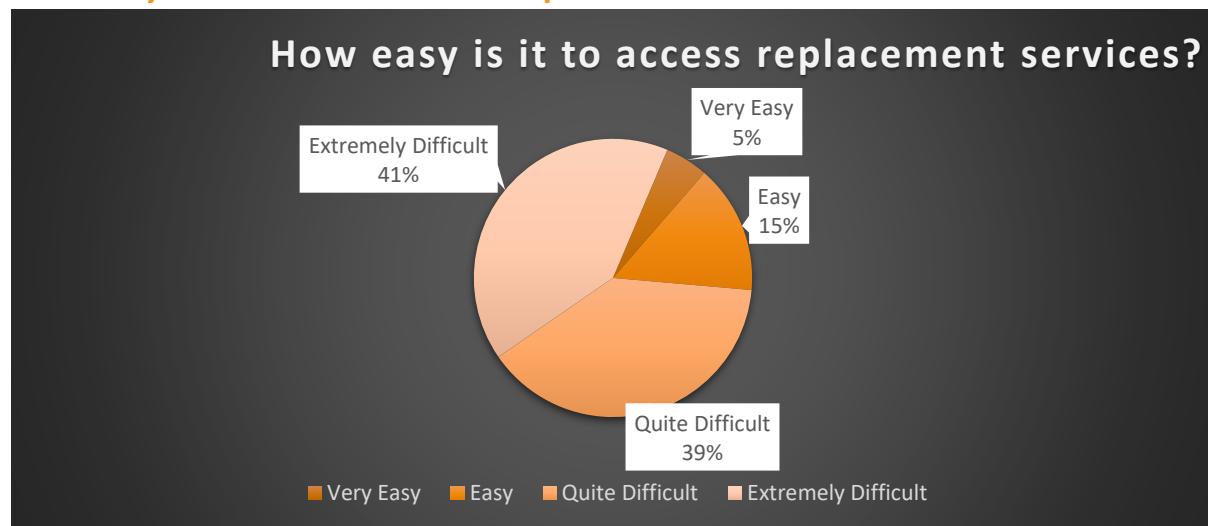
In total 79 responses were received. The questionnaire didn't ask those filling it in to specify any personal information but from the responses received it is obvious that a wide range of people of many different backgrounds and ages completed it.

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.

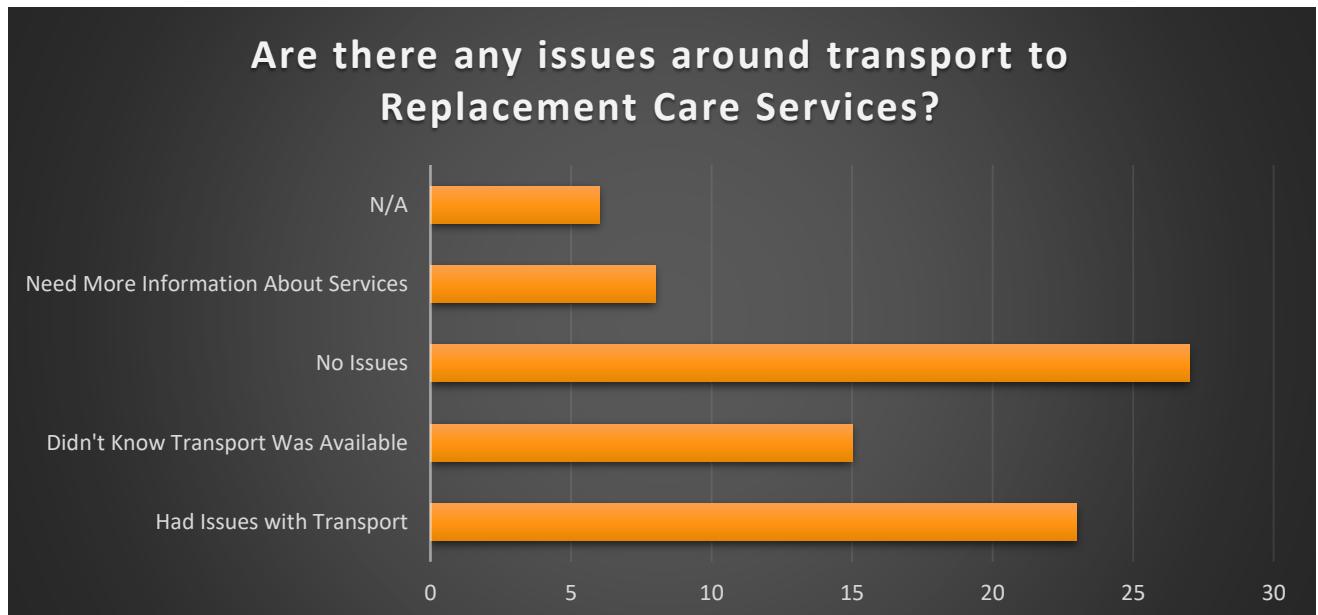


How easy is it to access current Replacement Services?



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?

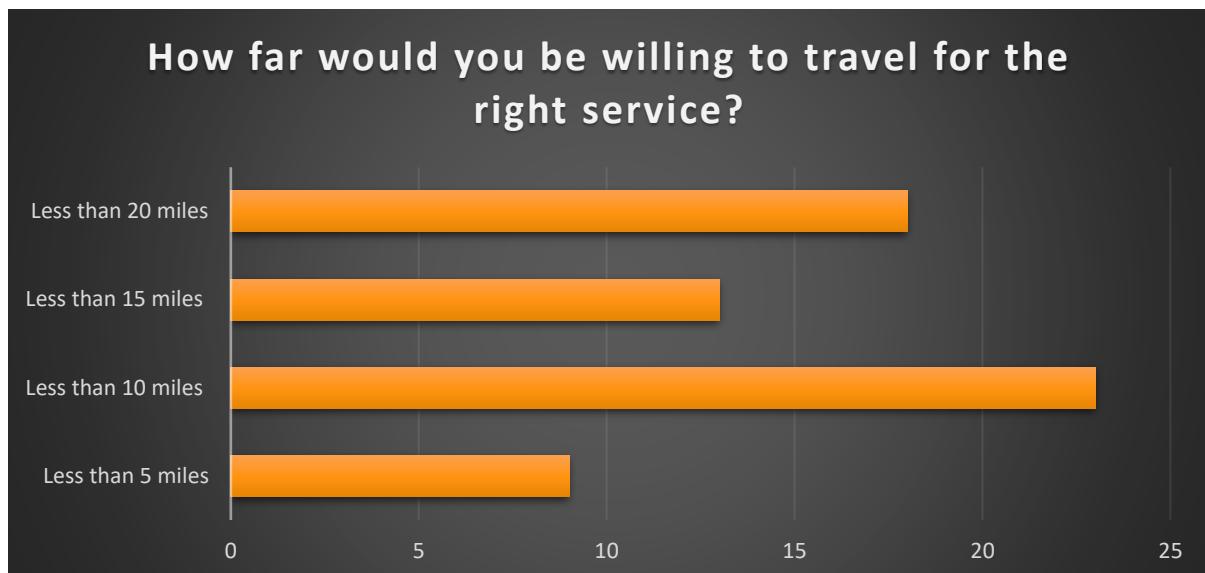
Respondents were, on the whole, willing to travel if that meant receiving the right service.



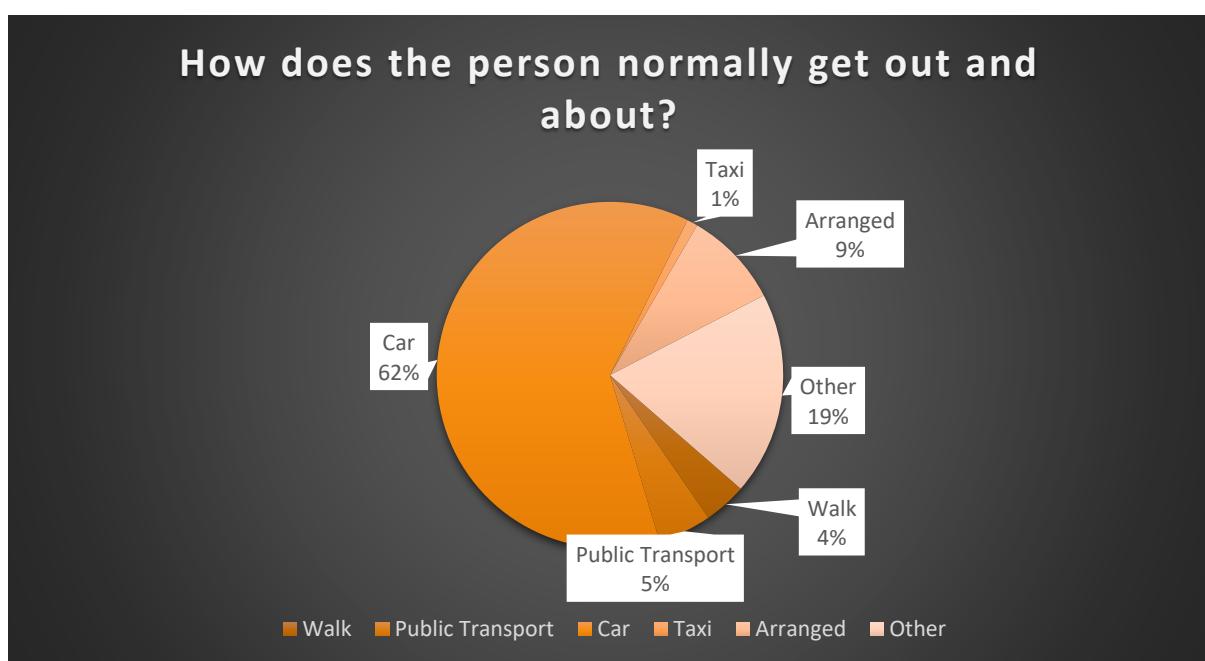
How far would you be willing to travel for the right service?

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.

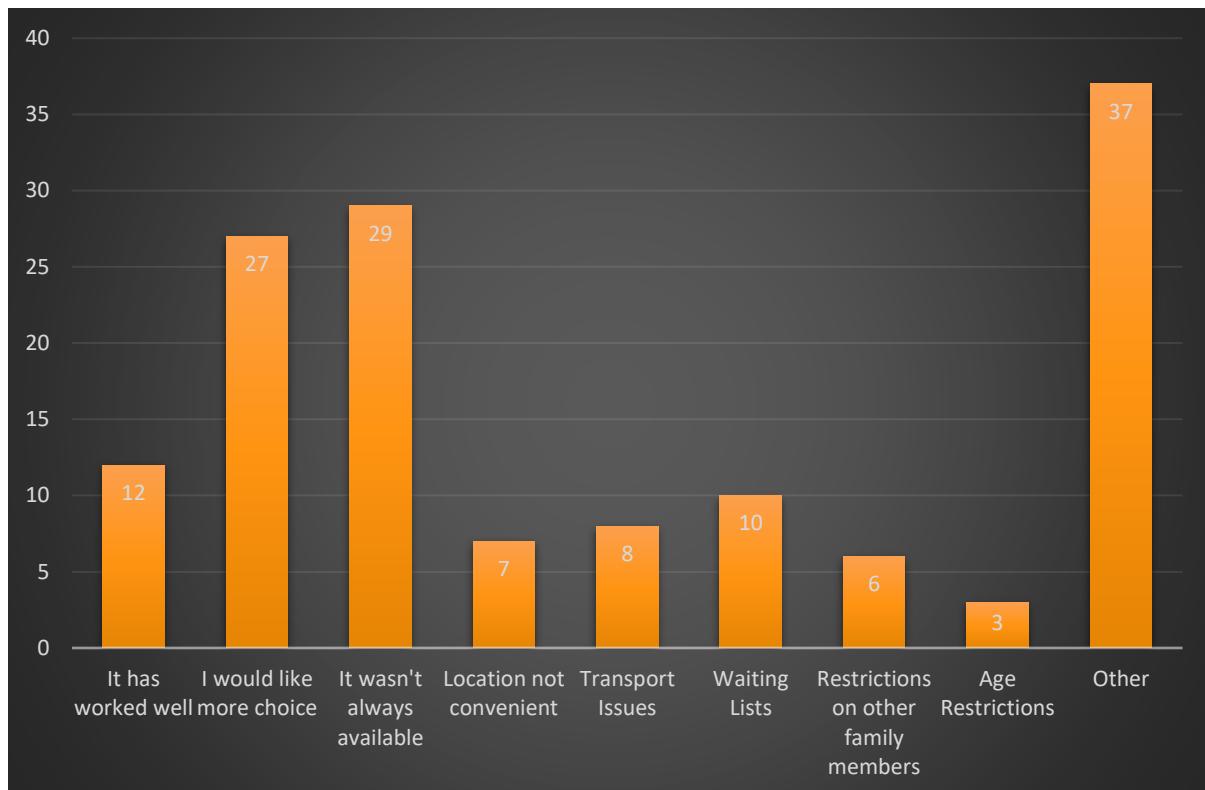
The general consensus seems to be that the elderly are often less willing to travel further afield, especially recently in consideration of the pandemic and the risks that, that has brought. Public transport is often something that they are unwilling to consider and as such they tend to suffer from issues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



How does the person normally get out and about?

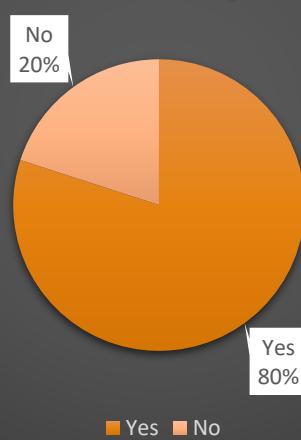


It is our intention to work closely with local communities to develop more inclusive services. What has been your experience of replacement care?



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

In other parts of the country they are providing replacement care in different ways. Would it be helpful for us to explore these to 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

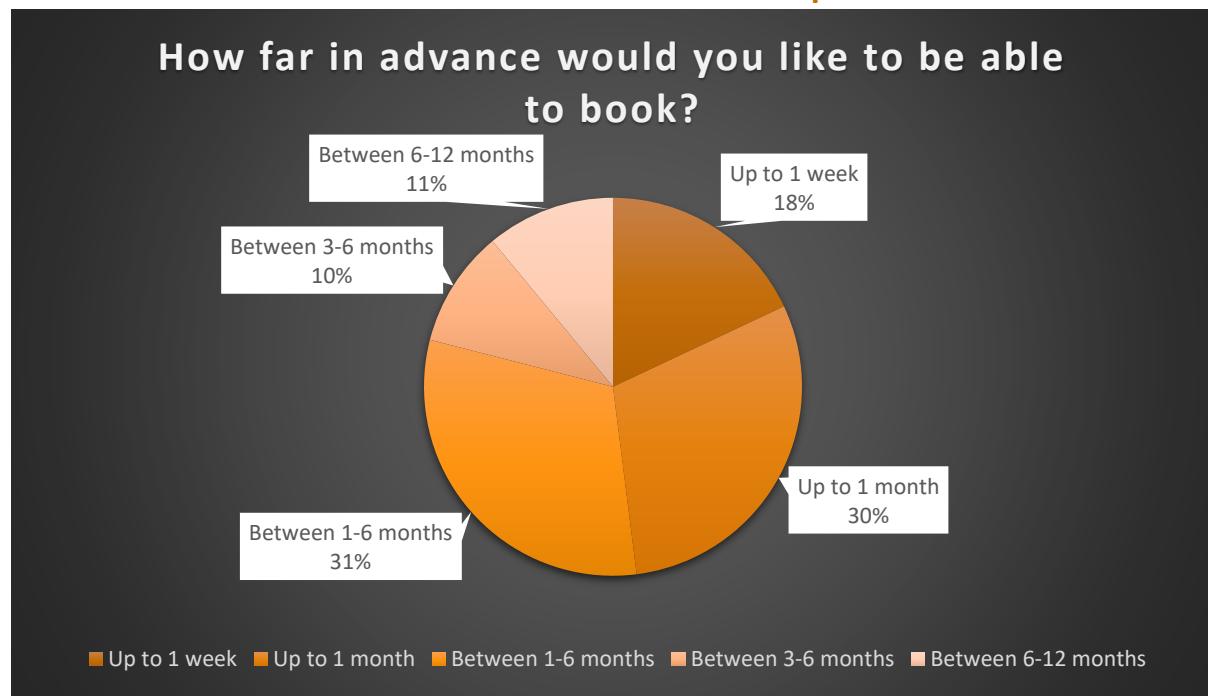
Of the support currently available, what doesn't work?

- 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?

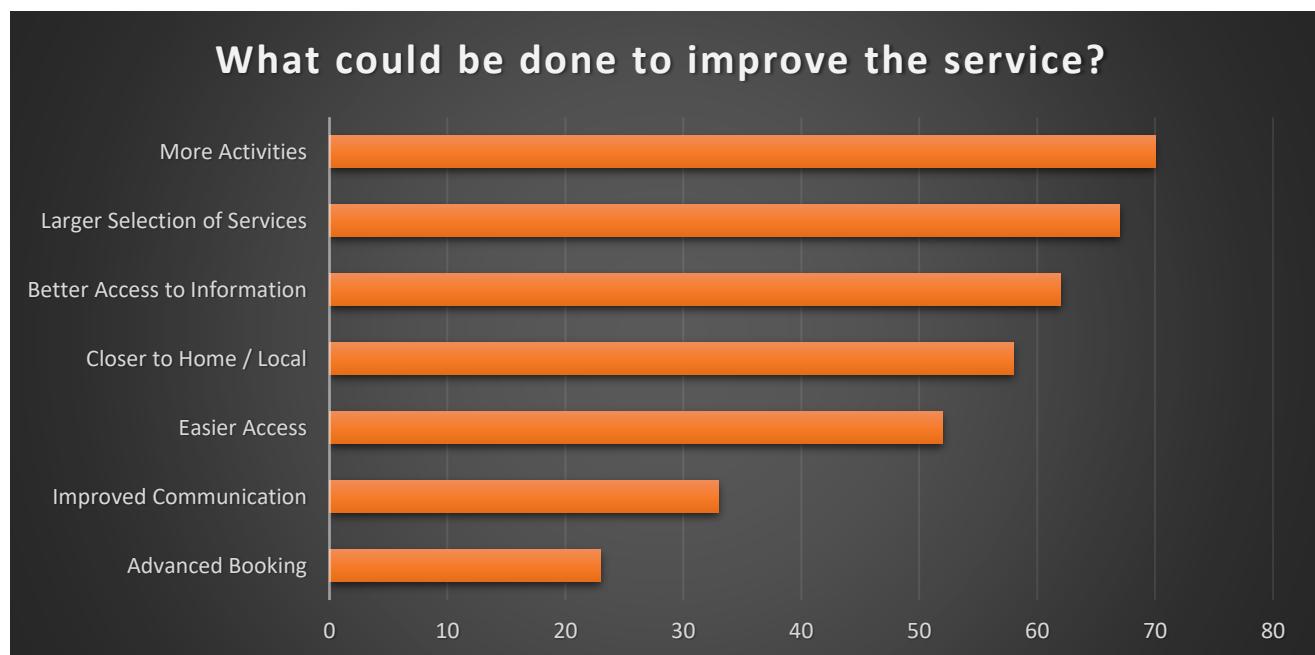
- *Not yet, but might need it. Wouldn't have a clue how to access help*
- *Yes, 2-3 weeks notice that booked dates were not available*
- *Would like to know what is available*
- *Have always had to ask family*
- *Had to reach crisis point before accessing it*

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
Universal Short Breaks	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
Targeted (open access) Short Breaks	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.
Eligibility based short breaks	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
Floating Support	Floating support that links into shared lives to cover day and night support
Extended Day Services	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.
Outreach support	Outreach - with people who do not access the unit by need support – working with day services?
Emergency Replacement Care	Allocate block contract rooms for emergency care Emergency Respite Care considerations: <ul style="list-style-type: none"> • Capacity to spot purchase locally • Carer fully informed of nature of emergency care – distance to location and cost • Sufficient information in Person centred care plan equipment, medication, GP etc • Palliative care resources on people meeting criteria • Bank staff for home-based respite
Holiday Breaks	<ul style="list-style-type: none"> • Tourism for All 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. • Revitalise 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. • The Disaway Trust 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. • www.accessable.co.uk provides online access information to more than 90,000 venues across the UK and Ireland. • MindforYou offers supported holidays for people living with dementia and their carers.

	<ul style="list-style-type: none"> • www.disabledholidays.com 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 • www.disabledaccessholidays.com arranges wheelchair assistance and flights from any UK airport • www.enableholidays.com are holiday specialists providing accessible tailor-made holidays for wheelchair users with guaranteed adapted accommodation • www.limitlesstravel.org/disabled-holidays/ offer various degrees of support and specialist assistance for disabled friendly holidays
Bed & Breakfast	With training – offering respite provision off-season
Specialist Units	<p>Providers could rent properties specifically adapted for respite</p> <ul style="list-style-type: none"> • Profound and complex needs • Dementia • Challenging behaviour <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>
Rehab/ Daily Living Skills	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.
Befriending Schemes	Provides companionship for isolated people offering a chance of developing new friendships and opportunities to participate in social activities.
Neighbourhood Schemes	Whereby people would offer various types of respite
Sitting Service/ Community based Respite Service	Support worker who provides care in your own home Availability of over-night care through sitter services
Respitality	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.
Community Based Respite Services	Offers a community-based service for individuals within a family home.
Accessing Replacement Care Considerations	
Booking.com	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.
Carers Support Bureau	A respite / short breaks bureau - or perhaps a Carer Support Bureau - with a whole suite of measures for carer support, including respite / short breaks. 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?
Pre-Loaded Replacement card	With annual entitlement pre-loaded per annum – on-line or telephone booking
Market to other LA's	Sell respite to other neighbouring LA's