

**REPORT TO:** Health Policy and Performance Board (HPPB)

**DATE:** 28<sup>th</sup> June 2022

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Respite Provision – update

**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 Following on from a report received by HPPB in June 2019, this report provides an update on the position in relation to respite care provision, in particular shared care vouchers, and the course of action now being pursued in this area.

## 2.0 RECOMMENDATION: That:

i) **HPPB note the contents of the report.**

## 3.0 SUPPORTING INFORMATION

### Background

3.1 In June 2019, a report was presented to HPPB providing information on respite provision, specifically the shared care voucher process. The need for respite will be identified by social workers as part of the assessment process and depending on the nature of the person's condition, shared care vouchers may be identified as a way of meeting the assessed need.

3.2 The previous report was prompted by an issue experienced by a carer and difficulties arranging respite. In summary, it related to a daughter caring for her mother who had a diagnosis of dementia but the family were going on a holiday abroad and the mother needed care whilst the family was away. A shared care voucher had been issued (as assessment had identified the need for 28 days residential respite) and the daughter had wanted to arrange a care home placement to cover the holiday period. However, the daughter had found the care home sector unable to accommodate a planned period of respite in the future because it would mean having to keep a bed available and potentially refusing permanent placements. This particular case was resolved following involvement from Care Management and a care home respite placement was arranged in a Runcorn care home (although this wasn't the daughter's preferred location). It was quite distressing for the family as arrangements were only confirmed close to their holiday.

3.3 The previous report provided more information on the shared care voucher process to see where improvements could be made. As a re-cap, the process is summarised below:

- The vouchers were introduced to give carers choice and flexibility with respite arrangements, in theory allowing them to choose where their loved one was placed rather than the council making arrangements;
- Respite needs would be identified as part of the assessment process and vouchers issued (usually 4-6 weeks' worth) for the year, allowing carers to use them as and when required;
- Vouchers indicating the level of care required would be sent out by Care Arrangers along with a letter and a copy of the support plan (for providers).

3.4 The 2019 report also provided data on voucher usage, which can be found at appendix 1 with more recent data added as well as a breakdown of clients using vouchers and some information on respite provision via the Shared Lives service.

3.5 Some areas for improvement were suggested in the previous report, including:

- Managing people's expectations by clarifying in the voucher letter that vouchers can't be used to book a respite stay in a care home weeks/months in advance and that instead contact should be made with the Care Management to discuss respite provision for future holidays;
- Providing information about alternative respite options in the letter (e.g. Shared Lives, Direct Payments, domiciliary care);
- Ensuring that carers know they can contact Care Management for support in arranging respite to avoid them becoming distressed trying to make arrangements themselves;
- Enhancing the council's respite offer given the issues with the vouchers including having different options that can be booked in advance, considering block purchasing care home beds at financial cost (although there are issues when the type of bed may not meet everyone's needs/preferences) and exploring how the council's in-house care homes could support respite provision on a more planned basis;
- Development of a Respite Policy & Procedure so there is a clear respite offer.

### **Current picture**

3.6 With the onset of the pandemic fairly soon after the report was presented to HPPB, there has been little progress with the suggested areas of improvement that were outlined in the 2019 report. Understandably, there was a drastic reduction in the requirement for respite care throughout 2020/21 (as evidenced by the data in appendix 1). In addition, the voucher process was suspended in March 2020 and an initial interim arrangement was agreed

whereby Care Management would arrange access to respite and an individual SPS/SUISS would be generated by Care Arrangers (this arrangement continues and physical vouchers are no longer posted out to clients/carers).

- 3.7 It is now necessary to look again at the respite offer in order to ensure that the necessary improvements are made and there are options available that meet people's needs.
- 3.8 There are two main client groups requiring access to respite within adult social care – adults with learning disabilities and older people. With regards to adults with learning disabilities the offer is appropriate and appears to meet needs (i.e. Bredon, supported tenancies with voids and out-of-area options such as Raby Hall and Autism Initiatives). However, it is the offer for older people that appears to be more problematic and requires improvement action (as outlined in the following section).

### **Improvement action**

- 3.9 Shared care vouchers are to be discontinued, as they are no longer fit-for-purpose and do not offer a practical or user-friendly option for carers. It is simply not feasible for a care home to keep a bed available for a future period of respite and, therefore, providing the vouchers to carers for use in a care home setting creates unrealistic expectations. In addition, use of shared care vouchers has been in steady decline even prior to the pandemic.
- 3.10 Consideration has been given to whether there is a need for dedicated respite care provision in a care home setting, which would require block purchasing at least one care home bed (cost circa £25k per annum). However, this is not a viable option as the specified bed would not meet everyone's needs and preferences and there would likely be times when no-one required the bed (meaning it would be unused) and other times (e.g. popular holiday periods) when it would be more in-demand (meaning that not everyone could be accommodated).
- 3.11 Generally speaking, for those who are already supported in the community, it is preferable for any period of respite to also be accommodated within the community as opposed to within 24-hour residential care. In the event that a care home respite stay is thought to be the best option, it is likely that this would be able to be accommodated through the use of a vacant bed, as the vacancy rate is now higher than pre-pandemic levels (currently around 14%).
- 3.12 Therefore it is felt that there is not enough need for dedicated respite provision and demand could be managed on an ad-hoc basis. However, this would mean making arrangements for respite in care homes close to the required date, which may not give carers enough peace of mind for future plans. Thus, it is necessary to have a range of respite options available with carers being supported to access the option that best suits their needs and requirements (including timescale).
- 3.13 First and foremost, it is necessary to develop a Respite Policy to clarify the respite offer for all client groups, which should also include information (e.g. a

leaflet) aimed at clients/families/carers. This would effectively support Care Management to explain the range of options available to carers in need of respite provision for their loved one.

- 3.14 In producing a Respite Policy, there will be a need to clarify and develop alternative options to bed-based respite such as care at home, Shared Lives and Direct Payments etc.
- 3.15 Within the Shared Lives Service there is an existing respite offer, however, provision is limited due to a lack of carers. As we emerge from the pandemic, it may be possible to take advantage of the apparent shift in public attitude towards an increased desire to volunteer and support vulnerable members of the community. A campaign could perhaps be developed to try and grow the service by inviting people to volunteer any amount of time they can, whether that be one weekend or several weeks per year. This may attract people who are not able to commit to being a Shared Lives carer on a routine, weekly basis but could offer some time to support a period of respite more occasionally (e.g. to cover a holiday period). This would create a form of respite that could be organised in advance therefore helping carers to make arrangements to cover holidays.
- 3.16 Previous attempts to recruit additional Shared Lives carers have evoked little success so it will still be necessary to ensure that there is adequate respite provision available via bed-based and care at home options. Direct Payments may offer the flexibility to provide innovative solutions to respite needs.
- 3.17 It will also be necessary to ensure that information is communicated clearly to carers so that expectations are managed – the issue outlined at the outset of this report caused distress to the family because they had thought they would simply be able to use their voucher to book a care home bed for their holiday planned later in the year (understandably, this is something that could not be accommodated by the care home sector). Removal of the shared care vouchers and instead having client-facing information regarding the respite offer and the support available from Care Management in making arrangements will be much clearer for carers/families.
- 3.18 Finally, and crucially, it is key that support continues to be available from Care Management to support carers in arranging the most suitable form of respite for their needs. This will be made clear in the policy that is to be developed.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 As detailed above, in order to clarify the respite offer, a new policy and procedure document for staff accompanied by some information aimed at clients and their carers/families is to be developed.

#### **5.0 OTHER/FINANCIAL IMPLICATIONS**

- 5.1 Block purchasing of care home beds to offer dedicated respite provision is not recommended for reasons outlined above (i.e. the bed is unlikely to be suited to everyone's needs/preferences). It may still be necessary on occasion to

offer respite in a care home setting but this would be arranged on a case-by-case basis utilising vacant beds (therefore, there is no set annual cost implication).

5.2 It is vital that support is available from Care Management to assist people in arranging respite and this will have an impact on staff time and capacity.

5.3 A recruitment campaign for Shared Lives carers would have some resource implications, the extent of which would depend on the methods employed.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Children & Young People in Halton**

None identified.

### 6.2 **Employment, Learning & Skills in Halton**

None identified.

### 6.3 **A Healthy Halton**

Family carers play a vital role in supporting those with care and support needs and it is essential that there is a clear and comprehensive respite offer to allow carers the opportunity to have a break from their caring responsibilities.

### 6.4 **A Safer Halton**

None identified.

### 6.5 **Halton's Urban Renewal**

None identified.

## 7.0 **RISK ANALYSIS**

7.1 Clarifying the local respite offer, particularly for older people, will ensure that carers are effectively supported thus reducing the likelihood of further complaints.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

## 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Not applicable.

## Appendix 1: Respite care data

### Shared Care Vouchers

Voucher usage		
Year	Number of clients	Number of nights respite
2020/21	3	152
2019/20	32	511
2018/19	23	340
2017/18	38	577
2016/17	50	736

Data from CareFirst

Client breakdown			
Year:		2020/21	2019/20
Age:	18-64	3	25
	65+	0	7
Primary Support Reason:	Learning Disability	2	18
	Physical Disability	1	13
	Sensory Disability	0	1

Data from CareFirst

### Shared Lives

Respite care		
Year	Number of clients	Number of nights respite
2020/21	3	364
2019/20	3	392
2018/19	3	412

Data from Shared Lives Service