

Short Break (Respite) Care Practice and Procedure Guidance

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Contents

- 1. Introduction**
- 2. Definition**
 - 2.1 Definition of a Carer
- 3. Legislation**
 - 3.1 Fair Access to care Services and the Duty to Provide
- 4. Access to Short Break Services**
- 5. Types of Short Break Provision**
 - 5.1 Services offered in Wirral
- 6. Standards for Short Break Care**
- 7. Charging Policy**
 - 7.1 Review of Charges
 - 7.2 Statutory framework
 - 7.3 Circumstances where no change is made
 - 7.4 Services for which Local Authority can charge
 - 7.5 Financial Assessment
 - 7.6 Appeals Process
 - 7.7 Review of Charges

Short Break (Respite) Care Practice and Procedure Guidance

1. Introduction

In this practice and procedure guidance, we use the words Short Break instead of the term 'Respite', which has traditionally been used by services, Carers and service users.

It is generally recognised that most chronically ill people, who do not need acute care services, can be appropriately cared for in the home with the assistance of family, other household members, or other informal social support systems. In this way, many people with substantial long-term conditions are able to continue to live at home, preventing the need for institutional-based care for as long as possible.

Although many Carers can find their caring role positive and rewarding, there is also evidence of negative impacts on the Carers physical and emotional wellbeing, which could include back pain from lifting and moving the cared for person, lack of sleep, resentment, stress and depression, family/relationship breakdown and Safeguarding concerns.

A break from caring can enhance the Carers physical and emotional wellbeing, enabling the Carer to continue to support the person with care needs in the community, which can delay admission to long-term care. Supporting Carers to take a break also enables Carers to have time to themselves and to have a life of their own outside of the caring role.

Relief from caring can be provided to the Carer by offering short breaks. Short Break services are central to achieving care in the community and delaying or preventing the need for long-term care. More recent policy initiatives, focused on improving support for Carers, have continued to emphasise the importance of short breaks (Carers Strategy, HM Government, 2010).

These initiatives sought to improve service utilisation by improving choice, quality and appropriateness of respite services.

This practice and procedure guidance outlines Wirral Council's & Wirral Clinical Commissioning Group's (CCG) approach to Short Break Care provision which meets the diverse needs of Carers and the 'cared for' in the borough.

The new commissioning structure introduced under the Health and Social Care Act 2012 is an opportunity to address the needs of carers and develop services to support them. Supporting carers' wellbeing is in everyone's interests and can benefit the people being cared for and help commissioners meet required outcomes; this would be supported by the appropriate provision of short break (respite care) for carers.

Carers are key to integration:

The Health and Social Care Act 2012 aims to provide the basis for better collaboration and partnership working across local government and the NHS at all levels. At a local level, CCGs and local authority have a duty to promote the integration of health care, and health-related and social care services. Commissioning services for carers can improve the interface between health and social care by improving information sharing between services and through joined up aftercare. Integration between health and social care can also be improved if statutory services also promote the involvement of carers.

Supporting carers can help CCGs and local authorities meet priority areas for improvement in the NHS and ensure that they are meeting the post-Francis Report and Safeguarding agendas, carers need to be involved as expert partners in care, by providing carers with breaks and emotional, psychological or mental health and wellbeing support.

2. Definition

Short Break care is an essential part of the overall support provided to unpaid Carers and those with care needs helping to sustain the caring relationship, enabling Carers to have a life outside of the caring role, promoting physical and mental health and well-being and helps to prevent crisis due to Carer breakdown.

Short Break care encompasses a wide range of different short term services. The common factor is not what service is provided but its purpose - *to provide a break which is a positive experience for the person with care needs and their Carer.*

Short Break care is a community care service provided to the cared for which also supports and benefits the Carer.

2.1. Definition of a Carer

A Carer spends a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problems.

(National Strategy for Carers 2010)

3. Legislation

Most of Carers' rights in community care law are contained in four statutes and one set of directions, up to April 2015 these are:

- Disabled Persons Act 1986. This includes a duty to involve and consult Carers in the assessment of the disabled person whether the Carer agrees or not. This states (section 8) that consideration must be given as to whether a Carer is able to continue to care for that person, this must be taken into consideration when assessing a disabled persons needs.
- Carers (Recognition and Services) Act 1995. Right to request a Carers assessment, sets up 'regular and substantial' care test, duty to assess if requested, and duty to provide extra services to the disabled person to help the Carer.
- Carers and Disabled Children's Act 2000 includes duty to inform Carers of their right to request an assessment and power to provide services directly to the Carer.
- Carers (Equal Opportunities Act) 2004 introduced a duty to inform Carers of their rights to a Carers assessment and should always consider a Carer's outside interests (work, study or leisure) when carrying out an assessment. It provided a duty on other public bodies to co-operate.
- Community Care Assessment Directions 2004, a duty to involve and consult with Carers in the assessment of the cared for person.

From April 2015 all of these pieces of legislation have been superseded by the Care Act 2014. Part 1 of the 2014 Act relates to:

- Care and Support – some of the areas that are relevant to this practice and procedure guidance includes:
 - General responsibilities of Local Authorities
 - Meeting needs for care etc
 - Charging and assessing financial resources
 - Duties and power to meet needs
 - Direct payments
 - Safeguarding adults at risk of abuse or neglect

3.1. Fair Access to Care Services (FAC's) and the Duty to Provide

The duty on Social Services to provide or arrange services is triggered only for those people with eligible needs - that is needs above the Council's threshold for accessing services. The national FACS policy - LAC (2002)13 - states that councils may take account of the resources available to them in deciding which needs to meet.

Wirral's FAC's eligibility criteria are currently set at the level of substantial and critical.

For Carers, they must be providing 'substantial and regular' care. A Carer who is providing 'substantial and regular' care is also entitled to an assessment if the person they care for is refusing assessment or services but it is clear that the cared for would meet the FAC's criteria for services.

Needs that are identified as eligible needs and which sit within the laws relating to a duty on Social Services to provide services must be met. How those needs are met is a separate issue.

Provision of services takes place primarily under:

- Prioritising need in the context of putting people first: A whole system approach to eligibility for Social Care (England 2010)
- The National Assistance Act 1948, Section 21 and Section 29
- The Chronically Sick and Disabled Persons Act 1970, section 2
- The Health Services and Public Health Act 1968, Section 45
- The National Health Service Act 1977, Section 21 (Amended 2006)
- Mental Health Act 1983, Section 117 (Amended 2007)
- Disability Discrimination Act 1995
- Community Care (Direct Payments) Act 1996
- Human Rights Act 1998
- Carers and Disabled Children's Act 2000
- Community Care (Delayed Discharges) Act 2003
- Carers (Equal Opportunities) Act 2004
- Mental Capacity Act 2005
- Equality Act 2006
- Safeguarding Vulnerable Groups Act 2006
- Health and Social Care Act 2008

4. Access to Short Break Services

As noted above, short breaks are crucial in enabling many Carers and Service Users to protect their health, prevent crises and continue living at home. Decisions about provision will form a central element of local strategic planning for breaks.

The eligibility criteria for access to Short Breaks services are based on the outcome of assessments. Both planned and emergency support provision is:

- Focused on prevention – designed to help individuals remain at home, sustaining caring relationships and preventing crisis
- Available for those most at risk, such as:
 - Carers who themselves suffer from ill health or disabilities
 - Those with the most intensive caring responsibilities, caring for people with long term conditions which are fluctuating or deteriorating
 - Older Carers over 65 years
 - Young Carers under 18 years
 - Carers of adults with unpredictable or challenging behaviour, such as people with mental health issues or dementia
 - Those caring for a long time
 - Carers of people with a terminal illness, and
 - Carers with multiple caring roles

- Designed to enable Carers to remain in employment or to return to work, if they wish to do so
- Designed to enable Carers to study or pursue leisure interests
- Designed to avoid social isolation for Carers, so that Carers are not housebound by their caring role
- Designed to give Carers peace of mind that should an emergency or crisis situation arise for the Carer, the cared for person would have access to alternative care.

4.1. Assessment Process in Wirral

Once a community care assessment is carried out, the Council needs to make a decision about whether to provide support or not to individuals. Fair Access to Care Services (FACS) provides councils with an eligibility framework for adult social care to identify whether or not the duty to provide services under the following legislation is triggered. (Ref. Fair Access to Care Services policy and practice guidance).

Anyone who undertakes a caring role for a friend or relative who is an adult or older person who has a learning or physical disability or has a mental health problem may be able to access short break care services. These are identified via an assessment under the NHS and Community Care Act 1990, and assessments of Carers' needs under the Carers Recognition and Services Act 1995.

There are two main aspects to assessment that are important to Carers. There is the assessment of the person needing support and there is the assessment of the needs of the person with caring responsibilities. It is important that while the individuality of the people concerned is respected, the interdependencies of achieving the desired outcomes are also recognised. A whole-family approach is more likely to achieve effective and sustainable outcomes. The facilitative skill is to listen to all parties, resolve potential conflicts and arrive at a mutually acceptable plan that takes the ability to care, the choices, needs and desired outcomes of Carers into account.

Outcome Focused Care and Support Plan (OFCSP) together with an associated cost, there are standard rates for residential based services. Subject to the authorisation processes at the time the Team Manager can agree the service. Once this has been agreed the OFCSP can be implemented and will be subject to an annual review.

5. Types of Short Break Provision

Increasing the diversity of short breaks is a key strategic area to enhance services. To stimulate more flexible, timely, responsive and innovative models of short breaks care, the Government announced a further £400m to be made available to support Carers' breaks. (Recognised and Valued: Next Steps for the Carers Strategy, 2010).

Direct payments provide an alternative route to increasing choice and control of services aimed at providing a break from caring. Traditional models of Short Break Care (such as day care and residential based Short Breaks) have been supplemented with more innovative models including; short breaks at home, breaks provided by a host family and more adventurous breaks using community facilities and services.

5.1 Services offered in Wirral

Short Breaks can be offered in a wide variety of ways including:

- Short Breaks in respite only units (specialist guest houses, community flats, purpose-built or adapted houses)
- Short Breaks in residential/nursing settings, provided by the Private/Voluntary sector. To enable Carers to have a break from their caring role.
- Short Breaks in the home of another individual or family who have been specially recruited (such as Shared Lives schemes)
- Short Breaks at home through an agency care worker or sitting service
- Facilitated access to clubs, interest or activity groups
- Supported breaks for the person with care needs and their Carer together (only if the Carer does not have to provide care)
- Befriending schemes provided by volunteers
- Peer support groups
- Breaks using self-directed support, e.g. Direct Payments or managed care packages
- Day Care provides short periods of time in a range of different ways, at home, in a day centre, by the Private and Voluntary sector.
- Night Support may be negotiated, as required, based on a Community Care Assessment
- Emergency Support can be provided by Adult Social Services in-house service or through a temporary placement in a residential/nursing home, or by accessing the Mobile Nights service.

An emergency is a sudden, unplanned and temporary situation where the Carer is not able to provide the care they normally provide, usually due to an accident or health crisis that has happened to the Carer. If a Carer is struggling due to health/functional changes, it may also be appropriate for them to access Intermediate Care. This support can be provided to for a short period and prevents unnecessary admission to hospital and also supporting people to maintain their independence.

If required, this service is provided in addition to planned breaks identified in the Outcome Focused Care and Support Plan. However, it may be necessary to review the Carers Assessment if there has been a significant change in the ability of the Carers ability to continue to provide care, this may lead to a revision of the support plan.

Services are moving to a more outcomes-based approach, therefore, changing the way that services are bought: from units of provision to meet a specific need (for example, hours of care provided) to what is required to ensure specified outcomes for people are met.

When an assessment is completed for the person who receives services, there will be a Carers Assessment completed. The assessed needs that is identified while completing these assessments will provide the information needed to allocate the number of nights of short breaks care that is offered.

- Standard allocation for a short break will be up to 14 – 28 nights.
- Exceptional circumstances allocation will be up to 42 nights, this increased allocation will be authorised by a Senior Manager.

To help support Carers to plan the Short Break, the service can be booked up to a maximum of 3 months in advance.

To enable Service Users and Carers to exercise choice and control, Wirral, will offer a Direct Payment/Personal Budget, this will enable them to purchase a short break that meets Service Users and Carers needs and choices. The allocation of a Direct Payment will be subject to assessment and eligibility. This funding will normally be decided and allocated when the Community Care assessment is completed.

Note: When funding for residential respite is agreed, the expectation will be for the agreed placement to provide the necessary activities to replace day services or other 1:1 community activities for the period. Funding will not include the continuation of community activities or day services and these activities will be temporarily ceased for the period.

6. Standards for Short Break Care

As with all social care services, there are standards for Short Break Care which largely fall into three main categories:

- a) Flexibility of service
- b) Accessibility of service
- c) Partnership between Carer, the person who requires care and the service provider in the planning and delivering of the service

These can be sub-divided to give the following indicators of Good Practice:

- **Needs-led:** meeting the needs of both Users and Carers, who should be fully involved in designing support plans
- **Planned:** but flexible enough to accommodate emergency situations
- **Flexible:** provides choice and meets individuals' changing needs but is also predictable and reliable
- **Timely and responsive:** to needs and changing circumstances

- **Forms part of a continuing programme of care:** it is monitored and reviewed as part of that process
- **Provides feedback to the Carer:** on what has happened during the alternative care arrangements and enables the Carer, if they choose, to resume or, with suitable training and support, expand and optimise his or her caring role
- **Takes account of the information and support from other stakeholders**
- **Accessible:** information about the range of services, eligibility criteria and their cost should be made available
- **Provided in a range of settings:** for example, residential care or nursing homes, supported housing, day care, and the individuals own home or someone else's home
- **Incorporates arrangements to ensure that both groups benefit where short breaks and long term users mix:** (e.g. in residential care and supported housing)
- **Provides value for money:** in relation to other forms of support when viewed as part of a programme of care
- **Affordable:** charges to Users should not discourage the use of effective services
- **Benefits for both Users and Carers**
- **Works as a partnership:** providers, Users and Carers should be at the heart of the design and delivery of services. The provider should elicit the views of consumers on a regular basis and inform them of their role in influencing the service. Feedback should be sought and geared to the abilities and interest of the Service Users, e.g. focus groups, one to one interviews, questionnaires, and representation on committees. (Scottish Office Social Work Services Group 1996)

Wirral aims to develop its services to conform to this set of standards and will monitor performance via an annual survey with its Service Users and Carers. This will be achieved through having joint vision and values and shared priorities and core responsibilities with both the CCG commissioners and Local Authority commissioners.

7. Charging Policy

Community care services are subject to the Council's charging policy. *Full details are available to service users and their carers on request.*

7.1. Review of Charges

It is the policy of Wirral Council to ensure that Adult Social Care Service Users are charged fairly and consistently for their care, in line with Department of Health Guidance.

The responsibility for day-to-day management of the Charging Policy rests with the Head of Service, Personal Finance Unit, who is also responsible for

maintaining the Policy and providing guidance on its implementation. All managers are directly responsible for implementing this Policy and any sub policies and procedures within their service areas, and for the adherence of their staff and others.

7.2. Statutory framework

Charging for Short Breaks Care arranged by Wirral in a Residential or Nursing Home is set out in national guidance.

Where a person is provided with accommodation under Part 3 of the National Assistance Act 1948, section 22 of that Act provides for him/her to be charged for the accommodation. DOH guidance, Charging for Residential Accommodation Guide (CRAG) Updated April 2010 provides details how the persons resources should be treated.

In the case of Short Breaks Care, it is for the Local Authority to decide whether it will charge an amount that appears reasonable for the resident to pay for stays in residential care. Wirral has a policy of charging a fixed fee unless an assessment is requested due to financial hardship. These fees are published annually as part of our fees and charges in March each year.

Charging for Respite Services as part of a Personal Budget

Section 17 of the Health and Social Security Adjudication's [HASSASSA] Act 1983 provides that Councils may recover such charges as they consider reasonable in respect of relevant services. The framework for charging for adult recipients of Non-Residential care was consolidated in 1983 with the HASSASSA Act under which councils can exercise discretionary powers [section 17]. Consideration of the Disability Discrimination Act 1995 (as amended) and the Human Rights Act 1998 requires that an equitable approach to charging is taken and that no group is unfairly discriminated against.

The 2009 DOH Fairer Contributions Guidance in relation to charging for Personal Budgets confirms that charging for respite as part of a personal budget should be done using the principles of Fairer Charging guidance. Wirral Council have a policy for charging for personal budgets which complies with government guidance. A charge will be made for the personal budget which is no more than 98% of the weekly budget amount proportioned equally through the year. Short Break services may form part of a support plan.

7.3. Circumstances where no charge is made

Some services are excluded from the charging process altogether where there is no legal authority to charge. In addition there may be exclusions of groups of people which, when applied, mean that an individual is exempt from the calculated charge. Examples of exclusions include: -

- After-care services under the Mental Health Act (section 117)

- Advice and assessment
- Individuals receiving re-ablement care services
- Any services funded by the Local Health Authority under a section 28A agreement

7.4. Services for which a Local Authority can charge

Councils provide a wide range of services. The following services are those for which a charge can be made according to need and after assessment: -

- Direct Payments
- Respite Care in a residential/nursing home
- Personal Budgets

7.5. Financial assessment

Where a short break is provided in a Residential setting the fixed charges apply as detailed in the guidance mentioned in section 7.2 above.

Where Short Break services are part of a personal budget support plan, to ensure that everyone is treated fairly each individual will have a financial assessment at the point where they are allocated a non-residential care service provided by Wirral Council. The financial assessment will be based on the Users overall income, allowable expenditure and disability needs. If it is identified that the person may be entitled to additional benefits, they will be offered benefits advice.

Guidance notes about charges will be given to individuals at the same time as they enter the care assessment process so that people will not commit themselves to particular care plans without knowing what they might be required to pay. Service Users and their Carers will be given a record of how their charge has been calculated and informed that they have a right to be reassessed should their circumstances change.

No one will be left with less than the basic income support or Pension Credit plus 25% after paying for services. This basic level includes premiums appropriate to the user but not the severe disability premium. The care services will be allocated in accordance with the criteria set out in the DH guidance Fair Access to Care Services.

If a Service User does not wish to disclose or fails to disclose their finances then they will be charged the full cost of their total services.

7.6. Appeals Process

The Service User has the right to ask for a review of their assessment and the charges, which have been determined as part of the Appeals Policy and Procedure.

7.7. Review of Charges

Charges will be reviewed on an annual basis and form part of the care management review process. You will be asked to complete a new financial assessment form. If your financial circumstances change between reviews you should ask for a re-assessment of finances.

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