

Integrated Adult Social Care and Health

Planned Respite Policy

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1. Introduction

1.1 The purpose of this policy is to introduce an equitable needs based system for the allocation of planned respite to ensure fairness and consistency across Adult Social Care (aged 18 years and plus).

1.2 Prior to this proposed policy, there was no clear and consistent process across Adult Social Care for the allocation of planned respite. This resulted in an inequitable provision across Adult Social Care.

1.3 The **principles** underpinning this policy are the following:

- To ensure a fair and equitable service for all those that access respite, and for their Carers.
- To be transparent with how planned respite is allocated.
- To be outcome focussed and in line with the Care Act.
- To assess the needs of the cared for person and their Carer.

2 Legal Framework

2.1 The Care Act 2014 provides a legislative framework as to how assessments must be conducted and eligibility for adult social care determined.

2.2 An adult has eligible needs if:

- Their needs arise from or are related to a physical or mental impairment or illness:
- As a result of the adults needs they are unable to achieve two or more specified outcomes
- As a consequence of being unable to achieve the specified outcomes there is likely to a significant impact on the adult's wellbeing.

2.3 The specified outcomes which will be incorporated into the resource allocation of planned respite are:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing a maintaining family or personal relationships;
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services

- Carrying out any caring responsibilities the adult has for a child

2.4 The Care Act also extends the Council's duty beyond people who need help and support to include their Carers. The Act introduces new carer's eligibility criteria. In considering whether a carer has eligible needs, the local authority must consider whether:

- The needs arise in consequence of providing necessary care for an adult;
- The effect of the carer's needs is that any of the circumstances specified below apply to the carer;
- As a consequence of the fact there is, or there is likely to be a significant impact on the carers wellbeing

2.5 The specified outcomes for carers are:

- Carrying out any caring responsibilities the carer has for a child;
- Providing care to other persons for whom the carer provides care;
- Maintaining a habitable home environment;
- Managing and maintaining nutrition;
- Developing and maintaining family or other personal relationships;
- Engaging in work, training, education or volunteering;
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services;
- Engaging in recreational activities.

2.6 To make a referral for a Care Act Assessment or a Carers Assessment then contact Cheshire West Community Access Team on 0300 1237034 or email on accesswest@cheshirewestandchester.gov.uk

3 Definition of Planned Respite

3.1 Respite care is traditionally to support carers to fulfil their caring responsibilities and allow them to have breaks from their caring role throughout the year.

3.2 This policy relates to planned respite, whereby following an assessment it is determined from an individual's and carers assessment they have eligible care and support needs, and that care and support can best be met by the provision of respite. Planned respite contributes to prevent breakdown of the family situation by enabling Carers to have regular breaks from their caring role.

3.3 Planned respite can be delivered in the following ways;

- Overnight respite in a residential setting;
- Day Services;

- Shared Lives, daytime sessions and/or overnight
- Direct Payments;
- Sitting Service.

3.4 The above list provides examples where planned respite can be utilised, there may be other models of care not recorded above that also can be classed as planned respite.

3.5 Out of scope of this policy, this should not be considered as planned respite is the following services:

- **Short Term Care** - A further period of assessment following discharge from an acute hospital setting that allows an in depth assessment to take place in a more conducive surrounding and allows time for an individual's potential to be fully assessed.

A period of assessment to support an individual living in the community if they are experiencing increased levels of difficulty in maintaining their independence which in turn may jeopardise their ability to remain in their own home. This should be no longer than 3 weeks

- **Emergency Respite** - Emergency unplanned respite is provided to eligible individuals who are in a situation of crisis where they cannot safely manage at home at that immediate time. This can be due to the decline in the cared for or carers health and carer breakdown. If someone requires emergency respite and fits the definition, then this will not be included as part of their overall allocation of nights.

If an individual requires emergency respite care that exceeds 14 days, then it is the responsibility of the allocated practitioner or Duty Officer to review the emergency placement on a weekly basis. This is to ensure that all reasonable and practicable measures are being progressed in regard to alternative arrangements, and that individuals do not remain in emergency respite care for any longer than is required. The allocated practitioner or Duty Officer needs to determine the most appropriate method of conducting each review, which will be dependent on the circumstances (whether that is a face to face or telephone review).

3.6 Transport to and from respite service will be considered as part of the assessment and support planning process.

4. Resource Allocation

4.1 The allocated planned respite can be based on the number of nights allocated annually or provide an indicative weekly budget. An indicative budget is the estimated amount of money that is needed to meet eligible needs based on the information recorded within the assessment. The indicative budget will be identified within the Resource Allocation Score (RAS) of the Care Act Assessment, otherwise known as the Overview assessment.

4.2 It is the function of the RAS to determine the value of the personal budget and number of allocated respite nights. The RAS is based on the information collected by the assessor using the overview assessment. The assessor uses the information to make a professionally informed judgement/decision regarding the individual's needs and the needs of the carer.

4.3 There are three elements within the assessment that generates a budget for allocated respite; the cared for persons assessment outcomes (listed in section 2.3); the amount of unpaid support the carer is providing; and the single overall effect on the Carers independence. If all three sections are completed then the RAS will generate a weekly budget for planned respite, and the number of allocated nights per year.

4.4 By using the RAS to guide the decision of allocated planned respite, this ensures that people are assessed on their own individual needs, and the needs of the carer, that it is transparent and in line with the Care Act.

Case Study

Mrs A is an 83 year old woman who lives at home with her 93 year old husband, Mr A. Mrs A suffered from a stroke a couple of years ago which left her with reduced mobility, Mrs A struggles to stand without support from someone else and uses a wheeled zimmer frame to mobilise short distances around the home.

Mrs A has recently been diagnosed with Dementia following a decline in both her short and long term memory. There have been a few incidences at home that has resulted in Mrs A's husband no longer feeling he can leave his wife at home on her own safely. This has resulted in him feeling socially isolated and is impacting on his own wellbeing.

A Care Act Assessment and a Carers Assessment has been completed, the practitioner has covered the outcomes for the cared for person (please see section 2.3); they have gone through the support Mrs A's husband is wanting to still provide; and have assessed with Mrs A's husband the overall effect on his independence by providing this caring role.

Once all three areas have been captured in the assessment, a RAS has been calculated, providing a weekly indicative budget to sustain the carer's role, and a number of allocated respite nights to sustain this role.

The next stage is to look at creating the support plan; Mrs A, her husband and the Social Worker are looking at what options are available for planned respite with the budget that has been calculated.

Please see Appendix B for a flow chart on how the RAS is calculated.

5. Financial Assessment

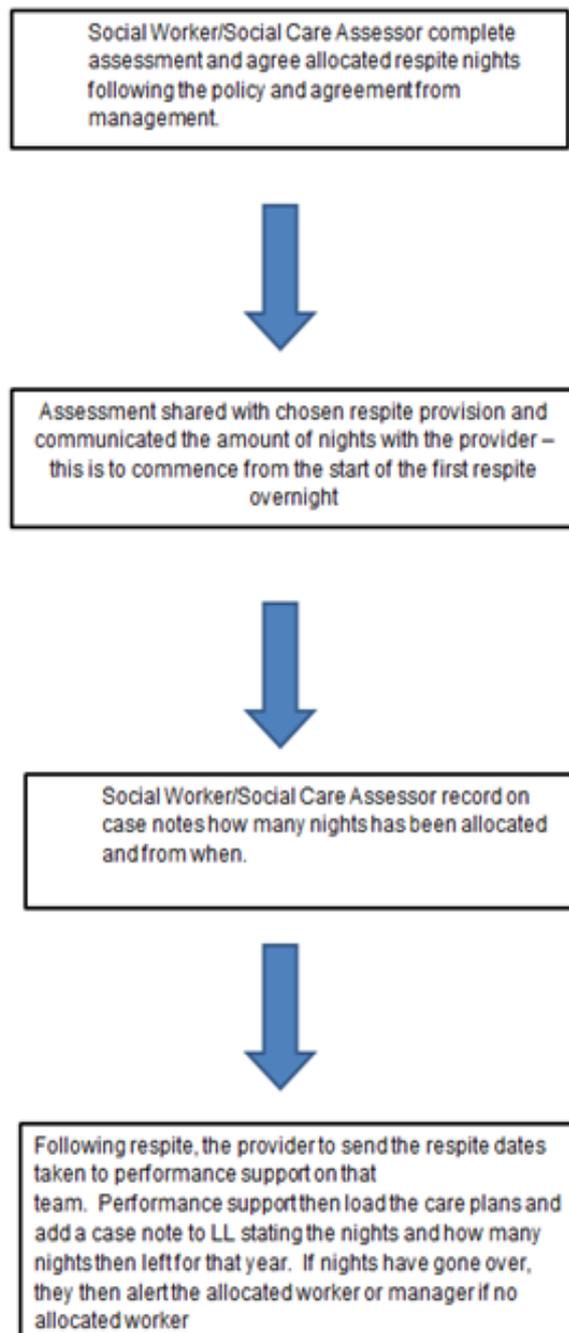
5.1 People accessing respite will pay all or part of the cost towards this service depending on their financial circumstances. If new to respite services a financial assessment will be offered to calculate the charges and explain how the charge has been calculated. Those exempt from this are people receiving aftercare under section 117 of the Mental Health Act. This is when someone has been detained in hospital under Section 3 of the Mental Health Act for treatment and then discharged from hospital with an aftercare plan.

5.2 People accessing respite and who are in receipt of Disability Living Allowance (DLA) care component, Personal Independence Payment (PIP) daily living component or Attendance Allowance, would need to be mindful of the '28 day rule'. This is when their above benefits stops after they have been in a care home for a total of 28 days in one stay, or in linked stays where the gaps at home are 28 days or less.

5.3 It is the responsibility of the adult in receipt of the benefits, or their appointee if they have not got the capacity to manage their benefits, to notify the Department Work and Pensions if the 28 day rule applies.

5.4 For a Financial Assessment to identify the financial contribution for respite charges then please contact the Corporate Assessment Centre on 01244 973287, or email on WESTCLIENTFINANCE@cheshirewestandchester.gov.uk

Appendix A – Process for Booking and recording Respite nights.



Appendix B : Using the Resource allocation Score to get the respite allocation

Social Worker/Social Care Assessor completes an assessment with cared for person and their Carer. There are three elements in the assessment to capture allocation of respite.

1. Outcomes for the cared for person: **Managing and maintain nutrition; maintaining personal hygiene; managing toilet needs; being appropriately clothed; being able to make use of the home safely; maintaining a habitable home environment; developing and maintain family or other personal relationships; accessing and engaging in work, training, education or volunteering.**
2. The amount of unpaid support the Carer is providing.
3. The overall effect on Carers independence.



Once all the above sections have been completed, the RAS calculates a weekly amount for sustaining the Carer's role, and the number of nights per year for sustaining the Carer's role.



Following the completion of the assessment the Social worker/Social Care Assessor will complete the support plan with the cared for person and Carer, and identify which models of respite the Carer would like to access to support them to sustain their Caring role, using either the indicative weekly budget or the allocated respite nights.

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