

**Respite Care Policy for Adults eligible for Continuing Healthcare (CHC)
funding across NHS Herefordshire & Worcestershire CCG (NHS H&W CCG)**

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1.0 Introduction

NHS Herefordshire & Worcestershire Clinical Commissioning Group (NHS H&W CCG) recognise the significant contribution that carers – whether family members or parents make to the care of those with a range of needs. In this way, many people are able to remain living at home for longer, preventing the need for institutionally based care for as long as possible.

Although carers recognise the rewarding and positive aspects of their role, there is also evidence that many carers experience negative impacts which affect their physical and emotional health and wellbeing and ultimately their ability to continue in their caring role.

A break from caring can enhance the carer's physical and emotional wellbeing, enabling carers 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 alongside the caring role.

The needs of those caring for others are as diverse as the needs of those being cared for and therefore it is important that the well-being of carers is given as much consideration as that of the cared for person. H&W CCG aim is to maintain or improve carers' well-being and prevent ill-health. This policy outlines H&W CCG approach to Respite Care provision which meets the diverse needs of carers and the 'cared for' in the County by being fair, equitable, consistent and transparent by commissioning respite services to improve choice, quality and appropriateness of respite services.

2.0 Definition of Respite Care

Respite 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 alongside the caring role, promoting health and well-being and preventing crises.

Respite 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 the carer where there is one.*

Respite can be offered in a wide variety of ways including:

- Breaks in respite-only units (community flats, purpose-built or adapted houses).
- Breaks in care homes.
- Breaks in the home of another individual or family who have been specially recruited (such as adult placement schemes).
- Breaks at home through a care attendant or sitting service.
- Holiday breaks
- Supported breaks for the person with care needs and their carer together.
- Befriending schemes where volunteers provide short breaks.

- Breaks using self-directed support, for example, Direct Payments or managed care.
- Day respite can be provided to offer short periods of respite in a range of different ways either in the home, or in day centres or via adult day care resources. It may also be possible to access services provided by the private and voluntary sector.

3.0 Carers

The Carer's Trust highlighted that a carer, is someone who provides unpaid help and support to a relative or friend who could not manage without their help. This could be due to age, physical or mental illness, or disability and cannot cope without their support. Supporting the needs of carers requires a range of solutions, not all of which can be fully addressed within a single policy document.

4.0 Scope of this policy

This policy focuses on what happens when a carer cannot provide care in the short term. This can require respite care to be arranged as an important part of wider support planning for a cared for person who is eligible for Continuing Health Care (CHC) funding. Carers likely to be affected directly by this policy are carers of adults who are eligible for CHC, from their caring responsibility.

5.0 Aim of this Policy.

The policy sets out NHS H&W CCG approach to respite care provision across Herefordshire and Worcestershire for adults. This local policy aims to ensure that patients, all carers and professionals have clarity about the definition and provision of respite care for people with health and care needs in Herefordshire and Worcestershire and can be clear about the respite offer. This document will also set out how H&W CCG intend respite care to be considered as part of a commissioned service for patients and their carers.

6.0 Background

National Policy Context

Both carers and those with care needs have rights set out in law and described in the guidance that H&W CCG have to consider, specifically the Care Act 2014 and the National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care 2018.

The Care Act 2014 stresses that the care and support system must work to actively promote wellbeing and independence, (including prevention), not just when people reach a crisis point. The well-being principle applies in all cases where H&W CCG are commissioning care and a support function, or making decisions, in relation to a person.

These legislations provide the framework for H&W CCG, as well as partners such as Mental Health Trusts, Acute Trusts and the community and voluntary sector, to ensure that the needs of the carers are treated, and the cared for person with parity. There has been a requirement to strengthen support for carers, including an emphasis on the importance of respite care.

Local Context: Our vision and principles

H&W CCG will work in partnership with all other agencies to improve outcomes for carers in the County.

H&W CCG will ensure that there is a clear, consistent and a fair approach to commissioning respite care, making it more transparent whilst improving efficiency and promoting positive outcomes for adults in Herefordshire and Worcestershire.

The approach set out in this policy document will be underpinned by the following principles.

Principle 1

Carers and the patients will be respected and listened to and be at the centre of their care and care/support planning process to define and achieve outcomes relating to their health care needs.

Principle 2

The carer and patients will be treated fairly and equitably, recognising their individual circumstances, and will be offered respite based on their eligible health and care needs.

Principle 3

Patients who have been assessed as eligible will have choice and control over respite care to meet their needs, which will help achieve their outcomes and enable independence appropriate for them.

Principle 4

H&W CCG will work with partners across health and social care in the best interest of the carers and the patients.

7.0 Eligibility for Respite Care

All adults with needs that meet the eligibility for NHS CHC as set out in the NHS CHC framework 2018, or who meet the threshold for NHS Continuing Health Care may be able to access Respite Care/Short Breaks. The need for respite will be assessed and consider the impact of the caring role on the carer and the capacity of the carer to meet the needs of the cared for person.

Respite care is not available to people living in supported living, residential or nursing care as their care provision is delivered by paid carers. Where respite care is made available, it is likely that the existing range of services delivered into the home will be changed or suspended.

Where possible, a need for respite care will be identified as part of the carer and patient's holistic assessment(s). Use of respite care and the outcomes to be achieved from it will be set out in their care and support plan and be part of their personal budget.

Respite care will be treated in the same way as any other aspect of care and support services, such as domiciliary care or day services, and be organised in the same way under

the relevant policies and procedures of H&W CCG which cover the provision of services to meet eligible needs.

The amount of respite care a cared for person may be offered will depend on their individually assessed needs and circumstances.

Where an informal carer on the patient's behalf, requests accommodation-based respite, this will be for a maximum of 6 weeks annually based on the carer's provision of full-time care.

8.0 Accessing Respite Care

Where possible, a need for respite care will be identified as part of the commissioning care plan and cared for person's assessment(s). Use of respite care and the outcomes to be achieved from it will be set out in their care/support plan and be part of their commissioned care budget/personal health budget.

A primary focus of any respite care arranged will remain on enabling the independence of the person being cared for and maximising their choice and control over their own lives.

Respite care will be treated in the same way as any other aspect of care and support services, such as domiciliary care or day services, and be organised in the same way under the relevant policies and procedures of H&W CCG which cover the provision of services to meet eligible needs.

The amount of respite care a cared for person may be offered will depend on their individually assessed needs and circumstances. (A maximum of 6 weeks per year).

Any changes to the need for respite care will be considered considering a review or reassessment, either at an annual CHC review or because needs or circumstances change.

9.0 Emergency Respite

If no respite care is included in the commissioning/support plan for the patients, or if contingency arrangements have failed, H&W CCG will arrange respite with a provider who can provide the type of assessed care needed at short notice.

In emergencies, respite care can be arranged without a full assessment and support plan if sufficient information is available to ensure provision of a safe service. An

assessment and support plan should be completed after emergency arrangements are put in place.

10.0 Other short-term care

There are other types of short-term care which are not respite care and are not therefore covered in this policy. The following are not respite care:

- a) Replacement care provided regularly because the carer has another commitment, unrelated to their wellbeing. For example, if the carer works one day a week, care provided on that day is not respite; it is simply a care service for an eligible patient.

- b) Replacement of family responsibilities unrelated to care and support needs, for example being present to supervise a young child.

- c) Replacement of a paid care worker when the usual paid care worker goes on holiday or is off sick.

- d) Replacement of a Personal Assistant or Shared Lives carer, for example when they go on holiday. In this circumstance, the cared for will use their Personal Budget to purchase replacement care when their personal assistant is absent.

- e) When a person is discharged as medically fit from hospital into a residential unit because they are not yet able to return home due to the property not being suitable; or when a person is being discharged from hospital to any alternative suitable placement whilst undergoing a further reassessment/ review to determine their rehabilitation potential or need for further intervention and treatment, this is not respite care but a short stay or step down. Where a person is discharged into a step-down bed or rehabilitation bed, this will be an NHS provision.

- f) Short-term housing and care where there are no carer providing care to the patients. For example, where a person's house may need a major adaptation before they can return home with a funded care package they had previously received.

11.0 Personal Health Budgets (PHBs)

“A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and their local clinical commissioning group (CCG). It isn't new money but a different way of spending health funding to meet the needs of an individual.”

Personal Health Budgets for Respite Care are not to be utilised by the carer for their own support. A Personal Health Budget (PHB) made to a carer (either in the form of a direct payment or a managed account) as a result of the patient's assessed needs should be used to fund respite care or other direct care for the respective patients, in

response to the patient's assessment and support plan to meet their needs and the outcomes they have identified.

12.0 Charges for Respite Care

Respite Care arranged by the CCG is not subject to charging as outlined in the NHS Framework for those in receipt of NHS Continuing Care. Where patients are joint funded by NHS H&W CCG and the Local Authority there will be no charge for respite care commissioned by the H&W CCG.

13.0 Transport

The NHS expects patients to make their own way to and from healthcare facilities unless there is a clearly defined medical reason why they cannot use conventional transport options. This includes public (e.g. buses and trains) and private (e.g. cars, bikes, and taxis) transport, and lifts from the patient's support network (e.g. friends, carers, neighbours, relatives).

Patients are responsible for arranging and funding their own non-urgent transport to and from healthcare facilities unless medical transport is required. NHS H&W CCG are not required to fund, or provide, transport for patients without an applicable medical condition, for social or financial reasons, or to private patients. Patients on a low income who require financial assistance may be supported by the Healthcare Travel Costs Scheme (subject to their individual eligibility).

<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>.

Patients in receipt of an enhanced mobility element of the Disability Living Allowance (DLA) or Personal Independence Payment (PIP) are not eligible for transport, as their mobility allowance covers the costs of their transport to and from healthcare appointments and respite care.

14.0 Equality Statement

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.
- NHS H&W CCG endeavour to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

- Providers are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. CHC Nurse Assessors/Practitioners will need to assess that the **Respite service** is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.
- Any change to this policy will require a conscious effort from NHS H&W CCG to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of this policy H&W CCG and the Providers, will seek to minimise such an impact, and simultaneously carry out a full review.

15.0 Conclusion

By producing a respite policy NHS H&W CCG have demonstrated their commitment to improving the lives of carers, those they care for over the age of 18 and are eligible for CHC funding to have clarity and a clear understanding of the pathway and delivery of respite care across Herefordshire and Worcestershire.

16.0 Review Date

This policy will be reviewed in May 2024, or earlier considering any substantive changes because of legislation or national guidance.

17.0 References

The policy will be applied in conjunction with the following documents:

1. Care Act (2014) - supporting implementation.
<https://www.gov.uk/government/publications/care-act-statutory-guidance>
2. Children and Families Act (2014)
<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
3. Healthcare Travel Costs Scheme (HTCS)
<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>.
4. National Framework for Children and Young People's Continuing Care (2016)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf
5. National Framework for Continuing Health Care (2018) -
<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>
6. NHS Long Term Plan (2019) - <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
7. Personal health budgets (2019) - <https://www.england.nhs.uk/personal-health-budgets/>
8. The Equality Act (2010)-
<https://www.legislation.gov.uk/ukpga/2010/15/contents>

18.0 Glossary

A cared for person

A cared for person is an adult (over the age of 18) with a need for care and support – they are the recipient of the care or support from carers, paid staff, or others. Unless stated otherwise, in this policy it also means that the person has been assessed and found to be eligible for NHS Continuing Care.

Carer

Is somebody who provides unpaid support or care for a family member, partner, child, or friend because of their age, physical or mental illness, substance misuse or disability. This excludes someone paid or employed to carry out that role, or someone who is a volunteer.

Care and Support Plan

This is a detailed plan developed following an assessment that sets out how an individual will use their Personal Budget or other support services to meet their assessed eligible needs and improve or maintain their wellbeing. Care and support plans must be agreed by H&W CCG before any payments are made.

Carer's Assessment

A carer's assessment is an assessment undertaken by, or on behalf of, the Local Authority to consider the carer's needs and will find whether someone is eligible for care and support in their own right. This may take the form of a joint assessment with the cared for person or a separate carer's assessment.

Clinical Commissioning Groups (CCGs) - Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013. They are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

NHS Continuing Healthcare (CHC)- refers to a package of continuing care that is commissioned (arranged and funded) by or on behalf of the NHS in accordance with Regulation 20 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended).

Paid carer

People who are paid directly for their caring duties, including Personal Assistants (PAs), Support Workers, Care Workers, Support Staff, Nurses etc.

Personal Budget (or Personal Health Budget)

This is the amount H&W CCG agree as available to the patient or carer to meet their assessed care needs. It will be managed by the H&W CCG or taken as a cash "direct payment" but is always exclusively to meet the needs set out in the commissioning/support plan.

Respite

For the purposes of this policy, respite refers to a break or rest for the carer from their caring role. It can also be a break or rest for the cared for person from the carer.

Short Breaks

Short breaks provide opportunities for patients to spend time away from their families/carers. These include day, evening, overnight or weekend activities and can take place in the patient's own home, or a residential or community setting.

The National Framework – refers to The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (published by the Department of Health 2009) which provides the context for the commissioning of NHS Continuing Healthcare, providing clarity and consistency of decision making in regard to eligibility and setting out the systems and processes to be used by the NHS.