

Options Appraisal in respect of the Proposal to Provide Older People Residential Respite Support Services in the Independent Sector

Background

This is an options appraisal of the proposal to provide residential respite support services for older people and people with dementia in the independent sector care home sector, through Shared Lives arrangements and using direct payments. The proposal means that some services currently provided at Hollins View (Community Support Centre, Macclesfield) and Lincoln House (Community Support Centre, Crewe) may no longer be provided in these centres.

The number of older people and older people with dementia is growing locally and nationally and it requires a strong response from social care services.

The commissioning review of services for older people and older people with dementia together with the Council's Dementia Commissioning Plan and the Adult Social Care Commissioning Strategy identified a wide range of initiatives to continue to improve and increase support for those living with Dementia and other long-term conditions and their carers.

Additional investments are being made to deliver these changes to ensure that the residents of Cheshire East have the best possible support to live and age well and to live well with dementia, to remain as independent as possible for longer whilst at the same time giving much needed support to their carers.

A consultation on this proposal has been concluded with the current users of the respite services at Hollins View and Lincoln House. Under the proposal the current users of the respite services at Hollins View and Lincoln House would continue to receive support which meets their care needs, but this support would be available in a choice of different settings.

The current services provided at Hollins View are as follows:

General Respite (26 beds) - short term overnight stays for older people, those with other forms of assessed need and those with dementia in order to give their families and carers some respite from their caring responsibilities

The current services provided at Lincoln House are as follows:

Dementia respite (12 beds) – short term overnight stays for those with dementia in order to give their families and carers some respite from their caring responsibilities

General respite (16 beds) - short term overnight stays for older people in order to give their families and carers some respite from their caring responsibilities

Dementia Day service (12 places) - regular day care and activities for older people and for people diagnosed with dementia

Options for the provision of respite services in Cheshire East

The services have been examined and the options identified for consideration and these are:

Option 1– The provision of respite services remains provided in the same way as it is now

Respite services for people with dementia and older people to be provided from Hollins View and Lincoln House, and day care from Lincoln House as they are currently.

Option 2– Provide older people and dementia residential respite support in the independent sector. This option means that support will no longer be provided at Lincoln House and Hollins View

Respite care to be made available in independent sector care homes to customers who wish to take up this option locally in the Cheshire East area. Other options for day time support would be developed with individuals with the choices relating to the needs of those customers.

Criteria for assessing options for the provision of respite services

The options identified are assessed against the following criteria:

Well-being: this is how an option would affect the general well-being of current users of the existing respite services and their carers.

Feedback from Consultation: how an option responds to feedback from current users of the existing respite services and their carers. The comments received from users of the services and their carers through the recent user consultation have been used as the basis for this criterion. The consultation reports which contain the feedback that are referred to are available in appendix 2.

Effectiveness: Is the option effective in meeting the assessed needs of the current users of the existing respite services and their carers? The Council has been clear that the current users of respite services would continue to receive support which meets their care needs, so this criterion must be met.

Personalisation: In the Dementia Commissioning Plan Cheshire East stated the intent to greatly increase the choices of support available for social care need so that it can be tailored to particular needs and individual's preferences – personalising support for people. The aim is to increase choice and control for customers and their carers. Personalisation is now a requirement in the Care Act 2014.

Future proofing plans against the changing demographics and types and levels of need in Cheshire East: The demographics for Cheshire East show a predicted increase in the number of people in the future who are physically frail and

who have a diagnosis of dementia. Would the option enable developments that are a better fit for needs of people in the future?

Value for Money: The Council must ensure that it secures value for money as this enables more people to be supported within the total budget available.

Appraisal of Options

Each option is assessed against the detailed criteria there are different benefits and limitations; these are detailed in the analysis below:

Option 1 – The provision of respite services remains provided in the same way as it is now

Whilst this option would be effective in supporting the well-being of current respite users and is effective in meeting their current needs, it would limit the ability to future proof services to meet higher levels of demand and need. The indefinite commissioning of the residential respite beds at Hollins View and Lincoln House will limit choice and personalisation in the future. It will adversely affect the Council's ability to increase the choices of support available for social care need so that it can be tailored to particular needs and individual preferences i.e personalisation. The Care Act 2014 has now made personalisation a requirement. Personalisation was also a stated ambition in the commissioning intentions in the Dementia Commissioning Plan 2014-2015 which was agreed at Cabinet on 1st July 2014.

This option appears to offer a lower value for money for the Council. The cost of a week in residential care in the independent sector is currently £376.73. The cost of a week in a dementia (EMI) bed in the independent sector is currently £467.10 per week. It is anticipated this will be a lower cost than in-house provision, in the region of 48% less..

This option would meet the wishes of 28% of current users and carers of respite services, as expressed in the recent consultation on this proposal. 72% of current users and carers did not respond to the consultation and it can be inferred that this remaining majority had no strong views about the proposal.

Option 2– Provide older people and dementia residential respite support in the independent sector. This option means that support will no longer be provided at Lincoln House and Hollins View.

The provision of respite services in independent sector care homes would be a change for current respite customers and their carers and may cause some anxiety for individuals which would need individual support from case managers in social care.

This option would mean that respite services would no longer be provided from Hollins View and Lincoln House, which was not supported in consultation feedback by a majority of users and carers, however, some carers said that they were open to the idea of receiving respite in the independent sector providing the quality

of respite care matched that which is currently provided at Hollins View and Lincoln House. As part of this option other local alternative day time support for customers currently accessing day care at Lincoln House would be sought with customers and their carers.

The option would be effective in meeting the needs of individuals. A choice of alternatives would be offered to meet the needs of current customers and increased choice would be available to people who are assessed as requiring respite in the future. The choice available to customers would be in line with the intentions set out in the Dementia Commissioning Plan 2014-15 and the requirements of the Care Act (2015/16) to increase the choices of support available and enable support to be tailored to particular needs and individual's preferences.

As the demand for respite services grows in Cheshire East, the flexibility - which would be an integral part of the commissioning arrangements for respite in the independent sector, with Shared Lives and through direct payments - will enable the Council to future proof its provision against increasing needs of the local population.

This option appears to offer better value for money for the Council. The cost of a week in residential care in the independent sector is currently £376.73. The cost of a week in a dementia (EMI) bed in the independent sector is currently £467.10 per week. It is anticipated this will be a lower cost than in-house provision, the costs would be in the region of 48% less.

In addition, there are some current customers who are full cost payers who may pay less if the independent sector is the provider of respite.

Conclusion

Respite support for carers of older people, those with long-term conditions and people with dementia could be provided effectively in alternative ways to that which is commissioned currently, providing additional choice and a more individualised service for customers in a way which represents improved value for money to the Council. Capacity could be secured in the residential care independent sector to meet this need with the options of Shared Lives and direct payments offered as alternatives for individuals. For those people who currently access day care at Lincoln House, alternative options for day time support could also be effectively secured with those individuals and their carers.

In response to the consultation, 28%, (i.e. 101 out of the 366) who were contacted gave feedback. It can be inferred that the remaining majority had no strong views about the proposal. Of those that did respond, a number of current users and carers made particular note that they considered the quality of support at Hollins View and Lincoln House to be good. The majority of the 28% expressed a desire for services at Hollins View and Lincoln House to continue. However, some stated that they would be happy to use an equivalent independent sector service.

As respite services are accessed by individuals from time to time rather than on a day to day basis and as such the impact on the well-being of the customers and

carers would be moderated if customers move to have their needs met through a different service over a period of time.

As indicated in the Dementia Commissioning Plan, in the future there needs to be more choice and flexibility in the range of ways that users and carers can be supported so that a more personalised support can be designed. This may mean that a traditional model of residential respite, as currently offered in Cheshire East, would not be a preferred choice for people who are assessed as requiring respite support in the future.

Recommendation

Both options can be effective in meeting the needs of current users of respite services and their carers. However, in assessing the options on the other criteria there are different benefits and limitations associated with each course of action.

Option 2 is recommended: Provide older people and dementia residential respite support in the independent sector.

This option means that support will no longer be provided at Lincoln House and Hollins View. This would also enable alternative day time support to be secured with the current users of day care at Lincoln House and their carers.

Moving forward, using the independent sector for residential respite care, alongside Shared Lives support and direct payments for respite would have benefits in terms of delivering choice through personalised services and future proofing the respite services that are commissioned against the needs and preferences of people who will require respite services in the future.

There is a risk of continued concern amongst the current users of respite services and their carers about the respite services they will receive in the future which was evident in the responses to the consultation regarding this proposal. To mitigate this risk the future plans need to be articulated in a timely way to enable changes for individuals to be well-managed.

The reputation of the Council would be at risk if the future plan timetable and commitments in any of these options are not implemented effectively. The availability of respite beds in the independent care home sector market will vary so work would need to take place to secure an appropriate number of independent sector beds through a block contract arrangement. Other beds may be purchased on an 'as required' basis and a system would be put in place to ensure the effective functioning of these arrangements.