

RESPIRE SERVICES FOR PEOPLE WITH LEARNING DISABILITIES IN HEREFORDSHIRE

Report By: Head of Care (Adults)

Wards Affected

County-wide.

Purpose

1. To update the Committee on the situation with respite care services for people with a learning disability

Financial Implications

2. There is a potential budget implication of up to £250,000 to totally free up respite and emergency care beds. This funding is not currently available.

Background

3. In June the Committee requested a report on respite care provision. A review was undertaken and is appended to the report.
4. There are currently 147 adults with a learning disability living with (unpaid) family carers in Herefordshire.
5. The 1995 Carers Recognition Act gives carers of people with learning disabilities the right to request an assessment of their needs including the need for short breaks.
6. The term 'short break' (also known as short term care or respite care) refers to a situation when a person with a disability spends time away from the family. The most traditional form of this is through the use of registered residential respite care units.
7. Traditionally local authorities and the NHS have provided these services directly. Increasingly they are also provided through the independent sector funded by statutory bodies.
8. There are, however, other ways of providing respite to carers. This can include support in their own home, support to enable people to access community facilities, or through the use of day services.
9. Within the West Midlands, Herefordshire provides one of the highest provisions of respite care per capita.

Review findings

10. Herefordshire Council learning disability services (including the Primary Care Trust) currently spends just over £438,000 (net) on in-house residential respite provision and emergency beds

Further information on the subject of this report is available from
Lydia Bailey – Service Manager, Learning Disability Services on 01568 616397

and an additional £48,000 on the purchase of residential respite in the independent sector. This does not include the cost of transport for individuals where Social Care has to arrange this.

11. There is also additional money being spent on alternative respite provision such as community support, day care and direct payments.
12. The in-house provision of residential respite care consists of
 - 4 respite beds (+ 1 emergency bed) at Ivy Close, Hereford
 - 4 respite beds (+ 1 emergency bed) at Windsor Place, Leominster
 - 4 respite beds (+ 1 emergency bed at Southbank Close, Hereford)
13. 4200 nights are provided through these 12 beds respite per year, (All services are closed over the Christmas/New Year period) This figure can be slightly increased as Southbank Close do have the potential of offering one of their rooms as a double, however this is only for specific named individuals and therefore is somewhat limited in use but does raise the total to 4306 nights per year.
14. The current allocation of respite care to individuals is between 20 nights and 136 nights per year. People who are newer to the service tend to have a lower allocation of nights. The average allocation of nights to new Service Users is around 70 nights per year.
15. The majority of people who receive respite care also receive other services. This is mainly either day opportunities, or home support.
16. From March 2003 to April 2004 the 12/13 beds supported a total of 47 people on a planned basis. For 2003/4 this represents on average 67% of respite potential being allocated to the 47 individuals.
17. The biggest demand for all respite care is at the weekend with nights during the week being less requested.
18. The total number of emergency bed nights available is 1084 per year across the service.
19. During 2003/4 the actual number of emergency bed nights used was 1155 with the extra pressure being at Ivy Close and Southbank Close. In addition there are long-term residents who were unable to move on to the other houses because of incompatibility, blocking two beds (One has since moved). This means the actual emergency blocked bed total is 1885 bed nights per year.
20. Currently there are 8 people residing in respite care units. Of the 12/13 planned respite beds 5 are blocked leaving only 7/8 beds available for planned respite.
21. If there are further emergency situations further respite beds may need to be used to accommodate these individuals.
22. The eight individuals who are currently using the respite provision came from a range of previous placements. Five were living in their own homes or with a family carer, one was living in supported lodgings, one in a family placement and one is a long-term resident who moved into the unit from another home within the site.

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23. To release the respite and emergency beds would require additional revenue of over £250k. This money is not currently available within the service.
24. Last year the service cancelled 15% of planned respite across its three services. This was higher at Southbank Close than other services.
25. Some individuals receive very high levels of service. However families have become used to this level and reductions in current allocation could result in family breakdowns, which ultimately will result in more pressure for long term care.
26. The Commission for Social Care Inspection (CSCI) who are responsible for registration and inspection of the three services have stressed that we must not provide respite care and long-term provision within the same house. This will mean that we will have to look at moving people on from emergency beds within an agreed period of time.
27. Although people who are new to the service are willing to consider newer, more innovative ways of providing support and respite care, older carers do not want to consider alternatives to residential respite provision.
28. Because all of the resources are tied up in the current building based services, it is not possible to fund alternatives even if carers were willing to consider them.
29. The review concluded the following:
 - The level of respite currently being offered is sufficient to meet the current demand. However it is not being offered in a consistent way which supports carers.
 - Many carers have been using building based respite for a long time and although they are unhappy with the uncertainty of the current situation they would prefer to keep this form of respite provision.
 - Carers who have been using the service for less time or those who are not currently using the service (including those supporting teenagers) would be more prepared to consider alternative forms of respite care.
 - There are other ways of providing respite care to people; some other authorities are more advanced in offering these. Herefordshire offers some alternatives to building based respite but these are limited.

RECOMMENDATION

THAT (a) options for future respite be explored further;

(b) reasons for emergency admissions are explored further;

(c) a new strategy for short breaks be considered and referred to the Cabinet Member (Social Care and Strategic Housing), based on this review and subject to considerations in (a) and (b) above;

and

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(d) feedback on the Review recommendations in the attached paper is brought to this Committee following discussions between the Director of Social Care and Strategic Housing and the Chairman of the Committee.

BACKGROUND PAPERS

- None

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