

Respite Care Policy

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Enfield Council Adult Social Care Respite Care Policy

PART ONE – Provision of Respite Care

1. Purpose of the policy

- 1.1 To provide clarity on the definition and provision of respite care across all service areas.
- 1.2 To set out how service users and their unpaid carers can be flexible about when and how they use their respite allocation.

2. Definitions

- 2.1 **Unpaid carer:** This is unpaid care from a family member or friend. This can also be called an informal carer. The term 'carer' is used by the 2014 Care Act to refer to an unpaid carer.
- 2.2 **Care and Support plan:** This is a detailed plan that tells the Council how an individual wishes to use their personal budget to meet their needs and improve or maintain their wellbeing. It also sets out how the Council will fulfil its statutory obligations, as laid out in the 2014 Care Act. It is a complete picture of the hopes and aspirations an individual has for their quality of life and allows them to plan their own route to achieving a better quality of life. Care and support plans must be agreed by the Council before any payments are made. A carer may receive a carer's support plan, detailing the carer's specific needs and any associated services to meet those needs.
- 2.3 **Personal Budget:** After support planning, the amount of money that the Council agrees is needed to meet an individual's assessed need is confirmed and this becomes the Personal Budget.
- 2.4 **Direct Payment:** This is a method of receiving a Personal Budget. Direct Payments are payments paid directly to the individual (or someone acting on their behalf) giving them more flexibility, choice and control over how they spend the money they receive in order to meet their needs. A Direct Payment will generally be through a payment card (sometimes referred to an **E card**)

- 2.5 **Charges for respite care:** This is the amount of money an individual is required to contribute to the cost of their respite care following a financial assessment.
- 2.6 **Council Managed Service:** This is a service that is owned and managed directly by the Council.

3. What is respite care?

- 3.1 Department of Health and Social Care guidance describes funding to pay for breaks for carers (possibly following a carer's assessment) as respite care or 'breaks for carers'. Care which replaces the care that is usually provided by the unpaid carer is described as 'replacement care'.
- 3.2 Respite care is short term, temporary care for people who are normally cared for at home by a family member or friend who is not paid for their caring tasks. Respite care enables the unpaid carer to have a break from their caring responsibilities and is beneficial for both the service user and their carer. The aim of respite care is to enable personalised, quality, informal care arrangements to be sustained.
- 3.3 Respite can take many different forms. Some examples:
- a. a temporary stay in a care home
 - b. support in the service user's own home by a temporary paid care giver (Although respite care provides an opportunity for the usual unpaid carer to have a break, they can also choose to stay at home whilst the temporary care giver takes over their caring tasks)
 - c. a place at a day care centre
 - d. a short break away from home together for both the service user and their unpaid carer where the carer is not needing to perform their caring role*
 - e. a Direct Payment where the service user can choose for themselves what type of respite care they want and when*
 - f. a short stay with a Shared Lives carer

*If you are considering arranging a short break outside of England, you will need to seek permission from the service area

4. What is not respite care?

- 4.1 The following types of care are sometimes wrongly referred to or wrongly recorded as respite care:
- a. Replacement care for paid personal assistants or care workers, such as when a personal assistant goes on holiday, is not respite care, even if the personal assistant is a family member or friend. The service user should use their personal budget to purchase replacement care when their personal assistant is absent.
 - b. When a person is discharged from hospital as medically fit into a residential unit because they are not yet able to return home due to the property not being suitable. This is not respite care but called a 'short stay' placement. Where a person is discharged into a step down bed or rehabilitation bed, this is NHS provision.
 - c. Short-term residential care, where there is no unpaid carer is not respite care. For example, a person's house may need a major adaptation or the paid carer may be absent for a period of time, meaning the person needs to go into a care home temporarily.

5. How is the need for respite care identified?

- 5.1 For Council funded service users, an unpaid carer's need for respite (a break from caring) may be identified in a stand-alone carer's assessment, or as part of a combined assessment with the cared-for person and set out in their care and support plan
- 5.2 All respite is shown on the cared-for person's care and support plan and is included in their personal budget. As with all care and support plans the personal budget is not time limited but is subject to review (at least annually) where the value of the budget may change depending on need. For financial monitoring purposes, the personal budget including respite runs from 1 April to 31 March.
- 5.3 The unpaid carer is also entitled to a 'carer's assessment' which will identify in more detail a carer's needs. If an unpaid carer is assessed as requiring carer support services then a carer's support plan should be completed for them.

- 5.4 An assessment can be offered or the assistance of the Brokerage Team can be used to help choose or book a respite provision for people that are fully funding their own respite care.
- 5.5 The year ends in March; however there may be some occasions where a person may carry over some of their budget for a particular occasion in the following year. Such occasions are agreed on a case by case basis. The funding for respite care is rolled over to the following year and remains subject to the annual review.
- 5.6 A personal budget made to a carer is not provided to fund support for the person for whom they are caring. A carer's personal budget is for them to use as they wish for themselves e.g. for leisure activities. It is possible, depending on circumstances, for an informal carer to receive a personal budget in their own right, in addition to the personal budget (including respite) for the person for whom they are caring. A carer's personal budget is agreed following a carer's assessment and the production of a carer's support plan.
- 5.7 Services or activities to achieve outcomes on a care and support plan (including respite) can be commissioned and arranged by the Council or purchased through a Direct Payment, except where the service to be purchased is directly provided by the Council where Direct Payments cannot be used.
- 5.8 Where the Council manages and commissions the respite element of a personal budget, the cost of respite will be detailed in the care and support plan and deducted from the personal budget figure. If using in house respite care services, these should also be costed using the agreed fees and funded from personal budgets.
- 5.9 Where a person wishes to achieve more flexibility and receives an element of their personal budget for respite through a direct payment, this will:
- a. be included in the weekly personal budget figure and service users should ensure that they are accruing sufficient money to meet the carer's respite care needs
- or
- b. be paid as a one off annual payment at the start of the financial year (or pro rata from the start date of the support plan). In either case, how this money is being used should be included on the section of the care and support plan that says 'how my needs will be met...'

Where the service user instructs the Council to arrange services on their behalf, the service user or their carer will contact the Council Brokerage Service as and when respite is required.

6. Unplanned care (e.g. in an emergency)

- 6.1 This may be required when the usual unpaid carer is unavailable at short notice. For instance, if they are unwell or in hospital, i.e. a breakdown in caring arrangements. Where an assessment identifies that an unpaid carer is providing support, a contingency plan should be put in place to provide cover in an emergency. This should be shown in the service user's care and support plan under 'Contingency planning'. Where there are some concerns about the sustainability of the care arrangements a small amount of the personal budget from unused care may be saved for contingency purposes.
- 6.2 If respite is included in a service user's care and support plan, an alternative care giver may already have been identified. For instance, a care home of their choice, who will have already undertaken an assessment of the adult's needs and can offer the support needed.
- 6.3 If no respite care is included in a person's care and support plan, or if contingency arrangements have failed, the Council will arrange respite with a provider who can provide the type of care needed at short notice. Where the person is not an existing service user, an assessment will be undertaken and suitable temporary care arranged.
- 6.4 In emergencies respite care can be arranged without a full assessment and care and support plan as long as sufficient information is available to ensure the provision of a safe service. In such instances, an assessment and care and support plan should be completed after emergency arrangements are put in place.

7. Transport

- 7.1 The provision of transport relevant to care and support needs should always be referred to within the service user's care and support plan. It may be that the service user, together with family members or friends, will make their own arrangements for transport. If this is not possible then the decision to provide and fund transport will be at the budget holder's discretion.

PART TWO - Charges for Respite Care

8. Purpose of the policy

- 8.1 To provide a clear framework for charging, whether respite is taken through a Council Managed Service, as part of a Direct Payment, in their own home, a care home or through the Adult Placement Scheme.

9. How we charge for Community Services

- 9.1 Previously a fixed rate weekly charge (pro-rata for single days) for overnight respite applied, except for people with savings over £23,250 who paid the full cost of their respite care (self-funders). This is now no longer the case, and the assessed contribution for non-residential services will now apply during respite periods. Self-funders will continue to pay the full cost of services. Your contribution is assessed in line with the Care Act 2014 and the Care and Support (Charging and Assessment of Resources) Regulations 2014. This is detailed in Enfield's policy 'Charges for community care services for people living at home' and summarised as set out below and the terms explained

Formula:

Charges for Non- Residential Adult Services

Assessable income (including some disability related benefits) and capital *Minus*

Minimum Income Guarantee (MIG) *Minus*

Housing related expenditure (where applicable)

Minus

Disability related expenditure

Equals

Service User Contribution

10. Charges for respite care in a care home or other residential setting (e.g. Adult Placement Scheme)

- 10.1 Service users with more than the maximum capital and savings threshold, not including their own home (£23,250 for 2021/22), will be charged the full cost of their placement. This is the amount charged to the Council by the care home to fund the placement. Service users with less than the maximum threshold will continue to pay their assessed weekly charge.

As soon as a service user is not expected to return home, their stay is no longer considered respite and Charges for Residential Accommodation will apply from that date. The value of their home may be taken into account. Full details can be found in Enfield's policy 'Charges for living or Staying in a care home'.

<https://mylife.enfield.gov.uk/information-and-advice/paying-for-care-homes>

Non-residential charging rules apply to respite care. When calculating your financial contribution in relation your to non-residential services (this includes respite services) the charging period is Monday to Sunday, you will be charged on a weekly basis.

- 10.2 Where the service user chooses to use their Direct Payment to purchase respite in a care home, the rate charged by the home should be the same as the amount the Council pays for a respite placement at that home. Therefore, service users or carers booking respite directly with the home will need to stipulate that their respite is being funded through a Council Direct Payment.

11. Charges for unplanned care

- 11.1 In the event that emergency respite is requested, and the service user is not known to Enfield Adult Social Care, appropriate support will be provided for up to a maximum of 5 days. Charging for this service will be at the budget holder's discretion. A full needs assessment will be undertaken within the 5 days to determine whether the needs are ongoing. Services provided beyond the 5 day period will trigger a financial assessment of the service user and they may have to fund up to the full cost of their services.