

**North East London Integrated Care Board Care Planning
and Respite Policy for Continuing Healthcare Eligible
Individuals Receiving Care at Home**

FINAL DRAFT for consultation

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1 Aims and Values

- 1.1 The North East London Integrated Care Board (NEL ICB) have a vision to create a simpler more joined up health and social care system; one where the people of North East London have a consistently high-quality experience of health and social care and do not see organisational boundaries. Instead, they experience a 'system' where they see familiar faces that are clearly connected to each other regardless of where people are seen; be that in hospital, the community or at home.
- 1.2 NEL ICB will achieve this vision by working collaboratively and in partnership with their local authorities (LAs) and other health colleagues to ensure that they are providing the people of North East London with fair access to care planning and respite services which ensures better outcomes, better experiences, and better use of resources.
- 1.3 In order to standardise the delivery of services including care planning and respite services, NEL ICB, with its partner organisations have developed a single standard operating procedure (SOP) for CHC which will include this policy. This is to ensure that all organisations and staff involved in the arrangements for care planning and respite care for individuals receiving care at home, understand and agree to follow this process and put the individual and their needs at the centre of the process and deliver care consistently and fairly.

2 Introduction

- 2.1 NEL ICB and its local authority (LA) partners recognise the significant contribution that family members and friends make to the care of those with a range of needs. Through their support many adults are able to remain living at home for longer, preventing the need for institutionally based care for as long as possible and significantly improving the outcomes for the individual.
- 2.2 The National Framework for NHS Continuing Healthcare & Funded Nursing Care July 2022 (National Framework) defines a carer as:

“anyone who, usually unpaid, looks after a friend or family member in need of extra help or support with daily living, for example, because of illness, disability, or frailty.” (Annex A Glossary).

- 2.3 The Care Act 2014 identifies local authorities as the responsible body for carrying out Carer's Assessments. The individual's Case Manager from either NEL ICB or the LA should make the necessary referral to the relevant LA or department if they believe a carer needs support. This must be done following consent from the carer.

3 Scope

- 3.1 This policy applies to family and friends who provide unpaid care to individuals aged 18 or over who are eligible for CHC and are living at home.
- 3.2 This policy describes how care arrangements will be identified and funded for the individual when their carer takes respite from their caring responsibilities.
- 3.3 This policy does not cover direct support to the carers whose needs will have been identified through their own care and support plan.
- 3.4 Furthermore, this policy does not apply to CHC eligible individuals living in supported living accommodation, residential or nursing care as their care provision is delivered by paid carers in those settings.

4 National Policy Context

- 4.1 Both carers and those with care needs have rights set out in law and described in the guidance that the local authorities and NEL ICB have to consider, specifically:
 - The Care Act 2022
 - The National Framework for NHS Continuing Healthcare & Funded Nursing Care July 2022.

5 Care Planning

- 5.1 Following a CHC eligibility decision, individuals, and their family or representative will be invited to participate in a person-centred care planning discussion with their CHC Case Manager. This will be an opportunity to discuss and agree how the individual's assessed needs can be met.
- 5.2 This is an opportunity to hear and understand the individuals care preferences and wishes and consider how they will be incorporated into the care plan. This is a critical aspect of our care planning process but is even more important when the individual is living at home with other family members.
- 5.3 Where the individual lacks capacity to make decisions on their care arrangements then an advocate should be considered to ensure that the individual's views and best interests are protected. Where this is the case it must be clearly documented in their care plan and all decisions must be in the individual's best interests.
- 5.4 The National Framework states that where individuals need ready access to support and/or supervision, Integrated Care Boards (ICBs) should consider, in the first instance, if such needs can be met by assistive technology. Family and friends may choose to provide some elements of the assessed care needs. If so, this will be clearly documented in the individual's CHC care plan.
- 5.5 Eligibility for CHC is based on an assessment of the individuals care needs. The care plan will then reflect the care required to meet those needs.
- 5.6 The CHC Case Manager will evaluate the risks of the individual being left alone and whether they need supervision and support at particular times of the day and/or night. If supervision and support is required the care plan will document when this is required and whether this will be provided by family as informal carers or by paid agency carers commissioned by NEL ICB and the exact nature of the intervention that will be provided.
- 5.7 NEL ICB has a responsibility to:
 - ensure the individual's needs are met safely
 - act in the person's best interest and
 - spend NHS funds in an equitable and cost-effective way.

This is particularly relevant when considering a package of care at home provided by paid carers or a placement in a residential facility or nursing home.

- 5.8 Whilst due consideration will be given to the individual's and/or their family's preferences of providers of paid care, NEL ICB will aim to commission care from providers on the Any Qualified Provider (AQP) Frameworks for Nursing Homes and for Domiciliary Care.

The AQP Framework includes a range of domiciliary care agencies and nursing homes that have been,

- vetted by the NHS.
- are registered with the Care Quality Commission (CQC).
- employ carers with the necessary skills to meet the needs of individuals.
- have agreed rates of pay with NEL ICB.

Requests for care from providers who are not on the AQP Frameworks will only be considered on a case-by-case basis in accordance with NEL ICB's policies and procedures.

- 5.9 The care plan agreed following a person-centred conversation with the individual and/ or their family will be used by NEL ICB to provide the individual with a personal health budget (PHB) which can be used to purchase the necessary care.

The individual's indicative PHB allocation will be based on rates agreed for providers on the AQP Framework.

- 5.10 All CHC eligible individuals living in their own home will have a notional PHB in the first instance. This means they have been closely involved in determining their care needs and goals and know the cost of the care. However, NEL ICB holds the budget for this care and commissions it directly for them.
- 5.11 Personal Health Budgets can also be provided as a direct payment or third party PHB. individuals who are interested in exploring a direct payment or third party PHB can be supported by NEL ICB's PHB Team upon receipt of a referral from the individual's CHC Case Manager.
- 5.12 A direct payment PHB is when the individual is given the money to buy their care and support agreed in the care plan. The individual or their representative must show what the funds have been spent on and is responsible for buying and managing services needed as part of the care plan.
- 5.13 A third party PHB is when an organisation is legally independent of the individual and the NHS (for example, an independent user trust or a voluntary organisation) holds the money for the individuals, and also pays for and arranges the care and support agreed in the agreed care plan.
- 5.14 There may be some instances where the individual has personal assistants (PAs) from their previous local authority funded personal budget and wishes for these PAs to continue to provide care of them via PHB Direct Payment once they become CHC eligible. NEL ICB will explore such arrangements on a case-by-case basis and in all cases try and maintain a continuity of care where possible.

6 Care Arrangements When a Carer is having Respite

- 6.1 When family or friends choose to provide care to meet an individual's assessed needs, the CHC Case Manager will also assess the carer's ability to continue in this caring role. The Case Manager will confirm that the responsibilities on the carer are appropriate and sustainable (para 326, pg 86, The National Framework).

Contingency plans should be agreed with the individual and their carer for emergencies or if the carer is unexpectedly unable to continue in their caring role. This should be documented in the individual's care plan.

- 6.2 It is expected that the carer will need some planned respite from their caring role during the course of the year to take a break, attend important appointments or simply spend some time in the home without their caring responsibilities.

On such occasions, NEL ICB will make arrangements for the care of the individual. In anticipation of this need, the Case Manager will incorporate into the care plan for the individual to be cared for in their own home by paid agency carers or in an alternative setting for up to 6 weeks whilst their carer is away or takes a break.

This is known as an Annual Respite Allocation and is described in more detail in section 7 below.

- 6.3 In the event that the carer is requesting more than 6 weeks break from their caring responsibilities in a year, this request will be considered on a case-by-case basis at NEL ICB.

In cases when this is requested, the CHC Case Manager may also request a review of the care arrangements and whether the carer is still able to provide the level of care they have committed to as part of the care plan.

- 6.4 Care arrangements for the individual when their carer is taking planned respite can take various forms. This allows a wide range of options to be considered that meet both the individual's needs and their care preferences.

Whilst it will meet the assessed needs of the individual, it may not be possible to provide a direct replacement of the care being offered by the carer.

Respite care options include, but are not limited to:

- Care provided by another carer in the individual's network (e.g. extended member of the family or friend)
- A volunteer support coming into the home to deliver the care required
- Paid carer/s coming into the home to deliver the care required
- The individual doing daytime activities to provide a break for the carer, for example attend a day centre

- Overnight respite provision
- The individual spending a period of time in a supported living, residential or nursing care home.

6.5 Whilst every attempt will be made to provide some form of continuity of care, during the period when the carer is taking respite, it is possible that the existing range of services delivered into the home will be changed or suspended. For example, a domiciliary care package may be paused if the individual takes a temporary placement in a nursing home whilst their carer is away on respite.

6.6 For those on Notional PHBs, where NEL ICB organises care for the individual, the carer will be required to provide the CHC Case Manager with at least two weeks' notice of the intended respite period in order to organise the care for the individual.

These respite hours will be recorded on the Respite Calculator and deducted from the remaining annual respite allocation.

6.7 There may be instances when the carer needs urgent or emergency respite and cannot give the required two weeks' notice. In such circumstances the carer should inform the CHC Case Manager as soon as possible so that NEL ICB can organise and pay a domiciliary care provider for the hours of care they provided during the emergency.

These respite hours will be recorded on the Respite Calculator retrospectively and deducted from the remaining annual respite allocation.

6.8 For those on a direct payment, the respite allocation will be included in their direct payment budget and the individual or their representative will need to organise the respite care arrangements for the individual while their carer is away.

Similarly, for those on third party PHB, the necessary care arrangements will need to be made via the third-party organisation.

6.9 There may be instances when the carer would like to go on holiday (within the UK or abroad) and would like the individual to accompany them. This would require paid carers who would provide all the assessed care needs during the holiday. This would allow both carer and individual to take a holiday.

In such cases a request must be made to NEL ICB at least three months before the planned holiday. Such requests will be considered by NEL ICB on a case-by-case basis following a full risk assessment regardless of whether the individual is in receipt of Notional Budget, Direct Payment or Third Party PHB.

7 Annual Respite Allocation and Annual Respite Allocation Calculator

- 7.1 Following the person-centred care planning discussion summarised in section 5 of this document, the CHC Case Manager will develop a weekly care plan for the individual which will identify the following:
- Their assessed care needs
 - The care tasks to be completed
 - When the care tasks are to be completed
 - How long it takes to complete each task
 - Who will complete each task (e.g. the individual themselves, paid carers, family or friend)
 - The skillset of agency carer required to carry out each task if the care was commissioned from the AQP Framework for CHC Domiciliary Care.
- 7.2 This care plan will be used to commission domiciliary care agency staff from the AQP framework if they are needed to look after the individual at home.
- The AQP Framework has a range of domiciliary care agencies that have been vetted by the NHS and employ carers with the necessary skills to meet the needs of CHC eligible individuals and have agreed hourly rates of pay with NEL ICB.
- 7.3 The care plan will specify any time of day or night the individual can be left on their own without care or supervision.
- 7.4 The care plan will highlight tasks that are completed by family or friends and how long these last. It will also highlight any time of the day or night when family are not providing an intervention but are “maintaining the safety” of the individual. This could be because the individual lacks capacity or needs supervision and unable to call for help.
- 7.5 Based on the care plan information, the Annual Respite Allocation Calculator will be completed for the individual which calculates the hours of care provided by carer each week, to meet the individual’s assessed needs and therefore, the hours of care NEL ICB would need to put in place if the carer took 6 weeks respite.
- 7.6 The Annual Respite Allocation Calculator also calculates the cost of this care if it was provided by a home care agency provider on the AQP Framework.
- This cost is the Annual Respite Allocation for the individual and it is approved by NEL ICB at the beginning of the financial year or following the individuals CHC annual review.
- 7.7 The Annual Respite Calculator ensures that:
- the individual/ their representative have transparent information on the cost of their care if and when carer needs respite, and this is consistent with the principles of PHB and person-centred care.
 - the individual and their carer can plan the respite the carer will need.

- NEL ICB can document and track the respite hours used by carer and pay care agencies appropriately.
- a review of care arrangements particularly where carers are needing/ requesting more than 6 weeks respite which may indicate that they are struggling to provide the level of care they have agreed to.
- equity in the respite offer for all individuals across NEL ICB.

7.8 The Annual Respite Allocation Calculator (see Appendix) is updated by NEL ICB annually in April or as soon as revised rates for providers on the AQP Framework is agreed.

7.9 The Annual Respite Allocation allows the individual and their carer to know exactly how much it would cost NEL ICB to commission care from an AQP home care agency when the carer takes respite.

It allows the carer flexibility around when they take respite as each episode of respite does not need further approvals by NEL ICB. This reduces delays for the carers who may have made some respite plan at short notice.

It also reduces the administrative burden for NEL ICB staff as they only need to approve respite funding once rather than repeatedly throughout the year and allows NEL ICB to forecast funds needed for all individuals if/ when their carers take a break during the course of the year.

7.10 The respite calculator also tracks the respite allocation used and the amount remaining for the rest of the year. Whilst the annual respite allocation is calculated based on domiciliary agency carers rates, the funds can be used to place the individual in nursing home or respite facility when their carer is away. This gives the individual and their carer greater flexibility, choice and control over their care arrangements.

7.11 An individual's annual respite allocation cannot be carried over from one year to the next.

7.12 The respite allocation can only be paid for care to meet the assessed needs of the individual as agreed in the care plan.

8 Transfer of care from NEL ICB to an LA and visa-versa

- 8.1 The LAs and NEL ICB have their own policies and procedures for determining the level of respite they provide to carers of individuals whether in receipt of adult social care packages or CHC.
- 8.2 There are currently no obligation on either organisation to replicate the respite offer provided by the other party.
- 8.3 When an individual moves from one organisation to another e.g. from being CHC eligibility to not eligible and visa versa, there is no obligation to replicate the respite offered previously and a new calculation will be made based on the current situation.

Appendix: Annual Respite Allocation Calculator 2022/23

