

# **SHORT-TERM CARE IN SHEFFIELD**

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## **Adult Social Care Commissioning Strategy for Older People**

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## EXECUTIVE SUMMARY

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The Sheffield Short-Term Care for Older People Strategy has been influenced by national guidance and best practice as well as through feedback from people who use short-term care, their carers, volunteers and professionals who support people to access short-term care both health and social care

It will explore the current arrangements and aim to resolve some of issues that have been raised including:

- People's perceptions of what constitutes short-term care have been mixed and often confused, they have sometimes been focused on what is (a care home stay) rather than what could be.
- Short term care is usually associated with supporting carers and whilst this is a crucial aspect, short term care should be viewed in a wider context, and the impact it can have for everyone.
- Contracted capacity was sufficient at the time of the original contract however, due to natural population growth, changing patterns in purchasing and growing expectations, demand for short-term care has increased. Purchasing history shows that additional provision over and above the block contracts is being secured at an additional cost pressure on the purchasing budget. This indicates that our models of support and methods of purchasing require review.
- Issues raised through both previous reviews and more recent engagement have identified some positive aspects to the current model which provide a good basis for development, but there are areas that need to be addressed to further develop the short term care offer for the city.

We also know however that people value short term care as a safety net and the support and break it offers to many carers and to many individuals at short notice and in circumstances that they could not predict.

Through the aims set out in this strategy, we can achieve a short term social care model for older people that provides a greater variety of options, increased flexibility in delivery, more capacity and improved confidence in the services that are available. For the people accessing short term care, this model will provide real choice and greater awareness on what there is available, and ultimately more independence to decide how their needs are met.

## SECTION A: OVERVIEW

### A.1. PURPOSE OF THE STRATEGY

This is Sheffield's strategy for short term care for older people and sets the direction of travel over the next 5 years.

It sets out the current needs and future expectations for short term care in Sheffield and how this aligns with the overall strategic direction. It has been produced in collaboration with people who use short term care, unpaid carers, social care workers and professionals.

This provides a context and set of strategic aims for how we intend to meet current and future demand for short-term care provision, and further contribute to the overarching aims described in a number of city strategies including the Sheffield Adult Social Care Strategy and the Sheffield Carers Strategy.

This strategy provides clearly defined aims that should be central to the commissioning intentions outlined in the various areas within the report and explores how these aims can be achieved.

The strategy starts by providing the strategic context for the whole adult social care commissioning system, followed by the current short-term care landscape and linked commissioning activity.

### A.2. STRATEGIC CONTEXT

Sheffield has published its Joint Health & Wellbeing Strategy 2019-24. This covers the entire life course, but relates specifically to short-term care in its aims around "Ageing well":

- *Everyone has equitable access to care and support shaped around them.*
- *Everyone has the level of meaningful social contact that they want.*
- *Everyone lives the end of their life with dignity in the place of their choice*

The Sheffield Adult Social Care Strategy currently in development, which is being co-produced, is likely to focus on the following commissioning principles:

- *Support to maintain independence, stability, and control in your life.*
- *Support people living at home for as long as possible, but to also to ensure care and support is available wherever you call home.*
- *Listen to what matters to you.*
- *Help to sustain the availability and accessibility of support.*
- *Ensure services we buy and arrange are high quality and improve people's experience of care and support.*

The Sheffield Carers Report (Jan 2020) and Sheffield Dementia Strategy Engagement Report (Feb 2019) also highlighted the commitment for:

- *More and greater options of breaks for Carers – as a preventative tool before breakdown in caring.*
- *Sheffield will continue to provide out of hospital emergency assessments and short-term care when people need it and in the most appropriate setting.*

### **A.3. THE CITY PICTURE**

There are several different types of short-term care, some provide a break for carers, and others offer a short stay for assessment or rehabilitation. Although they are all very different there are common factors, they always incorporate an overnight stay and currently they are predominantly provided in a care home.

Sheffield City Council currently purchases through contracts:

- Eight (8) pre-bookable respite beds located across several care home venues, this is a block contract and the contract for these is due for renewal in October 2021.
- Six (6) emergency beds also across several locations (the locations are flexible dependent on need), this is a block contract and the contract for these is due for renewal in October 2021.
- A significant number of spot purchase for short-term care from the care home market.

In 2019/20 the total forecast spend on short-term care was approximately £2.5 million, and this accounts for 3% of the total expenditure on the older people's purchasing budget.

Some of the issues and areas that had to be addressed further as part of this strategy include:

- There has not been any recent consultation with carers and individuals about short-term care and what this should look like in the future.
- There have been some suggestions that carers prefer to take a break with the person they care for.
- The alternatives for short-term care outside of a care home setting are limited.
- There is anecdotal evidence that carers are not able to find any pre-bookable respite
- The pre-bookable respite beds are not being used to full capacity however there are spot purchases for short-term care outside this contract.
- The short-term care arrangements all sit in the independent sector.
- The current respite and emergency short term arrangements were put in place following the closure of a care home and therefore are traditional in approach, they were provided on a like for like basis rather than based on evidence of what works and have not been reviewed recently.

#### **A.4. WHAT DO PEOPLE TELL US ABOUT THE SYSTEM?**

A consultation into short-term care for older people was conducted as part of the strategy development to understand what is important to people when considering short term care. This also provided the opportunity to highlight issues in the current model of short-term care, as well as what people would like to see in future. The consultation found that:

- Priorities for people included the quality of the options, the availability, and how person centred the service was.
- In addition to the aims that were suggested respondents felt that the strategy needed to ensure there was access to emergency and rapid access to short term care options, and that socially valuable relationships could be built between the cared for person and providers.
- What was also highlighted as important to people included having confidence in the quality of care provided, having access to short term care at different times of the day or week, and having a variety of different short term care options in different settings.

A copy of the full consultation report and summary infographic can be found in the appendices.

## A.5. OUR COMMISSIONING APPROACH

In Sheffield we follow a commissioning cycle consisting of:

- Analyse: activity and resource assessment.
- Plan: gap analysis, commissioning strategies and service design.
- Do: service delivery and provider working.
- Review: outcome and performance analysis.

This cycle is summarised in the diagram below.



Figure 1 Commissioning Cycle

This strategy is a key element of the plan stage of the commissioning cycle as it will inform the subsequent planning and delivery of short-term care for older people in Sheffield.

Although this strategy is intended to set the strategic direction for the next 5 years once implemented, the commissioning plan will need to be refreshed on an annual basis as part of the commissioning cycle.

An annual monitoring review should also take place with commissioners, service providers and those who engage in short-term care to review the implementation progress of the strategy. This will also provide the opportunity for changing outcomes to be identified and the market to respond to these.

## SECTION B: DEMAND AND PROVISION

### B.1. DEFINITIONS AND SCOPE

**Short Term Care** is commonly understood as a temporary solution in a residential care home. It is aimed to support a person on a temporary basis following a bout of illness, injury, or other situations and where a person may benefit from a stay in a residential setting to recover and until they can return home.

A wider understanding of Short-term care and one that this strategy adopts is that it is:

**Short-term care covers a range of short-term services that may help a person and their family to sustain as much independence living at home for as long as possible, usually as part of a package of care and support.**

These services can include:

- Occasional days in a setting away from home.
- Short stays in an overnight setting.
- Support at home for short periods to enable the person and their family or carer to have some time to themselves.

**Respite care** is traditionally defined as a planned short-term arrangement in a residential home funded by social care (The Local Authority) which:

- offers family carers a break from their caring role
- offers short term alternative accommodation where a person needs this

In fact, this strategy adopts the following, as it more accurately reflects the purpose:

**Respite care is a specific type of short-term care which is mainly for the benefit of a person's carer, to give them a chance to take a break from their caring role.**

**Emergency care** beds are unplanned short-term admission in a crisis usually because of a family/environmental crisis or to prevent a hospital admission.

Some indicators for Emergency care beds are:

- Emergency admissions are always unplanned.
- Usually for a maximum of 7 days during in which time an alternative plan or arrangement for the person is developed.
- Some people require additional support during this time
- Providers need to demonstrate that they can deal with admissions having the right on call arrangements and arrangement to develop plans of care with pace.

**Shared Lives** - The principle of Shared Lives is that people with support needs, such as adults with learning disabilities, people with mental health problems and older people are supported in the homes of self-employed carers and participate fully in their family and community life. Shared Lives is a service where carers provide day support, short breaks, and longer-term support to people over 16 years old.

In addition to the directly purchased or contracted short-term care arrangements, people also access short-term care through the following:

- **Direct Payments** – this is a different method of purchasing and involves monetary payments made to individuals who request to receive one to meet some or all their eligible care and support needs. Direct Payments, along with personal budgets and personalised care planning, all form part of the Care Act to deliver a modern care and support system. People should be encouraged to take ownership of their care planning and be free to choose how their needs are met, whether through the council or third-party provision, by Direct Payments, or a combination of the three approaches.
- **Spot Purchases** are a mechanism used to purchase a support service (usually a bed), where all contracted services are at capacity. The purchase of this goes through an approval process.

Assessment Beds and Intermediate care beds are predominantly used with a rehabilitation focus for the individual. The social care focus of short-term care is more towards the circumstances of the individual as opposed to their health/therapy need, and so this is the view point that will be used to define which of the above short-term care type are within scope.

Assessment beds, Intermediate care beds, and offsite community beds are outside of this scope of this strategy.

Respite care, Emergency care beds, Shared Lives, Direct payment for short-term care, and other Spot Purchases for short term care will be within scope.

## **B.2. CURRENT SHORT-TERM CARE OPTIONS**

### **Care Homes**

There are approximately 76 care homes for older people in Sheffield (Capacity Tracker, Dec 2020) providing 3703 beds for both residential and nursing care. Both the CCG and SCC purchase care from most of these homes with SCC being the dominant purchaser, however there are also placements made by other local authorities and private arrangements by individuals' who fund their own care.

Sheffield City Council contracts with independent sector to provide both pre-bookable respite beds, along with emergency respite beds.

The pre-bookable service can provide 8 beds, at the Sheffield City Council current standard fee rate each week. The emergency bed provision is for 6 beds.

## **Direct payments**

Direct Payments enable people to purchase short-term care options that best meet their needs. The engagement with this group of people was of particular interest to help understand the variety of short-term care options that have been accessed.

## **Shared Lives**

The cost of shared lives ranges from £450 per week for live in support to £8.72 per hour for day support. There are also opportunities for both planned and unplanned overnight short breaks.

### **B.3. PREVIOUS ANALYSIS**

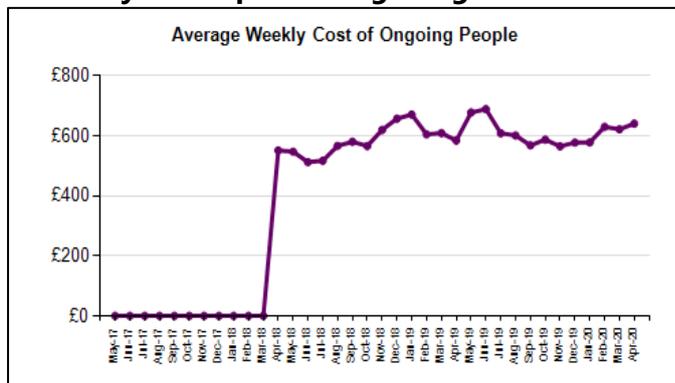
#### **Residential care home placements – April 2019**

A care homes position update was discussed at a leadership team in Dec 2018. Following further analysis, consultation and planning a review was produced that aimed to update the position and recommend/note further action. Part of this review focussed on the provision of short-term care. The following are the relevant headlines from this review:

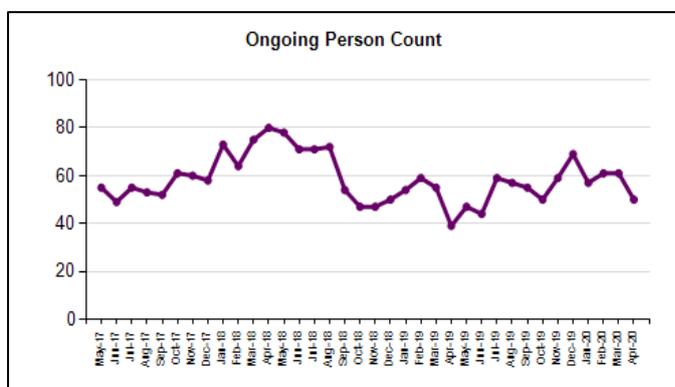
- Spend on short term residential care increased between the financial years 2017/18 and 2018/19 by 30%, of which 19% was attributed to the increase in client numbers. The link between unplanned admissions to short term residential and subsequent admission to long term residential care was also identified for further understanding.
- Underutilisation (or overly lengthy stays) of the block respite beds and use of spot purchases instead could be contributing to this increase.
- Another explanation for the increase could be that more people were seeking respite to support their stay at home. However, this would need exploring.
- Although home care for people being discharge from hospital was prioritised, social work teams were unable to access timely urgent home care for people at risk of admission to emergency respite or in need of home care on leaving respite.
- The current 'Emergency Placements' process/practice guidance is out of date – the model focuses on placements primarily being made via First Contact (however since the move to localities many placements are made by locality teams with known customers).
- The lack of availability of home care during the night-time (other than relating to tissue viability) was an issue.
- Locality Teams felt that the backlog in planned and unplanned reviews was likely to be contributing to the risk of emergency placements being needed. Although urgent requests were prioritised, it was felt that this increased the risk of people's situations deteriorating.

## B.4 CURRENT DEMAND AND USAGE

### Summary of the purchasing budget information



Line chart showing average weekly cost of short term care from May 2017 to April 2020 between £400 and £700.



People accessing Short-term Care

Line chart showing numbers of people accessing short term care on a weekly basis from May 2017 to April 2020. The range is between 40 to 80.

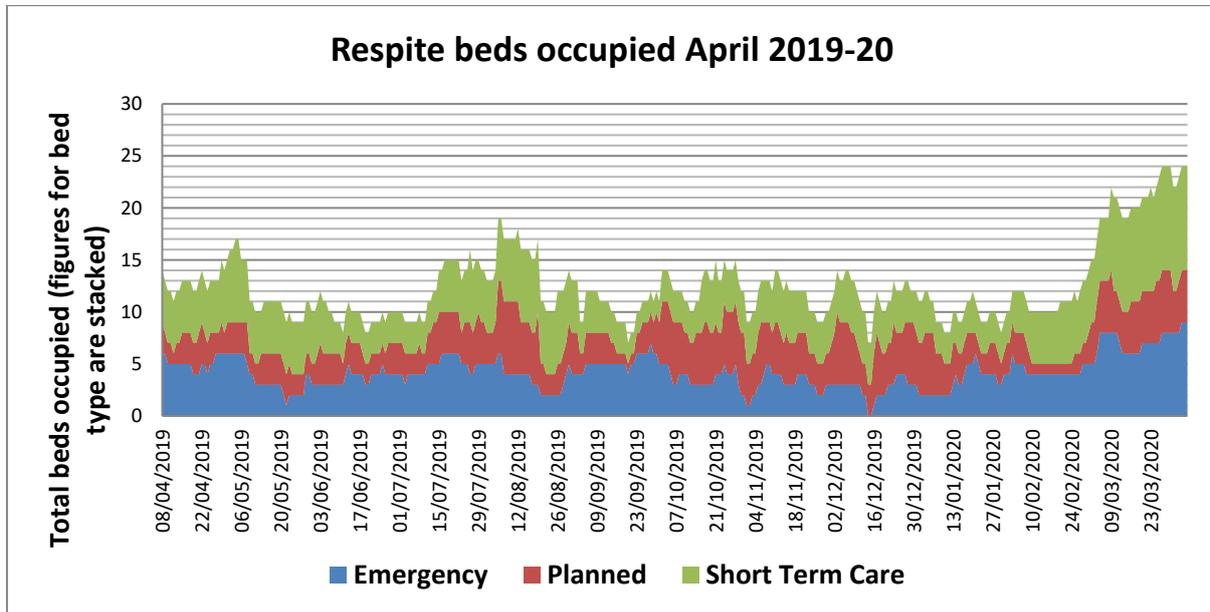
### Figure 2 – Purchasing Budget Dashboard - Monthly

The purchasing budget analysis has the following headlines:

- While the number of people accessing all forms of short-term care varies each month, the numbers of starting provision, balances off the numbers of people stopping

- The average weekly cost has increased.

### Summary of the contracted respite provision

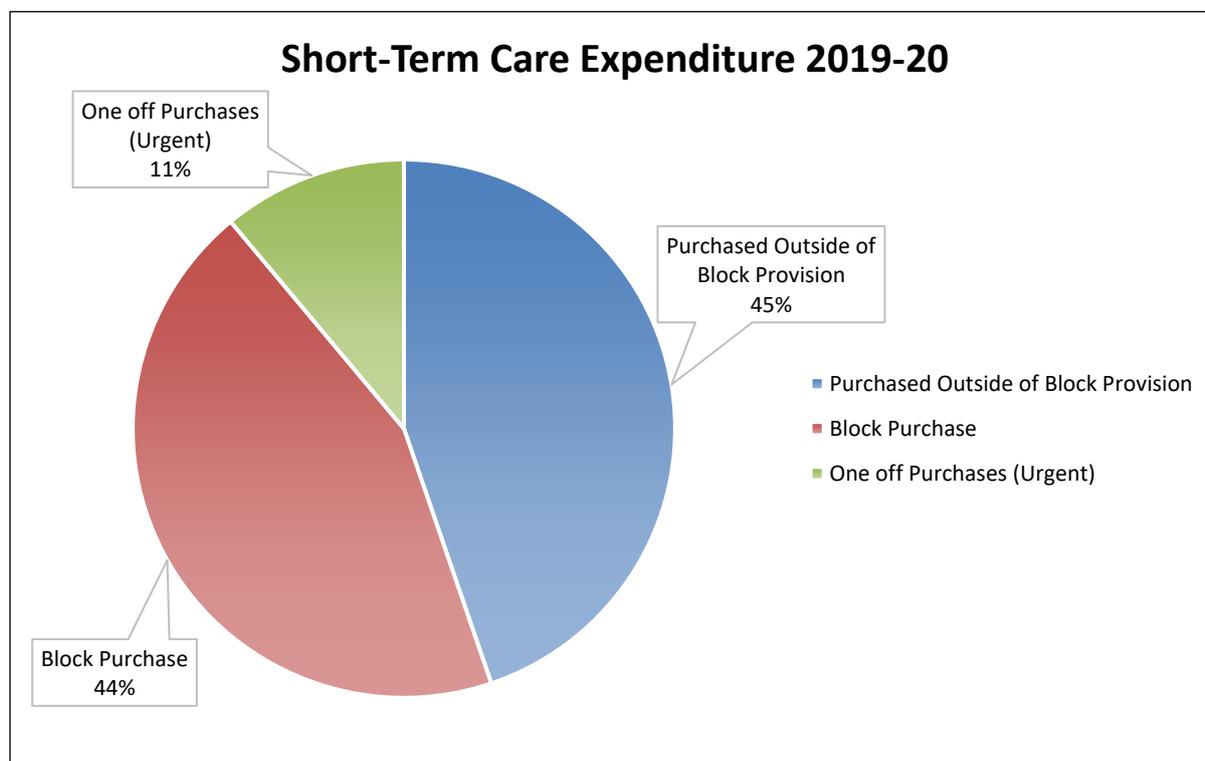


**Figure 3 – Contracted respite bed occupancy April 2019 to 2020**  
Line chart showing respite bed usage by type (Emergency/Planned/Short Term) between April 2019 to March 2020 weekly, from 0 to 24. This was relatively stable with a large increase into the first quarter of 2020

The occupancy analysis has the following headlines:

- Although the usage remained relatively stable across the year, there was a notable increase into the first quarter of 2020.
- The use of the planned beds only reached a maximum occupancy of 87.5% on 10 days over the year period.
- The emergency bed occupancy reached 112.5% during this year period.
- There were 183 different people (2879 nights) who accessed these services over the period.
- Of these, 70 people accessed 1525 nights of the emergency provision, and 77 people pre planned their short-term care stay for 1354 nights.
- In addition to this, 36 people, equalling a total of 2170 nights also accessed the short-term care outside of the contracted bed provision.

## Summary of the financial position on Short-Term Care 2019-2020



**Figure 4 - Short-Term Care Financial Analysis 2019 to 2020**

A pie chart representing expenditure on short term care in the year 2019 to 2020. 44% Block purchase, 45% outside of block purchase, 11% one off purchases (urgent)

The financial analysis has the following headlines.

- The financial analysis accounts for all forms of short-term care delivered in care homes that that is inclusive of services such as assessment and discharge to assess beds.
- The total spends on short-term care for 2019 – 2020 was approximately £2.5 million.
- 45% of the short-term care spend was used to purchase residential short-term care outside of the planned and emergency care contracted provision.
- This was across 91 different residential care providers both in city and other areas.

## Summary of the forecasted population and demand

Sheffield	2020	2021	2022	2023	2024
People aged 65 and over who need help with at least one domestic task	27,732	27,891	28,201	28,550	28,962

<b>People aged 65 and over who need help with at least one self-care activity</b>	27,429	27,570	27,844	28,176	28,581
<b>Total population 65 and over</b>	95,100	95,700	96,600	97,900	99,000

Figure 5 - Forecasted population and demand over next 5 years, POPPI

The forecasted population and demand has the following headlines.

- The Sheffield over 65 population in need of some sort of support is projected to increase by 4% over the next 5 years.
- This will be a potential source of extra demand on the existing short-term care provision.

### B.5 COVID IMPACT

- The risk assessment of the care home market is at medium due to the financial risk, the high level of vacancies and the low rate of new admissions across the care home sector. Public Health estimates an overall vacancy level of 21% (Dec 2020) in Sheffield Care Homes. (Provider Position Report 3<sup>rd</sup> December 2020)
- Research by Carers UK (2020) has found that 81% of unpaid carers are currently providing more care than before the March lockdown. In addition, more than 78% of carers reported that the needs of the person they care for have increased recently and 64% of carers have not been able to take any breaks at all in the last six months. The report concludes that should these carers burnout or be otherwise unable to provide care there will be a significant cost impact on the health and social care systems. (Carers UK 'Unseen and undervalued' (Nov 2020))

### B.6 CONSULTATION RESPONSES

Analysis of the responses from the consultation provided a range of views and critical thinking on the current model of short-term care and were a mix of personal experiences and wider considerations.

The following summary is a themed collation of these responses.

#### Positive experiences of short-term care

- Respondents felt that for a model to be successful, both availability of services and information were key elements. Responsive services, and options that could provide consistency were also themes that emerged in the responses.
- Comparisons to short term care models in other service areas were drawn, with the options available to people with learning disabilities being particularly referenced.



- Individual experiences were provided regarding various forms of short-term care such as care at home, and overnight stays in residential settings that are seen in the current model.
- Benefits were also highlighted regarding how short-term care options can help people transition through different stages of their lives.
- Instances where innovative approaches had facilitated short term care were also shared, such as use of a reablement team to support a person at home in an urgent situation, and for a short period.

### **Negative experiences of short-term care**

- Themes that became apparent from the consultation responses varied, however lack of access to information was a consistent thread through some of the responses. This was coupled with communication issues that could range from difficulty in planning and making bookings, to the lack of interaction and weak relationships that people have experienced in the support they have received.
- Some of the individual experiences that were shared reflected on issues where a more flexible outcome-based approach to how the person uses their break and time could have a much wider positive impact. Equally, the comments demonstrated how difficult it has been to get access to information on options, their quality and ultimately their availability. Through making this information more consistently held and publicised several the issues reflected could be addressed.
- Drawing out the impacts of some of these experiences we see that additional time and pressure can be felt in trying to source short term care, particularly in urgent situations which already carry pressures. Some of the experiences have left respondents feeling disconnected, be this physically due to location for the main carers and the cared for person, to the lack of connection and person centred approach in the delivery of the short term care service. Choice has also been limited by either the limit of options that meet the persons need, or through the lack of information on options that are available more widely. More recently, and comments reflected this several times in the responses, the impacts of the pandemic have created a fear in the use of short-term care, be that in the community and in residential settings.



### **Awareness of other short-term care opportunities**

- Respondents were presented with a range of short-term care options that are not widely accessed by older people who use short term care to understand if this based on choice, quality, or awareness. The results signify that the types of services that were suggested are not widely know about, which limits people’s access to a wider variety of short-term care that is available.

## Areas of focus

With the experiences of short-term care explored with respondents, areas for focus were prioritised that they felt would support the positive aspects and address the issues highlighted through the negative experiences. The following areas were closely ranked.

- Confidence in the quality of care provided.
- Access to short-term care at different times of the day / week.
- Access to short-term care of different types and in different settings.
- Flexibility about when short-term care is arranged.
- Option for the carer to have a break and the cared for person to stay in their home.
- Choice in length of break.
- Option to pre-book short-term care and plan ahead.
- Option for the carer to have a break with the cared for person.

## B.7 BENCHMARKING & BEST PRACTICE

Review into models of short-term care that are publicly available found some examples of options or methods to facilitate options, however there was little evidence of whole short-term care models to compare against.

- Leeds, Nottingham, Manchester and other core cities all reference short term care within their respective adult social care strategies as an outcome to achieve some level of improvement, with varying level of detail on the outcome, but largely in regard to either their carers, or learning disability strategies.
- Derbyshire County Council – Information on short term care is provided on their local authority website, outlining what short term care means, and how access can be supported ([link](#)). The model however is built within the wider “Older People’s Housing, Accommodation and Support” strategy and is only referenced in respect to care at home support and care overnight.
- Falkirk, Scotland run Short Breaks Bureau to support people with accessing short term care options, and arranging on their behalf, or providing a range of options for the person to explore. This has been developed further over the last year in response to the lockdowns and are inviting suggestions on how to provide alternatives to breaks at this time. ([link](#))
- Another area being piloted, particularly in Scotland is Respitality ([link](#)). The aim of this is to provide short breaks to unpaid carers and links with hospitality, tourism and leisure businesses who are willing to donate free breaks.
- Looking further afield, New South Wales, Australia have a Mobile Respite Team in response to their increasing rural population who are living with dementia, and the need to support their carers. ([link](#))

- CommunityCare.co.uk hosted an article in 2017 referencing Community Care Cooperatives, and the benefits of more flexible support that can be achieved using social care cooperatives. ([link](#))
- Short break funds have also been set up in Scotland, predominantly for children and their carers, however these provide grants to third sector organisations to provide short breaks, and so develop the range and availability of options that are available. ([link](#))
- Looking toward health services, websites such as [www.careopinion.org.uk](http://www.careopinion.org.uk) provide people with the opportunity to feed back on their experience of the service they have accessed, and inform others as to the quality of the services that they may expect.

## SUMMARY OF SECTION B

- Understanding of short-term care terminology varies and should be commonly defined.
- Contracted capacity was sufficient at the time of the original contract however, due to natural population growth, changing patterns in purchasing and expectations, demand for these options has increased. Through the information on spot purchases we see that additional provision is purchased, at an additional cost pressure on the purchasing budget.
- Issues raised through both previews review and current engagement have identified some positive aspects to the current model, which provides a good basis, as well as areas that need to be addressed to further develop the short term care offer for the city.
- The main outcomes indicated from the consultation reflect a desire for confidence in the quality of care provided within short term care options, access to options at different times of the day, or week, and a greater choice of options that are provided in different settings and offer a wider variety of engagement.
- There are some good features that can be drawn upon from other authorities and wider organisations for a short-term care model, but there was little evidence of a whole short-term care model view. Short-term care appears to form part of wider adult social care strategies. This further demonstrates the lack of information readily accessible to people on short-term care.

## SECTION C: COMMISSIONING INTENTIONS

The aims set out below and agreed through consultation provide the core building blocks for the short-term care model to be taken forward.

### C.1 THE STRATEGIC AIMS

- **Offer carers a break from their caring role.**
- **Allow carers to pre-book support so they can plan ahead.**
- **Offer both carers and cared-for people a range of options for more personalised breaks.**
- **Offer responsive support to the cared-for person and family at a time of need.**
- **Offer short term overnight support in a range of settings.**
- **Ensuring emergency and rapid access to short-term care options.**
- **Develop opportunities to build familiarity of care providers and the cared for person.**

Through the adoption of these aims, comparability, and consistency to working age adult care can be met, achieve a more whole life approach to short term care.

## C.2 THE MODEL

At a strategic level Sheffield intends to meet the individual outcomes for people who use short term care as part of their support structure through a graduated approach, with targeted developments and improvement in each area that should serve to support the changing demand for services and provision in the long-term:

### All short-term care options need to provide:

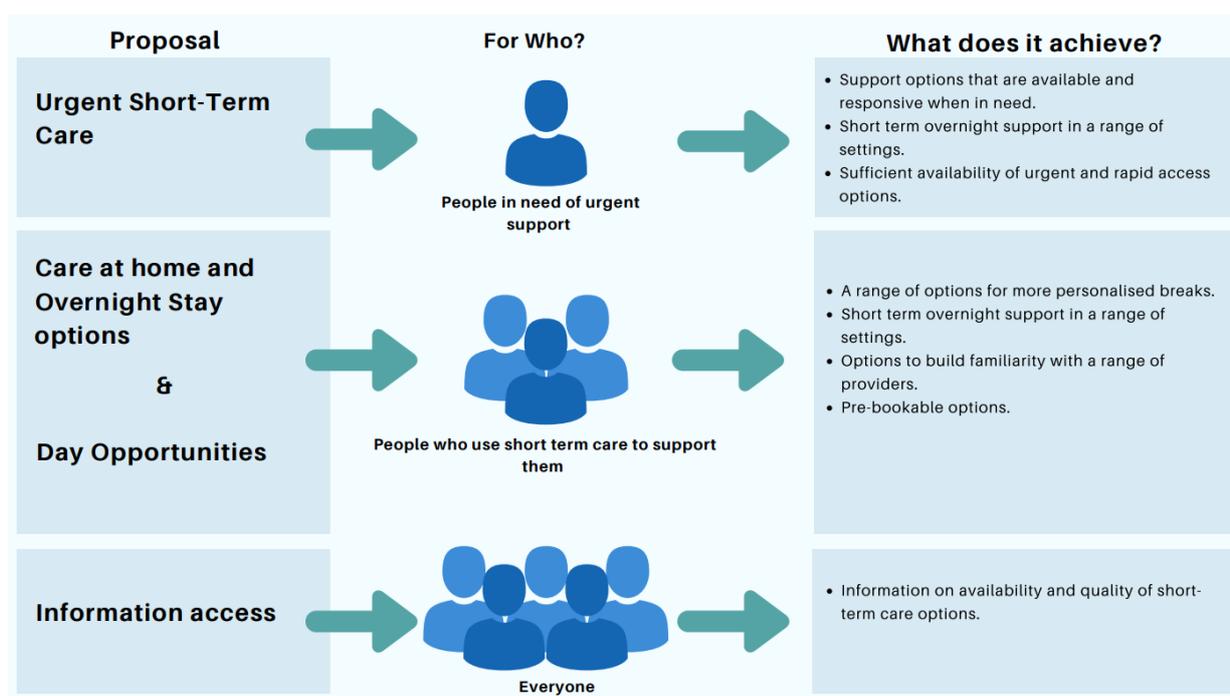
- A break for carers from their caring role.
- A range of options for more personalised breaks that fulfil both the aims of the main carer and the cared for person.
- Support options that are available and responsive to the cared-for person and family at a time of need.
- Options that provide opportunities to build familiarity of care providers and the cared for person.

### Some short-term care options should be available with:

- Pre-bookable support for carers to enable them to make plans.
- Short term overnight support in a range of settings.
- Sufficient availability of urgent and rapid access short term care options.

### The whole short-term care model requires:

- Information on the availability and quality of short-term care options that is widely accessible and understandable.



The proposal is:

- Urgent short-term care for people in need of urgent support. This achieves:
  - Support options that are available and responsive when in need.
  - Short term overnight support in a range of settings.
  - Sufficient availability of urgent and rapid access options.
- Care at home & overnight stay options, and day opportunities for people who use short term care to support them. This achieves:
  - A range of options for more personalised breaks.
  - Short term overnight support in a range of settings.
  - Options to build familiarity with a range of providers.
  - Pre-bookable options
- Information access for everyone. This achieves information on availability and quality of short-term care options.

The next part of the strategy outlines the recommendations for Sheffield Adult Social Care Commissioning to adopt and aim towards for older people's short-term care, in line with the outcomes reflected above.

The recommendations are described against the following areas of the system and needs:

- 1. Urgent short-term care**
- 2. Care at home and Overnight stay options**
- 3. Day Opportunities**
- 4. Information Access**

## C.3 URGENT SHORT-TERM CARE

### **Model Attributes: Urgent Short-Term Care**

- Short term care availability that can respond rapidly in urgent situations.
- Part of the provision should be focussed on people living at home.
- The other part of this provision of short-term care is to ensure there is an overnight stay element for urgent situations.
- Both urgent care at home and overnight stay short term care options should be available for all older adults.
- Availability should be publicised and easily accessible.
- In urgent unplanned short-term care situations responses should be swift to resolve the situation for the person.
- Urgent overnight stay options should be local to the person and their main carer.
- Short term care options that are available for urgent situations should be supported by a multi-agency response to ensure the provider can commit to supporting the person.

### **Model Attributes: Reasoning**

- The emergency respite bed contract provides 6 beds; however, the monitoring information has demonstrated that demand has exceeded capacity. This has been managed by utilising the vacancies in the pre-planned capacity or purchasing through one-off agreements.
- Some council services have been accessed on occasion where capacity allow to provide care and support at home rapidly for a short period of time, however this is not a dedicated service. A pilot project has been in development to address some of this need, but for a target population initially.
- Most overnight support provision is currently to meet the demand for short term care for people living with dementia. The available provision does not cover populations without a dementia support need, and it does not provide provision that can avoid unnecessary moves for anyone wishing to remain at home.
- The current provision provides overnight stay options but may not provide sufficient capacity in the current configuration.
- The responses from the consultation have indicated that availability is an issue. There are availability systems that can be accessed internally but may not be widely known or accessed. These systems are also only as good as the information held within them and require update by the homes. These options do not provide ready access to the public. This does not provide access to at home provision.
- Whilst this is not the case in all situations, it was also raised through the consultation that decisions on admissions to care homes are not always responsive, particularly at times that are considered out of hours or at weekends.
- With the limited number of sites under contract to deliver urgent overnight care the current model does not always achieve local delivery for the person or carer.
- Support to the short-term care options to provide urgent care can vary between situations. There is no consistent coordinated support offer that may extend the urgent provision in the city.

- Most of the overnight urgent support is often away from the persons home and some needs to be available at home.

### **Model Attributes: Possible solutions**

- Revisit existing contracts for both urgent support beds and pre-bookable beds, reviewing the allocations in line with the occupancy rates, and the flexibility in use of the provision.
- Extend availability to all older adults (inclusive of people without dementia, or with nursing needs). This should be achieved in hand with an increase in capacity for pre-bookable provision so as not to diminish the availability of short-term care for any group.
- Look to include more care homes making use of unoccupied capacity (inclusive of opportunities under other contract arrangements such as intermediate care). Open frameworks could help to support the development of the market and be flexible to the changeable nature of the market.
- Identify and support all interested care homes with appropriate dementia training to make these more accessible.
- Wrap around team linking in with the local authority, GP's, health professionals and community organisations to avert crisis.
- Investments should be directed towards a rapid response home support team or mobile respite team (New South Wales)
- Explore the opportunities with home support providers to provide emergency support
- Other options for emergency support should be considered i.e.
  - Extending the remit or specifically recruiting carers in the shared lives service.
  - Working with extra care providers to look at emergency options in extra care.
  - Working with sheltered housing and other housing schemes to pursue the possibility of housing and support options
  - Looking at the possibilities of extending the remit of supported living providers who predominantly work with adults with disabilities.

## C.4 CARE AT HOME AND OVERNIGHT STAY OPTIONS

### Model Attributes: Care at Home and Overnight Stay Options

- Flexibility for the main carer and cared for person to explore their own short-term care options that meet their own outcomes and can be purchased through council arrangements or individual purchase arrangements.

#### Care at home

- Short term care opportunities that take a person-centred approach, which can meet the care and support needs, interests, and individual outcomes of the cared for person and their main carer.
- Support periods not determined by time and task approach, but by the desired outcomes of the cared for person and their main carer.
- Quality provision based on developed relationships between the cared for person and their care and support team to ensure positive social connections.
- Provision available to ensure both daytime and overnight short-term care and support.

#### Overnight Stay

- Short term overnight stays options to provide options for people with diverse care and support needs.
- A range of options delivering different short-term care experiences, both in and out of the city.
- Flexibility in the length of time that short term care is bookable for inclusive of short weekend stays to longer periods.
- Good quality services that provide a range of positive experiences.
- Sufficient capacity to meet urgent requests.

### Model Attributes: Reasoning

- With a lack of access to information on the variety of short-term care options available and the limited use of direct payments to purchase short term care, the flexibility that the current model provides is limited. With increased market shaping and development of services a greater variety of options can be achieved. By promoting greater use of individual purchase arrangements, there will be more opportunity for people to purchase short term care that they feel meets their outcomes.
- Adopting more person-centred approaches can not only achieve a greater benefit for the person and their main carer, but through review can help to develop what the service can offer.
- Through a shift from time and task orientated support at home towards support directed by the person that meets their needs, individual outcomes are more likely to be met, and breaks down barriers such as what is and isn't part of the support remit. This will support the move towards outcome-based home support provision.

- Relationships were noted as an area in the consultation and practice developed in working age adult social care have demonstrated the benefit not only for the person and their main carer, but also the person or team providing the support. Through a greater involvement and choice from the person and their main carer in who delivers their support commonality can be found. This can help to allay concerns for the main carer when taking a break.
- Both day and overnight support at the persons home helps to keep the person at home and so avoid unnecessary moves.
- A range of options to provide overnight stays to people with diverse needs are already accessed, however these are usually through spot purchases on a individual basis. By using this information and formalising their availability this will provide the same options to all and a greater understanding of what is available in the market. This may also provide short-term care opportunities for services to extend into.
- Some access to of out of city provision is already purchased under the current model. Understanding the availability of these options should be developed and publicised where user experience can be drawn upon, as this provides the opportunity for peoples own aims to be met that may extend beyond the city or be a different view of short-term care. This was a theme that could be drawn out of the engagement.
- The engagement also similarly reflected that there were few options available for short stays less than a week. Through developing more options in the short-term care market for shorter stay's, this would also enable people to potentially access these services more frequently, thus providing more frequent breaks for the cared for person and their main carer.
- Good quality services are something that the current model achieves to some extent but this can only be achieved with the continued management of expectations and more developed person centred approaches. Promotion of user experiences will enhance the wider understanding of services quality.
- The monitoring of the usage of current contracted short-term care option has demonstrated that the capacity has been increasingly reaching its limit in its current form. This would need to be increased to facilitate wider access and meet the demands to be expected through increase in natural growth. Equally, where delays have been seen due to pending decisions on acceptance, services should be supported to have the confidence to be able to make the decision without unnecessary delay.

#### **Model Attributes: Possible solutions**

- Explore methods such as direct payments that provide alternative purchasing arrangements such as respite card and payment systems.
- Support providers to adopt more person-centred recruitment and matching practices.
- Increase variety of venues and capacity within the short-term care market for pre-bookable options that could explore hotel or increased hospitality offers within care homes, extra care housing or supported living environments.

- Consider concepts such as Community Care Co-operatives (Wales), which may increase personalised approaches and build resilience in the care market and afford additional individual purchase of more time from familiar carers.
- Explore visibility and use of opportunities such as shared lives, Live in carer support, or HomeShare and other options not routinely utilised. Could these be extended to include an emergency option?

## C.5 DAY OPPORTUNITIES

### **Model Attributes: Day Opportunities**

- Day opportunities that provide a range of availability across the full day inclusive of early mornings and evenings.
- Opportunities that take a person-centred approach to delivering on individual outcomes of the cared for person, or the main carer/cared for person relationship.
- Options which are flexible in their delivery of short-term care for the cared for person, the main carer, or a wider group of people with similar interests.
- A range of day opportunities which are deliverable in fixed settings, in a person's own home or in the community.

### **Model Attributes: Reasoning**

- The current provision of day opportunities is largely building based and operate predominantly over daytime hours. There are few options that facilitate short breaks that may start in an earlier morning or run into the evening.
- Adopting more person-centred approaches can not only achieve a greater benefit for the person and their main carer, but through review can help to develop what the service can offer.
- Day opportunities that offer structure for individuals are well established, but through also offering a flexible approach that can adapt to the outcomes that the person wants to achieve on the day may provide an increased personalised approach. Through developing groups based on interests' natural relationships and support structures may also be developed reducing the need for a specific short-term care input.
- Through having a varied offer of day opportunities that can be delivered in various settings, instances where people have to travel long distances reduce and more support can be delivered locally, building the person more into the community if they want the opportunity.

### **Model Attributes: Possible solutions**

- Seek to develop and contract options that add social value through more flexible operating times.
- Consider engaging community businesses to explore their opportunities or the development of a "Short Breaks Fund" or "Respiteability" approach (Scotland).
- Challenge existing options to explore how they could offer an alternative to their provision and require a developing plan on future development and inclusion.
- Develop a range of providers who can provide company for people with and without care with flexible durations to aid in breaks that could be between an hour to a half day.

## C.6 INFORMATION ACCESS

### Model Attributes: Information Access

- Access to an information hosting/booking solution that reflects the accurate availability of different types of short-term care options be it a day opportunity or an overnight stay. This would enable people to arrange short-term care themselves, but also allow for others to arrange this on their behalf.
- This information should be easily accessible for both social care workers, and the public.
- This should be inclusive of any short-term care options both locally and nationally.
- This should be open to new submissions for inclusion on a flexible basis.
- The quality of short-term care options should be actively promoted to provide reassurance in the services available.
- Terminology when considering short term care options should be consistent to avoid varying expectations of options.
- Information on the quality of services should be presented in a consistent manner with existing ratings.
- Feedback on personal experience of options should also be promoted.

### Model Attributes: Reasoning

- Current provision is accessed through the knowledge of the person booking and so can limit the person to what options they know about. Equally although there are systems that hold vacancy information, access is limited to professionals and not widely available to the public. The pressure here is therefore on the social care worker to get in contact with the service and arrange the booking individually.
- There is no current single system in place that provides equal access to availability and range of options for both social care workers and public.
- The current systems that hold vacancy information do hold information nationally, however this is only for care home provision, and does not extend to the variety of short-term care options that may have availability.
- The current contracts that are in place for short term care are opened and extended on a periodical basis, so do not provide flexibility to include new short-term care opportunities as they arise.
- The contracted short-term care provision is routinely monitored in line with the contractual requirements, and care homes are monitored routinely under the local authorities' requirements to duty of care. This is, along with the outcomes are not however widely promoted.
- There are various understandings attributed to different terms used within short-term care. This has both limited access to options and raised differing expectations of services. Although some of these terms are outlined in local government process, a consistent understanding is not necessarily held in both social care worker and public understanding.

- CQC Registered services that provide short-term care receive a quality rating, and this is mirrored for services that are contracted monitored by the local authority. However, these ratings and monitoring regimes are not consistently undertaken to all short-term care options.
- Short term care user feedback is being gradually developed into contractual monitoring formats. Individual review and sharing of personal experience is largely based on the services own promotion. Attempts to create a platform for these have been attempted outside of the Local Authority, however there is currently no central point that provides user experience review of services.

### **Model Attributes: Possible solutions**

- Explore systems such as Short Break Bureau, an Online Short Break Information Service (Scotland), which would help people to plan and book short term care in advance.
- Consider review of systems such as "www.careopinion.org.uk" or collaborate with organisations such as Healthwatch over "Rate and Review" systems for service reviews to build greater confidence in options.
- Greater sharing of what is available and best practice opportunities with providers establishing a communications plan that is widely visible.
- Review quality monitoring approaches of these opportunities to include services that are not CQC monitored and share the outcomes, inclusive of the social value they provide. User experience should be central to this.
- Urgent social care support – Explore the "Directory of Services" to achieve a more joined up approach with emergency services.
- Ensure social care guidance is reflective of the current Adult Social Care model of operation.

### **Additional comments on the proposed model**

Through the consultation, respondents were invited to provide further comment on the proposed model of short-term care that had been developed based on their comments. Several comments were provided from some of the respondents and reflected the below:

- People are generally very much in favour of the proposals.
- Respite for one or two nights for older people was viewed as a positive.
- People felt that where emergency support is needed (e.g. main carer hospitalised) having the options of increased support at home or a care home placement would be very positive.
- There was a view that short term care at home services need to be more flexible in the care they can provide in emergency situations.
- Even if resources are not available, what must be done is provide information.

## **SECTION D: IMPLEMENTATION & NEXT STEPS**

### **(Not exhaustive)**

#### **2021 End point**

New urgent short-term care option in place and available for use.

New day time options in place and available for use.

#### **2022 End Point**

New Overnight options in place and available for use.

Information available and accessible about all short-term care options.

Method for assuring quality in place and available.

for anyone seeking short term care.

#### **2023 End Point**

Consultation and feedback completed on all short-term care options and models adjusted accordingly.

#### **2024 End Point**

Consultation and feedback completed on all short-term care options and models adjusted accordingly.

#### **2025 End Point**

Strategy fully implemented

Strategy review

#### **Success Measures**

- Reduced spot purchases for urgent support.
- Urgent support option at home accessible to all
- Reduced delays in accessing provision.
- Less unnecessary admissions to long term care and/or hospital.
- Carers and others have confidence in the quality.
- Local overnight provision is available.
- Short term care at home is an option.
- Wide choice of options available and different purchasing options available.
- Carers and others have confidence in the quality.
- More flexible options on opening times and days available.
- Available as close to home as possible.

- Carers and others have confidence in the quality of the provision.
- Available in building based, at home or remotely.
- Good quality options, under monitoring routines.
- People seeking short term care know where to go for information.
- Facilitated support is in place for people to access short term care options.

## Appendices

- Attachment 1 - Sheffield Short Term Care Engagement Report
- Attachment 2 - Short Term Care Feedback Infographic & Accessible version
- Attachment 3 - Short Term Care Model Infographic & Accessible version