

Meeting of Respite Opportunities and Short Breaks Consultation Joint Health Scrutiny Committee was held on 11 October 2017

Present: Cllr L Grainge, Cllr, L Hall, Cllr E Cunningham (Stockton-on-Tees BC), Cllr Cook for Cllr Harrison (Hartlepool BC)

Officers: Peter Mennear (Stockton BC), Alison Pearson (Redcar and Cleveland BC), Laura Stones (Hartlepool BC), Caroline Breheny (Middlesbrough BC)

In attendance: Cllr E Dryden, Cllr D Rooney (Middlesbrough BC), Heather Corlett, (South Tees CCG), Dan Maddison, (Hartlepool and Stockton-on-Tees CCG), Louise Dauncey, Nicola Black, Simon Clayton (North of England Commissioning Support)

Apologies: Cllr Harrison, Cllr Hamilton (Hartlepool BC)

1. Appointment of Chair

It was proposed by Cllr Cook, and seconded by Cllr Cunningham, that Cllr Grainge of Stockton Council be appointed Chair.

Agreed:

1) that Cllr Grainge be appointed Chair.

2. Appointment of Vice-Chair

It was noted that the consultation covered both the North of Tees and South of Tees areas. As the Chair had been appointed from Members representing the local authorities north of Tees, it was agreed that the vice-chair be appointed from either Middlesbrough or Redcar and Cleveland.

Middlesbrough and Redcar Councils were intending to be members of the Joint Committee but had not yet appointed their representatives. Therefore the decision to appoint a vice-chair was deferred until the next meeting of the Joint Committee.

Agreed:

1) that appointment of Vice-Chair be deferred to future meeting, and that a representative of Redcar and Cleveland be appointed Vice-Chair.

3. Declarations of Interest

There were no declarations of interest.

4. Draft Joint Committee Terms of Reference

It was noted that the Committee had the opportunity to meet to receive evidence from the NHS and other stakeholders, and also to consider the public consultation results, prior to developing its own response to the consultation.

The consultation response would reflect all views from the constituent councils, including where these disagreed.

Reference to Middlesbrough, and Redcar and Cleveland Councils would be included in the Terms of Reference once representatives had been formally appointed.

Agreed:

1) the Terms of Reference were agreed.

5. Respite Opportunities and Short Breaks for People with Complex Needs and/or Autism Consultation – Briefing from the NHS

An update on the consultation process to date was provided.

Families and carers had been informed of the proposals and 387 stakeholders had been informed of the consultation including GP Practices. Publicity material had been provided in leisure centres, pharmacies and job centres. The consultation was also being shared via social media channels.

A number of facilitated sessions for service users and families were to be held, and four public sessions were to be held. Following some confusion regarding the distribution of information to Stockton-based families ahead of the North Shore event, an investigation had taken place. Another letter had been distributed on 10 October, and this raised awareness of an additional three facilitated sessions in Stockton, and two in Middlesbrough.

Attendance at the public sessions was as follows:

North Shore – 31
Hartlepool – 10
Redcar – 23
Middlesbrough – 25

A survey was available for completion, and there had been forty responses by the time of the meeting (twenty-five South Tees, and fifteen from Hartlepool and Stockton). Twenty four were online and sixteen were on paper.

Staff sessions had been arranged following a request at the Tees Valley Joint Health Scrutiny Committee, and a session for all stakeholders had been arranged for 19 October at the Centre for Independent Living in Hartlepool. It was confirmed that fifty voluntary and community sector organisations had been invited. This session would repeat a similar event that was held in February and the feedback from that had been used to shape the proposals.

Members had concerns about the perceived leading nature of some of the questions, particularly in the easy read version, and that there was too much emphasis on the cost of current provision.

It was noted by the NHS representatives that queries in relation to finance had been raised at the public sessions and this was an issue that was of interest to people. All other feedback would be taken account of as part of feedback on the consultation.

It was noted that a Mid-Point review of the process was being undertaken by the independent Consultation Institute, and the feedback would be presented to the CCGs on 12 October. This could be made available to the Joint Committee.

Members requested more details on the nature of the alternative providers of bed based provision as outlined in Option 1.

As part of preliminary work, sixteen possible providers from the local area had expressed an interest in working with the CCGs to provide a range of respite opportunities. Due to commercial confidentiality the NHS were not in a position to outline the identity of the organisations. Options could involve a variety of services, including Shared Lives approaches. It was noted that a variety of local authority respite and short break services had been developed over recent years, and provided a demonstration of the type of services that could be developed for clients with health needs.

Members noted that further information on the types of alternatives should be provided. It was important that examples of alternatives were made clearer to the services users and their families and carers, so that they were able to make a fully informed response to the proposals.

Members queried how the standard of services would be maintained, and whether the current provider of services would be offered the opportunity to continue. It was noted that future providers would depend on the options selected, and whether they chose to make a bid. Standards for recruitment and service delivery would be built into the contracting process.

The current provider may continue to offer services dependent on final decisions on options; if so, this would be facilitated by a variation to their current contract. The earliest implementation date would be from September 2018.

Members noted that service users had established relationships with current members of staff. The CCGs noted that the TUPE transfer of staff would be dependent on negotiations between providers, and whether future services were similar to current provision.

The Transitions and Case Management workstreams were co-ordinating work to explain the options for more community based services to current and future service users.

The current offer was bed based and more options in the community needed to be developed. It was accepted that bed based services dominated feedback from current service users and their families, however it was felt that this to some extent reflected their experiences of services. During engagement with young people a range of other options were requested, reflecting a change in aspirations.

Members queried whether nursing provision would be included in the alternative provision. CCG representatives outlined that a comprehensive needs audit of the current client base had been undertaken at the beginning of the project, and it was found that needs could be met in a variety of ways, for example by staff who would receive increased training and skills but not to the level of a nurse. Clinical support could be provided to community based services where necessary by outreach teams. It was noted that services under the current service were not always led directly by a nurse.

It was noted that some people who would meet the current criteria for receiving respite and short breaks services at Banksfield / Aysgarth did not currently do so, and were instead receiving these in the community with health support. This was particularly true of clients in Hartlepool.

Current bed based services were allocated by capacity and not by individual need. The review was aiming to ensure there was more focus on health need following an appropriate assessment process.

Those currently in receipt of bed based health respite provision at Bankfields and Aysgarth were a similar cohort of clients to those receiving local authority services but CCG representatives stated that, although there was room for improvement to reduce some double payments for clients in receipt of both day and bed-based respite, the focus of the review was on better use of the current budget allocation, rather than cost savings or cost shunting.

Local authority social care teams were represented on the project's workstreams.

Members queried the decision making timescale. CCG representatives noted that the public consultation results would be independently analysed and should be available by early January. It was currently planned that final decisions would be made at the end of January, although clarification was needed as to whether a joint CCG Governing Body was required to make the decision.

Members expressed concern that they would not have enough time to consider the public feedback, before agreeing the Joint Committee's own response. It was noted that a copy of the draft feedback may be potentially available before Christmas.

It was agreed that the NHS would provide further details of the decision making timeline and provide feedback to the Chair.

Agreed:

- 1) that officers in consultation with the Chair determine an appropriate timeline for the Joint Committee's work, ensuring there is enough time to consider the results of the public consultation prior to agreeing and submitting its own response.
- 2) that details of the Frequently Asked Questions, consultation video, and full list of all consultation events be circulated to the Joint Committee, in addition to the confirmed number of individual GPs within the two CCGs,
- 3) that feedback from the Mid-Point Review of the consultation process by the Constitution Institute be provided to the next meeting of the Joint Committee

6. Future Meetings

Agreed:

- 1) the next meeting of the Joint Committee be scheduled to enable the Mid-Point review and other information that was requested, to be considered.