

**Adult Social Care and  
Health Select Committee**

**13 February 2018**

**Summary**

The Clinical Commissioning Groups (CCGs) undertaking the review of Respite Opportunities and Short Breaks made their final decisions on 1 February. The Joint Committee met on 5 February to consider the outcome and discuss next steps.

**Detail**

1. The South Tees, and Hartlepool and Stockton CCGs, have undertaken a joint review of NHS commissioned respite and short break services for people with complex needs and /or autism living in the Tees area.
2. Public consultation on the options for future service delivery took place between September and November. In line with Regulations, this Joint Committee was established to enable affected Local Authorities to develop a consultation response on behalf of the constituent Local Authorities.
3. Following consideration of the public consultation feedback at the meeting on 14 December, the Joint Committee's response was agreed and submitted by 11 January.
4. A joint CCG Governing Body In-Common was arranged for 1 February in order for the CCGs to make final decisions in relation to this review.
5. The papers for the Governing Body Meeting In-common on 1 February can be found here:  
  
<http://www.hartlepoolandstocktonccg.nhs.uk/events/governing-body-in-common-meeting/>
6. A copy of the Joint Committee's finalised response in full is attached at **Appendix 1**.

7. By way of reminder, the two options being consulted on were as follows:

**Option 1**

Buy a range of Bed Based Respite services to replace the existing Bed Based Respite services at Bankfields and Aysgarth.

Change the assessment and allocations process, making it more needs led.

Buy flexible community based respite services.

Buy clinically led outreach support services.

**Option 2**

Continue to buy some Bed Based Respite services at Bankfields Court and Aysgarth.

Change the assessment and allocations process, making it more needs led.

Buy flexible community based respite services.

Buy clinically led outreach support services.

8. At the Joint Committee on 5 February, CCG representatives outlined that the Governing Bodies had agreed to progress Option 2. The full decision (as advised to the Joint Committee) was as follows:

'a) To progress Option 2 to implementation.

b) Ensure that discussions with the existing provider are progressed following the decision making from a contractual management perspective and individual quality and continuity of care.

c) Revisit and update the transition plans to ensure effective onward development of this work into its implementation stage.

d) Support the agreed Governance arrangements.

e) Schedule assurance of the proposed changes within six months of the decision-making date to include progress within:

- Ensure robust service user and carer engagement in the co-production of the final community service model.

- Utilise the pilot assessment and allocations process to inform final demand, capacity and cost modelling prior to procurement and service implementation.

- Fulfil plans to separate crisis and respite arrangements to address current levels of unplanned admissions to respite beds.
- Undertake rigorous market testing and procurement processes (when necessary) to ensure suitably staffed community services are in place prior to any changes in the current bed base,
- Taking into account NHS England's caveat for assurance that if option 2 were to be pursued, the CCG must ensure that market testing and provider engagement demonstrates long term service viability and affordability. This also recognises that there would be similar challenges to the service should the current model be retained.
- Place personalised transition planning for service users and carers at the heart of the implementation process, underpinned by appropriate needs identification, support and communications.
- Build on accessibility analysis to continue to ensure appropriate travel and transport implications are considered in terms of service access.
- Employ appropriate oversight, monitoring and evaluation arrangements to i) carefully monitor the viability and affordability of the final service model and ii) ensure capacity is able to continue to meet demand, reducing risks of unmet need and potential inpatient admissions.'

9. An update of the response of the Joint Committee will be provided to the meeting.

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