

AGENDA ITEM 9

REPORT TO COUNCIL

20 DECEMBER 2017

**REPORT OF SENIOR
MANAGEMENT TEAM**

**RESPIRE OPPORTUNITIES AND SHORT BREAKS FOR PEOPLE WITH COMPLEX
NEEDS AND LEARNING DISABILITIES AND/OR AUTISM – DRAFT RESPONSE TO NHS
CONSULTATION**

SUMMARY

Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), and South Tees CCG have undertaken public consultation on proposals to change the way they deliver NHS-commissioned respite and short breaks for people with complex needs and/or autism. This affects those who attend the Aysgarth Unit at 163 Durham Road, Stockton, and their families/carers. The service is provided for people with identified complex and eligible health needs.

A statutory Joint Health Scrutiny Committee has been established to develop a response to the respite and short breaks consultation on behalf of constituent councils (Stockton, Hartlepool, Middlesbrough, and Redcar and Cleveland).

The Joint Committee met on 14 December to consider the public consultation results, and further information. As a potential 'substantial variation' to local services and in line with the Council's Constitution, Stockton's element of the response must be agreed by Council.

RECOMMENDATIONS

1. That Council endorse Stockton's response to the proposals, for inclusion in the Joint Health Scrutiny Committee's submission to the consultation.

DETAIL

1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the NHS is required to consult local authority health scrutiny committees in relation to 'substantial variations' to local services.
2. Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), and South Tees CCG have undertaken public consultation on proposals to change the way it delivers NHS-commissioned respite and short breaks for people with complex needs and/or autism. This affects those who attend the Aysgarth Unit at 163 Durham Road, Stockton, and their families/carers. Bankfields Court is also affected and this mainly caters for people from the Middlesbrough and Redcar areas. The service is provided for people with identified complex and eligible health needs.

3. A statutory Joint Health Scrutiny Committee has been established to develop a response to the respite and short breaks consultation on behalf of its constituent councils (Stockton, Hartlepool, Middlesbrough, and Redcar and Cleveland. The Committee is chaired and supported by Stockton.

4. Two options are proposed:

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.

5. Maintaining some services at 2 Bankfields Court and Aysgarth means there will be flexible community based respite services as in Option 1, supported by outreach, but they will be limited due to the funding needed to maintain the existing service. Both options include changes to the assessment and allocations process. Further information can be found here:

<http://www.hartlepoolandstocktonccg.nhs.uk/news/projects/transforming-care-review-respite-services-people-learning-disabilities-complex-needs/> .

6. Public consultation ended on 10 November. The Joint Committee met in October and November to consider the proposals, and then met to discuss the results of the public consultation at its meeting on 14 December. A summary of the public and stakeholder results is as follows.

7. 385 people/organisations attended a public meeting/facilitated discussion, or completed a survey (or both).

8. A number of people who provided responses expressed concern in relation to what they felt was a lack of information about the shape of possible future, alternative services. Some further information was provided during the consultation as part of Frequently Asked Questions.

9. Of those that did make a response, across the survey and facilitated groups, the overall feedback was in favour of Option 2.

10. In the survey results, there was high levels of dissatisfaction with Option 1 from Stockton-based respondents (75% / 18 people), and 96% (27 people) of Stockton respondents to the survey either fully or partially supported Option 2.
11. Positive comments in relation to Option 1 tended to be from carers of those who did not fit the current criteria, or from those who felt this may see more bed based provision in Hartlepool (nb. responses from Hartlepool were relatively small, and there are currently only two users of Aysgarth from Hartlepool as more provision for Hartlepool residents is met in alternative settings).

NEXT STEPS

12. Following the meeting on the 14th, the Joint Committee's formal submission to the consultation proposals will be drawn up. As a substantial variation to services, Stockton's input into the joint response must also be agreed by Council. The key issues and proposed Stockton's response are attached at **Appendix 1**.
13. Following Council, Stockton's views will be included in the Joint Committee's submission to the proposals. The CCGs have requested that this be submitted by 11 January.
14. Final decisions are due to be made at a joint Governing Body Meeting in Common of HaST and South Tees CCGs that will be held on 1 February. Immediately prior to this joint meeting, there will be an opportunity for members of the public and interested parties to meet with members of the Governing Bodies.
15. The final decisions will then be reported to the Joint Committee to agree next steps.
16. By considering proposals to be 'substantial', Councils are able to follow a process that ultimately enables them to challenge proposals they disagree with. If local resolution cannot be achieved, ultimately the Council is able to refer issues to the Secretary of State (if a clear evidence base can be developed in support).
17. Should the Joint Committee disagree with the final decision, steps must be taken with the CCGs to resolve differences. Should this not be possible, any decision to subsequently pursue a referral to the Secretary of State must be undertaken by each individual Council. This power has not been delegated to the Joint Committee.

CONSULTATION

18. The Adult Social Care and Health Select Committee, Cabinet Member for Adults and Health, and Director of Adults and Health have been updated along the course of the consultation. Members on the Tees Valley Joint Health Committee were updated on the pre-consultation engagement process to inform the development of proposals.
19. The Joint Committee has heard evidence from the CCGs, adult social care, and parent and carer representatives. Members considered the public consultation results at the meeting on 14 December.

Assistant Director (Administration, Democratic and Electoral Services)

Contact Officer: Peter Mennear, Scrutiny Officer

Telephone: 01642 528957

Email: peter.mennear@stockton.gov.uk

Appendix 1

NHS- Commissioned Respite and Short Breaks for People with Complex Needs and Learning Disabilities and/or Autism

DRAFT Stockton Council Response

(to be included in the statutory Joint Committee's consultation submission)

1. Members of Stockton Council have been represented on the statutory Joint Health Scrutiny Committee to respond to the consultation on NHS-commissioned respite and short breaks services.
2. Joint Committee has considered consultation information provided by the CCG including the public consultation documents, the case for change, feedback from Adult Social Care, stakeholders including local MPs, and heard directly the views from parents and carers of clients of Bankfields and Aysgarth. At its meeting on 14 December, the Joint Committee was provided with the results of the Public and Stakeholder consultation.
3. The CCGs' case for change can be summarised as follows:
 - demand is growing
 - the complexity of need is increasing
 - there are potential gaps (eg. current services do not meet all demand, and emergency respite is not always available)
 - there is potential duplication
 - national and local policies influence on operational delivery (eg. the personalisation agenda and the Transforming Care programme)
 - availability of choice needs to improve
 - cost effective and appropriate transport options need to be made available
 - access to and allocation of service provision needs to be effective.
4. The Council notes that of the two services under review, the majority of Stockton-based service users attend the Aysgarth service in Durham Lane. Current usage shows that Aysgarth is accessed by 38 people from Stockton, and 2 from Hartlepool (as of September 2017). Stockton-based clients have occasionally used Bankfields Court but this primarily serves the Middlesbrough and Redcar areas.
5. Following the consultation process, the significant concerns of the parents and carers of current users of the service have been recognised by the Joint Committee, and Stockton Council.
6. It is recognised that there has been both pre-engagement and a consultation process, although concerns remain surrounding how the options were articulated to parents/carers and clients.
7. There are clearly concerns over the possibility of a 'downgrade' in service provision. The current service is recognised as providing a very good level of care and has the ability to meet the high level and complex needs of the clients.

8. A major issue during the consultation was the need to better communicate what the form of alternative community-based services would look like in future and where they would be based, to enable an informed decision to be made. A high level summary of this type of provision included: overnight bed-based (eg. care home, shared lives, adapted accommodation), support in own home, support to access community, holiday and short breaks, transport provision, and supported by clinically-led outreach support where necessary.
9. Further information on this was provided during the consultation process, and case studies were provided to the Joint Committee. However it was clear that further reassurance on this issue was needed for parents and carers. Alternative environments such as care homes may not be age appropriate, for example.
10. Irrespective of the form of alternatives, there is a clear view that community based services would not be suitable for many of the clients using the current provision who have a high level of complex needs, and concerns about the quality of alternative provision and how this would be monitored.
11. The benefit of the current facilities is that they are dedicated to this level of provision. The service provides continuity of care for clients, some of whom have been receiving the service over a long period of time and have developed strong relationships with the staff.
12. There is a desire for greater flexibility and choice in local respite services, and recognition that children and young people coming through into adulthood do have different needs and expectations of the options that should be available. But there is a strong view that this should not be at the expense of current provision.
13. As part of Option 2, it was described that an element of current service provision would be retained, alongside the development of community-based provision, but within the same amount of funding. The balance between spend on current and possible alternative provision was not fully articulated, and so there is an assumed level of reduction in current services to some extent, within the options as presented.
14. It is recognised that there is commitment to retain the overall budget for this service area, however there needs to be a commitment to meeting identified eligible health needs.
15. The Council would have major concerns should provision cease completely at Aysgarth and/or Bankfields due to the concerns about access to, sustainability, and resilience of local learning disability care, summarised as :
 - a) there are no other learning disability nursing facilities in the Stockton Borough area in the independent sector
 - b) assurances have been given from potential alternative providers as part of market engagement, however these were not yet tested in an area of what is very specialist provision. Complete closure of current facilities would therefore present a considerable risk. There are well known concerns in relation to pressures on nursing staff availability in the local health sector.
 - c) the general presumption of local authorities is to keep people as close to home as possible. Should alternative services be based outside of the Borough for some clients, there would be issues surrounding their transport/travel support needs, and whether carers were receiving true respite.

d) currently users of Aysgarth are funded via the NHS for the respite services they receive there, due to their assessed level of identified complex and health needs. A shift to increased community-based provision may lead to an increase in cost to the local authority and this aspect has not been fully explored.

e) there is an opportunity to change services and expand the range of flexible, more community based services for those clients that choose to access them. However this needs to be properly funded, and there is concern over whether the amount is actually enough to meet identified need across the client group as a whole, and the total amount allocated should be kept under review.

f) the Local Authority requests substantial assurances with regard to the quality of any future alternative services, should they be developed, particularly in the first crucial six months to a year. Transition to alternative services would need to be carefully managed and staged over whatever time period is appropriate, on a client by client basis.

16. There are a number of clients in Stockton who have autism and for whom Aysgarth is not suitable. These clients currently receive services outside of the Borough at significant cost. There is therefore the potential to develop alternative services for this group.

17. A revised approach to assessment and allocation criteria would be welcomed, as these need to better reflect actual need.

18. The Council recognises that this process has now been ongoing for some time (including the periods of pre-engagement and formal consultation) and there is a need to provide some certainty for the clients, parents and carers. Any future development of services needs to be through a process in which all sides are fully engaged.

19. In summary,

at its meeting on 14 December, the Joint Committee recommended to its constituent Councils they should:

a) not support either of the options being put forward

b) recommend that the CCGs should retain the current level of service provision at Banksfields and Aysgarth.

The Council would support the retention of current services. However if a decision was to be made, Option 2 would be preferable, subject to satisfactory resolution of the above concerns.