

Councillor Eddie Dryden  
Chair, Middlesbrough Council's Health Scrutiny panel  
C/o Town Hall  
Middlesbrough  
TS1 9FT

Heather Corlett  
Assistant Director for Mental Health, Learning Disabilities and Transformation  
North Ormesby Health Village  
Middlesbrough  
TS3 6AL

11 January 2018

Dear Heather,

**RESPITE OPPORTUNITIES AND SHORT BREAKS CONSULTATION –  
MIDDLESBROUGH HEALTH SCRUTINY COMMENTS / VIEWS**

On the 19 December 2017 the Health Scrutiny Committee, as the body responsible for Middlesbrough's statutory health scrutiny function, received an update in relation to discussions at the Respite Opportunities and Short Breaks Consultation Joint Health Scrutiny Committee held in Stockton on 14 December 2017. The update, provided by our representatives on the Committee, informed Middlesbrough's Health's Scrutiny panel's view on the consultation.

In light of the evidence received Middlesbrough's Health Scrutiny panel wishes to submit the following response to the consultation:

- i) In line with the view expressed by the Joint OSC the panel is not supportive of either of the options being put forward.
- ii) The panel recommends that the CCGs should retain the current level of service provision at Bankfields and Aysgarth.

The reasons for the above are as follows:

From the evidence presented it is clear that although the CCGs have undertaken a consultation exercise, no shared understanding of the respite needs of those affected has resulted. In light of this and the palpable strength of difference in opinion between the CCGs and the family carers in respect of the bed based respite needs of those with 'profound and severe' learning disabilities, the panel cannot support either of the options. Neither proposal is viewed by the panel as appropriate for adequately meeting the needs of the individuals currently in receipt of the service. In addition to future projected demand.

Under the Care Act 2014 the NHS and Adult Social Care has a statutory duty to ensure that the needs of carers are being met. When hearing directly from Middlesbrough family carers the following points were made:-

- Some of the people accessing bed based respite at Bankfields are at the extreme end of the autism spectrum, they have coexisting complex health needs including profound and multiple disabilities, complex epilepsy, mental health conditions and challenging behaviour. They also include adults with profound and multiple learning disabilities who have additional health needs. The CQC recognises that there is evidence of good practice at Bankfields and Aysgarth, and carers are confident that their sons and daughters are medically and emotionally cared for and are safe from any risk of abuse. Carers value the consistency of care provided and are reassured that the staff are highly skilled and aware of the individual needs of the adults in their care.
- Bankfields was refurbished recently to make it an even more bespoke facility in terms of the offer it provides is for clinical respite care. Given that the current provision at Bankfields provides clinical oversight, carers have peace of mind, and confidence. To access bed based respite at Bankfields and Aysgarth, individuals are assessed against criteria that the individual requires 24 hour access to nursing interventions. Under the current provision the monitoring of both clinical and safeguarding aspects of care are in one place.
- The public consultation documentation is misleading and gives the impression that the individuals affected would regularly be able to partake in short break opportunities. The reality is that the level of complexity of need and the requirement for clinical oversight for many of those affected would make this extremely difficult or impossible e.g. many are non-verbal, are unable to take part in consultation or conversations, have specially adapted wheelchairs to support their bodies, wheelchairs designed and used to prevent their internal organs from being damaged, sleep systems for night time posture and some also need to be tube / peg fed.
- At the end of the 2 hour public consultation event held in Redcar and Cleveland each table was afforded the opportunity to ask 1 question, with only a 15 minute period allocated for questions. Given the level of need and complexity of each of the 94 individuals accessing bed based clinical respite provision at Bankfields and Aysgarth better engagement with the families directly affected could have been undertaken.

The proposals present 2 options and although 90 per cent of respondents have indicated a preference for option 2 it is the panel's view that neither option is what those affected, their family carers or Members want as an outcome. The panel is firmly of the view that the current level of service provision at Bankfields and Aysgarth needs must be maintained as a matter of priority and the panel cannot therefore support either option.

Throughout the consultation process the panel has been repeatedly advised that the service provision provided at Bankfields and Aysgarth is regarded as 'gold standard' provision. Inspection reports from the CQC on both facilities highlight the good practice in place by the current provider Tees, Esk and Wear Valley NHS Foundation Trust. It would be remiss of this panel, if it did not do everything within its power to protect this service which benefits the most vulnerable adults in Middlesbrough. Both of the options in their current form would result in a reduction in the provision of bed based respite at Bankfields and Aysgarth, which the panel does not believe to be in the best interests of those affected.

Reference is made in the consultation report to the fact that there will be a new needs led assessment and allocations process which will change how resources are allocated. This was not made explicit to those currently receiving services during the consultation process and understandably there are real concerns that proposed changes in the eligibility criteria will result in some people no longer being able to access bed based respite. The shift in assessment criteria to take into consideration, for example, the nutritional needs of individuals

is similar to the criteria considered in the Continuing Health Care (CHC) assessment and raises concerns about the potential for these changes to result in a reduction in the number of people eligible to receive bed based respite. The consultation findings clearly highlight that overnight bed based respite is considered the most important element of respite care by carers from the list of possible flexible community based respite services.

The CCGs have acknowledged that there are currently people who are unable to access bed based respite and there is a need to ensure that the £1.5 million funding the CCG has allocated for health based respite is spent in a better and more appropriate way. However, the CCG's have been unable to evidence the amount spent on health respite provision over the last three years. The panel is fully supportive of new opportunities being developed for those additional people in need of bed based respite but not at the expense of those currently in receipt of this provision. Members are firmly of the view that it would be better to expand the service and make it more efficient rather than decommission or reduce the current 11 bed based clinical respite offer currently provided at Bankfields and Aysgarth.

In terms of the safeguarding concerns raised throughout this process the panel has yet to be satisfied that these issues have been addressed. It has been highlighted by Adult Social Care that there is a lack of learning disabilities nursing provision within the independent sector locally and therefore any potential providers of community bed based respite provision remains untested. The panel is of the view that this presents a considerable risk in a very specialist area.

Finally and perhaps most importantly the aim of respite provision is to afford those family carers, who provide 24/7 hour care 365 days a year for their family member with profound and severe needs the opportunity to 'recharge their batteries'. The panel is of the view that the 'voice of the carer' has not been fully taken into account during the consultation and the attendance of in excess of 40 family carers and their sons and daughters at a meeting of the Joint OSC in November was testament to the fact that many felt their concerns had not been listened to and their voices had not been heard.

Ultimately, the primary aim of health scrutiny is to strengthen the voice of local people and ensure their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.<sup>1</sup> On the basis of the above, Middlesbrough's Health Scrutiny panel's wish is that neither of the 2 options presented be progressed and that further collaborative work is undertaken to reach a consensus view on the best way forward.

Please note that this course of action is also supported by the Executive Member for Adult Social Care and Health Integration, who is a co-signatory to this letter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Eddie Dryden', with a horizontal line underneath it.

Councillor Eddie Dryden  
Chair of Middlesbrough Council's Health Scrutiny Panel

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<sup>1</sup> Local Authority Health Scrutiny - Guidance to support Local Authorities and their partners to deliver effective health scrutiny - Department of Health - June 2014



Councillor Shamal Biswas  
Vice Chair of Middlesbrough Council's Health Scrutiny Panel



Councillor Julia Rostron  
Executive Member for Adult Social Care and Public Health

CC'd:- Councillor Lisa Grainge – Chair Respite Opportunities and Short Breaks Consultation  
Joint Health Scrutiny Committee