

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 18 May 2018.

PRESENT: Councillors E Dryden (Chair), S Biswas, C Hobson, J McGee, L McGloin, J A Walker and M Walters

ALSO IN ATTENDANCE: Caroline Breheny - Democratic Services Officer
Judith Brown - Parent / Carer Representative Bankfields
Samantha Dorchell - Principal Solicitor
Simon Wall - Team Manager, Adult Social Care and Health Integration
Gary Widdowfield - Parent / Carer Bankfields

APOLOGIES FOR ABSENCE Councillor A Hellaoui.

DECLARATIONS OF INTERESTS

There were no declarations of interest.

18/1 MINUTES - HEALTH SCRUTINY PANEL - 24 APRIL 2018

The minutes of the Health Scrutiny Panel meeting held on 24 April would be submitted to a future meeting.

18/2 REVIEW OF THE NHS COMMISSIONED LEARNING DISABILITY, COMPLEX NEEDS AND/OR AUTISM RESPITE CARE SERVICES.

The Democratic Services Officer presented the report detailing the outcome of the negotiations with the CCGs following their decision to reconfigure the respite service for people with learning disabilities, complex needs and/or autism, and advised the panel that Members' needed to determine the Council's position in relation to making a referral to the Secretary of State. The panel was reminded that at a previous meeting on 29 March, the Health Scrutiny Panel had agreed, in principle to refer the matter, as it did not accord with the recommendations made by the Joint Scrutiny Committee (established as a statutory consultee) and Members still had serious concerns about the proposed new service. Redcar and Cleveland Borough Council had also agreed to refer the decision in principle, if the various concerns could not be resolved satisfactorily through negotiation with the CCGs. Given the similarity of concerns and the existing joint scrutiny arrangements between the two authorities, the South Tees Joint Health Scrutiny Committee was deemed the most appropriate vehicle to progress negotiations with the CCGs to establish if an agreement could be reached in respect of future service provision.

The panel was reminded that the power of referral had not been delegated by any of the participating Local Authorities to either Joint Committee and so the final decision to use the power remained with each individual Council. As part of the referral process it was important to be able to evidence that efforts had been made to achieve a local resolution. In an effort to achieve a resolution a formal meeting of the South Tees Joint Health Scrutiny Committee had been held on 25 April. Where the CCGs had outlined the various assurances that they had been able to provide, as their final negotiating position. Representatives from Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) had also been in attendance at that meeting. The assurances provided were detailed in the reports for Members reference. It was noted that whilst the assurances provided had addressed some of the concerns expressed by Members and service users, they had not fully resolved the situation to Members' satisfaction. That being the case, the Joint Committee had recommended that each Council confirm its intention to refer the decision to the Secretary of State.

In relation to the remaining areas of concern the report highlighted that whilst the CCG's had stated that all allocated resources could be used for bed based respite at the current facilities and families would no longer be required to choose an alternative respite service from a menu

of options, the CCGs had been unable to provide any assurances relating to the minimum number of nights that would be available to families, as the assessment tool to determine the level of resource to be allocated had not yet been established. Members of the South Tees Joint Committee had expressed the view that the inability of the CCG's to clarify the impact of their configuration proposals, particularly on the individual families currently in receipt of the service was a serious flaw and undermined the value of other assurances given about access to the service. It was also felt that this had been a limiting factor in the quality of the consultation given that consultees had been asked to make choices about options without any clear indication of the extent of the impact on them. The panel was advised that should both Middlesbrough and Redcar and Cleveland decide to progress the referral, whilst each Council would need to submit its own referral, Officers would continue to work together to develop the submissions where it was beneficial to do so.

The Principal Solicitor made reference to the recommendations outlined in the report and advised that if the panel were to determine that a referral was to be progressed, authority should be delegated to the Director of Adult Social Care and Health Integration, in place of the Monitoring Officer, to prepare the submission to the Secretary of State in consultation with the Chair of the Health Scrutiny Panel. The Chair invited the Parent/Carer representatives from Bankfields to address the Committee.

The Parent/Carers expressed the view that for many of the families currently in receipt of respite at Bankfields and Aysgarth the consultation process initially gave the impression that additional respite opportunities would be provided. Whereas in fact the reality was that the changes proposed were at the expense of the current provision and those already in receipt of the service. Parents and carers had emphatically stated that retention of the current service at Bankfields and Aysgarth was their preferred option. It was advised that the Parent/Carer representatives had put together a short video, which featured interviews with families affected by the proposals and the video was shown to the panel.

The Principal Solicitor advised that if Members were not satisfied with the assurances offered then this was an appropriate case for a referral to the Secretary of State.

Members expressed the view that from the outset these proposals had been ill thought out and no consideration had been given to the impact on either the individuals concerned or the health service. Those in receipt of respite care at Bankfields and Aysgarth had no ability to communicate verbally, express any view on or comprehend these proposals. Parents / Carers had repeatedly stated that a decrease in respite provision, below a minimum of 30 nights for those with severe and profound needs, would result in increased admissions to residential care in a system already unable to cope. Members stated that the proposals were not fit for purpose and reductions in respite provision at Bankfields and Aysgarth would result in increased pressures and costs to other parts of the health service.

The Parent/Carer representatives advised that one of the messages that had provided them with hope throughout this was process was acknowledgement from Members early on that "this was wrong". It was stated that each individual in receipt of respite at Bankfields and Aysgarth had a comprehensive file meticulously detailing their medical requirements. The current respite provision simply could not be replicated elsewhere. Examples of rescue medication, as required by many of those in receipt of respite care at Bankfields and Aysgarth, as well as antianxiety and sedation medication were also provided to the panel. It was stated that Bankfields and Aysgarth were clinical and not hospital environments, however those attending this provision had complex medical needs. It was stated that the facilities at Bankfields and Aysgarth enabled freedom of movement and fulfilled Deprivation of Liberty Safeguards. Finally, reference was also made by Members not only to the right for those in need of care to receive it but for the right of those providing that care to a life too.

ORDERED

- a) That Middlesbrough Council progress a referral to the Secretary of State in respect of the CCG's decision to reconfigure the respite service for people with learning disabilities, complex needs and/or autism.
- b) That authority be delegated to the Director of Adult Social Care and Health Integration, to

prepare the submission to the Secretary of State, in consultation with the Chair of the Health Scrutiny Panel.