

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

Amanda Hume / Ali Wilson
Chief Officer STCCG / Chief Officer HAST

28 February 2018

Dear Amanda / Ali,

LEARNING DISABILITY RESPITE OPPORTUNITIES AND SHORT BREAKS CONSULTATION

On the 27 February 2018 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 5 February 2018. The update, provided by a representative on the Committee, informed Middlesbrough's Health's Scrutiny panel of the CCG'S decision to progress to implementation option 2 of the Learning Disability Respite Opportunities and Short Breaks consultation.

As you are no doubt aware the terms of reference for the Respite Opportunities and Short Breaks Consultation Joint Health Scrutiny Committee state that the Committee does not have the power of referral to the Secretary of State. The power is retained by each local authority (Stockton, Hartlepool, Middlesbrough and Redcar and Cleveland) and all are required to determine their own position.

In line with the requirements set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 Middlesbrough's Health Scrutiny panel was therefore requested to outline any outstanding concerns it may have in relation to the decision made, whether the local authority would be minded to make a referral if those concerns cannot be resolved and on what basis a referral would likely be made.

Following discussion the panel reached a unanimous decision that there are grounds for making a referral to the Secretary of State and it is minded to do so if the concerns outlined below cannot be resolved. The referral would be submitted on the basis that the Health Scrutiny panel is not satisfied with the adequacy of the content of the consultation and it considers that the proposals would not be in the interests of the health service in our area.

- The panel is concerned that a decision has been made even though there are no firm proposals for any alternative respite provision. The CCG's have advised that there is capacity and capability in the market to support varied respite options yet this remains untested. Throughout the consultation period no current or potential future providers of flexible community based respite in the region have been identified for the panel / Joint OSC and no visits or detailed information has been presented. The decision provides no certainty in respect of future respite provision. Adult Social Care has also

advised that there is a lack of learning disabilities nursing provision within the independent sector locally, which presents a real risk to future service provision.

- The panel is concerned that the decision will have a detrimental impact on the future provision of bed based respite at Bankfields and Aysgarth. It is the panel's view that a reduction in funding for this provision will impact on the NHS and future sustainability of service provision on both sites. Costs to deliver the service over both the short/longer term need to be met in order to sustain the service.
- The panel remains concerned that although a financial envelope of £1.5m has been identified for future respite provision it is not possible to state that the future needs of those eligible to receive health funded respite will not exceed that financial allocation. Further consideration is needed on this matter given that the new assessment criteria has yet to be developed or approved.
- In terms of the consultation, the panel is of the view that although the CCG has undertaken a consultation the views expressed by parents / carers / the Joint OSC and local politicians in response to that consultation have not been fully taken into account.
- In terms of safeguarding the panel has yet to be satisfied that its concerns have been addressed. The latest CQC inspection (2015) of Bankfields and Aysgarth highlights that in terms of safety the offer provided at both facilities is outstanding. The CQC defines safe as being protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse and avoidable harm. It is the panel's view that it will not be possible for the CCG's to commission community based respite, which matches the current standard of respite care at Bankfields and Aysgarth. By reducing bed based respite at Bankfields and Aysgarth those currently in receipt of the service will be faced with a choice of either accepting lower quality care or declining the alternative provision.
- Qualified staffing remains a key concern and at present all medication at Bankfields and Aysgarth is administered by a qualified NHS nurse. NHS nurses at these facilities have also undertaken advanced qualifications in, for example, Autism and are experts / specialists in their field. The panel is of the view that this level of specialism will not be replicated in the provision of community based respite, at a time when it is recognised nationally that there has been a 'catastrophic decline' in specialist LD nurses. This has implications for both the health and well-being of people with learning disabilities and the skills, experience and future resilience of the local health service.
- Mencap has highlighted renewed concerns recently (February 2018) that nationally up to 3 people with learning disabilities die from avoidable deaths in hospital every day in the UK. One of the reasons given is the lack of specialist LD knowledge amongst the medical profession. It is clear that the presence of NHS nurses at all times at Bankfields and Aysgarth provides carers and family members with the confidence that those caring for their loved ones are appropriately trained and have developed the necessary skills and experience to care for people with severe and profound needs. The panel is concerned that if the provision of care at our specialist respite centres is reduced the risks to those with the most profound and severe needs are increased.
- The panel has concerns that staff employed in the delivery of community based respite may not be qualified in the administration of medication, epilepsy rescue, challenging behaviour (aggression / psychosis), hoisting, hygiene, nappies and toileting, feeding tubes and fluids and the delivery of severe and profound care. Questions have also been raised as to whether providers of community based respite will be required to

demonstrate knowledge of and experience in the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, use of ligature risk assessments, observation policies and restraint care plans, as well as other appropriate safeguarding measures.

- It is the panel's understanding that the way individuals will be assessed in the future will mean that there will be less eligibility for health based respite. This could result in increased costs to the local authority and needs to be considered.
- The panel is concerned that the number of bed based respite nights that people receive at Bankfields and Aysgarth is to be reduced. It is the panel's understanding that there is no option within the proposal for those who wish to use all of their allocated entitlement at Bankfields and Aysgarth. Within the proposals Option 2 stated that choice would be improved and bed based respite at Bankfields and Aysgarth would be retained. However, current service users who wish to continue to solely access bed based respite at Bankfields and Aysgarth appear unable to exercise that choice.
- The consultation findings 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 offered. Parents / carers advised, in response to the consultation, that at home support is not viewed as 'respite'. The panel is of the view that home support should be removed from the menu of options.

The panel is mindful of the challenges facing CCG's and appreciates the comments made at the Joint OSC on 5th February that commissioners are keen to work collaboratively with the parents/carers, scrutiny and the current provider to 'get this right'. Middlesbrough's Health Scrutiny Panel remains hopeful that through further discussion a resolution that satisfies all parties can be achieved.

Yours sincerely,



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



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

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