

Respite Opportunities for People with Complex Needs and Learning Disabilities and/or Autism Consultation

Frequently Asked Questions

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1. Why is this consultation happening?

This consultation is happening so that the Tees Clinical Commissioning Groups (CCGs) can hear what people think about the CCGs proposals about how respite for people with Learning Disabilities and complex needs is provided. The current services that are commissioned directly by the CCGs are not sustainable, equitable or flexible enough to meet the current and changing needs of the local population. Talking to people will help the CCGs to improve respite services to better meet the needs of people with learning disabilities and complex needs, their families and carers. The CCGs are reviewing the services that are provided by the NHS and have found that there are many complexities in providing respite. Talking to people involved will help everyone understand the needs and the challenges.

2. How are the CCGs making sure that the Consultation materials and facilitated discussion sessions are in plain English and easy to understand for people who use services and their families?

We try and make the information we share as clear as possible, and in line with plain English guidelines, which can be difficult when discussing such a complex subject. In addition, we have also produced some Easy Read documents to complement other materials, which have been distributed to public places such as libraries, GP practices, dentists and pharmacies. We also asked for feedback on our materials from Learning Disability advocacy providers.

We also developed a short animation film, which was designed to provide a brief summary of the Consultation. The film has been played at our public meetings and is also available to view on the CCGs' websites.

At the public meeting, we have produced a number of visual resources to help people understand the Consultation options and make an informed choice.

3. What were the findings of the initial engagement activities? Has this ever been shared with parent/carers?

A full engagement report was produced following the pre-engagement which is available here;

<http://www.hartlepoolandstocktonccg.nhs.uk/wp-content/uploads/2017/10/HaST-STees-RespiteReview-Engagement-Report.pdf>

<http://www.southteesccg.nhs.uk/wp-content/uploads/2017/08/HaST-STees-RespiteReview-Engagement-Report.pdf>

Information has been shared verbally in various public forums between June and August 2016

A summary report and newsletter detailing engagement findings has been shared directly with the carers/people who completed the questionnaire and who left their details to receive the feedback.

Information has been available on the CCGs website since August 2017.

4. How has service users' feedback been captured? How has it been recorded about how they feel?

This is a really important consideration for the CCGs; as a result Skills for People and Stockton Citizens Advice Bureau have been commissioned to carry out facilitated discussion groups. Dates for sessions have been sent directly to the families and carers of the people who use (or who may in future use) the service. These were smaller group sessions in community venues, in addition to the four main public events, which the CCGs need to deliver to ensure we make the consultation fully inclusive to the wider public. Both CCGs have allocated a budget, which is additional to the normal provisions, to support people with learning disabilities with complex needs to participate in the facilitated discussion groups, as it is acknowledged that specialist engagement will be required.

In relation to the selection process for Voluntary Sector Organisations (VSOs) to undertake the consultation programme of activities, the VSOs were asked to complete a project plan/proposal which identified how they would manage the planning and delivery of such a project. The responses were assessed based on the quality and viability of the proposals. Organisations have developed the sessions alongside people with disabilities, to make sure that the information and activities are clear and simple to engage in. Acknowledging of course, that some of the individuals whose views we need to hear, have exceptionally profound needs. It is recognised that individuals within these organisations, are skilled at supporting and advocating for people with profound disabilities. It is also important to recognise that the CCGs are also liaising directly with the staff who deliver services at 2 Bankfields Court, Aysgarth and Baysdale, and will also seek to capture the views of health and social care staff at The Orchard and Kilton View. This is to enable staff to be able to ask questions and also to provide their feedback about the consultation. It is recognised that their views are valuable, as they will have knowledge and experience of providing direct support to these individuals, and will be able to provide feedback based on this knowledge and experience.

5. How has information about the needs and preferences of children and young people and their families been collected?

The pre-engagement activities focussed on three main groups of people, people who use services currently and their families, wider groups of people who use services and children and young people in transition.

Voluntary Community Sector (VCS) groups were required to speak to people from all of these groups to collect their views.

6. Will there be another event in Stockton, as not everyone received the invites?

The CCG acknowledges that there has been an issue with the distribution of letters that should have arrived with people by the 8th September 2017. There is an enquiry underway with the mailing house to understand what had happened to the letters. In addition to the public event on the 18th September in Stockton, there are a number of facilitated discussions planned (a minimum of 3 sessions in each area) for people who use services, their parents and carers. Some sessions have already taken place, and more information can be obtained from Louise Lamont LLamont@stockton-cab.co.uk

7. How are the CCGs making sure that the Consultation is compliant with NHS England guidance about Consultation?

Information has been shared on the CCG websites and letters have been sent to all families

and carers who access the respite services. The letters included copies of the Consultation narrative which includes the survey and a list of public events, easy read Consultation narrative, frequently asked questions and a full list of events held by local voluntary community sector organisations. It has been recognised that there has been a glitch with the distribution in Stockton-on-Tees and that is being treated seriously with mitigations put in place.

Information has been sent to all stakeholders across Tees, which includes GP practices, dentists, pharmacists, local voluntary community sector organisations, libraries and community centres. This included a poster advertising the events.

Healthwatch and VCS organisations have been engaged through the process in accordance with NHS guidelines and more recent guidance published in April 2017. The NHS England guidelines state that early involvement with the diverse communities, local Healthwatch organisations, and the local voluntary sector is essential. Healthwatch and VCS organisations have been involved in the planning through the pre-engagement and in the development and consideration of proposals of change through the formal Consultation.

The VCS organisations were invited to a specific discussion group led by Inclusion North through the pre-engagement and were also invited to a specific discussion group for the Consultation held in October 2017.

Local Authority Overview and Scrutiny Committees were also consulted throughout the pre-engagement and on the proposals for a substantial variation in the provision of services in accordance to Section 244 NHS Act 2006.

There is a contact telephone number and email address on all information for people to request additional information and request any help to participate, or if they just want to share their views.

8. How are the CCGs making sure that the Consultation process is transparent and that the process offers an opportunity for people to influence the outcome?

The NHS has a legal duty to engage with patients, carers and the general public and the CCGs take very seriously their responsibility to engage and consult. The CCGs adhere to all legislation guidelines which include The Gunning Principles, when planning and delivering consultation and engagement activity, to ensure service change can and will be influenced by patients, carers and the general public.

CCG representatives will be present at the public engagement events and will be available to support with the discussions and answer questions that people may have.

9. How can I make my views known?

Take part in events; complete the Learning Disability Respite Consultation survey. There is also a communications and engagement email inbox (NECSU.engagement@nhs.net) as well as a telephone number (0191 374 2795) that you will be able to contact.

10. When will a final decision be made?

A final decision about what respite services will look like in the future will be made by the end of January 2018.

11. How will I find out?

Information about the final decisions about what respite services will be like in the future will be publicised on the CCG websites.

OPTIONS

12. What are the differences between the two options?

With both options, there will be a needs led assessment and allocations process which will change how resources are allocated and with both options there will be the opportunity for people to have different types of respite/short breaks.

The differences are;

Option 1 – people would not get bed based respite from 2 Bankfields Court and Aysgarth, but could get alternative bed based respite services elsewhere e.g. in another residential community setting or a hotel, specially adapted caravan/chalet, B&B, or alternative accommodation, with the appropriate support. Depending on the assessed needs and resource allocation, people will be able to access alternative community based activities with appropriate support, in addition to or Instead of bed based provision. Different community bed based respite services are often less expensive than hospital bed based provision and peoples allocated resources may be able to go further.

Option 2 – Some people could still go to 2 Bankfields Court and/or Aysgarth for bed based respite services, if this is how they chose to receive their respite. Depending on their assessed need and resource allocation they may have the opportunity to access alternative community based services in addition to or instead of bed based services. Because of the need for ongoing investment within the current NHS services there may be fewer opportunities for people to access alternative respite and short break opportunities.

13. What is community bed based provision? Where will it be? How will people be able to access it?

The menu of services identifies the options that could be available in the future. This consultation allows people the opportunity to influence the menu of services that is commissioned in the future.

Community bed based services could be services provided from care homes, shared lives placements or other community settings, for example adapted premises or properties where staff will be available and have the right skills to support people safely.

14. Will the options that have been presented exclude those with the most complex needs?

The menu of ideas for future services is an example list that is not exhaustive and will be further influenced by the findings of this Consultation. Needs led assessment and allocation will help to identify the resources available for the individual, and people will be able to access services from the menu of services that meet the needs of each person, not every opportunity will be appropriate for every individual.

15. What is the timescale/transition period if the CCG's decide to go with Option 1?

Currently the transition period is three months but this will be re-looked at if it is deemed not long enough for complex patients.

16. Has option 1 been tried elsewhere? If so is it working elsewhere?

This is a Tees wide respite review, and is seeking to make available an improved range of services to people with complex needs in Hartlepool, Stockton, Redcar Cleveland and Middlesbrough.

Transforming Care is a programme that is happening across the country, to reduce people's reliance on hospital provision and to make available a robust community infrastructure. This will support people to remain in or return to their own communities and home settings.

Research has been undertaken in relation to models that are in other areas of the country. The situations vary, however in most instances, respite is commissioned for people with complex needs through the Local Authority commissioning arrangements through continuing healthcare funding streams or directly from continuing healthcare commissioning arrangements.

The situation in Tees is that this provision currently sits outside of any of these arrangements.

High levels of deprivation and needs have been taken into account. This has been considered in relation to the development to date of the scenarios and options. This ensures that there are a range of services to meet the needs of people who are currently accessing the service, and those who may need to access respite for people with complex needs now or in the future.

17. The respite service needs to be a bed based one, why is the CCG trying to change this?

The CCGs recognise that it is really important that there is a flexible range of options for people who have respite needs, and that bed based provision will need to be still available as an option for the future. This is what people told us as part of the initial engagement activities, in addition to alternative options. Both of the options that the CCGs are consulting on include bed based provision for people with Learning Disabilities and Complex Needs.

The CCGs have a responsibility to meet the needs of the whole of the local population and to do this in the most effective way. It is important that services provided are responsive to the diverse and wide ranging needs that are in our communities, which includes making available a wider choice of opportunities for individual with eligible health needs.

18. I/my family currently receive a good service and want things to stay as they are; why isn't this an option?

The current respite services are struggling to meet the needs of their users and the parents and carers. Future respite needs are changing and the services need to accommodate these changes. It is important that available resources are allocated fairly and in response to the assessed needs of individuals and it is important that services are viable and sustainable for the future and are able to respond flexibly and quickly to changes in need and demand for the service.

19. How are the CCGs making sure that the service options will provide respite for carers so that they can function the rest of the time?

We acknowledge that respite is a service that is mutually beneficial to Carers and to the people they care for.

It is important that people are able to have a choice about how their respite needs are met. Individuals should also have the opportunity to experience a range of different respite options, which might include respite holiday options, for those people who are able to and who want to access the alternative offer.

The intention is make available a range of services to choose from and support carers to continue to care and to maintain personal wellbeing, and to provide opportunities for the people that they care for.

The assessment process includes considerations around the needs of the carer to make sure that services are able to support the CCG and Local Authorities to care for the carer.

20. What will happen to 2 Bankfields Court if option 1 proceeds?

The staff who currently deliver the services are employed by Tees Esk Wear Valley NHS Foundation Trust (TEWV), how they are employed and what services they provide are the responsibility of their employer.

Depending on what and how services are purchased in the future and whether all or parts of the current services continue under Option 2, it may be that some staff are redeployed within existing NHS services. They may also be transferred to any new provider(s) that are appointed following procurement under Option 1. Alternatively, following the procurement exercise the respite services may be delivered more flexibly in the community, rather than in hospital settings, and the staff may still deliver (part of) the service, but just do it in a different way.

21. Why are there only two options being consulted upon?

There were seven scenarios that were considered originally, ranging from complete closure of services to wholly community based outreach services, excluding bed based offer. The CCGs considered each of the options against a set of criteria based on the feedback from the initial engagement exercises and from the findings of the review. The two options that are being put forward for consultation are the possible options that best meet the needs and identified priorities for the people who use the service and for the CCGs. The other options were not good at meeting all the priority areas.

22. How do we know option 1 is going to leave money for other services?

There has been initial cost modelling completed as part of the project so far. Currently respite provision in these services costs in excess of £1.5 million every year for a group of less than 100 people. There has been an initial exercise undertaken earlier in the year, to receive feedback from Providers about the cost of services, and different options that could be available. The market responded to identify a number of providers who would like to work with us to develop services.

Different community based alternatives are often less expensive than hospital bed based provision, and people's allocated resources may be able to go further and help them to achieve improved personal outcomes.

Further market engagement is planned for Nov 2017, to further develop this in advance of formal procurement.

The current financial envelope will remain the same for respite provision, and increasing the range of services available within the community, will ensure that the needs of more people can be met.

23. What does the range of bed based services look like?

The menu of services identifies the wider community based opportunities that could be available in the future. This consultation opportunity allows people to influence the list of community based opportunities that should be commissioned in the future.

The options are described in relation to the availability of bed based provision, as well as wider opportunities, which could be accessed on a mix and match basis. This will ensure that people can receive the support that they need to achieve their personal outcomes.

Community bed based services under Option 1, could be services provided from care homes, shared lives placements or other community setting for example adapted premises or properties where staff will be available and have the right skills to support people safely.

The actual locations from which bed based provision for people with Learning Disabilities and Complex Needs will be determined following a procurement exercise under Option 1. At this time there have been no providers identified as this will be part of the wider procurement, which can only be commenced following completion of the consultation exercise.

24. Has information been gathered about current and future needs? How has this been considered in relation to the options?

There has been detailed analysis undertaken in relation to the needs of the people who currently access the service and those children and young people who are aged 14+ and who currently access short break opportunities. This analysis has looked at the types, range and number of people with these needs, co-morbidities and other relevant aspects.

There has been detailed analysis undertaken in relation to the pattern of usage for the people detailed above, and how this has changed over the last five years.

There has been detailed analysis undertaken in relation to the number of referrals to the service over the last five years, and information about numbers of people admitted and those declined.

There has been detailed analysis undertaken in relation to the population as a whole, in consideration of the numbers of people who have complex needs and who are living at home. This included the numbers of carers and the levels of caring support provided based on the information from the Office of National Statistics.

Information has been gathered about the numbers of children and young people who are known to transitions teams and social work teams across the Tees area and this has been cross referenced with the information available from special school nursing.

Information has been gathered from Local Authorities about the numbers of people who are currently in receipt of Local Authority provision. This information has been used to inform the development of the scenarios and the options that are being proposed.

25. The pre-consultation engagement identified 2 Bankfields Court as being not fit for purpose as a physical building, but as providing excellent care. Where is the option to modernise and retain what already works for carers?

The findings of the initial engagement identified that the care provided within NHS settings, was excellent and carers were confident and comfortable, it also identified that improvements to facilities needed to be made.

The initial engagement also identified that there needed to be more choice and flexibility for people with learning disabilities and complex needs than the current service offers.

Currently there is no extra budget available to modernise the existing buildings. To do so would go against the national direction of looking at alternative services away from a hospital setting. Although we do take on board people's feedback that they do not see 2 Bankfields Court and Aysgarth as hospital settings.

26. There are existing facilities at Levick Crescent and Gateway in Middlesbrough. These were designed for use by people with complex needs in the South Tees area – why are these not part of the options?

Under Option 1, there is the potential for alternative settings, such as Levick, to be considered in the same way as we would consider any other suitable setting. The purpose of the consultation is to gather peoples' views while these proposals are still at a formative stage, and people have the opportunity to influence how the services might look in the future.

27. What happens if there is overwhelming support for option 2?

Hartlepool & Stockton on Tees CCG and South Tees CCG will consider the views of the people who have contributed to the consultation and will use this feedback to decide which option to go with that responds to the consultation findings and that best meets the needs and achieves the desired outcomes for the local populations.

28. Have you already decided to close the overnight bed based provision at 2 Bankfields Court and Aysgarth?

This is one of the options that is being considered and may be a possible outcome following the consultation process. There are no decisions that have been made about continuing or closing either facility at this time. The CCGs recognise that it is really important that there is a flexible range of options for people who have respite needs and that bed based provision will need to be still available as an option for the future in addition to alternative options. All respite options will need to be allocated in accordance with assessed needs.

29. If you go with option 2, will the number of beds reduce?

Depending on the outcomes of the consultation and analysis of the feedback, it could be that fewer beds are purchased within one or both of the current NHS bed based settings. Alternative services, as described in the menu of services will be available for people to access to meet their needs.

TRANSPORT

30. Where do transport costs fit in with Option 2? Is the £1.5 million including transport? If we are keeping the same service how is there any money left?

Transport to respite services may change. Transport needs will be included and considered as part of assessment of need and care and support planning. Also an individual's health and social care budgets may include provisions for transport.

Transport to respite services may change. Transport needs will be included and considered as part of assessment of need and care and support planning and an individual's health and social care budgets may include provisions for transport. The budget provisions for transport must be included within the overall financial envelope of £1.5 million.

31. I currently access transport to get me to overnight and day respite services, will this change?

Transport to respite services may change. Transport needs will be included and considered as part of assessment of need and care and support planning and an individual's health and social care budget may include provisions for transport.

32. How are the CCGs addressing the issues with transport that have been highlighted as part of the pre-engagement activities?

We know from the previous engagement activity that transport is a crucial issue. We have carried out work to understand how people travel to and from day services, and from the bed based respite facilities. This is something that needs to be captured within the care management, and support planning arrangements on a case by case basis.

ASSESSMENT AND ALLOCATION

33. Changes have been made to assessment criteria many times in the past – how does this new assessment criteria differ?

The assessment and allocations process is still being developed with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and with Continuing Health Care teams with oversight from the multi-disciplinary Respite Task and Finish Group.

There are two main elements to the assessment and allocations process which considers the health respite needs of the individual and the circumstances and respite needs of the carer. The assessment tool will result in a banding and subsequent resource allocation which will be responsive to the identified needs for each individual and their family.

The eligible health needs element is very similar to the current assessment criteria that is used now but considers each area of need in relation to how significant it is in relation to the risks and wellbeing of the individual.

It considers the person's needs in relation to day-to-day living (for example, personal hygiene and dressing, nutritional needs and support, keeping themselves and others safe, supporting behaviours and other specific personal needs). The principles of this are centred around the existing assessment tool for the bed based services and the same elements are included in the revised assessment.

The Carer circumstances and needs element considers what services are currently being received, the informal network of support that exists within the family and also the impact of the caring role on the person's wellbeing and ability to work or enjoy family life. The principles of this part are centred on the Care Act 2015.

34. Changes to assessment did not come up at any stage during pre-consultation conversations. Do carers have any opportunity to inform how the assessment process is developed?

The current mechanism for allocation of provision to individuals treats everybody, irrespective of their needs and situations the same, which needs to be developed to reduce levels of unmet need and to make services accessible to all those who need them and to make sure that people receive respite that meets their needs.

The pre-consultation engagement activity identified that respite needs were not always met and that services needed to be allocated fairly to make sure those people with the most profound needs are able to access sufficient opportunities to support their caring situation.

The development work is ongoing with the tool and the intention is to conduct an independent review of the assessment tool/process which will include family/carer representation. Terms of reference for this group have already been developed and relevant people are being identified to be part of the independent review team.

35. Are changes to assessment simply a way to reduce provision?

The purpose of further refining a needs-led assessment and allocation process means that services are made available to people on a fair and equitable basis. Some people may be eligible to access more respite and some people may be eligible to access less respite, based on their needs.

36. Who will carry out the assessment process?

Depending on the circumstances of the individual and how they are known to services, the people undertaking the assessment and allocations process could be either the person's Care Manager or Care Co-ordinator, the Community Nurse or the Continuing Health Care Nurse Assessors. In each case the person who is undertaking the assessment, will do so with the person and their family and will engage with other relevant professionals who are working alongside the individual and their family.

STAFF

37. Quality of staff and the training they receive is very important. How is this being factored in?

The pre-engagement activities identified that family Carers were concerned about the competency of staff in any new service and that the quality of care was very important. They highly valued staff within the existing service and had built up a high level of trust with those staff members. This has been reflected within the options that are being presented.

The CCGs' priority is to commission services that safely and effectively meet the needs of individuals.

Any provider, who is successful following a formal tender process, will have to demonstrate qualifications, competency, training retention, supervision, support and compliance with regulatory bodies. These will have to meet the requirements of the service specifications as part of that process. Where providers cannot demonstrate the required quality and level of skill, they will not be able to provide services on behalf of the NHS.

38. If Bankfields and Aysgarth close, what will happen to the staff?

Depending on how services are purchased in the future and whether all or part of the current services continue, it may be that some staff are redeployed within existing NHS services, or they may be transferred to any new provider(s) that are appointed following procurement. Alternatively, the respite services may be delivered more flexibly in the community rather in hospital settings and the staff may still deliver (part of) the service but just do it in a different way.

39. Would it be staff from Aysgarth & Bankfields delivering respite services as the patients need to be familiar with staff and it takes time to build relationships?

The actual staff who will be providing flexible community based respite services to people with learning disabilities and complex needs, will be determined following a procurement exercise under both Option 1 and

Option 2. TEWV, like any other provider of services, could submit a bid to provide community based services.

In relation to support provided within bed based care settings, if Option 2 is taken forward, then some bed based services will continue to be provided by TEWV. It is not expected that staffing will change in this circumstance, however this remains outside of the control of the CCGs.

40. Could we use the funding to employ current NHS staff to support clients in the new model?

The actual staff that will be providing flexible community based respite services to people with learning disabilities and complex needs will be determined following a procurement exercise under both Option 1 and Option 2. TEWV, like any other provider of services could submit a bid to provide community based and clinically led outreach services.

CARERS

41. Carers are often reliant on friends and family but this is not sustainable in the long term, how are the CCGs addressing this?

This is one of the reasons we want to improve the respite offer, to support people to access a range of opportunities and support carers in their caring role.

42. Public meetings/consultation events scheduled on a weekend are not accessible to the greatest number of carers. How will the CCGs ensure that people have the opportunity to participate and share their views?

We know that it is difficult for some people to attend public meetings. We have tried our best to find a good balance between meetings during the day, on an evening and a weekend to ensure as many people as possible are able to attend. Information about the events has been included in mail distributions which have been sent directly to parent/carers for people who attend 2 Bankfields Court and Aysgarth.

People are welcome to attend any of the events across Tees. In addition to the public events there are 12 discussion groups being held across Tees (a minimum of three sessions in each area) which are being facilitated by VSOs, overseen by Inclusion North, all families and

carers for people who currently use the services will receive the dates of these discussion groups in individual letters.

43. Why don't the documents refer to the rights and needs of carers and the people that they care for? Has this been considered in relation to the development of the options?

The rights and needs of carers and the people that they care for was paramount in the development of the Consultation documentation, as this information is available elsewhere for carers to access we did not include it. Our aim was to make the information about what was in scope and what people could influence as clear, simple and straight forward as possible.

The assessment and allocations tool is being developed on the basis of the Care Act and looks at the carers rights and the provisions around ensuring wellbeing and ability to maintain their own physical health, family life and to be able to be supported in their roles.

The intentions around the changes are to improve services for the people who access them and for their family/carers, in recognition of the CCGs responsibilities under the Care Act.

44. How is the CCG making sure that people and their family/carers are informed to enable them to effectively participate in the consultation?

Information materials developed for the Consultation are available on both CCG websites and were uploaded to mark the launch on Monday 4 September 2017. We also wrote to people who were involved in the Consultation pre-engagement. We understand that some people did not receive this information. We are seeking assurances from our mail distribution company and have arranged for a second round of letters to be sent out to those directly affected.

We know that Carers' time is pressured, and have made every effort to arrange events at different times of the day, including weekends. The Consultation lasts for 10 weeks, which we feel is a reasonable amount of time for people to have the opportunity to take part.

45. Personal experience has been highlighted as a vital component of reviewing any service and planning changes. How has the CCG involved carers in developing the options?

The initial pre-engagement activities earlier in the year, gathered personal views, opinions and experiences about respite. This was to influence the development of the options, and to understand what the priority areas were for carers.

The appraisal criteria was developed using the priorities of those who participated in the initial engagement activities, and each of the seven scenarios were assessed against those priorities.

CURRENT SERVICES

46. Are developments to respite services happening across the UK or just in Teesside? Have levels of deprivation in the region been taken into account?

This is a Tees wide respite review, which is seeking to make available an improved range of services to people with complex needs in Hartlepool, Stockton, Redcar Cleveland and Middlesbrough.

Transforming Care is a programme that is happening across the country. This is to reduce people's reliance on hospital provision, and to make available a robust community infrastructure, to support people to remain in or return to their own communities and home settings.

Research has been undertaken in relation to models that are in other areas of the country. The situations vary, however, in most instances respite is commissioned for people with complex needs through the Local Authority commissioning arrangements. Also via Continuing Healthcare Funding streams or directly from Continuing Healthcare commissioning arrangements.

The way in which health respite is commissioned sits outside of any of the formal structured arrangements in place for continuing healthcare.

High levels of deprivation and needs have been taken into account. This has been considered in relation to the development to date of the scenarios and options to ensure that there are a range of services to meet the needs of people, who are currently accessing the service. Also for those who may need to access respite for people with complex needs now or in the future.

47. Will I still be able to access my usual respite care during this consultation?

Yes you will be able to access your respite services during the consultation. There will be no changes made to the services that are currently available until the consultation has finished.

48. Does this affect adults and children's learning disability services?

This respite project will affect services for adults with learning disabilities and complex needs. Services for children and young people will be unaffected by the consultation but it will be important to hear the views of children and young people with learning disabilities and complex needs in relation to respite, particularly those who are approaching adulthood.

49. Has the impact on current service users been measured/considered or risk assessed?

There has been detailed analysis undertaken in relation to the needs of the people who currently access the service, children and young people who are aged 14+ and who currently access short break opportunities. This analysis has looked at prevalence of needs, co-morbidities and other relevant aspects in relation to the needs and risks for individuals.

Work is ongoing with Local Authority partners, in relation to the support that will be required for individuals, to manage any changes in a safe and supported way.

50. Are there individuals who access short breaks/holidays currently?

Yes, there are a number of individuals with learning disabilities who have eligible health needs who take respite in the form of short breaks or holidays currently. In most cases those people who have eligible health needs receive services that are commissioned or provided by the Local Authority through continuing health care and jointly funded package arrangements. In some case people take personal health budgets and direct payments to access a variety of holiday options; an example of this is access to caravans or employment of personal assistants to support people in their day to day activities and holiday opportunities.

51. Why are flexible community services included, when Stockton Borough Council fund these?

Services that are provided or commissioned directly by Stockton Borough Council are not included in this consultation. In some cases people with complex health needs access these services through continuing healthcare or jointly funded package arrangements. The flexible community services that are discussed as part of this consultation, relate to opportunities that CCGs would like to make available to people with learning disabilities and complex health needs. In the future, this will ensure that services can meet the needs of the individuals.

52. Why can't you expand the service at Bankfields?

The findings of the initial engagement identified that the care provided within NHS settings was excellent and carers were confident and comfortable. Although identified that improvements to facilities needed to be made.

The initial engagement also identified that there needed to be more choice and flexibility for people with Learning Disabilities and complex needs.

Modernisation and retention of existing services would still result in a finite resource of an identified number of beds. This does not allow for the option of a choice of alternative options or increased capacity. There would be cost implications in doing this which would not result in the development of future proof services

53. Why should our family suffer because health wants to expand the service for other people?

The CCGs have a responsibility to meet the needs of the whole of the local population and to do this in the most effective way. It is important that services provided are responsive to the diverse and wide ranging needs that are in our communities. It is important that services remain under review to ensure that services continue to be responsive to the needs of the population, and also continue to provide value for money and are sustainable and viable into the future.

54. Why is Bankfields not able to take any booking beyond August of next year?

The service from Bankfields is subject to consultation and therefore the service is only guaranteed to be available in its current format until the end of August 2018. The CCGs are working with TEWV, to ensure that bookings are made fairly and equitably until this time, and are managed in a way to ensure the safety and wellbeing of the individuals who access the service.

55. I feel like I am having a constant fight with services, why do you want to keep changing things?

This consultation is happening so that the Tees Clinical Commissioning Groups can hear what people think about the CCGs proposals about how respite for people with Learning Disabilities and complex needs is provided. The current services that are commissioned directly by the CCGs are not sustainable, equitable or flexible enough to meet the current and changing needs of the local population. Talking to people will help the CCGs to improve respite services, to better meet the needs of people with learning disabilities and complex needs, their families and carers. The CCGs are reviewing the services that are provided by the NHS and have found that there are many complexities in providing respite. Talking to people involved will help everyone understand the needs and the challenges.

56. Does this just affect respite overnight or the day services I attend?

This mainly affects overnight respite services that are currently commissioned by the CCGs but may affect some of the day services that you attend. The choice of options available should increase, for example this might mean that there are extended sessions available at the day services.

57. How many beds are there currently at Bankfields and Aysgarth?

There are five beds at Bankfields and six beds at Aysgarth.

58. What other homes are available in Stockton?

There are a number of registered care settings in Stockton, more information can be obtained from the CQC website. <http://www.cqc.org.uk>

59. Redcar Hydrotherapy is underutilised – we would like to access this – why is it so hard?

We will look into this – it's been brought up before and is something that people want.

60. Is there a way to use the space at Bankfields better – they don't seem to be using the bungalows there at the moment?

We will discuss this with the provider.

61. Why are Aysgarth not taking any bookings past March 2018?

The CCGs and Tees Esk and Wear Valleys are working together in relation to this project. It has been agreed that Aysgarth are able to taking bookings up until the end of August 2018.

POTENTIAL FUTURE SERVICES

62. What are the numbers expected to access respite services in the future?

The project to date has undertaken significant analysis of the current and future groups of people who access (or who may need to access) respite services in the future.

As at 31st August 2016, there were nine Children and Young People who will reach 18 years old, in the next four years, and currently access bed based short break respite services at Baysdale. They also likely to need similar types of support into their adulthood, and would probably be referred to 2, Bankfields Court or Aysgarth.

There are 28 children and young people who are known to Local Authority transitions teams and special school nursing. These are due to reach 18 years old, in the next four years, and are likely to have significant complex needs and/or behaviour perceived as challenging and who will have respite needs.

There are a further 523 children and young people aged 14+ in Tees who are known to Local Authority children's teams who may have respite needs into the future.

In addition, there may be a group of individuals who could possibly need to receive community based respite support, following inpatient discharge, under the Transforming Care programme in coming months.

63. There is the Dales building opposite Aysgarth, why can't this be utilised to expand Aysgarth services?

The findings of the initial engagement identified that the care provided within NHS settings was excellent, and carers were confident and comfortable, although identified that improvements to facilities needed to be made.

The initial engagement also identified that there needed to be more choice and flexibility for people with learning disabilities and complex needs.

Retention, modernisation and extension of existing services would still result in a finite resource of an identified number of beds. This does not allow for the option of a choice of alternative options or increased capacity. There would be cost implications in doing this, which would not result in the development of future proof services.

64. How will the CCGs ensure that specialised care for people with complex needs and challenging behaviour can be provided within community settings?

We have gathered detailed analysis of a range of information from Tees Esk and Wear Valleys NHS Foundation Trust (the current provider) about the needs and support that people require. We will then be able to include detail about the high needs of people in the specifications for future providers.

The Transforming Care Programme has a series of workstreams in place. One workstream is focussing on developing health and social care providers, to upskill their staff. This will ensure people with complex needs and behaviours that challenge services, are supported in the community.

The aim of making available a range of services to meet respite needs, is to ensure that a wide range of individual needs can be met by a diverse selection of services.

The need for specialised input and use of equipment will form part of the specification for services commissioned.

65. Aysgarth carefully considers caseload/mix at any given time, and won't operate at full capacity (if it's not appropriate to do so), to ensure safety and the best care for patients. Would the private sector take as much care if they are in to make a profit?

Any provider of services that is commissioned by the CCGs will be required to sign up to the NHS Standard Contract, as such there are checks and balances in place to ensure that service providers deliver good quality and safe services. The CCGs would not commission a service that wasn't safe. Anyone who bids for the service through the procurement would have to evidence this.

In relation to purchase of services from non NHS providers, as with any service commissioned by the CCGs, there will be a contractual relationship in place, which will ensure that providers continue to provide services under the terms of the agreements.

It is vital for the CCGs to commission services that safely and effectively meet the needs of individuals.

Any provider who is successful following a formal tender process, will have to demonstrate qualifications, competency, training retention, supervision, support and compliance with regulatory bodies that meet the requirements of the service specifications as part of that process. Where providers cannot demonstrate the required quality and level of skill, they will not be able to provide services on behalf of the NHS.

66. If care was provided in care homes, would these homes be age appropriate?

Age of the individual would be considered for all care settings to ensure the home was appropriate.

67. What cover would be provided if the beds at Aysgarth ceased?

There is a transition period that has been built into the project plan which is 12 weeks. If beds at Aysgarth were to cease (under Option 1), then a range of beds within community settings would be commissioned to replace the beds at Aysgarth.

68. If other beds are available, where will they be located?

This has yet to be decided and would be included as part of any procurement exercise. If other beds are available instead of the current locations at Bankfields and Aysgarth, it will be important that the beds are available locally so that people can get services near to where they live. The CCGs recognise that it is important that the services are available across Tees and that individuals don't have to travel too far to get their services.

69. Will the new care providers (re option 1) learn about their service users in person or through their care plans?

There is a transition period that has been built into the project plan which is 12 weeks. This is being considered by CCGs and Local Authority partners in relation to the complex needs of individuals.

It will be important for new support providers, to ensure that they have adequate information and resources to enable them to meet the needs of the individuals. They will be required to draw upon information from the individuals themselves, their family members and other professionals involved in their support networks and also from existing services. It will be important that agencies work effectively together to support transition from one service to another.

70. How will the service providers (companies) be monitored or by who?

In relation to purchase of services from non NHS providers, as with any service commissioned by the CCGs, there will be a contractual relationship in place which will ensure that providers continue to provide services under the terms of the agreements.

It is vital for the CCGs to commission services that safely and effectively meet the needs of individuals, and delivery of services is monitored by the CCGs on an ongoing basis.

Any provider who is successful following a formal tender process will have to demonstrate qualifications, competency, training retention, supervision, support and compliance with regulatory bodies that meet the requirements of the service specifications as part of that process. Where providers cannot demonstrate the required quality and level of skill, they will not be able to provide services on behalf of the NHS.

71. How would the safety, trust, continuity and familiarity be assured with any private provider?

Part of the procurement process will evaluate a provider's ability to deliver safe and good quality services. Part of the process looks at the providers for recruitment, induction, supervision, appraisal and retention of staff processes. In addition, this is something that is considered by the Care Quality Commission as the Regulator for health and social care services.

72. How does the CCG quality control providers, and ensure services are future proofed?

The NHS purchases services from a mixture of NHS and non-NHS providers. A key component of any contract award is the contractual relationship in place which will ensure that providers continue to provide services under the terms of the agreements.

It is vital for the CCGs to commission services that safely and effectively meet the needs of individuals.

73. Will the new services stay in the NHS or will a private provider be used?

This will depend on the market and what the outcomes of the procurement will be. There is potential for respite services to be provided partly by NHS providers and partly by private providers.

74. Before the consultation ends can we look at the alternatives?

Unfortunately the CCGs would only be able to identify providers following completion of the procurement exercise, and procurement cannot commence until consultation is concluded. There will be no opportunity to enable individuals and their families to view the alternatives before they are formally commissioned.

75. How will respite be allocated in future?

With both options, there will be a needs led assessment and allocations process which will change how resources are allocated and with both options there will be the opportunity for people to have different types of respite/short breaks, depending on the needs of each individual.

76. Regardless of whatever option is selected following the Consultation, when might this be revisited?

All NHS commissioned services are continuously reviewed but we cannot confirm when that would be currently.

77. When will any changes take place?

Any changes to NHS respite services will take place on or after 1st September 2018.

FINANCE

78. The financial envelope is remaining the same, how is Option 2 affordable when you will still be paying £1.5 million for the beds in Aysgarth and 2 Bankfields?

Depending on the outcomes of the consultation and analysis of the feedback, it could be that fewer beds are purchased within current settings and the financial resources will be used to provide people with a broader range of options to choose from which can more flexibly meet their respite needs. Different community based alternatives are often less expensive than hospital bed based provision and peoples allocated resources may be able to go further and enable them to achieve improved personal outcomes.

79. Is this about cost cutting?

The respite review is not about cost cutting or saving money. The same amount of money will still be available for respite across Tees. It is important that this money is spent wisely to make sure that people's needs can be met by the services that will be available. The CCGs recognise that value for money is really important and that the money is spent effectively and efficiently to meet the required outcomes for the people who need to use the service.

80. Is the funding for NHS funded 'daytime' activities going to be changed and taken from the respite pot?

Depending on the outcomes of the consultation and analysis of the feedback. In the event that Option 2 is taken forward, it could be that fewer beds are purchased within current settings, and the financial resources will be used to provide people with a broader range of options to choose from. These can more flexibly meet their respite needs. Different community based alternatives are often less expensive than hospital bed based provision, and peoples allocated resources may be able to go further and enable them to achieve improved personal outcomes.

81. Respite, as it exists now, allows carers to continue caring – what would be the cost if more people were forced into full time residential care, because carers were no longer able to access appropriate respite services?

Our intention is to develop services that are flexible and responsive. We also need to ensure that services are sustainable and cater for people who might need them in the future. There is a clear aim of providing those services close to home, or supporting people to remain in their own homes supported by family carers.

We know that demand for services is growing. By making changes to respite services, we want to increase the overall support available to Carers in the longer term.

Widening the respite offer, could increase our ability to respond more flexibly to peoples' ever changing needs, ensure resources are available for planned and emergency situations and reduce our reliance on a single provider.

82. Parent/carers may be happy to manage personal health budgets but there are concerns that there is nothing appropriate out there to spend the budgets on. How are the CCGs addressing this?

Initial indications from the market engagement event (with potential new providers), identified a number of providers who have expressed an interest in working with the CCGs to develop services for people with complex needs. Further market engagement is planned to explore the opportunities and also to build upon the feedback from the initial engagement.

83. How would the additional activities be funded?

Depending on the outcomes of the consultation and analysis of the feedback, in the event that Option 2 is taken forward, it could be that fewer beds are purchased within current settings. The financial resources will be used to provide people with a broader range of options to choose from, which can more flexibly meet their respite needs. Different community based alternatives are often less expensive than hospital bed based provision, and peoples allocated resources may be able to go further, and enable them to achieve improved personal outcomes.

84. Why does it cost £400 per night?

The services provided at Bankfields and Aysgarth are delivered as part of a wider contract and there are notional figures that are attached to this service line. This includes service delivery costs and infrastructure costs, it is difficult to break down the costs because of the way in which the contracts work. The notional costs based on the current financial information, is that it costs between £371 and £570 per night within these services. The services are charged for in the same way as a treatment and assessment bed and it is recognised that the clinical model is not appropriate, nor needed by all.

85. How can we change the current service to Option 2 with no extra money?

Depending on the outcomes of the consultation and analysis of the feedback, in the event that Option 2 is taken forward, it could be that fewer beds are purchased within current settings. The financial resources will be used to provide people with a broader range of options to choose from, which can more flexibly meet their respite needs. Different community based alternatives are often less expensive than hospital bed based provision and peoples allocated resources may be able to go further and enable them to achieve improved personal outcomes.

OTHER

86. With regards to market engagement who was this with and where?

There has been an initial Request for Information exercise undertaken earlier in the year, to receive feedback from providers about the cost of services and different options that could be available. The market responded to identify a number of providers who would like to work with us to develop services. The information about the providers who responded and who expressed an interest, in the development of services is commercially sensitive information and cannot be shared publically at this time.

Further market engagement is planned for Nov 17 to further develop this in advance of formal procurement.

87. What is emergency care defined as?

It is difficult to define emergency care and what an extenuating circumstance could be. Part of the work that has been done as part of the project has looked in detail at the emergency admissions into NHS bed based settings. The predominant reason for emergency admission is carer breakdown, carer illness or illness of the person that is cared for.

88. Are TEWV supportive of your approach?

Yes, the CCGs are working closely with Tees Esk and Wear Valleys managers and staff to develop the respite offer and to develop a needs led assessment and allocations criteria. They support the approach to widen the offer and improve choice for people to ensure that needs and personal outcomes are met more appropriately.

89. Safety of patients is of paramount importance. Has the CCG undertaken Health Impact Assessments and a Risk Assessment and can these be made public for parents in advance of any decisions on the current service with the opportunity to respond?

There has been detailed analysis undertaken in relation to the needs of the people who currently access the service, those Children and Young People who are aged 14+ and who currently access short break opportunities. This analysis has looked at how many people have different types of needs, and specific diagnosis or needs that often occur together and other relevant aspects in relation to the needs and risks for individuals.

Work is ongoing with Local Authority partners in relation to the support that will be required for individuals to manage any changes in a safe and supported way and will complete formal risk assessments as part of future care and support planning processes.

Any provider of services that is commissioned by the CCGs will be required to sign up to the NHS Standard Contract, as such there are checks and balances in place to ensure that service providers deliver good quality and safe services. The CCG would not commission a service that wasn't safe. Anyone who bids for the service through the procurement would have to evidence this.

In relation to purchase of services from non NHS providers, as with any service commissioned by the CCGs, there will be a contractual relationship in place which will ensure that Providers continue to provide services under the terms of the agreements.

It is vital for the CCG to commission services that safely and effectively meet the needs of individuals.

Any changes to the service or providers of services will be subject to a number of pre-award checks as part of the NHS procurement programme. The provider of services will then be required to comply with a number of Clinical Commissioning Group policies including safeguarding, incident reporting and complaints as part of the Standard NHS Contract. A comprehensive performance and quality report will be expected to be submitted on a regular basis and any actual or potential issues will be addressed with the service provider. This list of requirements and reports will be, as a minimum, in line with those currently in place with the service.

The quality of providers is monitored by the CCG via the contract and additionally they carry out Commissioner assurance visits. During these visits they speak to staff and clients and monitor complaints and incidents about the service and triangulate this information with the contracting teams.

Also relates to FAQs 37, 65,71 and 72

90. Can the CCG ensure clinical care and scrutiny of service quality will meet the existing standards of Bankfields. Can you name which individuals will be responsible should patient care or safety be comprised so that accountability is clear and transparent to carers?

Any provider of services that is commissioned by the CCGs will be required to sign up to the NHS Standard Contract, as such there are checks and balances in place to ensure that service providers deliver good quality and safe services. The CCG would not commission a service that wasn't safe or appropriately registered and regulated.

In relation to purchase of services from non NHS providers, as with any service commissioned by the CCGs, there will be a contractual relationship in place which will ensure that Providers continue to provide services under the terms of the agreements.

It is vital for the CCG to commission services that safely and effectively meet the needs of individuals.

In relation to identification of accountable individuals, work is ongoing with Local Authority and Health partners in relation to the support that will be required for individuals to manage any changes in a safe and supported way. The Chief Officers of the CCGs will ultimately be responsible for ensuring that the health needs of the individuals are met in the most appropriate way.

91. These patients are amongst the most vulnerable in society. Under your responsibilities from the 2012 NHS Social Care Act, you have a clear responsibility to address health inequalities – how have you fulfilled this for these vulnerable groups unable to self advocate?

The role that the respite service currently has in relation to supporting to address health inequalities of the most vulnerable groups is recognised. The CCG can assure that this is of paramount importance in consideration of all services that are delivered. There are many mechanisms by which the CCG is addressing its statutory and moral obligations to the local population through the delivery of the Transforming Care agenda, an example of which is the availability of an enhanced Community Learning Disabilities Team and also through the regional projects that are underway.

The current services that are commissioned directly by the CCGs is not sustainable, equitable or flexible enough to meet the current and changing needs of the local population. The focus of this programme is to improve the range of respite services available to better meet the needs of people with learning disabilities and complex needs, their families and carers

The respite review is not about cost cutting or saving money. The same amount of money will still be available for respite opportunities across Tees. It is important that this money is spent wisely to make sure that as many people's needs can be met by the services that will be available. The CCGs recognise that value for money is really important and that the money is spent effectively and efficiently to meet the required outcomes for the people who need to use the service.

The CCGs have a responsibility to meet the needs of the whole of the local population and to do this in the most effective way. It is important that services provided are responsive to the diverse and wide ranging needs that are in our communities. It is important that services remain under review to ensure that services continue to be responsive to the needs of the population and also continue to provide value for money and are sustainable and viable into the future.

92. Can you assure us that ALL consultation responses are made available on request under the Freedom of Information rights.

An independent consultation report and an easy read summary will be prepared and made available publically in the New Year which will be available on the CCG websites. Any

additional FOI requests will be managed through the normal process and will be responded to as appropriate.

93. Can you explain in detail how your plans meet requirements under law to support parents, carers and families in their role of caring for the most vulnerable. Can you assure us that this is a genuine consultation and not merely an exercise to seek our views on a pre-determined decision?

The CCG and Local Authorities will continue to provide services that are compliant with all relevant legislation. The CCG recognises its obligations to the local population and also to carers themselves under the Care Act.

The findings of the initial engagement activities earlier in 2017 highlighted the importance of providing bed based respite care as an option for future respite provision. This has been reflected in the options that have been brought forward for consultation.

This is a genuine consultation which is being undertaken at a formative stage and is happening so that the Tees Clinical Commissioning Groups can hear what people think about the CCGs proposals about how respite for people with Learning Disabilities and complex needs is provided. Talking to people about our ideas for the future will help the CCGs to improve respite services to better meet the needs of people with learning disabilities and complex needs, their families and carers. The CCGs are reviewing the services that are provided by the NHS and has found that there are many complexities in providing respite. Talking to people involved will help everyone understand the needs and the challenges.

94. Can you give us a cast iron assurances, that unlike Winterbourne View and Atlas Homes our sons and daughters will not be exposed to cruel, abusive and degrading treatment through bad management of change. If any patients are harmed, can you name the individuals responsible for taking the commissioning decision so that accountability is transparent?

The cruel and degrading treatment that was highlighted by the atrocities of Winterbourne View has been the catalyst for the Transforming Care Agenda. As such this respite review programme is a programme that supports the modernisation and development of services for the most vulnerable groups of people and to provide the opportunities that others take for granted.

Work is ongoing with Local Authority partners in relation to the support that will be required for individuals to manage any changes in a safe and supported way and will complete formal risk assessments as part of future care and support planning processes.

Any provider of services that is commissioned by the CCGs will be required to sign up to the NHS Standard Contract, as such there are checks and balances in place to ensure that service providers deliver good quality and safe services. The CCG would not commission a service that wasn't safe or appropriately registered and regulated.

In relation to purchase of services from non NHS providers, as with any service commissioned by the CCGs, there will be a contractual relationship in place which will ensure that Providers continue to provide services under the terms of the agreements.

It is vital for the CCG to commission services that safely and effectively meet the needs of individuals.

- 95. The consultation narrative states that there needs to be less reliance on services in hospital, making more use of services in the community. How does this relate to Aysgarth?**

Although it is acknowledged that there is a homely environment in the NHS respite services, it is actually a hospital facility and is delivered within a clinical model. In addition it is paid for at the same rate as a treatment and assessment bed however does not deliver a treatment and assessment service. Under either new model, there will be a focus on providing high quality, personalised services that meet the needs of people and families.

- 96. It says in the consultation narrative that the needs of individuals need to be met safely and tailored to the needs and challenges of individuals. Aysgarth meets the wide ranging needs of the individuals that attend and gives a satisfactory outcome to parents and carers of a safe secure provision that gives them valuable overnight respite that is not provided anywhere else.**

It is recognised that a high proportion of the people who access the services and their families are satisfied with the service, notwithstanding the recommendations and ideas for future development for services. It is also recognised that there are individuals in the community who have needs which are not met who need access to services for people with complex needs who cannot access the existing services. There have also been examples from people who have attended our consultation sessions where the bed based services have not been appropriate to meet the needs of their family members.

- 97. More money needs to be used to expand the excellent graded provision at Aysgarth that is currently working well.**

The CCG has the responsibility to review services on an ongoing basis and to develop services that are cost effective, sustainable and meet the needs of the current and future populations. The CCG has been working with providers to help develop the market and ensure that provision of respite can meet needs within the current financial envelope.

- 98. If the needs of people are becoming more complex, why target a provision that provides essential overnight respite for the most complex of adults by reducing bed spaces?**

It is recognised that there are individuals in the community who have needs which are not met who need access to services for people with complex needs who cannot access the existing services. There have also been examples from people who have attended our consultation sessions where the bed based services have not been appropriate to meet the needs of their family members.

- 99. It says there are potential gaps in services, can you give examples?**

It is recognised that there are individuals in the community who have needs which are not met who need access to services for people with complex needs who cannot access the existing services. There have also been examples from people who have attended our consultation sessions where the bed based services have not been appropriate to meet the needs of their family members. The intention of this is to support us to bridge the gap between health and social care services to support the delivery of a wide range of services to meet the wide range of service needs. Currently the offer that is available is a singular offer of a bed based setting which is not appropriate for everyone with complex health needs. There is over reliance on a single provider with a finite offer of 11 beds. The initial engagement exercise identified the need for more choice for people with complex needs.

100. Can you give examples of where there is duplication in service?

It is known that there are individuals who access overnight respite within the NHS settings and who access day services simultaneously, which is costly and not an efficient use of resources. In terms of breakdown this equates to the following:

7 night's overnight respite at NHS setting - £3990

5 days day services access - £400

Transport to and from day services - £500

Using the £1.5m available more wisely is intended to increase opportunities for people to receive the respite breaks and activities they need.

101. Can you name the national and local policies referenced in the consultation narrative and how they influence delivery of service?

This information is available in more detail in the Case for Change

<http://www.hartlepoolandstocktonccg.nhs.uk/wp-content/uploads/2017/10/Case-for-Change.pdf>

The main driver is Transforming Care, information is available at:

<https://www.england.nhs.uk/learning-disabilities/care/>

102. It says in the consultation narrative that there needs to be an availability of choice, it is not really fair to remove choice from one group to provide choice to others.

Initial market engagement activities in Jan/Feb 17 and more recently in November 2017 identify indicative costs of providing support to individuals in a personalised way and the initial indications are that money spent within community settings and services goes further than in hospital/clinical settings.

103. Services have always been allocated on assessed needs of individuals, and in their best interests, how can this be changed?

The current system of allocation does not allocate provision on a needs-led basis, there is an initial eligibility threshold however everyone irrespective of their needs or the needs of their carers are allocated the same amount of overnight stays. CCGs have worked alongside the Trust to develop an assessment tool that considers the eligible health needs of the individual and also the needs of their family carer(s) to enable resources to be allocated directly in response to the needs of individuals.

104. It says in the consultation narrative that the service needs to be fair and equitable. It is not fair to remove essential bed based respite to provide alternatives that do not meet the needs of these very vulnerable individuals – why are their needs not considered fair?

Bed-based respite will still be available in both options. There has been detailed analysis undertaken in relation to the needs of the people who currently access the service, those Children and Young People who are aged 14+ and who currently access short break opportunities. This analysis has looked at how many people have different types of needs, and specific diagnosis or needs that often occur together and other relevant aspects in relation to the needs and risks for individuals.

The assessment and allocations process is still being developed, there are plans in place to embed the process across services to ensure fairness and equity. The tool has been developed by the CCG, Tees Esk and Wear Valleys NHS Foundation Trust and also the Local Authorities. There is a group of individuals from all organisations involved who are

further developing and refining the tool. In addition there are plans to scrutinise and review the allocations process with the involvement of advocacy groups and also parent carer representatives.

There are two main elements to the assessment and allocations process which considers the health respite needs of the individual and the circumstances and respite needs of the carer. The assessment tool will result in a banding and subsequent resource allocation which will be responsive to the identified needs for each individual and their family allowing for people to choose respite opportunities and options that suit their need.

The eligible health needs element considers the person's needs in relation to day to day living for example personal hygiene and dressing, nutritional needs and support, keeping themselves and others safe, supporting behaviours and other specific personal needs. The Carer circumstances and needs element considers what services are currently being received, the informal network of support that exists within the family and also the impact of the caring role on the person's wellbeing and ability to work or enjoy family life. The principles of this part are centred around the provisions of the Care Act 2015.

- 105. Aysgarth does provide emergency care and support, as most parents will testify, however it only has limited capacity which is already over-subscribed with many clients not receiving their care plan quota. Again this suggests that expansion of the provision not reducing the number of beds is the answer. How are you going to provide emergency cover in the community, sending clients to strange unfamiliar and inappropriate provisions?**

It is difficult to define emergency care and what an extenuating circumstance could be. Part of the work that has been done as part of the project has looked in detail at the emergency admissions into NHS bed based settings. The predominant reason for emergency admission is carer breakdown, carer illness or illness of the person that is cared for.

With a wider range of options and available services, emergency situations would be more readily accommodated and would reduce impact on other families planned bookings. At the moment there is reliance on a finite resource of 11 beds.

- 106. What does it mean by a duplication of services? How can a person be in two places at once? Bed based is overnight and day services through the day how can these be duplicated when at different times, and if clients already have day care how can they use the alternative respite provisions you are proposing in the community many of which occur during the day? Who determines the individual's personal outcomes and what will help achieve them?**

The CCG pays for bed-based accommodation for people and separate day services that some of the same people will also use. This can occur together. It relates not to someone physically being in two places at once but that payments are being made for people to be in two places at once not to someone physically being in two places at once.

Personal outcomes and what will help individuals to achieve them will be developed by care managers or other relevant professionals alongside the individuals and their families. The CCGs are working with Local Authority colleagues in relation to this.

- 107. Having Bed based respite is not just important, it is ESSENTIAL to the social emotional and mental wellbeing of both the vulnerable adults but especially the parents/carers. It gives them down time to recoup and get their strength back. Reducing this provision will impact on their ability to cope and manage to care for**

their adults, potentially creating an even bigger burden, more expense on the system.

The prevention agenda is recognised by CCGs and an understanding that it is important to get service access and availability right to support people and their families. Both options that are taken forward include the provision of a bed based offer.

108. With the shortages that currently exist within the health sector, how do you propose to guarantee the availability of medical staff?

There has been detailed analysis undertaken in relation to the needs of the people who currently access the service, those Children and Young People who are aged 14+ and who currently access short break opportunities. This analysis has looked at how many people have different types of needs, and specific diagnosis or needs that often occur together and other relevant aspects in relation to the needs and risks for individuals.

Work is ongoing with Local Authority partners in relation to the support that will be required for individuals to manage any changes in a safe and supported way and will complete formal risk assessments as part of future care and support planning processes.

Any provider of services that is commissioned by the CCGs will be required to sign up to the NHS Standard Contract, as such there are checks and balances in place to ensure that service providers deliver good quality and safe services. The CCG would not commission a service that wasn't safe. Anyone who bids for the service through the procurement would have to evidence this.

In relation to purchase of services from non NHS providers, as with any service commissioned by the CCGs, there will be a contractual relationship in place which will ensure that Providers continue to provide services under the terms of the agreements.

It is vital for the CCG to commission services that safely and effectively meet the needs of individuals.

109. Changing the assessment and allocation process. Should this not be carried out by an independent organisation? Not anyone linked to the health authorities carrying out the consultation to ensure fair and un-bias consideration with no pre-meditated outcomes?

The assessment and allocations process is still being developed, there are plans in place to embed the process across services to ensure fairness and equity. The tool has been developed by the CCG, Tees Esk and Wear Valleys NHS Foundation Trust and also the Local Authorities. There is a group of individuals from all organisations involved who are further developing and refining the tool. In addition there are plans to scrutinise and review the allocations process with the involvement of advocacy groups and also parent carer representatives.

There are two main elements to the assessment and allocations process which considers the health respite needs of the individual and the circumstances and respite needs of the carer.

The assessment tool will result in a banding and subsequent resource allocation which will be responsive to the identified needs for each individual and their family.

The eligible health needs element considers the person's needs in relation to day to day living for example personal hygiene and dressing, nutritional needs and support, keeping themselves and others safe, supporting behaviours and other specific personal needs.

The Carer circumstances and needs element considers what services are currently being received, the informal network of support that exists within the family and also the impact of the caring role on the person's wellbeing and ability to work or enjoy family life. The principles of this part are centred around the provisions of the Care Act 2015.

- 110. It says in the consultation narrative that nearly half of the people who use bed based respite also use day services five days a week. What is the problem with this? This is not duplication because they happen at different times of the day, and is this not part of the choice of the individual?**

Services that are provided or commissioned directly by Stockton Borough Council are not included in this consultation. In some cases people with complex health needs access these services through Continuing Healthcare or Jointly Funded package arrangements. The flexible community services that are discussed as part of this consultation relate to opportunities that CCGs would like to make available to people with Learning Disabilities and complex health needs in the future, making sure that services can meet the needs of the individuals.

- 111. How can it be a fair and democratic public consultation, with the views of the parents/carers and vulnerable adults taken into account, when the most damaging outcome to all concerned has already been decided by the NHS?**

The findings of the initial engagement identified that the care provided within NHS settings was excellent and carers were confident and comfortable although identified that improvements to facilities needed to be made.

The initial engagement also identified that there needed to be more choice and flexibility for people with Learning Disabilities and complex needs.

Retention, modernisation and extension of existing services would still result in a finite resource of an identified number of beds. This does not allow for the option of a choice of alternative options or increased capacity. There would be cost implications in doing this which would not result in the development of future proof services.

- 112. How will the programme provide the same quality and increased respite for more people with the same money?**

At present, £1.5m is allocated to providing respite services for around 100 people. Through work engaging service providers, the CCG's believe that they can continue to provide respite provision based upon the needs of people and families whichever option is taken forward, including bed-based provision, rather than on the limited basis it is currently provided to a limited number of families. Using a solely medical model is considerably more expensive per person per day/night than community options which may actually be more appropriate for some people and it is anticipated that more people will be able to access respite services in either model.

The project to date has undertaken significant analysis of the current and future groups of people who access (or who may need to access) respite services in the future.

As at 31st August 2016 there were 9 Children and Young People who will rise 18 in the next four years who currently access bed based short break respite services at Baysdale and who are likely to need similar types of support into their adulthood and would be likely to be referred to 2, Bankfields Court or Aysgarth.

There are 28 Children and Young People who are known to Local Authority Transitions Teams and special school nursing who are due to turn 18 in the next four years and who are likely to have significant complex needs and/or behaviour perceived as challenging and who will have respite needs.

There are a further 523 Children and Young People aged 14+ on Tees who are known to Local Authority Children's Teams who may have respite needs into the future.

In addition, there may be a group of individuals who may also need to receive community based respite support following inpatient discharge under the Transforming Care programme in coming months.

There are also people who either did not qualify for the current service, or for whom the current services are unsuitable, and people who may not have applied for health respite provision but who under the future programme, may do so. Information has been collected from Local Authorities to identify that there are individuals in current social care provision whose needs are difficult to meet. Complete information about this will not be apparent until services are developed and people are given the opportunity to request access to a wider range of respite services for people with complex needs.

The CCG and Local Authorities will continue to provide services that are compliant with all relevant legislation. The CCG recognises its obligations to the local population and also to carers themselves under the Care Act.

The findings of the initial engagement activities earlier in 2017 highlighted the importance of providing bed based respite care as an option for future respite provision. This has been reflected in the options that have been brought forward for consultation.

This is a genuine consultation which is being undertaken at a formative stage and is happening so that the Tees Clinical Commissioning Groups can hear what people think about the CCGs proposals about how respite for people with Learning Disabilities and complex needs is provided. Talking to people about our ideas for the future will help the CCGs to improve respite services to better meet the needs of people with learning disabilities and complex needs, their families and carers. The CCGs are reviewing the services that are provided by the NHS and has found that there are many complexities in providing respite. Talking to people involved will help everyone understand the needs and the challenges.