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Dear Ali and Amanda

## **Re: NHSE final assurance of Tees LD and Complex Care Respite Service Change Proposals**

I am pleased to share the final NHS England assurance position on your combined CCGs' proposals to change the way Respite Services for people with Learning Disabilities and Complex Needs are provided on Teesside. As NHS England's Cumbria and North East Director of Commissioning Operations previously informed you, all service change proposals should be subject to proportionate NHS England assurance, in line with national guidance.<sup>1</sup>

NHS England has reached a final assurance position informed through:

- A pre-consultation strategic sense check of the proposals (August, 2017) which agreed to a self-assessment assurance approach, subject to further post-consultation assurance checks
- A final assurance check on both proposed options to revisit pre-consultation and any subsequent assurance risks, which concluded earlier this month

It is clear that your teams have taken on board the previous assurance feedback and have continued during the course of the consultation and beyond to bring further rigour to what has been an inclusive, coherent and proportionate process which is in keeping with the CCGs' positive track records for effective and transparent service change.

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<sup>1</sup> Planning, Assurance and Delivering Service Change for Patients (2015), NHS England.

The CCGs have satisfied the four reconfiguration tests with demonstrably robust patient and public engagement and consultation processes that have been tailored to suit the specific client group needs and clear evidence of patient feedback influencing scenario development and options appraisal processes. As the DCO previously noted, the proposals are in line with national policy expectations, with evident CCG commitment to retaining and enhancing current levels of respite service provision. The clinical evidence base has since been strengthened through the support obtained from pivotal Cumbria and North East clinical leadership groups; the Cumbria and North East Transforming Care Board and Cumbria and North East Learning Disabilities Network. Commissioner support for the proposals has been demonstrated to be in line with the CCGs' constitutional arrangements and the proposals are clearly intended to deliver an expansion in both service and personal respite choice.

While the current respite bed base is out-with inpatient mental health and learning disabilities beds, the DCO team commends the CCGs' assessment against the newer 'fifth test' for reconfiguration, given that the proposals will lead to at least a partial bed closure and the provision of bed-based care in different ways. Through market engagement undertaken to date, the CCGs can demonstrate satisfaction of the first condition of the 'fifth test'; to ensure that there is sufficient alternative community service provision in place, underpinned by an appropriately-skilled workforce. While there remains some work to do to fully articulate the community model, the CCGs' have assured the DCO team that sufficient potential providers exists to deliver an array of suitably-staffed community or bed-based models to meet the complexity of service user needs.

NHS England expects that the existing high-level menu of service options will be shaped through both rigorous market testing and ongoing coproduction with service users and carers. The CCGs are also advised to draw upon early information from the assessment and allocations process pilot to inform further capacity and demand modelling. The DCO team notes the CCGs commitment to reducing current levels of unplanned use of respite beds and would like to see this prioritised in a way which also manages any risks of increased inpatient admissions.

The DCO team takes confidence from the CCGs evident commitment to planned transition of care for service users and the multi-disciplinary 'patient-paced' approach described to minimise the impact and ensure maximum personalisation and choice. The CCGs accessibility impact assessment work is also acknowledged, recognising transport as a concern of service users and carers and committing to reasonable travel times for any future service provision that is provision.

The DCO team recognises that the CCGs have plans in place to continue to review and mitigate the risks around community service development, accessibility and transition of care, through implementation and procurement planning. The DCO team would welcome copies of these plans to assist with further ongoing assurance. I would also recommend that these are strengthened with an indicative evaluation and monitoring framework to ensure that risks can be kept under review, ensuring any issues are addressed and positive impact evidenced.

The level of financial detail and quality has improved since the pre-consultation stage and is reflective of the stage of the service change process. Affordability within the £1.5m cost envelope has been demonstrated through scenario modelling, informed by unit costing and market engagement. While this needs to be further refined through planned market testing, the financial risks modelled are less than those relating to current service arrangements and the proposed changes are therefore likely to provide greater value for money as a result.

We note that the existing service provider (Tees, Esk and Wear Valley FT) has confirmed its ongoing support for the review of the Learning Disabilities Respite service and the options being considered and that the FT has committed to work with the CCGs, service users and families to support development of the future service model. Clearly, should Option 2 be selected by the CCGs, work will need to continue with the existing and potential new service providers to ensure the future services are configured as described during the consultation and within the overall affordability envelope.

Statutory consultation responsibilities around equality, health and health inequalities have been further developed with risks and appropriate mitigations in place. The DCO team advises that this documentation, together with the above-mentioned accessibility analysis, financial modelling and evaluation and monitoring planning form part of the decision-making documentation to provide full assurance to your respective CCG Governing Body. I am pleased that final decisions will take place at a meeting in common of your CCG Governing Bodies in order to ensure mutually beneficial decisions that will deliver equitable service provision across your populations.

Given that the CCGs are fully sighted on all of the risks outlined and have appropriate mitigating action in place, NHS England is satisfied that the risks can be comfortably addressed as you move towards implementation. We are therefore confident that the assurance gaps identified at the pre-consultation stage have been addressed to a level where you can move to make decisions on your preferred option. I can therefore confirm that NHS England's position on your proposals is **assured**.

The assured position comes with the caveat that the CCGs will:

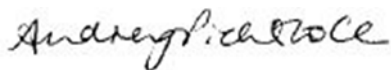
- Ensure robust service user and carer engagement in the co-production of the final community service model
- Utilise the pilot assessment and allocations process to inform final demand, capacity and cost modelling prior to procurement and service implementation
- Fulfil plans to separate crisis and respite arrangements to address current levels of unplanned admissions to respite beds
- Undertake rigorous market testing and procurement processes (when necessary) to ensure suitably staffed community services are in place prior to any changes in the current bed base

- Ensure market testing and provider engagement demonstrates long term service viability and affordability, particularly if option 2 is pursued (whilst recognising that there would be similar challenges to the service should the current model be retained)
- Place personalised transition planning for service users and carers at the heart of the implementation process, underpinned by appropriate needs identification, support and communications
- Build on accessibility analysis to continue to ensure appropriate travel and transport implications are considered in terms of service access
- Employ appropriate oversight, monitoring and evaluation arrangements to i) carefully monitor the viability and affordability of the final service model and ii) ensure capacity is able to continue to meet demand, reducing risks of unmet need and potential inpatient admissions

NHS England will continue to seek assurance of the effective monitoring and management of the associated implementation and delivery risks through routine assurance conversations with the CCGs until the new arrangements have been established and proven to be sustainable.

Overall, I must thank your teams for demonstrating a thorough change process and I look forward to hearing more about the positive impact of the new service arrangements over the coming months and years.

Yours sincerely,



Audrey Pickstock

Director of Finance  
NHS England North: Cumbria and the North East

CC:

NHS England:

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- Christine Brown, Assistant Director of Nursing & Quality
- John Bailey, Head of Finance

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- Heather Corlett, Assistant Director for MH, LD and Transformation

NHS Hartlepool and Stockton CCG:

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- Dan Maddison, Commissioning Manager, LD & MH
- Jo Heaney, Head of Commissioning and Strategy