

Summary of Local Authority Responses

Stockton Council

1. The Council is not minded to make a referral to Secretary of State, but agreed that Members wish to be fully involved in the monitoring of the impact of any change.
2. There will be strengthened engagement by the Council's Adult Social Care team with NHS staff and local families and carers to support the transition process, including advocacy where necessary, and this has provided reassurance.
3. Comprehensive knowledge of the client base will allow a full update on the shape of future care packages for Stockton-based clients in future, and this will be available to inform the monitoring process.
4. In line with the Joint Committee, Stockton-on-Tees Members have made clear their appreciation of the dedication of the carers and families of service users, and the impact that this process must be having on them. On behalf of the Joint Committee, the Chair also plans to write to the staff at Bankfields and Aysgarth in order to express the thanks of Members for their work, which has been universally praised throughout this process.

Hartlepool Council

5. Hartlepool Borough Council's Audit and Governance Committee, as the body responsible for statutory health scrutiny, agreed that:-
 - a) It would not pursue a referral in relation to the decision to progress Option 2 (as detailed in the consultation); and
 - b) Its representatives would, however, continue to play an active part in the monitoring process for the implementation of Option 2, in order to ensure that:
 - i. There is clarity in terms of the assessment and eligibility process, what services will be provided and how; and
 - ii. The requirements of those who need to access these services are met, now and in the future.

Middlesbrough Council

6. The Council's Health Scrutiny Panel is minded to make a referral if the following issues cannot be resolved satisfactorily:

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

b) The panel is concerned that the decision will have a detrimental impact on the future provision of bed based respite at Bankfields and Aysgarth. It is the panel's view that a reduction in funding for this provision will impact on the NHS and future sustainability of service provision on both sites. Costs to deliver the service over both the short/longer term need to be met in order to sustain the service.

c) The panel remains concerned that although a financial envelope of £1.5m has been identified for future respite provision it is not possible to state that the future needs of those eligible to receive health funded respite will not exceed that financial allocation. Further consideration is needed on this matter given that the new assessment criteria has yet to be developed or approved.

d) In terms of the consultation, the panel is of the view that although the CCG has undertaken a consultation the views expressed by parents / carers / the Joint OSC and local politicians in response to that consultation have not been fully taken into account.

e) In terms of safeguarding the panel has yet to be satisfied that its concerns have been addressed. The latest CQC inspection (2015) of Bankfields and Aysgarth highlights that in terms of safety the offer provided at both facilities is outstanding. The CQC defines safe as being protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse and avoidable harm. It is the panel's view that it will not be possible for the CCG's to commission community based respite, which matches the current standard of respite care at Bankfields and Aysgarth. By reducing bed based respite at Bankfields and Aysgarth those currently in receipt of the service will be faced with a choice of either accepting lower quality care or declining the alternative provision.

f) Qualified staffing remains a key concern and at present all medication at Bankfields and Aysgarth is administered by a qualified NHS nurse. NHS nurses at these facilities have also undertaken advanced qualifications in, for example, Autism and are experts / specialists in their field. The panel is of the view that this level of specialism will not be replicated in the provision of community based respite, at a time when it is recognised nationally that there has been a 'catastrophic decline' in specialist LD nurses. This has implications for both the health and well-being of people with learning disabilities and the skills, experience and future resilience of the local health service.

g) Mencap has highlighted renewed concerns recently (February 2018) that nationally up to 3 people with learning disabilities die from avoidable deaths in hospital every day in the UK. One of the reasons given is the lack of specialist LD knowledge amongst the medical profession. It is clear that the presence of NHS nurses at all times at Bankfields and Aysgarth provides carers and family members with the confidence that those caring for their loved ones are appropriately trained and have developed the necessary skills and experience to care for people with

severe and profound needs. The panel is concerned that if the provision of care at our specialist respite centres is reduced the risks to those with the most profound and severe needs are increased.

h) The panel has concerns that staff employed in the delivery of community based respite may not be qualified in the administration of medication, epilepsy rescue, challenging behaviour (aggression / psychosis), hoisting, hygiene, nappies and toileting, feeding tubes and fluids and the delivery of severe and profound care. Questions have also been raised as to whether providers of community based respite will be required to demonstrate knowledge of and experience in the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, use of ligature risk assessments, observation policies and restraint care plans, as well as other appropriate safeguarding measures.

i) It is the panel's understanding that the way individuals will be assessed in the future will mean that there will be less eligibility for health based respite. This could result in increased costs to the local authority and needs to be considered.

j) The panel is concerned that the number of bed based respite nights that people receive at Bankfields and Aysgarth is to be reduced. It is the panel's understanding that there is no option within the proposal for those who wish to use all of their allocated entitlement at Bankfields and Aysgarth. Within the proposals Option 2 stated that choice would be improved and bed based respite at Bankfields and Aysgarth would be retained. However, current service users who wish to continue to solely access bed based respite at Bankfields and Aysgarth appear unable to exercise that choice.

k) The consultation findings highlight that overnight bed based respite is considered the most important element of respite care by carers from the list of possible flexible community based respite services offered. Parents / carers advised, in response to the consultation, that at home support is not viewed as 'respite'. The panel is of the view that home support should be removed from the menu of options.

Redcar and Cleveland Council

7. Redcar and Cleveland's Adult and Communities Scrutiny & Improvement Committee agreed it would make a referral to the Secretary of State on the grounds that the proposals were not in the interests of the health services in the area if the following concerns could not be resolved satisfactorily:

- a) The impact of the proposal on current services and the access service users would have to Aysgarth and Bankfields in the future in comparison to now had not been quantified and was unclear to both elected Members and service users.
- b) There was a lack of clarity regarding who the providers of alternative community based respite provision might be. This was a major concern, with some of the examples cited, such as caravans and home support being considered unsuitable.
- c) Currently, all medication at the existing facilities is administered by trained and qualified nursing staff. The Committee was concerned that this same level and

quality of staffing could not be guaranteed in alternative settings, posing a potentially serious risk to service users

- d) During the consultation, the bed based element of respite services was considered to be the most valuable. However, the proposal being progressed by the CCG appeared to substantially reduce this aspect of the service and it is Members' view that the comments expressed by consultees have not been fully taken into account.
- e) There was concern also that not all service users, or their carers, had been consulted. There was a strong view that the client base was small enough to warrant individual consultation and although this had been suggested, it had not taken place. Consequently, the consultation process was flawed.
- f) Members noted that there was a commitment to maintain funding for the service at £1.5m, however, they were concerned that if the number of clients requiring respite services increased as young people in receipt of support transitioned into adult services, the share of the funding for each client would be reduced. This would inevitably lead to a reduction in service.
- g) New assessment criteria was still to be developed and agreed. It had been indicated that this was likely to reduce eligibility for health based respite. There was concern that this would have the effect of transferring that demand, and associated cost pressures, to local authorities.