

Scrutiny Report

Future Provision of Overnight Unit-Based Short Breaks for Children with Disabilities

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Scrutiny Task Group Membership

Fran Oborski
(Lead Member)



Pat Agar



Rita Dent



Peter McDonald



Officer Support

Alyson Grice and Samantha Morris, Overview and Scrutiny Officers

Further copies of this report are available from:

Overview and Scrutiny Team
Legal and Democratic Services
Worcestershire County Council
County Hall
Spetchley Road
Worcester WR5 2NP
Tel: 01905 843579
Email: scrutiny@worcestershire.gov.uk
Website: www.worcestershire.gov.uk/scrutiny

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Chairman's Foreword

It has been a privilege to lead this Scrutiny Task Group.

I should like to place on record my thanks to the Officers who have supported us, particularly Samantha Morris and Alyson Grice, and to my colleagues on the Task Group who, on a cross party basis have unanimously agreed the recommendations in the report.

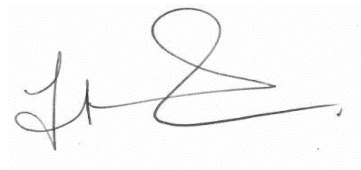
Sadly we have at times found it extremely difficult to get full and frank information both from within Worcestershire County Council and from NHS partners.

It has become very clear that there are serious inconsistencies in the way in which the County Council carries out "Public Consultations" and I feel strongly that it is imperative that, as a Council, we adopt an open, consistent and transparent policy in order that the public can have greater confidence in us.

Throughout the process I have been impressed by the courage and persistence of the parents and carers we have met, particularly those who use Ludlow Rd.

I am really saddened that actions of Worcestershire County Council could be perceived as having added to the stress and concerns already experienced by these very vulnerable families.

I hope that lessons will be learnt and that our recommendations will be put into practice.

A handwritten signature in black ink, appearing to read 'Fran Oborski', with a stylized flourish at the end.

Cllr Fran Oborski

**Future Provision of Overnight Unit-Based Short Breaks for Children with Disabilities
Scrutiny Task Group**

Future Provision of Overnight Unit-Based Short Breaks for Children with Disabilities Scrutiny Report

Background and Purpose of the Scrutiny

1. At its meeting on [14 December 2017](#), Cabinet considered a Report which sought agreement to the launch of a Consultation with families, professionals and other stakeholders on the future delivery of overnight unit-based short breaks in Worcestershire. Cabinet agreed:
 - that the Consultation with families, professionals and wider stakeholders on the proposal to redesign the delivery of overnight unit-based provision proceed as outlined in the Report and
 - that the final decision on the future provision of unit-based overnight provision be delegated to the Cabinet Member with Responsibility for Children and Families, to be implemented by the Director of Children, Families and Communities.
2. In January 2018, the Council began a six week [Consultation](#) on the re-design of overnight unit-based short break provision for children with disabilities which closed on 19 February 2018.
3. Given the public concern about the proposals, the Overview and Scrutiny Performance Board (OSPB) agreed at its meeting on [30 January 2018](#) that a Scrutiny Task Group led by Councillor Fran Oborski (Chairman of the Children and Families Overview and Scrutiny Panel) would be set up to help bring transparency and understanding to the process and enhance the range of information available at the time the Cabinet Member Decision was made.
4. The terms of reference were to scrutinise the proposals for change including the potential impact across all overnight unit-based short break provision for children with disabilities. Through carrying out this exercise Scrutiny may also comment on the Consultation process.
5. Previously, in September 2013 (documents can be found [here](#) and [here](#)), the Children and Young People Overview and Scrutiny Panel had considered how the Council's then Consultation on short breaks for children with disabilities might be improved. The Panel made several recommendations which were accepted by the Cabinet Member at the time. As well as looking at the Consultation process, the Panel examined proposed changes to the Council's and the NHS short breaks units, hearing from a number of parents and responded to both Consultations.

Methodology

6. Evidence has been gathered from a variety of sources including Officers of Worcestershire County Council (WCC) (as commissioners of the service), the Cabinet Member with Responsibility (CMR) for Children and Families, parents and carers, Worcestershire Health and Care NHS Trust, and Bromsgrove and Redditch, Wyre Forest and South Worcestershire Clinical Commissioning Groups (CCGs). Members of the Task Group also visited the Short Breaks Units at Ludlow Road, Kidderminster, Providence Road, Bromsgrove, Moule Close, Kidderminster and Osborne Court, Malvern in order to enhance their understanding of the facilities available at each unit.
7. Members of the Task Group acknowledge that they were only able to speak to a small number of parents and carers at the formal scrutiny meetings due to the meetings being arranged at short notice and the difficulties families might have had attending meetings during the working day. However, Members (and in particular the Lead Member) have also had numerous informal contacts with parents and carers, including attendance at a coffee morning in Kidderminster and individual phone calls, emails and messages via Facebook.
8. A Schedule of the Task Group's Activity is listed in Appendix 1.

What is a Short Break?

9. The County Council has a responsibility to provide short break services and make it clear how families can access these. Schedule 2 to the Children Act 1989 and the Breaks for Carers of Disabled Children Regulations 2011 require local authorities to provide services which are designed to give respite breaks for carers of children with disabilities in order to assist carers to continue to provide care or to do so more effectively.
10. In Worcestershire, a range of short breaks are available ranging from community-based provision (including holiday and term-time play-schemes) to specialist services including residential and family-based overnight and weekend care. In addition, according to need, families may be eligible for direct payments which would enable them to access the support needed for a short break in ways that suited the family and young person's needs and preferences.
11. In meeting the duties under the Equalities Act 2010 and related legislation, the County Council would wish to ensure that the Short Breaks offer for a child or young person with a disability gives the support they need to be included in activities of their choice. This could also provide a break from caring responsibilities for parents, carers and siblings, enabling them to access opportunities for themselves that enhance the quality of family life and allow them to access education and training.
12. Overnight unit-based short breaks are situated within specialist short break services. Specialist short breaks services prioritise support for those families with children and young people who require the highest levels of support and where caring responsibilities placed significant stress on the whole family. They are available to eligible children and young people via a social work assessment of need, by the

Children with Disabilities (CWD) Team (0 to 16 years) and the Young Adults Team (16 to 18 years).

13. For a number of children with complex disabilities the assessed need is for overnight unit-based respite care which could be provided in the family home, in the home of a host family or in one of four Council funded/commissioned overnight short breaks units. Two of these units (at Providence Road and Moule Close) are delivered by the County Council and are registered with Ofsted, and two (at Osborne Court and Ludlow Road) are delivered by Worcestershire Health and Care NHS Trust (WWHCT) and are currently registered with the Care Quality Commission (CQC) and applying for Ofsted registration.
14. The County Council currently commissions its range of short breaks services in partnership with the three Worcestershire CCGs.

Recommendations

15. In drawing up the recommendations, the Task Group has been mindful of what the County Council can and cannot influence. Overall, for the reasons outlined below, the Task Group is not able to have confidence in the way that the Consultation process has been carried out and is not clear that the information available to the Cabinet Member as a result of the Consultation will be sufficient to allow him to make an informed decision on the future of the Overnight Short Breaks Service.
16. The Task Group recognises that some of the points raised in this report may be answered when the Cabinet Member's final proposals are made public. However, at the time of writing these recommendations the information they will be based on were not available to the Task Group and therefore cannot be taken into account.

Cabinet Member Decision

Recommendation 1: The Task Group strongly urges the Cabinet Member to refer the final decision on the future provision of unit-based overnight provision to a public meeting of the Cabinet rather than making this very difficult decision by the delegated decision making process. This would allow greater transparency and public accountability and the public would have the opportunity for public participation.

17. Throughout the Scrutiny process, the Task Group heard from parents about their concerns in respect of a lack of openness and clarity and general confusion about the Consultation, which has aroused suspicion that the decision has been pre-determined. The Task Group believes that if the final decision was taken at a public meeting of the Cabinet, this would allow greater transparency, enable the public to have a chance to speak and go some way towards restoring confidence in the County Council's Consultation process, dispelling the suspicion that the decision was pre-determined and reducing the perception that decisions are being taken behind closed doors.

Consultation

Recommendation 2: Before the County Council embarks on any consultation which may result in changes to services, there must be a pre-consultation engagement process, which would allow better planning and a clearer understanding of the needs of service users already accessing the services. This should be applied as standard across all County Council Consultations and the Task Group wishes to share this recommendation with the Cabinet Member with Responsibility for Transformation and Commissioning for consideration also.

18. The County Council's Consultation document appeared to have been drafted without a clear understanding of the needs of the children already accessing the services. In particular the very specific needs of the children attending Ludlow Road did not appear to have been fully understood. The Ludlow Road parents and carers had not been involved in drawing up the proposals and expressed their shock at first hearing of the proposed changes just before Christmas. It was also clear that some parents with children accessing units other than Ludlow Road had not fully appreciated the impact that the proposed changes to Ludlow Road could have on them.
19. If all parents with children accessing an overnight unit-based short break had been involved with the Consultation at an early stage, some of the initial anxiety and confusion could have been avoided. It is the Task Group's opinion that the lack of understanding at the start of the process also did much to undermine confidence in the County Council and in the overall Consultation process. Parents and carers were left feeling suspicious about the County Council's motives.
20. Back in 2013 when the last consultation about the short breaks units had been carried out, it had been suggested that in future officers should have a pre-consultation discussion with a group of service users to help develop the proposals and to help put together a more meaningful consultation document. This appears not to have happened.
21. Earlier in 2017, a similar exercise was carried out by the Adult Services Directorate in respect of proposed changes to Learning Disability Day Services. In this case the Directorate undertook engagement with services users at an early stage, in order to fully understand the needs and views of those using the service before a formal Consultation was launched. A similar approach would have been beneficial for the proposed changes to overnight unit-based short breaks.
22. The Task Group felt that it is imperative that the Council adopts a consistent approach to Consultation with users and should aspire to a 'gold service' standard for all of its Consultations.
23. It is also vital that in order to maintain the integrity of the County Council's Consultation process pre-engagement consultation with service users is carried out before any proposals are developed. Care should be taken when the proposals are developed, to ensure that the terminology used emphasises that they are proposals rather than decisions already taken, as the use of the word decision may arouse suspicion that decisions have been pre-determined.

Recommendation 3:

The County Council must urgently review how it can improve its partnership working with the Worcestershire Health and Care NHS Trust (WHCT) and other service providers involved with the Service

24. Although Task Group Members acknowledged and appreciated that the Consultation was being run by the County Council, they were extremely disappointed that as part of good practice and partnership working, the views of the WHCT had not been taken into account at an early stage, as the proposals were developed. The WHCT initially told us that the first time they were aware of the proposal to cease funding Ludlow Road was in December 2017 at the same time as the Ludlow Road parents (although staff at the WHCT would have been aware that funding was due to cease in March 2018). It was subsequently clarified that the WHCT were advised of the final set of proposals at a meeting on 23 November 2017 prior to the publication of the Cabinet Report. The Task Group was surprised by this as the Trust had a very important role in the process in terms of supporting and managing expectations of parents (with whom their staff were in daily contact); this was in addition to supporting the staff who worked in the Units on a personal level.
25. The WHCT told the Task Group that they believed that there was insufficient information in either the 14 December Cabinet Report or the Consultation document for them to be able to support the Consultation. At the time of the meeting with the Task Group the Trust was awaiting clarification from the County Council on a number of matters, including the basis for the figures detailed in the Cabinet Report Position Statement. They were concerned that there did not appear to have been sufficient time for engagement and that the timeline for the decision was too tight.
26. The Task Group has been reassured to hear from the WHCT that throughout the process the dialogue between the Trust and WCC has remained open, professional and good. However, the lack of clarity on the consultation and the timelines for proposed changes would indicate that there may be some room for improvement in some areas of the relationship.

Recommendation 4:

When undertaking a consultation on proposed changes to services, planning for the pre-engagement should commence at the time that the County Council first becomes aware that changes are likely, allowing adequate time for planning to avoid the Consultation being (or appearing to be) rushed.

27. The County Council was aware through its financial planning process of the budgetary pressures it needed to address in continuing to meet its statutory obligations to deliver this service. In light of this, the Task Group felt it was unreasonable to try and carry out this process in such a short space of time, a process which was already traumatic for a very vulnerable group of families. The parents of children who attended the Ludlow Road Unit first heard about the Consultation via a letter sent out on 7 December 2017 (which due to the Christmas post did not arrive until just before Christmas) and spoke of the shock and stress it had caused them. The families of children attending the other three units did not hear about the proposals until January 2018. For these families the timescales felt unreasonable; life for them requires precise planning, particularly when organising a much needed break. The short timescales caused additional stress and anxiety, which although we acknowledge could never be totally avoidable, we believe could

have been lessened with a longer time period in which to digest some unpalatable proposals.

Recommendation 5:

There should be a consistent approach to engagement with service users to ensure that the impact on the wider service can be accounted for.

28. Parents and carers expressed concern to the Task Group that there had been an inconsistent approach to the way they were treated during the Consultation process. The parents of children who attended Ludlow Road were advised about the Consultation before Christmas, whereas the other parents were not notified until January. The potential 'knock-on' effects of the closure of Ludlow Road on the other units were not made clear. The Ludlow Road parents were offered one to one appointments to discuss the impact of the proposals on their personal circumstances. However, although the parents of the children who attended the other units had the opportunity to ask for one-to-one meetings, these were not routinely offered. Parents also told us that they would have appreciated the opportunity to meet as group to discuss the proposals as they felt that hearing the views of others in the same situation would have been of significant benefit. The point was made to us that by only holding individual meetings, the approach was divisive and felt to parents under hand and like the Council was playing one group of parents off against another.
29. Furthermore the CMR did not offer to meet with parents until pressed to do so, again arousing suspicion. The Task Group felt that the CMR has an important role in publicly demonstrating his responsibility for the decision he was making and in having in-depth understanding of the needs of the families using the Service.
30. For those parents we talked to who had taken up the opportunity of the one to one meetings, it was suggested that the approach to those meetings had been inconsistent, with notes being taken during some meetings and not in others. Parents had a sense that these meetings were about discussing where their children would attend when Ludlow Road was no longer available as an option and the outcome of the Consultation had already been pre-determined. A further point was made that at some of those meetings, a social worker was present who had neither met the parents or their child: parents felt that this suggested a lack of understanding and empathy for their circumstances. Anecdotally, we were advised that some parents were fearful of giving their views for fear of jeopardising the very precious care that they received.

Position Statement (Appendix 1 of the 14 December 2017 Cabinet Report)

Recommendation 6:

The Cabinet Member must ensure that Consultation proposals are supported by clear, concise, accurate and understandable relevant supporting information, which has been verified before the Consultation process commences.

31. Early on in the Scrutiny exercise, the Task Group identified a lack of clarity in relation to the Position Statement (Appendix 1 of the 14 December 2017 Cabinet Report). In particular, it was not clear to the Task Group what the savings were likely to be or what costs were likely to be incurred if the proposals detailed in the Consultation were implemented. The Task Group felt that in order to make a fully informed

decision the CMR would have needed a full detailed and accurate analysis. The uncertainty about the lack of key information made it impossible for the Task Group to understand the efficiency of the Units now or looking to the future.

32. Specifically, the Task Group felt that there was a lack of clarity around:

- how much this provision was currently costing the Council in total;
- what was the total funding available from the Council and the CCGs to spend on this provision in future;
- how much the proposals were likely to cost if implemented;
- how much would be saved if the proposals were implemented;
- what the current capacity and occupancy figures were for all of the units (initially the data provided was for April 2016 to March 2017); and
- the likely future demand for the service (acknowledging that the provision was based on assessed need).

33. In order to fully understand the situation, the Task Group requested unit occupancy figures for March 2017 to August 2018 (to update those shown in the Cabinet Report Position Statement which were to March 2017). The WHCT was unable to provide this information for Ludlow Road and Osborne Court and provided data for a full year to September 2017, so that it was comparative and reflective of “normal” activity at the Units. The Task Group was advised that anything more recent created a distorted picture of activity as it was within the Consultation period. The additional data provided from the County Council was to October 2017.

Funding

34. The funding and cost information highlights that there are a number of areas that should be investigated further in order that a deeper understanding of the situation is gained before decisions are made about future service provision. Currently the information as presented, particularly in the case of the actual bed costs for Osborne Court and Ludlow Road, requires further work.

35. The current funding of unit-based overnight provision as detailed in the 14 December Cabinet Report was:

Funding 2017/18	£	
Moule Close, Kidderminster SBU	405,583	WCC funded
Providence Rd, Bromsgrove SBU	426,396	WCC funded
Ludlow Road, Kidderminster SBU	618,181	£540,285 Public Health Ring-Fenced Grant (PHRFG) funding and £77,896 Clinical commissioning Group (CCG) funded
Osborne Court, Malvern – Main Short Breaks Unit	556,000	WCC funded includes £140,000 funding for the spot purchase of additional nights and/ or additional support needs
Acorns Grant	213,839	CCG funded

36. County Council Officers advised the Task Group that there were no additional alteration/refurbishment costs required at Providence Road as the 2 bedrooms were available and equipped. However, the Task Group was not clear what the assessed need was or what savings would be made if the proposals were agreed. It was therefore extremely difficult to understand whether the proposals adequately reflected the needs.
37. In line with the plans agreed in 2015 in response to in-year reductions in the PHRFG (see paragraph 9 of the 14 December Cabinet report), the Task Group noted that PHRFG funding for Ludlow Road would be removed from March 2018. The WHCT advised the Task Group that they had been requesting clarity on the situation in respect of the PHRFG from the County Council since April 2017. Letters released following a Freedom of Information (FOI) request show that the Trust received an update on the service review in a letter dated 1 September 2017. On 28 September 2017 the Trust asked for a firm indication of future intentions for the service and WCC responded on 31 October advising of a 4 month extension of the notice period on Ludlow Road to 31 July 2018 (See also paragraph 55.)
38. The Task Group was concerned that, although it had been known for at least 3 years (since the previous consultation in 2013) that the PHRFG would be removed in March 2018, the proposal to cease funding provision at Ludlow Road was not communicated to the families until December 2017. The long lead-in time should have provided an opportunity to engage with families at an early stage in order to reduce levels of anxiety and stress.
39. During the Scrutiny exercise, the Task Group became aware of the Nascot Lawn judgement which followed Herts Valleys Clinical Commissioning Group's (CCG) proposal to cease funding Nascot Lawn Respite Services in Watford due to "financial challenges". The judgement made it clear that the CCG and Local Authority needed to work together to decide how they could continue to provide these vital services to disabled children and their families in the area. The Task Group was very concerned about the implications of the ruling, and contacted the Accountable Officer for the three Worcestershire CCG's about what plans they had for working with the County Council to resolve issues in relation to ongoing funding for this service.
40. The Accountable Officer advised that the CCGs' current contribution provides resource to meet the needs of children and young people accessing respite at Ludlow Road who are assessed as meeting Continuing Care eligibility criteria. It is difficult to make a direct comparison to the Nascot Lawn decision as it is not possible to compare the complexity of the needs of users against those children accessing Ludlow Road and therefore make comparisons relating to levels of contribution. The CCGs believe that they were meeting all of their legal obligations in this respect.
41. The Task Group felt however that this response did not totally address the issues around the CCGs' obligations and regretted that it was not possible to arrange a timely meeting with the Accountable Officer.

Cost Per Bed Night

42. The table below shows the average cost per bed night for 2016/17. The cost per bed night was derived from the total costs and the current capacity of the units.

However, beds were commissioned and funded on a block contract basis regardless of occupancy rates.

Unit	Cost per bed night
Osborne Court* (funded on the basis of total site which provides both Adult and Children's Services)	£229.84
Ludlow Road (based on 78% occupancy)*	£524.99
Ludlow Road (based on 85% occupancy)*	£481.33
Moule Close	£294.18
Providence Road	£290.19

* Figures as supplied by WHCT

43. The Task Group was confused by this and it has proved impossible to clarify how much the County Council paid per bed in each of the Units as part of its block purchasing contract. The derived figures in our view were somewhat artificial and misleading in trying to work out what the County Council actually spent on the provision especially when the Position Statement stated that beds were commissioned and funded on a block contract basis regardless of occupancy rates. It would have been helpful if the Position Statement had confirmed how many beds were purchased for each unit on a block basis, the cost per bed (paid by the County Council as part of the block purchase) and how much it would cost to purchase beds at Ludlow Road on a block basis when the PHRFG was no longer available. This would have allowed an easier like-for-like comparison of the Units to determine their relative value for money.
44. The Task Group tried to establish why the cost of beds at Ludlow Road was significantly higher than all of the other Units but again this proved difficult. In the WHCT response to the County Council on 23 March they said that for both Ludlow Road and Osborne Court the unit price is derived as funding received, capacity of the unit and actual activity delivered. However, it should be noted that historic funding attributed within the contract to the individual service lines is not an entirely accurate representation because it does not fully reflect shared service costs and is historic in nature and thus often out of date. Consequently, the derived price for Ludlow Road appears higher than would be expected whilst Osborne Court appears lower. This is not a situation unique to children's respite services: it is also the case for several other service contract lines. Consequently, the custom and practice adopted is that the contract is managed on a 'block' basis between the Trust and WCC; therefore, from a Trust perspective, the children's respite service finances are managed at an aggregated rather than at contract income line level.
45. The initial bed cost shown in the Position Statement for Ludlow Road based on 4 beds was £594.40 and based on 6 beds £396.00. However, these bed costs were queried by the WHCT who then clarified that the bed cost based on 78% occupancy was £524.99 and £481.33 based on 85% occupancy. Despite this additional information, the Task Group remained confused and felt that the amount was not a like-for-like comparison and still significantly higher than other units.
46. In trying to fully understand the position, the Task Group asked the WHCT for a bed price for Ludlow Road which rather than being derived and based on capacity,

occupancy and actual activity could be based on purchasing 5 beds over 5 days if the County Council were to block purchase beds from Ludlow Road in the same way that it purchased from Osborne Court. The WHCT confirmed that the Council already block purchased beds from Ludlow Road (and Osborne Court) and if the overall Ludlow Road capacity reduced to 5 beds they would need to work out new costings based on the new operational service model.

Unit Occupancy and Potential Unit Capacity

47. The unit occupancy information provided in the Position Statement shows how many children and young people were currently accessing the units and how many were leaving the service on reaching 18. It does not however, include the number of children currently going through a needs assessment or likely to need an overnight unit-based short break in the future. The latest information provided to the Task Group was for 2017 where 25 children and young people accessed the provision for the first time with an assessed need for 57 nights.
48. Similarly, the Position Statement did not include any projections for future demand for the Service. Members of the Task Group were aware that, although survival rates for very premature babies had improved in recent years, many were left with complex needs and this may mean that demand for the overnight short-breaks service would increase in coming years. The Task Group was told that any projections for future demand were very complex and difficult to make and the total number of children and young people accessing provision is small, as a percentage both of children and young people with SEND and the population as a whole. Changes in the prevention, diagnosis and treatment of conditions as well as the factors that impact on the prevalence of conditions will lead to small changes in demand, as will social care practice such as a move to personalisation of care and the use of direct payments and increased parental choice. The Task Group was concerned about how the Service would therefore make plans for the future demands of this service.
49. The Task Group was very concerned to hear from parents and the WHCT that since October 2017, the Short Breaks Panel had stopped considering new referrals for Ludlow Road. This would not only have had the effect of reducing the number of referrals to the Unit, but was suggestive of a pre-determined decision and was very destabilising and demotivating for the staff working there. County Council Officers confirmed that referrals to Ludlow Road have not been made since the drafting of the December Cabinet Report which included the proposals for the Consultation (this would have been around end of October 2017). This is based on the fact that it would not be appropriate to begin the process of introducing a child or young person to a service which could potentially not be available soon after being accessed.
50. The Task Group subsequently learned that referrals to Ludlow Road were suspended in October 2017 in preparation for Ofsted registration. This was not initially made clear to us.
51. It was not clear to the Task Group whether the implications of increased demand and therefore increased costs for the other units had been taken into account if the proposal to cease funding at Ludlow Road was approved.
52. Although calculation of each unit's capacity should be straightforward (ie the number of beds available for use multiplied by the number of days the unit was open) the

Task Group was unable to get clarity for this figure. For Ludlow Road, if the provision were to continue it was not certain whether it would be on a 4, 5 or 6 bed basis as the Unit has two single rooms and two twin bedded rooms. The Task Group acknowledged that the Ofsted registration process could have implications for this. Providence Road has 4 Ofsted registered beds currently and the potential to increase the registration by 2 beds. Again the Task Group was not clear what implications this has for capacity calculations.

Overnight Unit-Based Short Breaks Service in Worcestershire

Recommendation 7:

The outcome of this consultation should result in an overnight Short Breaks Service that is stable, resilient, sustainable and responsive and not under constant review.

53. The Task Group heard that, in Worcestershire, a variety of short breaks were available ranging from community-based provision (including holiday and term-time play-schemes) to specialist services including residential and family-based overnight and weekend care. In addition, according to need, families may be eligible for direct payments which would enable them to get the support needed to access a short break in ways that suit the family and young person's needs and preferences.
54. The County Council's Officers advised us that Worcestershire currently had a traditional respite model. In recent years, other local authorities had moved away from this to different models including shared family care and foster care. The overnight unit-based short breaks units were very welcoming and flexible and provided a very good service and whilst acknowledging that change was very difficult for families, the Task Group was told that there were other options which could provide as good or even better outcomes for the children of Worcestershire. It would have been helpful to see some benchmarking data/evidence to support this.
55. The way the Service is currently configured, each unit focuses on different specialisms and geographic areas. The Task Group received different information from WCC and WHCT on this.
 - Moule Close, Kidderminster was for children with learning disabilities, autism and challenging behaviour and living in North Worcestershire
 - Ludlow Road, Kidderminster from the County Council's perspective was for children with physical disabilities, whereas the WHCT said that the Unit catered for children with learning and physical disabilities with wide ranging medical needs living in the Redditch, Bromsgrove and Wyre Forest area
 - Providence Road, Bromsgrove was for children with a permanent and substantial physical and/or learning disability where in addition priority was given on the basis of a child in a family situation experiencing difficulties or a placement in danger of becoming unsustainable or if a child and family have no or limited appropriate support networks in the North Worcestershire area
 - Osborne Court was a health unit for both adults and children and young people with wide ranging health needs. These could include but are not exclusive to, challenging behaviours (including those on the Autistic Spectrum), profound and multiple learning and physical disabilities and moderate learning and physical disabilities in South Worcestershire.
56. It therefore appeared to the Task Group that three Units (Moule Close, Providence Road and Ludlow Road) currently provided the overnight unit-based Short Break

service in the North of the County for three very distinct groups of children and one Unit (Osborne Court) provided the service to children with a variety of disabilities including wide ranging health needs, challenging behaviours (including those on the Autistic Spectrum), profound and multiple learning and physical disabilities and moderate learning and physical disabilities in the South of the County. If the proposal went ahead and additional capacity was created at the Providence Road Unit, children with a permanent and substantial physical and/or learning disability could be combined with children with learning and physical disabilities with wide ranging medical needs. The Task Group was informed that the Orchard Service was commissioned to provide appropriate training to a range of carers including those staff in overnight short breaks units. However, the Task Group was concerned that there had been no analysis of how this combined group of children's needs would be met and what the training needs were in order to ensure ongoing staff competency.

57. The families we talked to had nothing but praise for all of the Units and the staff that supported them. Accessing a short break was often a lifeline for families and could help a family to avoid reaching breaking point and give them some much needed time to recharge batteries, spend time with other children and family members or pursue a particular interest. Short breaks may also allow the children to have a change of scene, try different experiences, have fun and make friends.
58. Anecdotally, it seems that it often took some time for families to feel comfortable with the idea of taking a break from caring responsibilities or to even start the assessment process. Whilst appreciating that the provision of an overnight unit-based short break is accessed following a social work needs assessment, the Task Group was advised by some of the parents that they had only requested an assessment reluctantly when almost at breaking point. A number of parents said that they had not been made aware that an overnight unit-based short break was an option for them, suggesting that this type of break was often offered as a last resort. Parents went on to suggest that they thought that overnight unit-based short breaks were not promoted or signposted so that the numbers accessing the service could be deliberately kept low. A social worker was needed to signpost families to the service and as some children did not have a dedicated social worker, they had no one to signpost them and remained unaware of the provision available.
59. The parents we talked to said that respite in their own home would not work for their children as it was neither respite nor a rest for the child or the family, especially when the child knew that their parents were there. Some families did not have the space to accommodate an extra person in their own home. Parents were also doubtful about the willingness of carers to come into their homes to look after their children when their needs were so complex.

Concerns about the proposed changes at Ludlow Road

60. The WHCT in acknowledging the County Council's formal notice that the funding ceases for Ludlow Road at the end of July 2018 stated that given the PHRFG removal this effectively decommissions and closes the unit. The WHCT was concerned that there were no clear timescales for decisions and that they had not been able to start planning for a safe transition of service users and redeployment of staff.
61. It was not clear how many of the children accessing overnight unit-based short breaks had complex medical needs and how these needs would be met in the future.

The Task Group understood that the Unit was not specifically commissioned to meet medical needs and the service specification does not refer to this. However, it is clear that any overnight short break unit would be able to meet certain health needs. Care at both Ludlow Road and Osborne Court was currently provided by Registered Nurses (either Registered Learning Disability or Registered Children's Nurses) and experienced Health Care Assistants who had in some cases received additional competency training. The Task Group has not seen any detailed analysis of training or cost implications in relation to any necessary additional provision for complex medical needs if the proposals go ahead.

62. A large proportion of the children were tube fed and, although a health care assistant could be trained to feed a child this way, a trained nurse needs to be on hand to ensure the correct positioning of the tube and deal with any complications such as a blocked or dislodged tube. The CCG told the task group that all carers trained for gastrostomy care would have instruction/knowledge on how to prevent and manage a blocked tube. However if it could not be unblocked and the tube needed to be changed not all parents are trained (and carers are never trained for this) as the procedure is invasive and can be difficult. Only trained nurses or parents could do this task. Therefore the alternative was a trip to hospital. For children at Ludlow Road parents and Staff told us that, as there was not always someone at Worcestershire Royal A&E in the daytime that could do this and not at all during the evening, it would usually mean a trip to Birmingham Children's Hospital.
63. Staff at the Unit liked the fact that it was run by the WHCT as this allowed them access to the 'Care Notes' system, which meant they could be aware of any treatment/care that the children received between visits.
64. It was acknowledged that parents currently had a high degree of confidence in the health care provision at Ludlow Road and this provided a layer of security for families. However, although families may feel they were dependent on this, the County Council's officers suggested that for most children this level of health care support could be provided elsewhere.
65. For the families, it was important that if their provision did change, the transition and induction process would need to be very gradual and it would be a while before the benefits of respite could be felt. Families talked about a period of 6 months before their children would feel settled again. This was a particular concern for those with teenage children who would be faced with further changes in their care as they moved into adulthood.
66. A further concern for families was that any changes may result in increased travel time, something that would have a detrimental impact on their children. For some children who were physically frail, this could mean that the overnight unit-based short break was no longer a viable option.

Impact of proposed changes on the Other Units

67. The Task Group was concerned that the impact of the proposals on the units at Moule Close, Osborne Court and Providence Road had not been fully explored or understood, given that the focus of the Consultation was on the provision ceasing at the Ludlow Road Unit. It was not clear whether there would be sufficient capacity and flexibility in the other Units or whether any analysis of this had been undertaken.

68. Proposal 3 of the Consultation *"To review the use of Osborne Court unit in Malvern to ensure that the current capacity (including the use of the two bed emergency and assessment bungalow) is used effectively"* seemed to suggest that Osborne Court would have spare capacity. However, figures from the WHCT trust showed that the Unit was already operating on an average 95% occupancy. Again, the Task Group was not clear on the true situation.
69. We were told that getting the mix of children accessing the units right was very important as it was not always possible or sensible to mix children with behavioural and physical needs; currently the breaks were planned around needs and safety so that there was the best social opportunity for the children attending a unit on any one day. It was not clear whether the proposals would have an impact on the staff members' ability to work flexibly to create the right mix.
70. Concern was expressed by parents and the WHCT about the impact on the availability of emergency beds if the proposals were to go ahead. The emergency provision is currently available at Osborne Court, where there is a 2 bedded emergency and assessment bungalow. We were told that this was also used to accommodate more challenging children with risky behaviours who need support away from the main group. The WHCT charge separately for this, it is not part of the block bed purchase. The Task Group was concerned about how the emergency provision would be provided for seven nights per week if the proposals go ahead.

Acorns

71. The Task Group was advised that some children in Worcestershire received an overnight short break at Acorns Children's Hospice. Referrals to Acorns are based on medical criteria and from 1 April 2018 are made by a paediatrician nurse or midwife. Acorns offer a range of services to eligible children and families, which may include up to 16 nights per year of overnight respite breaks. The CCG provides grant funding to Acorns for the provision of short breaks and care support for those children who meet their criteria and the only County Council contribution would relate to a specific package commissioned for example in an emergency, where health needs required this provision and a package of support was being put in place to support a parent having medical treatment themselves.
72. We were told that some children who accessed care at Acorns did not access other overnight unit-based short breaks (even though they may qualify for such provision) due to parental choice. Conversely, many children who access the other units would not meet the Acorns criteria to access services there, as it was based on medical criteria.
73. Staff at Ludlow Road informed the Task Group that occasionally children who were booked for an overnight short break were offered a break at Acorns which overlapped the existing booking, meaning that the County Council bed would remain vacant at short notice. The Task Group was very concerned about this clash of provision usage and urged the County Council to work with Acorns to overcome this.
74. It was confirmed that Acorns were aware of the Consultation and would be meeting with Officers to discuss it. The Task Group is not aware of the outcome of these discussions.

Conclusion

75. The Task Group regrets the somewhat haphazard and confused way in which the whole Consultation process has been carried out by the County Council and feels that it is impossible to have either full understanding or confidence in the process. Furthermore the Task Group is concerned that any final decision based on this Consultation may be subject to further challenge.

Appendix 1 – Schedule of Activity

Date	Event
9 February 2018	Meeting with Parents and Carers in Kidderminster
12 February 2018	Meeting with Parents and Carers at Providence Road, Short Breaks Unit and Moule Close, Short Breaks Unit
13 February 2018	Meeting with Parents and Carers in Malvern
16 February 2018	Visit to Ludlow Road and Osborne Court Short Breaks Units
2 March 2018	Meeting with Worcestershire Health and Care NHS Trust
15 March 2018	Meeting with the Cabinet Member with Responsibility for Children and Families, the Assistant Director (Early Help and Commissioning), the Lead Commissioner for Vulnerable Families and Children and the Lead Commissioner Children's Community Health Services (on behalf of the Clinical Commissioning Groups)
11 April	Meeting of the Task Group
26 April	Meeting of OSPB to consider the draft final report

Appendix 2 -Documents reviewed as part of the Task Group Review

Document
Cabinet Report and Minutes of 14 December 2017: Future Provision of Overnight Unit-Based Short Breaks for Children with Disabilities (Can be accessed via this link)
Consultation Document Provision of Overnight Unit-Based Short Breaks for Children with Disabilities (Commencing in January 2018 and closing on 19 February 2018)
Judgment in respect of the Judicial Review into Herts Valleys Clinical Commissioning Group's (CCG) bid to end the funding it provides Nascot Lawn in Watford (21 February 2018)

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