

## Stage 2

### Escalation proforma: **Nascot Lawn**

To be completed when the initial impact assessment indicates a high risk (8 or above) and a more detailed assessment is required.

On identification of a high risk business case, commissioning decision or business plan this proforma must be submitted along with the business case to inform the decision making process and ensure informed choice. A copy of the complete impact assessment must be submitted to the next available Quality Committee to ensure scrutiny from a quality perspective.

#### Background and context of the decision for approval.

Brief description of scheme: The CCG is planning to make a decision regarding the future funding of respite provision at Nascot Lawn at the Finance and Performance Committee This QIA will inform the impact of any potential decision to cease funding.

**Please note this quality impact assessment stage 2 remains in draft as the engagement process with families and stakeholders is continuing until 6th November 2017. All information that has been generated as a result of the recent legal proceedings, joint needs assessments and any matters arising from our discussions with families and stakeholders to date will inform any potential decision to cease funding.**

Hertfordshire County Council (HCC) has a statutory duty under the Children Act 1989 and the Breaks for Carers of Disabled Children Regulations 2011 to provide a range of short breaks services, including day-time and overnight care as well as education or leisure activities and services to assist carers in the evenings, at weekends and during the school holidays.

A pre assessment checklist (Children and young people's continuing care (CYPCC) framework DH 2016) has been completed for all children currently accessing Nascot Lawn for either overnight or day care respite provision. The assessment has been completed by an independent children's nurse assessor. Social Care, Herts County Council have completed a Child and Family Assessment. All assessments were completed via a joint visit to the family home and/or school. All assessment were completed and sent to HCC and the families by 30th October 2017.

A total of 34 children accessing overnight care and 9 children accessing day care were assessed. 43 in total. 8 children were not assessed as they were due to leave the service.

Where appropriate, children have been referred for a full CYPCC assessment. Prior to this assessment process, one child attending Nascot Lawn, was already in receipt of a children's continuing care package, in line with the Department of Health children and young people's continuing care framework. From the outset, the CCG has confirmed its responsibility to meet the health care needs of children who are eligible for CYPCC and lead on their respite provision.

For the majority of children, the assessments show the support required for the children currently attending Nascot Lawn can be provided by trained carers. For the avoidance of doubt, and as part of the CCG response to legal challenges, clinicians' within HVCCG have produced the following information:

Children and young people attending Nascot Lawn do not clinically require full time nurses to

meet their needs at home. Their needs are met by the parent/carer.

Staff in HCC commissioned respite facilities; those who offer short breaks; shared care; teachers and teaching assistants are currently trained to perform tasks that parents are trained to do as non-clinicians when the child is at home. This training, will continue to be delivered by health staff (children's community nursing and children's continuing care nurses) commissioned by HVCCG.

Training includes management of children with epilepsy and administration of buccal Midazolam, gastrostomy care and feeding, management of medicines, management of anaphylaxis and use of Epi pens. When requested, HCT will also offer bespoke training.

The interventions required for children at Nascot Lawn are considered 'delegated tasks' as per Royal College of Nursing (RCN) guidelines. As they are considered delegated tasks, providing the nurse doing the training has the competency to do so, any competent carer can complete these tasks.

Nascot Lawn staff do not change medications, this responsibility is retained by the GP/Paediatrician. All children will have a named paediatrician or GP who remains responsible for their medical care.

If a child is acutely unwell or their condition has deteriorated from his/her norm a parent or carer would take their child to GP/ hospital/Paediatrician/Community children's nurse for medical assessment/treatment, not to Nascot Lawn.

Nascot Lawn staff do not deliver medical interventions when a child becomes unwell. A child that is unwell would not access respite care at Nascot Lawn or attend school and parents would seek a medical review as appropriate for their son/daughter.

If a child/young person becomes unwell or their condition deteriorates from their norm whilst in respite, their management may include:

- If there is an emergency situation – unit should call 999 and child should be transported to hospital.
- Call parent for advice and to see if they wish to pick child up or for ambulance to be called, dependant on child's condition.
- Call children's ward if a child has 'a passport' for direct access to the ward rather than going via A & E.
- Call community children's nursing team for advice if appropriate.
- Each situation should be risk assessed as per the individual respite unit's institutional policy and procedures.

#### What are the benefits?

The CCG anticipates making a minimum annual saving of approximately £500k if it ceases funding of respite services at Nascot Lawn. This figure is based on the CCG's current expenditure on Nascot Lawn of £600K minus the maximum projected spend to meet the needs of children and young people eligible for continuing care. The CCG is willing to offer up to £100k towards meeting the ongoing respite needs of children who are eligible for children's continuing care and work towards a joint funding arrangement.

It is a statutory requirement for the CCG to be in financial balance in each financial year.

This duty is set out in the NHS Act 2006. The potential ceasing of funding respite provision at Nascot Lawn will support the CCGs statutory requirement to prioritise funding for NHS Health services. The CCG has recently undertaken a consultation on a range of health services. The CCG has confirmed it will be ceasing funding on a number of NHS health services.

An equitable short breaks offer, including day-time and overnight care as well as education or leisure activities and services to assist carers in the evenings, at weekends and during the school holidays for all eligible families in Herts Valleys CCG, via Hertfordshire County Council who have statutory responsibility for short break provision. HCC have confirmed that where appropriate they will also be offering personal budgets as an equivalent to overnights on a care home setting. The CCG anticipates this will create more choice for families than their current respite offer at Nascot Lawn.

What are the risks if the decision is made to cease funding for respite provision at Nascot Lawn?

The quality impact has identified the following risks:

- Partnerships (including family feedback)
- Access
- Patient Choice

What are the high risks that the initial impact assessment indicates to quality?

- Partnerships with stakeholders and families
- Family anxiety
  - Units ability to meet children with complex health needs
  - Appropriate training of respite staff in HCC units
  - Lack of capacity in units
  - Buildings access and space
  - Children's safety whilst in the HCC units – (Mobile children with complex challenging behaviour also attend HCC respite units)
  - HCC minimum age for overnight respite is 8 years (Nascot Lawn is 5 years)
  - Transition for families and children
  - Geographical location of some HCC respite units

What plans are in place to ensure identified risks are mitigated?

### **Family anxiety**

#### **Mitigating actions:**

All respite provision is regulated by statutory bodies and monitored for quality.

For the majority of children, the health assessments show the support required for the children at Nascot Lawn can be provided by trained carers. HCT have a regular programme of training offered to HCC respite staff to ensure they are competent and confident to meet children's need. Training includes management of children with epilepsy and administration of buccal Midazolam, gastrostomy care and feeding, management of medicines, management of anaphylaxis and use of Epi pens. When requested, HCT will also offer bespoke training.

An HCC report in 2015 noted *'all three social care provisions are commissioned to deliver provision to severely disabled children and young people with complex health needs, including those with life limiting conditions, the technology child, those requiring palliative care, and those with moving and handling needs that will require equipment and adaptations.'* Appendix 2 of the document lists *'complex health needs currently accommodated within social care commissioned residential short break services.'*

The CCG wrote to HCC following a meeting with families in response, HCC confirmed in August 2017, *'the majority of the overnight short break providers already support children and young people with complex health needs.* Residential short breaks are detailed on the Hertfordshire SEND Local Offer website. The website links to each individual unit, which states either *'we provide residential short breaks supporting young people with learning disabilities and complex health needs',* or *'the centre is fully equipped to cater for complex needs'*.

In 2016 it was noted there was underutilisation of all four respite units and there was an overall reduction in demand for overnight short breaks. In August 2017, HCC confirmed *'that they will be able to increase capacity at all 3 units by 20,600 hours. We also note that where some young people are nearing adulthood, they may well be choosing to transfer to adult rather than children's' short break services. We will also be offering personal budgets as an equivalent to overnights on a care home setting. Whilst this volume falls slightly short of what is required to match the levels of support currently offered by the current configuration of respite provision within the County, our figures suggest and we hope, noting the comments above that, there will be sufficient capacity.'*

During the family meetings held in October the issue of building access and space has been raised. HCC conducted a joint visit with parent representatives and HCT staff to West Hyde and Nascot Lawn. As a result HCC have commissioned an Occupational Therapy assessment of buildings. The strategic meeting on 01.11.17 HCC confirmed that some issues were raised but they can be managed.

The CCG wrote to HCC following the families assumption that there are children with ADHD/Autism in respite provision elsewhere. There was concern about how safe the children would be if sharing the same facilities. HCC have confirmed *'our short break settings routinely meet the needs of young people with physical disabilities, learning disabilities and some with multiple and complex needs. Some of these children do display challenging behaviours. Many of the children will know each other from schools and other settings. All homes are regulated by Ofsted and monitored for quality purposes by Hertfordshire County Council. The children are matched so that they are supported to stay safe and risks kept to a minimum. We have undertaken structured conversations with our overnight short break providers to put in place plans for them to manage children & young people with complex health needs and we make sure that the matching process ensures they are safe.'*

HCC Overnight Short Breaks settings are Ofsted Registered from 5–18 years. Typically HCC do not offer overnight short breaks in a residential home to children under the age of 7 or 8 however they do offer support at home where there is a need, or perhaps in a shared (foster care) setting.

The CCG acknowledge any transition period of care will potential have a negative impact on families. HCC have confirmed in a letter to families on 5<sup>th</sup> October 2017 that they *'are talking with Nascot Lawn and the local short break providers about ways we can work together to make any future transition that may be required as smooth as possible. In the event that a*

*new service is allocated your named worker and the provider will lead transition, we will use all expertise in making a personalised approach.'*

The CCG acknowledges that 2 of the respite provisions are not in HVCCG geographical area. The mitigating action is HCC are currently mapping families' home addresses and schools with the nearest respite provision.

### **Partnerships with stakeholders and families**

#### **Mitigating actions:**

Throughout our engagement with families the CCG have acknowledged that this is an anxious time for parents and carers and we recognise the strength of feeling that has been expressed. Negative feedback about the CCG has also been received from families. This has been mitigated by all family meetings and communication being led by the Chief Executive of the CCG.

The HVCCG Corporate Risk Register has identified the following: Risk that the decision to cease funding respite services for families at Nascot Lawn will impact the relationship that the CCG has with its stakeholders. This has been mitigated by the establishment of regular meetings with HCT and HCC. Both organisations were also invited and attended the family engagement meetings.

#### **After mitigation, what are the remaining residual risks?**

Although partnerships are strained during this period of time some of this has been caused by lack of clarity around responsibilities and previous funding agreements where the CCG had been informally funding respite services on a discretionary basis. The challenge to realign responsibilities through this process is likely to strain the relationship over the short term; however once new funding arrangements for respite for families across west Herts is in place all partners will understand and be able to work to a clear framework making it less likely for disputes to be created in the future. There is a remaining risk of uncertainty in respect of the future of NL and its ability to retain staff which will be addressed by (a) HCC confirming its position regarding future respite provision; and (b) the CCG then making a prompt decision in respect of future funding

#### **Recommendations for the Quality Committee to consider.**

The Quality Committee is asked to note the risks and mitigations in the CCGs planning to make a decision regarding the future funding of respite provision.

#### **Assessment completed by**

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Position: Programme Lead – Children, young people and maternity

Date: 08.11.17

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Name: David Evans

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