

NASCOT LAWN

**To examine the decision by Herts Valley's Clinical
Commissioning Group to withdraw funding from
Nascot Lawn respite provision**

Report of the Topic Group

6 SEPTEMBER 2017

Contents

1.0	Purpose of Report	PAGE 3
2.0	Recommendations	PAGE 3
3.0	Evidence	PAGE 4
4.0	Conclusions	PAGE 8
5.0	Members and Witnesses	PAGE 10
Appendix 1 Scoping Document		
Appendix 2 Glossary		
Appendix 3 Possible alternate care options		

REPORT OF THE NASCOT LAWN RESPITE CENTRE TOPIC GROUP

1.0 Purpose of Report

- 1.1 This is the report of the Nascot Lawn Respite Centre Topic Group. The Group examined the partnership working, assessments carried out and current and future funding arrangements for respite care of Children & Young People (CYP) with complex health and social care needs and their carers.
- 1.2 The Topic Group addressed the following questions:
- 1a. What are the responsibilities of both Hertfordshire County Council (HCC) and the NHS to provide respite care for Children and Young People (CYP) with complex care needs and their carers?
 - 1b. How will the needs of these CYP be met from Oct 2017 and in the future?
 - 2a To what extent were the needs of the CYP and their carers considered in reaching the decision to cease funding?
 - 2b. To what extent was the impact of the decision (to cease funding Nascot Lawn) on the health and social care system considered?
 - 2c. To what extent was the evidence obtained from the outcomes of the impact assessments considered in the decision making process?
 - 2d To what extent were the consequences (including costs) to the health and social care system considered?
 - 3 What lessons have been learned to ensure more effective partnership working in the future?
- 1.3 The scoping document can be seen at **Appendix 1**. Associated papers issued to Members can be found at: [LINK](#)

2.0 Recommendations

Each of these recommendations should be read in conjunction with the paragraphs referenced in brackets. The responses should reflect the paragraphs as itemised.

- 2.1 That all partners agree and use protocols that are already in place more consistently to ensure effective, timely and thoughtful engagement to both understand the needs of users, stakeholders and partners and how this informs service delivery and development. (3.10, 3.11, 3.16, 4.1, 4.3, 4.5, 4.6)
- 2.2 That all partners develop and use mechanisms already in place more consistently to ensure partnership working operates maturely at a time of financial pressure within a challenged system and provide examples

of how this will be achieved and measured. (3.3, 3.18, 3.19, 3.20, 4.1, 4.3, 4.4, 4.5, 4.6)

- 2.3 That services for our most vulnerable residents are commissioned, resourced and provided utilising a sound and authoritative evidence base. (3.4, 3.7, 3.8, 3.9, 4.1, 4.2, 4.4, 4.6)
- 2.4 Using this experience (as outlined in recommendations 2.1, 2.2, 2.3) to inform future working and decision making. (3.11, 3.17, 3.22, 3.24, 3.25, 3.27, 4.1, 4.2, 4.3, 4.5, 4.6)

3.0 Evidence

- 3.1 The Nascot Lawn Respite Centre in Hertfordshire provides care services to children and young people (CYP) with complex health and social care needs. There are 52 CYP who access the services provided at Nascot Lawn. The total annual running cost of £660k which is proportionately funded by HVCCG (90%) and East and North Clinical Commissioning Group (ENHCCG) (10%). The percentage split has always been based on historical usage. The current levels of usage have changed during that time.
- 3.2 In the morning session, members heard from Healthwatch Hertfordshire (HWH), Nascot lawn parent and carer representatives, Carers in Herts (CiH), Herts Parent Carer Involvement (HPCI) and Hertfordshire Community Trust (HCT).
- 3.3 It was made clear that communications with and from HVCCG have always been of a high standard; however, on this occasion pre-decision engagement with all partners had not taken place. In response to the decision to withdraw funds, HWH had seen an increase in the comments and feedback they received from parents and carers.
- 3.4 HWH, CiH, HPCI and Nascot Lawn parents and carers all stated that the impact assessment and Equality Impact Assessment (EqIA) concerning the decision on CYP and their carers were insufficient to inform the decision made by the HVCCG. The initial assessment of the decision taken did not include the financial impact to the wider health and care system, such as the possibility of increased A&E attendance, additional pressure on social care (adult and children's) and referrals to mental health services. The original EqIAs conducted by HVCCG did not assess the impact on the wellbeing of parents, carers and siblings. Members were informed that the EqIAs are iterative yet there was little evidence that the wider impact on parents and siblings now feature in the assessments.
- 3.5 Prior to the decision being made, engagement and awareness raising regarding the withdrawal of funding from Nascot Lawn by HVCCG with partners was not undertaken. This approach was different from HVCCG's normally open approach with partners about the challenges it

faces and the changes that are being considered. Following this it was reinforced that lessons needed to be learned from this experience, to involve partners as early on as possible in the pre-decision process, particularly where changes are sensitive and have a high impact.

- 3.6 It was suggested by HWH that a reason for the limited consultation was due to the sensitivity, complexity and impact on families as well as the belief by HVCCG that the care provided was solely social care. This stance would mean that expectation for consultation would be with HCC. However, regardless of the nature of the care provided, good practice suggests that early and on-going engagement with users and residents is advisable and necessary.
- 3.7 HWH and HCT provided evidence that Nascot Lawn has a range of specialist health professionals trained to work with CYP. Members heard that Nascot Lawn was commissioned as a nurse led service. This is the model that has continued to be commissioned.
- 3.8 Nascot Lawn parent and carer representatives emphasised that the high level of skilled care provided by the staff is necessary because of the significant range of complex needs that CYP have during overnight or day time stays. This is a view is also shared by Carers in Herts, i.e. that it is not a simple matter of training health assistants to provide this care. Parents know their children and their needs in great depth. HCT maintained that nursing staff were needed to ensure that the different needs of CYP attending Nascot Lawn at any one time were covered. Professionals are trained to provide care for all needs and this complements the knowledge and understanding provided by the parents. Together this helps to prevent hospital admissions.
- 3.9 Parents also highlighted their concern over the impact on immediate staffing issues at Nascot Lawn. The removal of funding and consequent closure of the service meant that members of staff are seeking alternative employment and some have already planned to leave from October 2017 (the original date for HVCCG funding withdrawal). Parents proposed that to stabilise the workforce as well as providing an adequate transition timeframe that consideration should be given to maintain funding to keep the centre open until March 2019.
- 3.10 When parent and carer representatives were asked how much contact they had with commissioners it was stated that three meetings were arranged shortly after the letter notifying parents was received (15 June 2017). However, the meetings were held the week immediately following the letter and none were held at Nascot Lawn. There had been no contact with parents before the June letter.
- 3.11 Questions were raised regarding Continuing Healthcare (CHC) and how many children are currently in receipt of this. Further clarification was sought as to the number known to require CHC but not yet in receipt of it or where it was a possible requirement but an assessment

had not yet taken place. An example was given of one child, known to need CHS, who had not yet been assessed; however, there are a number of CYP on the border line to qualify for CHC, who have not been assessed; therefore the actual numbers of CHC are not settled. Members were informed that CHC assessments are not straightforward and whilst there is a national framework there are different interpretations both nationally and within Hertfordshire. Members were also informed that the national framework required consideration of the severity of the condition(s) that a child experienced and that this could vary greatly during any given period

- 3.12 Additional questions were raised about the Keech Hospice provision and how it supported parents when CYP were unable to attend Nascot Lawn. It was confirmed that there are 4 requirements to access this service which provides only three to five beds to serve the 300 families on its books:-

1. End of life (palliative care)
2. Symptom management stay,
3. Step down from hospital stay
4. Last minute respite stay

It was also established that this is not a service that can be booked in advance. Keech Hospice is not designed to support large numbers of CYP with complex care needs. It serves the populations of Herts, Beds and Milton Keynes. Its primary purpose is to serve the needs of children with life-limiting and terminal illnesses within a hospice setting.

- 3.13 In the afternoon members heard from HVCCG, Children's Services and ENHCCG. HVCCG stated that the organisation is in financial turnaround and therefore all funding is being carefully reviewed to make £45m savings by the end of this financial year. One of the areas identified is the CCG's obligation to provide discretionary funding as it has been advised by its auditors that the focus should be on statutory services only. Nascot Lawn is seen by the CCG to fall into the discretionary category.

- 3.14 HVCCG accepts the statutory responsibility in respect of public engagement and has a strong record for the quality of its engagement. However, the CCG has been advised that it did not need consult with regard to services at Nascot Lawn as the provision of respite care is social care and therefore the responsibility of the county council. Healthcare treatment within these settings remains the responsibility of the CCGs. Therefore if any CYP from the west of the county, while at a respite centre, requires a medical intervention then HVCCG continues to be obliged to provide it.

- 3.15 HVCCG affirmed that if the savings are not achieved, the CCG will be instructed by NHS England to make the savings and there will be no choice as to where those savings are made.

- 3.16 The timeline provided by the CCG in the written evidence stated that conversations were held between HVCCG and the Council in February. However it was not clear what specifics had been discussed during these discussions. HVCCG gave its contractual six months' notice to HCT in April 2017 that it would cease funding in October 2017. When asked why additional information had not been known or shared earlier than April with HCC and HCT, and prior to June for parents and carers, HVCCG stated that the pre-election period (purdah) had restricted such conversations. However, the instruction around how work is carried out during purdah is 'business as usual' and while contact with elected members is limited, contact between officers in partner organisations continues. Now that the deadline for the withdrawal of funding is known, Children's Services confirmed that time is a significant challenge to ensuring a continued service from October 2017.
- 3.17 HVCCG confirmed that 20 assessments had been completed most of which were joint with Children's Services. A further seven appointments have been made and two are still to be booked. All assessments should be completed by 21 September 2017.
- 3.18 When members asked HVCCG about its duty to consult, the commissioner maintained that it does not have to consult on services that the CCG has no statutory duty to provide. However, on-going engagement with users and residents is regarded as good practice. Nevertheless, HVCCG made clear that it does have a responsibility to provide respite care to any CYP who is in receipt of CHC.
- 3.19 Children's Services are currently planning for the transition of CYP to the three other respite services commissioned by the county council. It was specified by the CCG that other respite services already have some of the required equipment and any specialist equipment will be transferred as part of the transition. This has been communicated to all parents.
- 3.20 Members queried the medical provision during and after transition. The CCG indicated that part of this process included training so that individuals who are not qualified nurses can provide care, such as catheters although no timeframe was provided for this training to be completed.
- 3.21 Members queried the conclusions of the Investment Committee at HVCCG as to the level of savings that would be achieved by removing nurses from this setting. The CCG clarified that until all assessments were completed the full level of savings will not be known.
- 3.22 Since informing Children's Services of the decision to withdraw funding in April 2017 HVCCG has been speaking to the service on a fortnightly basis. The CCG Chief Executive has spoken to the HCC Chief Executive about a HCC funding proposition beyond October 2017. This

proposal is an agreement between HCC, HVCCG & ENHCCG to jointly fund Nascot Lawn for a further 3 months. This is to allow time for the joint assessments and support packages to be put in place for the CYP currently receiving a service from Nascot Lawn.

- 3.23 Members were informed that the main difference between the assessments conducted by Children's Services and those carried out by HVCCG are that Children's Services take into account the needs of carers, parents and siblings.
- 3.24 Members heard that Children's Services is looking at multidisciplinary models. One of the respite centres in the east of the county provides a high level of care support. The service considers the possibility that the need for nursing oversight may well continue. To clarify this Children's Services needs to review provision of overnight support but welcomed the assurance from health colleagues that care workers will be upskilled to the required level.
- 3.25 The topic group heard from ENHCCG. Here, one approach that is being considered is the use of personal health budgets. This would provide parents with greater control over the care provided for short breaks being delivered, as specified in **Appendix 3**.
- 3.26 ENHCCG stated that it was not planning to withdraw the funding for the service, but as a minority partner could not keep the centre open. It is committed to using the funding designated for CYP currently using Nascot Lawn to support them in the future by putting in place packages to support any changing needs after closure of the service.
- 3.27 When members questioned ENHCCG as to why it does not commission this service to the level of HVCCG, it was confirmed that HVCCG have commissioned services from HCT whilst ENHCCG commissions the majority of its services from the East and North Herts Trust (ENHT) to provide integrated acute and community care even though the Trust is not a standard provider of community care.

4.0 Conclusions

- 4.1 Members expressed grave concern that HVCCG had decided to withdraw funding from Nascot Lawn without fully understanding or taking into account the impact of the decision on children, parents and the wider system (health and social care). Furthermore, it had not undertaken analysis to assess the possible consequential impact on other services it commissions such as mental health. Members recognise the financial pressures faced by HVCCG. They are surprised that the CCG has not calculated the actual savings and were unable to provide a baseline figure as the costs of transition, potential Continuing Healthcare (CHC) and the funding and training of unskilled carers are still to be established. (2.1, 2.2, 2.3, 2.4)

- 4.2 A significant number of questions were raised about the robustness of the assessments as they did not capture all the information required. Members did not believe that sufficient weight had been given to areas such as the wellbeing of families. It is inconsistent with the approaches for greater collaborative working between health and social care. To be effective going forward members proposed that all partners should consider a review of how joint assessments are conducted and what information should be recorded. (2.3, 2.4)
- 4.3 To further collaborative working, the significant gap in the quality of the communication plans ahead of decision making and implementation has to be addressed as a matter of urgency. The written evidence provided as well as that heard on the day led members to the conclusion that information sharing and discussions had taken place at too late a stage to provide sufficient advance warning to all parties involved to identify alternative arrangements. This was exacerbated by the confirmation of funding withdrawal taking place in year after organisational budgets have been confirmed for the financial year and funds have already been committed. (2.1, 2.2, 2.4)
- 4.4 Members queried the evidence base for decision making and challenged HVCCG on what financial information it had included other than the need to make a saving this financial year. Members were troubled to learn that financial calculation would take place after the assessments of CYP at Nascot Lawn had been completed. Members expressed their frustration on hearing this as it is contrary to the usual financial management approach. Moreover, the decision was taken without a sound financial evidence base and any potential savings may not materialise once the costs for equipment, transition and upskilling staff etc. has been completed. This may require HCC to take on significant extra unbudgeted costs and Children's Services are not able to calculate the financial impact at this point. (2.2, 2.3)
- 4.5 Members were pleased that the majority of assessments had been completed. However, this is against a background that if earlier discussion had taken place with Children's Services, a more organised joint effort in arranging these assessments would have occurred and conceivably the assessments would have been completed much sooner. The Topic Group was anxious and welcomes the completion of these assessments as soon as possible. Members were assured by HVCCG that the last assessments will be done by 21 September 2017. The HSC Implementation of Scrutiny Sub Committee (ISSC) would be apprised of the work undertaken. (2.1, 2.2, 2.4)
- 4.6 Members were disturbed by the insecurity of staffing at Nascot Lawn in the immediate future and by the longer term implications to the care provision for the CYP affected by this decision. Members were made aware that staff are seeking alternate employment from October 2017. This jeopardises the stability of the service at Nascot Lawn and any transitional arrangements. As a result, members were not assured that

the appropriate frameworks were in place to retain staff and to complete the upskilling of staff when funding has been removed.

- 4.7 The Topic Group was interested to hear of the joint commissioning between ENHCCG and Children's Services. It has the potential to provide a viable way forward for health and social care services. For this to be most effective members believed a joint review of these arrangements would prevent decisions being made in this way again, provide greater security and advanced warning as well as establish greatly improved communication. (2.1, 2.2, 2.3, 2.4)

5.0 Members and Witnesses

Members of the Topic Group

Barbara Gibson
 Dave Hewitt
 David Lambert
 Eric Buckmaster (Chairman)
 Mark Watkin
 Nigel Bell
 Susan Brown

Other Members in Attendance

Colette Wyatt-Lowe
 Fiona Hill
 Seamus Quilty
 Terry Hone
 Teresa Heritage

Witnesses

Andy Lawrence	Specialist Services Management, Children's Services
Angela Kitching	Nascot Lawn Parent
Angela Murphy	Nascot Lawn Parent
Beverley Flowers	Chief Executive ENHCCG
Carol Kelsey	Herts Parent Carer Involvement Coordinator
David Evans	Programme Director HVCCG
Geoff Brown	Chief Executive Healthwatch Herts
Jenny Coles	Director of Children's Services
Kate Barker	ENHCCG Assistant Director for Maternity, Children and Young People's Commissioning
Kathryn Magson	Chief Executive HVCCG
Leise Cooper	Herts Parent Carer Involvement Chair
Maria Kiely	Parent Carer Support and Development

	Worker Carers in Herts
Marion Dunstone	HCT Director of Operations
Nicolas Small	Chair HVCCG
Nuray Ercan	Operational Manager Healthwatch Herts
Phil Bradley	HCT Director of Finance
Roma Mills	Policy and Engagement Manager Carers in Herts
Su Johnston	HCT

Officers

Michelle Diprose
Charles Lambert

Democratic Services Officer
Scrutiny Officer

APPENDIX 1

NASCOT LAWN RESPITE CENTRE TOPIC GROUP

OBJECTIVES:

To examine

- the current and future funding arrangements of respite care for Children & Young People (CYP) with complex care needs and their carers
- the extent and quality of consultation with partner organisations and other stakeholders in reaching the decision to cease funding for Nascot Lawn
- the assessments supporting the decision to cease funding including financial, risk assessment, Equality Impact Assessment (EQIA) and Health Impact Assessments (HIAs)

BACKGROUND:

Nascot Lawn has been funded by the NHS for many years and the current arrangements pre-date the creation of the clinical commissioning groups (CCGs). The majority (90%) of the funding is provided by Herts Valleys CCG. East & North Herts CCG (ENHCCG) provide the remainder. HVCCG has been placed in formal 'financial turnaround' and it needs to identify approximately £45m worth of savings this financial year. HVCCG's funding of Nascot Lawn will cease on 31Oct 2017 as part of its identified savings programme (the CCG consider this spending to be discretionary).

QUESTIONS TO BE ADDRESSED:

- 1a. What are the responsibilities of both Hertfordshire County Council (HCC) and the NHS to provide respite care for children and young people (CYP) with complex care needs and their carers?
- 1b. How will the needs of these CYP be met from Oct 2017 and in the future?
- 2a. To what extent were the needs of the CYP and their carers considered in reaching the decision to cease funding?
- 2b. To what extent was the impact of the decision (to cease funding Nascot Lawn) on the health and social care system considered?
- 2c. To what extent was the evidence obtained from the outcomes of the impact assessments considered in the decision making process?
- 2d. To what extent were the consequences (including costs) to the health and social care system considered?
1. What lessons have been learned to ensure more effective partnership working in the future?

OUTCOMES:

- That the needs of CYP with complex needs and their carers continues to be supported by HCC and the NHS in accordance with statutory requirements, Care Act (parents/carers) and duty of care.
- The responsibilities of both HCC and the NHS are clarified
- Lessons are learned about effective partner and stakeholder engagement and the undertaking of robust impact assessment

CONSTRAINTS:

- The scrutiny will only address respite provision currently at Nascot Lawn

RISK & MITIGATION AFFECTING THIS SCRUTINY: i.e. how confident are members that the department/organisation has identified risks, impact to services, the budget proposals and has mitigation in place.

RISK/S:

MITIGATION: *e.g. what mitigation does the department/organisation have in place if a partner pulls out?*

WITNESSES i.e. individuals	EVIDENCE i.e. organisations e.g. HCS
Kathryn Magson	Council for Disabled Children
Marion Ingram	HVCCG turnaround director
David Law	Healthwatch Herts
Nicolas Small	ENHCCG
Jenny Coles	Carers in Herts
	HCT

	Nascot Lawn Action Group rep
	Hertfordshire Parent Carers Involvement (HPCI)

METHOD: 1 day Topic Group **DATE:** 6 September 2017

SITE VISIT: Nascot Lawn **DATES:** 22 August 2017

MEMBERSHIP: Eric Buckmaster (Chairman); Susan Brown; Nigel Bell; Barbara Gibson; Mark Watkin; Dave Hewitt; David Lambert

SUPPORT:

Scrutiny Officer: Charles Lambert

Lead Officer/s: Natalie Rotherham

Democratic Services Officer: Michelle Diprose

HCC Priorities for Action: how this item helps deliver the Priorities *delete as appropriate*

1. Opportunity To Thrive ✓
2. Opportunity To Prosper ✓
3. Opportunity To Be Healthy And Safe ✓
4. Opportunity To Take Part ✓

CfPS ACCOUNTABILITY OBJECTIVES: *delete as appropriate*

1. Transparent – opening up data, information and governance ✓
2. Inclusive – listening, understanding and changing ✓
3. Accountable – demonstrating credibility ✓

Appendix 2

Glossary

HCC	Hertfordshire County Council
HCS	Health & Community Services is a HCC department. HCS is responsible for the council's older people, physical disability, learning disability and mental health services.
HCT	Herts Community Trust
HVCCG	Herts Valleys Clinical Commissioning Group
OSC	Overview & Scrutiny Committee (a HCC scrutiny committee)
ENHCCG	East & North Herts Clinical Commissioning Group
EqlA	Equality Impact Assessment
ENHT	East and North Herts Trust
CHC	Continuing Healthcare
CYP	Children and Young People

Appendix 3 Possible alternate care options

Care in another setting with CYP and family

1. Under 5s who might go to their local Children's Centre with a parent for a stay and play or coffee morning session. The Children's Centre would also support parents with issues such as benefit advice, housing advice and support with any siblings.

Care in another setting with CYP but no family present.

2. Children aged two, three or four will be entitled to receive 15 hours per week of free early education and some children will be entitled to access an additional 15 hours of free childcare if they meet a national eligibility criteria. Free early education and childcare is available at approximately 1000 settings, consisting of schools, preschools, day nurseries and childminders. These providers are inclusive and would also be able to access appropriate training delivered by health professionals to ensure all children's individual needs can be met.

Short breaks offer disabled children and young people the chance to spend time out with others socialising and doing fun activities, giving their families a break and providing them with the confidence their child is well supported by a trained worker. They range from play and leisure activities provided through community groups and leisure providers to overnight stays.

Some young people, with learning disabilities and complex health needs, may be eligible for a **residential short break** especially if they have needs throughout the night. Children and young people can stay overnight during the week and/or at weekends depending on their assessed needs. A residential short break may be provided in a community residential setting or the home of an approved carer.

A residential short break is a specialist service, available only once a social work assessment of need has been done. This assessment would be arranged via a referral through the County Council's 0-25 Together Service.

There are three across the county:

- West Hyde – provided by Action for Children
- The Pines (Hertford) - provided by Action for Children
- Peartree - provided by Jubilee House Care Trust

Shared care is family-based care that provides short breaks to Disabled Children and Young People from 4-18 years of age. The scheme specifically recruits carers to support children who have

additional needs. Our carers are from a wide variety of ethnic, religious and cultural backgrounds. They can be individuals or couples, male or female, with or without children and may have pets, some carers work others may be retired. All carers will have completed training before they are approved, will have a DBS (Disclosure and Barring Service check) and will continue to have regular supervision and training updates from members of the shared care team. When a service is offered each carer is closely matched to fit the needs of the child.

The breaks can be provided:

- in the child's home as a sitting service to enable parents to go out/ have some free time, or
- as day care in the carers home, or
- out in the community to access activities.

Care at home with professionals (i.e. not day to day care from parents)

3. Parents can access care at home by paid staff where this is agreed as an assessed need by 0-25 Together Service following a child and family assessment. They can also access a Direct Payment so that they can arrange the support at a time that suits them. Direct Payments are for families to buy services or employ a paid worker to support their child or young person.