

Title of scheme: Nascot Lawn

CCGs covered by the scheme:

Herts Valleys CCG

Lead CCG:

Herts Valleys CCG

Project Lead for scheme: Liz Biggs

Senior Manager/ Executive Sponsor: David Evans

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 on 16th November 2017. This QIA will inform the impact of 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 framework CYPCCDH 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 CYPCC 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 and young people'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.

Intended Quality Improvement Outcome/s:

An equitable short breaks offer for all eligible families in Herts Valleys CCG, via Hertfordshire County Council who have statutory responsibility for short break provision. HCC have confirmed there where appropriate they will also be offering personal budgets as an equivalent to overnights on a care home setting. 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 NHS Act 2006 and the NHS Commissioning Board and CCGs (Responsibilities and Standing Rules) Regulations 2012 set out the CCGs duties as to commissioning health services. These regulations cover Children's Continuing Care, however they do not confer any responsibility on CCGs in relation to respite services.

Methods to be used to monitor quality impact:

Respite provision is the responsibility of Hertfordshire County Council.

The health aspects that the CCG are responsible for will be monitored by existing contract monitoring arrangements with HCT who provide the services.

	Pos/ Neg or N/A	Risk Score if N	Comments (include reason for identifying impact as positive, negative or neutral)	Full Assessment Required Yes/No (Risk > 8 Stage 2 full assessment required)

<p>Duty of Quality</p> <p>Could the options positively or negatively on any of the following:</p> <p>a) Compliance with NHS Constitution right to:</p> <ul style="list-style-type: none"> • Quality of Care and Environment • Nationally approved treatments/ drugs • Respect, consent and confidentiality • Informed choice and involvement • Complain and redress 	<p>Neut ral</p>	<p>HVCCG are currently funding and commissioning a respite service at Nascot Lawn not a health service. Given that this service is not a health service, HVCCG does not have a duty to provide this service and S14Z2 of the NHS Act 2006 does not apply. Similarly, no statutory obligation to consult arises from the NHS Constitution or section 14P(1)(a) of the NHS Act 2006. Further, the duty under section 14Z2 is one of public involvement, not consultation.</p> <p>Section 242(1B) of the NHS Act 2006 (the duty to make arrangements for involvement) does not apply.</p> <p>The NHS Act 2006 and the NHS Commissioning Board and CCGs (Responsibilities and Standing Rules) Regulations 2012 set out the CCGs duties as to commissioning health services. These regulations cover Children's Continuing Care, however they do not confer any responsibility on CCGs in relation to respite services. A CCG will commission the care required for any child who meets the DH framework 2016.</p> <p>Initial communication between the Chief Executives of the CCG and HCC took place following the investment committee in early February 2017.</p> <p>The CCG has been engaging with families from the 14th June 2017. The CCG has met and talked to families face to face. We have continued to offer face to face meetings with families. The CCG felt it was important and appropriate for families to meet the Chief Executive and</p>	
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			<p>Chair of the CCG.</p> <p>Below is a timeline listing all engagement with families and other organisations:</p> <ul style="list-style-type: none"> • 21.06.17 – HVCCG meeting with Carers in Herts • 23.06.17, 27.06.17 and 28.06.17 – HVCCG meeting families using Nascot Lawn • 28.06.17 – HVCCG meeting with Hertfordshire Parent Carer Involvement (HPCI) • 17.07.17 – Healthwatch update • 07.08.17 – Parent/Carers meeting • 23.08.17 – Healthwatch update • 17.09.17 – Parent/Carers meeting • 05.10.17 – Parent/Carers meeting • 06.10.17 – Parent/Carers meeting • 11.10.17 – Parent/Carers meeting • 12.10.17 – Healthwatch, HPCI and Carers in Herts meeting • 17.10.17 – Parent/Carers meeting <p>Following the meetings held in June, a question and answer briefing was produced and circulated to all families. A letter was also sent to HCC following the meeting held on the 07th August requesting further information on social worker assessments, HCC eligibility for respite, occupancy rates at the other respite centres, minimum age requirement and children's safety when attending the centres. On the 15th August, HCC confirmed there will be sufficient capacity within the HCC commissioned respite services to meet the needs of</p>	
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			<p>those children and young people with multi and complex health needs. The CCG recognised at the meeting this was a key concern for families.</p> <p>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. We also acknowledged this in our stakeholder briefing and our most recent communication to families.</p> <p>Before making a new decision in respect of the funding of respite services at Nascot Lawn the CCG contacted all families and invited them to a series of engagement meetings in October. Any matters arising from our discussions with families and other stakeholders to date will feed into our new decision about funding Nascot Lawn. The CCG will also give due regard to all of the information that has been generated as a result of the recent legal proceedings and the joint needs assessments.</p> <p>The CCG was in attendance at the Full Council meeting on 18 July 2017. The CCG also participated in the Scrutiny information meeting on the 19th July 2017 and the subsequent Nascot Lawn Topic Group on the 6th September 2017. In all these meetings families' views were expressed and noted by the CCG.</p> <p>At the meeting on the 17th September 2017, attended by the CCG and the County Council family representatives shared a proposal to create a flagship 0 – 25 fully</p>	
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			<p>integrated Overnight Short Breaks service in Hertfordshire.</p> <p>HCC have accepted their statutory responsibility for providing short breaks, including respite, so it is the assumption of the CCG that respite provision will continue to be offered.</p>	
b) Partnerships	Neg	12	<p>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.</p> <p>This has been mitigated by all family meetings and communication being led by the Chief Executive of the CCG.</p> <p>The HVCCG Corporate Risk Register has identified the following:</p> <p>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.</p> <p>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.</p> <p>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</p>	

			<p>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.</p> <p>The CCG's decision to address the discretionary funding of respite provision has created a tension in the system. However, it is not the wrong thing to do organisationally the CCG recognises this will have an immediate impact on partners and stakeholders whilst the decision has not been made due to the lack of clarity which is driving some of the anxiety around the feelings of families and organisations during this period.</p>	
c) Safeguarding children or adults	Neut ral		<p>All providers of respite provision would be legally required to carry out the duties set out in Section 17 of the Children Act 1989</p> <p>..... to safeguard and promote the welfare of children within their area who are in need.</p>	
NHS Outcomes Framework Could the proposal impact positively or negatively on the delivery of the five domains (assess all separately): Preventing people from dying prematurely	Neut ral		<p>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.</p> <p>The NHS Act 2006 and the NHS Commissioning Board</p>	

			<p>and CCGs (Responsibilities and Standing Rules) Regulations 2012 set out the CCGs duties as to commissioning health services. These regulations cover Children and young people's Continuing Care, and the CCG will commission the care required for any child who meets the DH framework 2016.</p> <p>The CCG will continue to fund a range of health services to meet the needs of children, young people and their families, including mental health services, medicines, children's community nursing, palliative care for those with life-limiting conditions, speech and language therapy, physiotherapy and occupational therapy and special school nursing.</p>	
Enhancing quality of life	Neut ral		<p>Short breaks for children and young people provide their families or carers with a break from their caring responsibilities.</p> <p>HCC currently commission three respite provisions in the County and have 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.</p> <p>HCC commission three respite provisions. The three provisions are located in Rickmansworth, Welwyn and Hertford.</p> <p>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</p>	

			addresses and schools with the nearest respite provision.	
Helping people recover from episodes of ill health or following injury	Neut ral		<p>Children and young people attending Nascot Lawn do not clinically require full time nurses to meet their needs at home.</p> <p>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.</p> <p>The CCG will continue to fund a range of health services to meet the needs of children, young people and their families, including mental health services, medicines, children's community nursing, palliative care for those with life-limiting conditions, speech and language therapy, physiotherapy and occupational therapy and special school nursing.</p>	
Ensuring people have a positive experience of care	Neut ral		<p>All respite provision is regulated by statutory bodies and monitored for quality. Respite will continue to be available for families from HCC. The CCG acknowledge any transition period of care will potential have a negative impact on families.</p> <p>HCC have confirmed in a letter to families on 5th October</p>	

			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.'	
Treating and caring for people in a safe environment and protecting them from avoidable harm	Neut ral		<p>All respite provision is regulated by statutory bodies and monitored for quality. Respite will continue to be available for families from HCC.</p> <p>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.</p>	
Access Could the proposal impact positively or negatively on any of the following: a) Patient Choice	Neg	6	<p>Should the CCG decide to cease funding of respite provision provided at Nascot Lawn, there will be three respite provisions available for families. HCC state the 'majority of our overnight short break providers already support children & young people with complex health needs.'</p> <p>HCC short breaks services, include day-time and</p>	

			<p>overnight care as well as education or leisure activities and services to assist carers in the evenings, at weekends and during the school holidays. HCC have confirmed that where appropriate they will also be offering personal budgets as an equivalent to overnights on a care home setting.</p> <p>Choice will be negatively impacted by a reduction in available locations and also withdrawal of the nursing led model of care.</p> <p>All four provisions are currently being commissioned to provide respite care to enable families and carers a break from their caring responsibilities.</p> <p>Currently there are two separate pathways for families to access respite provision creating an inequitable offer. Approximately 200 families in Hertfordshire access overnight respite provision. Only 50 of these families are receiving a nurse led respite provision. Due to separate access pathways for respite provision there is also inequity in the amount of overnight respite that is offered to families.</p>	
b) Access	Neg	6	<p>Should the CCG decide to cease funding of respite provision provided at Nascot Lawn, there will be three respite provisions available for families. The three provisions are located in Rickmansworth, Welwyn and Hertford.</p> <p>The CCG acknowledges that 2 of the respite provisions are not in HVCCG geographical area. Access maybe</p>	

			<p>negatively impacted. The mitigating action is HCC are currently mapping families' home addresses and schools with the nearest respite provision. HCC will continue to fund transport costs for respite provision from either school or home.</p> <p>Nascot Lawn currently offers overnight respite from 5 – 19 years, and day care from 0 – 3. 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 HCC do offer support at home where there is a need, or perhaps in a shared (foster care) setting. HCC offer a range of childcare option for children aged 2 – 4years old. Children's Centre's also provide support for families with children under 5 years of age.</p> <p>Families have raised concerns about access issues, in particular wheelchair access. HCC have commissioned HCT Occupational Therapy to undertake a review of Nascot Lawn and West Hyde.</p>	
c) Integration	Neut ral		<p>In HCC respite provision, children are matched so that they are supported to stay safe and risks kept to a minimum. The CCG acknowledges this is a concern for families and requested HCC to address this issue directly with families.</p>	
				Total Score: 24

Name of person completing assessment: Liz Biggs

Position: Programme Lead – Children, young people and maternity



Signature:

Date of assessment: 08.11.17

Reviewed by: David Evans

Position: Director of Commissioning



Signature:

Date of review: 31.10.17

Proposed frequency of review: Six monthly/ Quarterly/ Monthly/ Other please specify: __weekly__

(minimum monitoring is six monthly (scores 6 or below), every 4 months (scores 8-9), quarterly (scores 10- 12) and monthly (15-20), weekly or more frequent (score 25) Use boxes below to record outcome of reviews

Date of next review: by 31 December 2018

Signed off by: Clare Saunders

Position: Deputy Director of Nursing and Quality



Signature:

Date of review: 08.11.17

Requires review at Quality Committee: Y

Date considered at Quality Committee: Draft at 02nd November 2017, virtual sign off 10.11.17

Logged on spreadsheet: Y

Date: 10.11.17

Post Implementation Review

(use the template below to record outcomes of reviews- if more than one is required cut and paste the box below)

Have the anticipated quality impacts been realised? Y/N

Comments:

Have there been any unanticipated negative impacts? Y/N

Comments:

Are any additional mitigating actions required? Y/N

Comments:

Do any amendments need to be made to the scheme? Y/N

Comments:

Reviewed by:

Position:

Signature:

Date of review: