

RESPONSE FORM

NAME OF TOPIC GROUP: Nascot Lawn Respite Centre

CHAIRMAN: Eric Buckmaster

SCRUTINY OFFICER: Charles Lambert

DATE OF SCRUTINY: 6 September 2017

DATE REPORT PUBLISHED: 20 September 2017

DATE RESPONSE DUE: 18 October 2017

DATE RESPONSE RETURNED: 18 October 2017

Recommendations

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)

Children's Services response

Hertfordshire County Council agrees with the recommendation. There are a number of agreed protocols in place regarding effective commissioning activity and officers are committed to using these protocols, particularly the Underpinning Principles agreed through the Children and Young People's Integrated Commissioning Executive (CYPICE) at the end of 2016:

Underpinning principles: Integration and Partnership

- 1) Our activity will be child centred and focused on improving outcomes for children, young people and their families and on reducing inequalities. There will be a common purpose and vision towards continuously improving outcomes.
- 2) Our conversations will be respectful, open and honest and we will support and challenge each other through constructive dialogue, building trust and mutual respect.
- 3) We will plan and commission against agreed outcomes that are clear and well-articulated within a shared understanding of quality and sustainability.
- 4) We will make the best use of all our resources including the skills and competencies of our staff. We will ensure services are effective and efficient and delivered within the finances available. Services will meet identified needs through evidence based interventions.
- 5) Commissioners will have conversations to ensure coherent messages are agreed and delivered and will speak with one voice. Processes for investment and disinvestment will be clearly defined and will be informed by our shared commitment to improve outcomes for

children, young people and their families.

6) Partnerships between commissioners, providers, children, young people and their families will lead to meaningful joint co-production and co-design to inform joint decision making.

7) As a system we will be ambitious and courageous, supporting change and innovation and sharing both risks and rewards

8) We will reduce duplication through the development of joined up pathways, closer team work and streamlined governance and reporting arrangements.

9) We will work collaboratively recognising each other's strengths and challenges and that there are different routes to the same outcome.

Effective implementation of these principles across the children's partnership will address the issues raised by this Scrutiny including effective engagement across the partnership and with service users, evidence based practice and appropriate sharing of resource pressures and decision making.

The pending review of the Special Educational Needs and Disabilities (SEND) Integrated Commissioning Strategy will need to include a reaffirmation of these principles by relevant parties.

East and North Herts Clinical Commissioning Group response

The CCG agree with the recommendation and use protocols and evidence from local needs analysis, to ensure effective, timely and thoughtful engagement to understand the needs of users, and partners, and stakeholders. This evidence is essential to informing service delivery and development, and to inform the impact analysis for any potential transformation or service redesign.

The CCGs uses a range of engagement, involvement, co-production and communication protocols and principles with partners.

Hertfordshire Community Trust response

Hertfordshire Community NHS Trust fully accepts and welcomes this recommendation and will ensure that this enhances the methods already used to ensure service delivery and development benefits from increasingly effective engagement.

The Trust would welcome consideration at an early stage of service sustainability and impacts on staffing as part of engagement in respect of commissioning decisions.

Herts Valleys Clinical Commissioning Group response

Following the decision by the CCG's investment committee in January 2017 to cease discretionary funding for Nascot Lawn, the initial communication between the Chief

Executives of the CCG and HCC took place in early February 2017. At this point, the CCG confirmed its inability to continue funding respite provision. The CCG is disappointed that HCC did not respond with a proposal around more appropriate funding arrangements, and reflective of joint working arrangements at that time or in the many months thereafter, in recognition of its statutory responsibilities around funding respite provision.

The CCG has been at the forefront of engaging with families from the 14th June 2017, when the CCG communicated to parents and carers that it would be ceasing funding of respite provision at Nascot Lawn from the 31st October 2017.

After discussing with HCC and HCT, the CCG took the decision to meet and talk to families face to face as a first step, and this was communicated in our initial letters to families, prioritising our engagement with those affected directly. The CCG have continued to offer face to face meetings with families. We felt it was important and appropriate for families to meet senior representatives of the CCG including, the Chief Executive and Chair, this has continued to be the case, and remains proactively driven by the CCG.

Below is a timeline listing all CCG engagement with families and other organisations:

- 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

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 07th August requesting further information that had been raised by families 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 15th August, HCC confirmed in writing, there will be sufficient capacity within the HCC commissioned respite services to meet the needs of those children and young people with multi and complex health needs. The CCG recognised capacity was a key concern for families.

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. The CCG was in attendance at the Full Council meeting on 18th July 2017. The CCG also participated in the Scrutiny information meeting on 19th July 2017 and the subsequent Nascot Lawn Topic Group on 6th September 2017. In all these meetings families' views were expressed and noted by the CCG.

At the meeting on 17th September 2017, attended by the CCG and the County Council family representatives shared a proposal to create a flagship 0 – 25 fully integrated Overnight Short Breaks service in Hertfordshire.

The CCG, as the funding organisation, has always had representation at the Nascot Lawn panel; Children's Continuing care panel and Multiagency panels. The children's health and care needs are discussed at every panel. Some children may be discussed at more than one panel depending on their needs and provision, which meant the children's needs were widely known including in advance of our original decision in January 2017. In addition, the CCG committed to undertake a joint health and social care assessment for each child and family.

The CCG was in attendance at the Full Council meeting on 18 July 2017. In response to the petition entitled 'SAVE NHS Nascot Lawn Children's Respite Services' Hertfordshire County Council elected members discussed funding for the setting at Full Council on 18 July and a motion regarding funding was passed. It was agreed that the funding would be extended until 31 January 2018 and that Hertfordshire County Council, Herts Valleys CCG and East & North Hertfordshire CCG (ENHCCG) would share the cost of this extension. The cost of this extension is £150,000; HVCCG confirmed that it would provide £67,500 towards this.

The CCG also participated in the Scrutiny information meeting on 19th July 2017 and the subsequent Nascot Lawn Topic Group on 6th September 2017. In all these meetings families' views were expressed and noted by the CCG.

We remain keen to understand the ongoing county council engagement process in relation to future models of respite provision, and the CCG will continue to play its part in focussing on meeting the health needs of the children and their families.

In reference to Children and young people's continuing care, all assessments across Hertfordshire are completed using the national Department of Health Framework (2016). Each CCG has a multi agency panel process which is overseen by the same Chair, ensuring consistency.

Discussions with officers continued throughout Purdah.

The CCG did hold informal (in early February CEO to CEO) and formal discussions with HCC and actions should have taken place following this. In line with appropriate contract processes regarding funding positions, formal timeframes of 6 months, for contractual notice periods were followed by the CCG.

The CCG has been assured on a regular basis by HCT that they have robust processes in place to address staffing. The CCG is aware of all communications that have been sent to staff at Nascot Lawn. HCT have confirmed they are now advertising for three registered nurses for the service on a rolling six-month contract as well as continuing to seek bank and agency nurses for the service as an interim measure. If they are able to secure additional staff they will increase the operational capacity of the service.

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)

Children's Services response

As above, Hertfordshire County Council is committed to working within the Principles above, to collaborating in an open and transparent manner and to leading and participating in partnership working arrangements including the 0 – 25 Programme Board, the SEND Commissioning Programme Board and the SEND Executive, the HVCCG Children, Young People and Maternity Leadership Group and the E&NHCCG Joint Programme Board.

As partners, we are currently reviewing the SEND Integrated Commissioning Strategy and this work is being monitored and reported to the CYPICE in November 2017.

East and North Herts Clinical Commissioning Group response

The CCG will collaborate with partners to review and develop local mechanisms, to ensure partnership working operates maturely at a time of financial pressure within a challenged system.

As partners, we are currently reviewing the SEND Integrated Commissioning intentions and work programme, and Transforming Care for children programme to assess and review the current likely risks and issues for partners. The outcome from this work is being monitored and reported to the Children and Young People's Integrated Commissioning Executive, in November 2017.

Hertfordshire Community Trust response

Hertfordshire Community NHS Trust fully accepts and welcomes this recommendation.

The Trust would:

- (i) Welcome early engagement in cases where commissioners may perceive that they do not have a legal duty to provide services or consult, as there can still be impacts to be addressed by the Trust, including staffing, estate, other dependent contracts and the Trust's interface as the service provider with service users.
- (ii) Provide any necessary training to support any service changes or transitional arrangements as commissioned to do so.
- (iii) Otherwise work with commissioners to provide healthcare input as appropriate.
- (iv) Input to and co-operate with, the devising and implementation of any relevant communication plans.
- (v) Mitigate impacts on staffing / sustainability / transition within the parameters of the

known level of certainty about the future of a service. (But ensuring the Trust's compliance with employment law requirements and being fair to staff).

Herts Valleys Clinical Commissioning Group response

The CCG has well established partnership working and has remained committed to this throughout the process, and this will continue into the future. This is reflected in changes to the CCG Governance which has meant the County Council is a core member of the CCG board and has been offered a voting right on the board. This means a direct involvement in the decision making processes of the CCG, and is already the case with Healthwatch Hertfordshire. HVCCG have formally communicated with HCC its ongoing commitment to partnership working.

With respect to Nascot Lawn, the CCG did hold informal (in early February CEO to CED) and formal discussions with HCC and all stakeholders, and also in line with appropriate contract processes regarding funding positions.

Discussions with officers were undertaken during Purdah, and the CCG has driven the need for a joint operational process. The CCG is disappointed that HCC did not respond with a proposal around more appropriate funding arrangements, and reflective of joint working arrangements at that time or in the many months thereafter, in recognition of its statutory responsibilities around funding respite provision.

Regarding Nascot Lawn specifically, and following the meeting with families, both strategic and operational groups were established agreed as part of the process with HCC. These meetings included representatives from HVCCG, E and NHCCG, HCC and Hertfordshire Community Trust (HCT).

The CCG completed an EQIA assessment at the time of the funding decision and were sighted on the potential financial implications. The financial position is now clear following our commitment to re assess all the children who use Nascot Lawn jointly with the council regardless of when their last assessment was undertaken.

The CCG has written to HCC on 6th October 2017 and 17th October 2017. Both these letters reiterated the CCGs original suggestion to HCC in July of whether there was a combined decision to consider. In the letter of 17th October 2017 the CCG formally requested whether HCC wishes to put forward a proposal for the future commissioning of services at Nascot Lawn on an appropriate funding basis. The CCG has confirmed it 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. The CCG are awaiting a response from HCC.

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)

Children's Services response

Hertfordshire County Council is committed to commissioning within a best practice framework. Our commissioning is evidence based using data derived from a variety of sources including data derived directly from operational activity, data from the Joint Strategic Needs Assessment (JSNA) and data from national research such as expected prevalence data.

The views of children, young people and their parents/carers routinely inform commissioning activity and we have a close working relationship with Herts Parent Carer Involvement (HPCI), the local parent/carer forum which is part of the national network of parent carer forums. We also have a group of trained and accredited Young Commissioners who have contributed to service development and will continue to do so.

East and North Herts Clinical Commissioning Group response

The CCG is committed to ensuring that services are commissioned, resourced and provided for our most vulnerable residents and our hard to reach residents. The CCG uses a range of sound and authoritative evidence bases, such as Joint Strategic Needs Analysis, Equality Impact Assessments, Health Impact Assessments, local Public Health profiles, financial impact analysis, evidence from independent thematic reviews, and views of experts by experience.

This list is a sample of different evidence bases which the CCG would utilise, with partners, to help inform the development of an inclusive, sound authoritative evidence base.

Hertfordshire Community Trust response

Hertfordshire Community NHS Trust will ensure the delivery of high quality, evidence based care in line with commissioned specifications.

The Trust:

- (i) Works with commissioners on the content of specifications and appropriate models of service delivery and skill mix.
- (ii) Will mitigate impacts on staffing / sustainability / transition within the parameters of the known level of certainty about the future of a service. (But ensuring the Trust's compliance with employment law requirements and being fair to staff).

Herts Valleys Clinical Commissioning Group response

The CCG, as the funding organisation, has always had representation at the Nascot

Lawn panel; Children's Continuing care panel and Multiagency panels. The children's health and care needs are discussed at every panel. Some children may be discussed at more than one panel depending on their needs and provision, which meant the children's needs were widely known.

The CCG along with Hertfordshire County Council made a commitment to ensuring that all families of children would receive a joint health and social care assessment. After discussing this with families, in July 2017, the CCG appointed an independent nurse assessor in July to complete these assessments. All health assessments for both families accessing overnight and day care provision have now been completed. The assessments identify the children's health needs and this information will be used to plan the future needs of families. Where appropriate, children have been referred for a full Children's Continuing Care assessment. The health assessments will also be used to inform the CCGs new decision. For the majority of children, the 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. 6 children have been referred for a full Children and Young People's continuing care assessment to see if they meet eligibility.

The CCG anticipates making an 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 £600,000 minus the projected spend to meet the needs of children and young people eligible for continuing care. Concerns have been raised about the financial impact of ceasing funding for Nascot Lawn on other health and social care services. 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.

The CCG Equality Analysis completed in December 2016 and updated in January 2017 refers to the impact on children, families and other stakeholders. This Equality Analysis clearly recognises that parents will continue to receive overnight respite care for their children and young people via an alternative provider and CYP will continue to enjoy overnight respite with other CYP with similar needs. A new Equality, Health Inequality and Quality assessment will also be completed, following the completion of all assessments and feedback from families and stakeholders.

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)

Children's Services response

Hertfordshire County Council will ensure that reviewing the Underpinning Principles (above) forms part of the review of the Integrated SEND Commissioning Strategy. We are committed to working within the principles as listed and we will be encouraging partners to reaffirm their own commitment.

East and North Herts Clinical Commissioning Group response

The CCG is keen to use this experience, as outlined in the recommendations, along with our partners, to inform future working and improve decision making.

We are collaborating with partners, as evidenced by work in progress this year. We are currently reviewing the SEND Integrated Commissioning work programme, which includes a refresh of the Joint Strategic Needs Analysis, and Equality Impact Assessment.

The CCG is collaborating with children's and adult health and social care services to improve the joint commissioning arrangements for personalised planning, through transition from children's to adulthood.

Hertfordshire Community Trust response

Hertfordshire Community NHS Trust accepts and welcomes the findings of the Scrutiny Committee and the associated recommendations.

Going forward, the Trust would welcome early involvement in any decision making processes where decisions are likely to impact on the Trust and its ability to sustain services or support any future service models. The Trust will thereby be better placed to be responsive to changes and to support any agreed service transition.

Herts Valleys Clinical Commissioning Group response

Discussions with officers were undertaken during Purdah, and the CCG has driven the need for a joint operational process. The CCG is disappointed that HCC did not respond with a proposal around more appropriate funding arrangements, and reflective of joint working arrangements at that time or in the many months thereafter, in recognition of its statutory responsibilities around funding respite provision.

The CCG has been at the forefront of engaging with families, in July 2017, the CCG appointed an independent nurse assessor in July to complete these assessments. From the outset, there were delays in social workers availability to complete

assessments.

The CCG has driven the establishment and ongoing strategic and operational groups. These meetings include representatives from E and NHCCG, HCC and Hertfordshire Community Trust (HCT). Meetings have been held fortnightly.

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 this decision. A new Equality, Health Inequality and Quality assessment will also be completed.

Before making a new decision in respect of the funding of respite services at Nascot Lawn the CCG has contacted all families to invite 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.

Through 'Let's Talk', the CCG has been consulting with stakeholders and the public on the best use of money available so that we can help as many people as possible to live healthier longer lives. The demand for health services is increasing and we therefore have to make difficult decisions about health care services funded by the local NHS.

<https://www.healthierfuture.org.uk/publications/2017/august/lets-talk-consultation-document>

Any other comments on the report or this scrutiny?