

19th February 2018

Worcestershire Health and Care Trust (WHCT) response to Worcestershire County Council (WCC) Consultation on the re-design of overnight unit-based short break provision for children with disabilities

The services in scope of the consultation are the four WCC funded/commissioned overnight short breaks units. Two of these units; Providence Road and Moule Close, are delivered by WCC and are registered with Ofsted. WHCT are currently commissioned by WCC to deliver overnight short breaks at two units; Osborne Court and Ludlow Road, and it is with regards to the latter that the Trust is primarily responding to and taking the opportunity to clarify and restate our views regarding short break provision.

Proposal 1:

The consultation proposes a number of potential future service re-designs, the first being a ***“review of the needs of all families currently accessing overnight unit-based provision to ensure that the needs of carers and children with disabilities are being met in the most appropriate way”***. This is eminently sensible and good practice, as well as a duty towards current and future users of the service and to taxpayers to provide assurance that money is spent wisely. Further, this will help to ensure future sustainability for families in Worcestershire.

Proposal 2:

The more significant change looks to ***“Cease the delivery of overnight provision at Ludlow Road, Kidderminster at the end of the summer term 2018 and provide suitable and alternative provision for existing users. This proposal is based on the consideration of availability of other provision in the north of the county, the need to reduce the number of beds available to four, the potential costs of meeting Ofsted registration requirements and the potential to have more flexible and cost effective provision at Providence Road, which is also located in the north of the county”***.

We are concerned that a proposal which ceases provision at the unit is being considered ahead of the work that needs to be undertaken to assess whether this is a viable option or not. A review of all the units ought to be made once the supporting analysis has been undertaken; namely the alternative options have been worked up. This means an informed choice about ceasing and availability of provision, as well as the cost effectiveness, as part of the consultation cannot be made at this stage.

A further point to make is any potential costs of meeting Ofsted registration requirements will be met by the Trust and therefore should be outside this consultation process, and not one of the decision making factors.

Ludlow Road meets the needs of children and young people between 3-18 years that have learning and physical disabilities and a wide range of health needs. Most of the children have profound and multiple learning and physical disabilities and many of the children have complex health needs. As most of the children are vulnerable, due to their restricted mobility and complex health needs, Ludlow Road does not cater for children with challenging behaviour. We are now undertaking an environmental risk assessment

for both Osborne Court and Ludlow Road to further understand the two main issues of capacity and the clinical acuity of the patients on the units. This will help to determine what is possible under current commissioning arrangements to move patients between sites, i.e. those that would normally go to Ludlow Road and the scope for accepting them at Osborne Court.

Care is provided by Registered Nurses (RN's), either Registered Learning Disability or Registered Children's Nurses, and experienced Health Care Assistants (HCA's). Additional training and competency has also been required for the trained nurses to meet the needs of some children with exceptional care needs for example Bipap ventilation and Nasopharyngeal tube care. The other short break units within the consultation would not currently be able to care for these children. Examples include:

- **Enteral Feeding** - Over half the children at Ludlow Road are enterally fed, either via a gastrostomy or Nasogastric tube. RN's are responsible for this intervention but can delegate to some HCA's who have also undertaken competency assessments. Care can be unpredictable as tubes may block or become displaced and this may require emergency intervention, for example replacing the device to prevent hospital attendance. This is an invasive procedure that requires specific skill and competence. Delay of the intervention can be traumatic and could result in surgical intervention for some children. Ludlow road is the only short break facility where staff retain competency to repass nasogastric tubes.
- **Complex Epilepsy** - Many children attending Ludlow Road have complex epilepsy and RN's are able to assess the children and administer emergency medication as required. Prompt assessment and intervention may prevent emergency hospital attendance. Access to basic life support and emergency oxygen supply can be administered due to RN presence.
- **Additional Care Needs** - Some children have additional care needs including oral suction, oxygen administration and oxygen saturation monitoring. These interventions are the responsibility of a RN who can only delegate to a HCA following significant training and competency assessment. This training and competency is only valid for an individual child. The assessment and care planning is again, specific to an individual child, and is undertaken by a RN for all children with these care needs.
- **Immobility** - Children are at high risk of complications if they are immobile. This includes the risk of skin pressure ulceration and increased risk of bone fracture. Staff that care for these children require additional training in good skin care and manual handling to protect low density bones and fragile skin.
- **Medication Management** - RN's are responsible for administration of complex medication which requires transcription to ensure administration is safe, and will include the ability to administer simple medication that is not prescribed. Medication is administered via a range of ways which needs a specific competency to be able to do this e.g. Enteral, buccal, injection.

The nursing requirements and training implications as described above will need to be carefully reviewed to ensure staff competencies are appropriate for the clinical care needs of the children and young people before a proposal to cease delivery is progressed.

In addition, in 2013 the Trust undertook some work which looked at short break capacity at both health units and as a result restructured the staffing modelling and shift patterns. We consulted with the families using these services and believe the feedback is still valid and needs to be taken into account. We have included this in the “Stakeholder Feedback” section of this response.

Proposal 3:

The consultation proposes 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”***. We believe that Osborne Court is already operating to capacity and the figures in the position statement concur with this view in that average occupancy is around 95%. This is based on 5 commissioned beds. However, we are concerned that current resourcing is not adequate and, separate to this consultation, have therefore have already commenced an internal review of this.

Osborne Court (in terms of what is in scope of this consultation) accepts children and young people between 2-18 years, with wide ranging health needs, including challenging behaviours (including those on the Autistic Spectrum), profound and multiple learning and physical disabilities and moderate learning and physical disabilities. The unit capacity is one children's bungalow which houses 6 beds but only 5 of these are commissioned and used for 'routine' short break beds.

The 6th bed is used flexibly as a specialist option for more challenging clients who need individual and exclusive care, for example by children who like to be away from others, and sometimes by children who have a poor sleep pattern, so may cause disruption to others This bed can be used for emergency admissions of children who already use the service, as long as they are compatible with the children who are already there, and additionally by children who may not be known to the service, but where there is a strong indication they will be compatible with the other children. Additional funding must be agreed in advance if additional staff hours are required to open up the 6th bed.

There is a further children's emergency and assessment bungalow which provides 2 beds. This bungalow is used for emergency admissions, but also provides a specialist short break service for those children who display risky behaviours to others, or for those who are not able to cope with noise from others and sharing space. Additional funding must also be agreed in advance for the use of these beds.

Further, we are concerned that the consultation document suggests that the additional capacity at Osborne Court i.e. the 2 emergency beds can be used for more “routine” provision. This would severely impact on the unit’s ability to respond to emergency cases and impact on how the main unit is run. The responsiveness and flexibility of the service has been achieved by the use of the 6th bedroom in the main bungalow as and when needed, and by the availability of the separate 2 bedded bungalow to support children and young people with risky and potentially harmful behaviours, away from others. For some children it is appropriate to use this facility from the onset of their referral to Osborne Court and for others, it may become appropriate to use as their needs and behaviours change, often in adolescence, and may only need to be for a temporary period. Occasionally the facility needs to be used during a child’s planned stay in the main bungalow when it becomes necessary to be able to support them away

from others. It is a vital facility to be able to support children and young people with risky behaviours effectively.

Proposal 4:

The final proposal looks to ***“increase the capacity at Providence Road, Bromsgrove by the flexible use of one or two additional bedrooms (subject to the necessary changes to the Ofsted registration) as required”***. While the position statement published with the consultation suggests capacity at Providence can be better utilised, we have a number of questions about the occupancy figures and bed costings as outlined in the section below, which means we are unable to support or challenge the proposal at this time.

Position Statement:

Having also reviewed the Position Statement for Current Overnight Short Break Provision which was published as part of the consultation, there are a number of areas we are seeking further clarification and assurance.

- The table below on page 8 of the position statement shows the total amount of agreed overnight provision by month and by year for each unit compared with the current total capacity per year for each unit.

The “Total Agreed nights per year” figure of 5,900 appears to be wrong and we think should be 5,772.

It is also unclear as to the rationale /calculation of the numbers as, for example with Osborne Court; the total agreed night appears to be based on 7 beds, but the capacity calculation on 5 beds. This doesn’t seem to be comparable and clarification would be helpful.

Unit	Total Agreed nights per month	Total Agreed nights per year	Capacity (per year)
Ludlow Road	99	1188	1040
Providence Road	79	948	1432
Moule Close	88	1056	1436
Osborne Court	215	2580	1815
Total	481	5900	5723

- We would also like to understand how the costs per bed night for Osborne Court have been calculated and if this is based on 5 or 7 beds. If the latter, this would be incorrect as it under values the unit price. For example, the beds in the emergency bungalow can be charged at £543 per night for a child with risky behaviours (using the 2 bed facility on their own) which are billed separately to the main unit costs. Given the figures are based on how the beds are commissioned and funded on a block contract basis regardless of occupancy rates, this does make it difficult to conclude if the units are being operated effectively.

Unit	Cost per bed night
Osborne Court	£229.20
Ludlow Road (based on 4 beds)	£594.40
Ludlow Road (based on 6 beds)	£396.00
Moule Close	£294.18
Providence Road	£290.19
Acorns	£850.00/£350.00*
Family Based (standard)	£265.00
Family Based (complex)	£295.00

- Could you also confirm how many beds the unit occupancy for Moule Close is based on? The calculations suggest an average number of 3 beds and occupancy rate of around 79%, however the units has 4 beds which would presumably lower the occupancy rate.

Stakeholder Feedback:

Families

The units provide parents and siblings a vital break from their caring responsibilities and to be able to do activities they may not normally be able to do whilst caring for their child. Whilst a statutory commissioning obligation, it is also a fun experience for the child and gives them an opportunity to make new friends and try different activities. The Trust consulted with families in 2013 and having looked at the current proposals and past feedback believe that many of the concerns and views raised then are still applicable. The rationale for change and the proposed changes are largely the same as in 2013; to save money; to make best use of capacity and offer more service user choice by closing Ludlow and increasing capacity at Providence and possibly Osborne Court.

There was no support to close Ludlow in 2013, staff objected as strongly as parents/carers, and the following objections that were made which we would strongly recommend are taken into account in any final recommendation. These include concerns about:

- Mixing children with behavioural and physical needs; that children with physical health needs could be isolated if beds are in predominantly behavioural units or staff trained to care for children with behavioural needs will not understand the needs of those with physical health care needs
- Social opportunities being minimised for some users if Ludlow Road is closed
- The closure and insufficient service would lead to crisis situations and possible residential care for some children that is more expensive, potential increase in demand on acute services and the loss of specialist staff
- The emotional impact of change on parents and children and the time it takes for children to settle, build rapport; transitions and change are difficult for this group of service users
- Young people aged 15+ and transitioning to a new unit/service, and then again at 18 yrs

- Capacity at Providence and whether there would be enough beds
- Insufficient future proofing of need

Staff

Our staff are also concerned about the proposals and some have chosen to respond individually to this via the online questionnaire. We have met with and collated their feedback on the consultation, the key points of which are:

- Families need more support not less and the concern is that these proposals will result in families being offered less nights
- Skilled nursing care provided in the correct setting would be lost in the north of the county
- Staff at Providence Road are not nurse trained therefore there are cost implications to train or employ nursing staff
- There are safety issues and risks arising from mixing children with behavioural needs with those with health needs
- Trust with families would be compromised for those who will experience a loss of service and trust is hard for these families to build
- Concerns about insufficient capacity at other units and the proposals do not future proof the service
- Osborne Court does not offer an alternative because it is already highly used and has a waiting list. Placing more children there brings challenges around safety and reduces its capacity to offer emergency provision or regular provision for Ludlow children because of the existing demand
- Home based care will not offer a meaningful break for families or children as this is not respite care
- The proposals will recognise short term savings – but will result in more long term costs through the need for crisis interventions, home care, hospital stays and wider reaching implications resulting from family stress.

Process:

There are a number of points we would like to raise with you regarding the consultation process which we believe might leave you exposed to an increase risk of challenge.

We understand the provision of short breaks is a statutory duty of the Council but it is unclear from the proposals how the needs of children with complex physical disabilities, which are currently provided at Ludlow Road, will be met within the other environments. An Equality Impact Assessment on the proposal hasn't been published with the consultation documents and therefore does not allow people to consider and comment on it, which would seemingly not comply with the statutory duty under the Equality Act 2010.

The Act states that in making any decisions and proposals, due regard to the 9 protected characteristics is necessary and without due regard, Court challenge / judicial review is likely. Having looked at the principles in considering 'due regard', there are a number which have not been through this process, e.g. undertaking an equality impact assessment before the consultation process commences and proposals are made.

Section 242 of the NHS Act 2006 outlines the duty to involve both current and prospective service users about potential changes to services. Whilst a consultation process is an effective route to comply with the duty, the obligation occurs at the start of the process. In this instance the process could be vulnerable to legal challenge that a proposal appears to have been made, without undertaking the equality impact assessment, involving current and prospective service users and the wider public.

The consultation provides figures relating to current service users for each site and also those who will be leaving provision due to their age, but does not give any indication of prospective service users going forward and how their needs will be met. Understanding the incidence of the complex and profound disabilities that are currently cared for at the respective sites and the anticipated future flow needs to be considered in relation to future sustainability.

The proposal to close Ludlow Road has been put forward without understanding the personal circumstances and ability to travel of those currently using the service. Families and staff have highlighted concerns about the distance children will have to travel between school and home.

Summary:

While we understand WCC has some difficult choices to make and the financial constraints the system is under, the consultation process lacks certain information which therefore means we are unable to comment on whether the alternatives offer viable provision.

Our priority is to support the families that access and need our services and we welcome the opportunity to discuss the points and concerns raised above and work with you to ensure the proposals are further developed which take these into account.