



**North
Northamptonshire
Council**

Meeting: Health Scrutiny Committee
Date: Tuesday 9th January, 2024
Time: 7.00 pm
Venue: Council Chamber, Corby Cube, George Street, Corby, Northants,
NN17 1QG

Committee Membership:

, Councillor Charlie Best (Vice-Chair), Councillor Graham Lawman, Councillor Scott Brown, Councillor Jon-Paul Carr, Councillor Bert Jackson, Councillor Anne Lee, Councillor Dorothy Maxwell, Councillor Zoe McGhee and Councillor King Lawal

Agenda Supplement

The following additional appendices have now been published which were not available at the time the agenda was published.

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Adele Wylie, Monitoring Officer
North Northamptonshire Council

A handwritten signature in black ink, appearing to read 'Adele Wylie'.

**Proper Officer
Date Not Specified**

This supplementary agenda has been published by Democratic Services.
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Committee Administrator: Raj Sohail

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Short Breaks and Respite for Children with Disabilities

Results of Consultation October / November 2023

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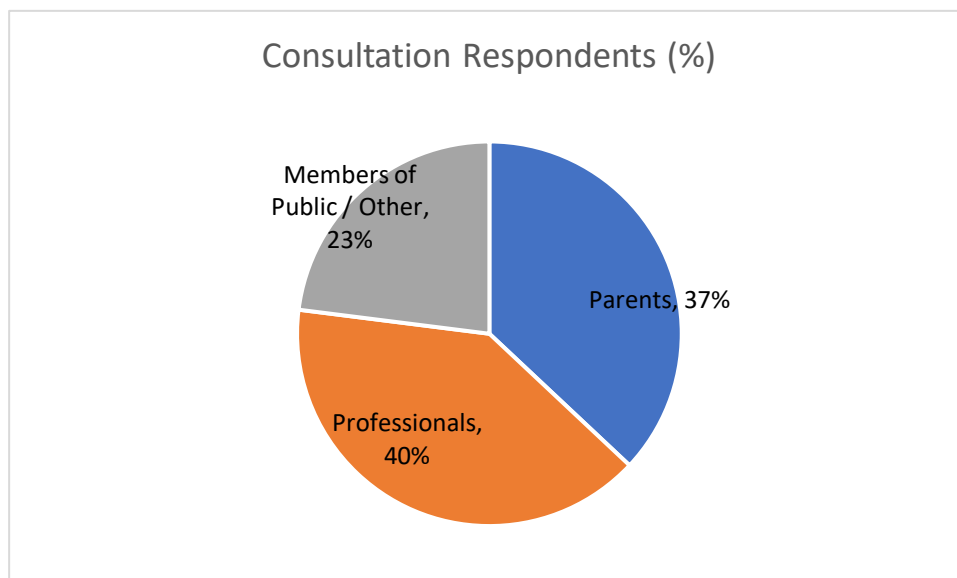
1. Introduction

During the consultation period there were 150 responses to the electronic survey and 134 people attended the workshops. Overall, 104 parent/carer responses (37%), 115 professional responses (40%) and 65 members of the public responses (23%) contributed their feedback. 6 children and young people also gave their feedback.

There were 10 workshops held over 6 weeks in multiple locations in Northamptonshire including Corby, Kettering, Northampton, Daventry, Brackley, Thrapston, Wellingborough and online sessions too. The workshops engaged with 49 parents/carers (37%) and 85 professionals including short breaks providers (63%). Some attendees came to multiple sessions. Many parents attending the workshops were not current users of the short breaks services whilst majority of parents responding to survey were.

The electronic survey was online for 6 weeks and received responses from 55 parents/carers (37%), 7 short breaks staff (5%) 23 professionals (15%) and 65 members of the public (43%).

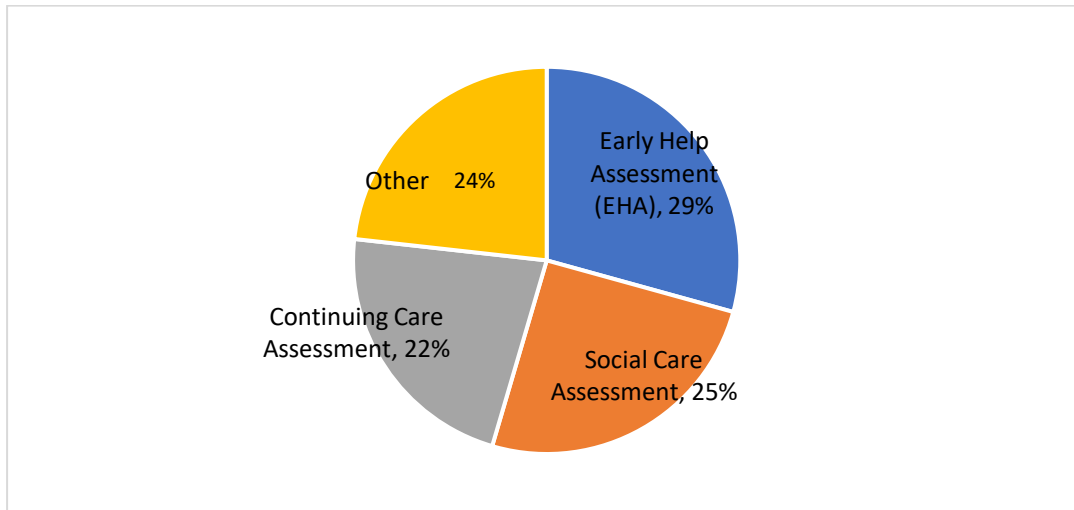
Organisations engaging in the workshops were North Northamptonshire Council and West Northants Council representatives, Northamptonshire Parent Forum Group (NPFG), North and West IASS (Information Advice Support Service), Sport Northamptonshire, Action for Children, Scope, Northamptonshire Association for the Blind, Northamptonshire Healthcare Foundation Trust and Sport 4 Fitness.



2. Referral Pathway

We asked: Short breaks are for children with disabilities. How do you think short breaks services should be accessed? See some potential options below. Please select any/ all you think apply.

Responses told us:



There were 247 responses to this question. The graph includes results from the online survey and the menti-meter results from the workshops.¹

People generally felt that if the family had any up-to-date assessments in place that these should be used to access short breaks services. The majority of people (29%) liked the idea of being able to use the Early Help Assessment (EHA) as a referral route. In the electronic survey, parents preferred the route of Social Care Assessment, however many parents fed back in the workshops that they did not want a social worker involved and this would exclude many families who do not reach the threshold. It was widely agreed in the workshops from both parents/carers and professionals that the referral route should be as open and accessible as possible and all three options should be available as well as adapting existing assessments.

Comments

- Should not have to have another assessment if have already got one
- Simple process / Minimal barriers
- Not to have to tell their story so many times, this can be emotional and triggering

¹ Numerous people fed back at different workshops that the 3 point options of Agree, Disagree and Not Sure; did not reflect the choice they were making i.e. some that chose disagree did not disagree with the whole model and felt that there should have been a partially agree option. Others said that they chose not sure because they did not fully agree or fully disagree, not because they did not understand the proposals.

- Parents/carers should be able to self refer (online) or referrals through any professional
- Other examples of assessments that could be used Education and Health Care Plan (EHCP) and Disability Living Allowance assessment (DLA)
- Fairly unanimously, feedback was that not enough people knew about the short breaks services in order to make a referral particularly schools, SENCos and parents/carers.
- Families who are newly told that their child is disabled or has a special educational need were not being given any information but having to find out for themselves what support they can get
- EHA experience is often varied
- Professionals who were suggested to be able to refer were GPs, any health care professional, education professionals including schools and family support workers
- Some professionals won't set up an EHA so could be a barrier
- Assessments need to be kept up to date otherwise they cannot be used or no longer reflects child's needs

Ideas

- Improve information sharing across all organisations and with parents/carers
- Consider parents/carers who do not access social media by using school notice boards
- Re-design the referral form to include diagnosis, DLA or evidence of need
- Parents/carers can start an EHA themselves
- Ensure that all professionals know about short breaks services including schools, children's centres etc
- Could families do their own assessments
- Have a rapid assessment service

Questions

- If your child had a social worker would they need an EHA to access short breaks?
- What about home-schooled children/young people?

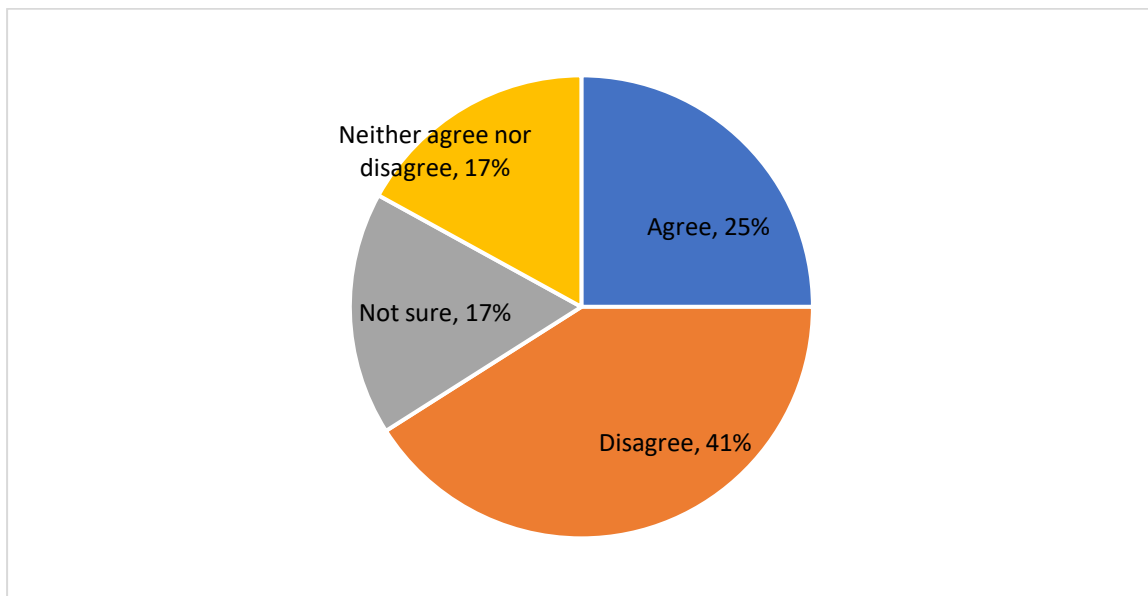
3. Overnight Short Breaks

We asked: The overnight short breaks are currently delivered by NHFT, but this could change. Currently, overnight short breaks are available 7 nights a week at John Greenwood Shipman and Squirrels. The suggestion is for overnight short breaks to be available 6 nights a week at both centres so that some resource can be shifted to daytime and evening activities.

Families would continue to receive the same number of overnight short breaks as they do currently.

To what extent do you agree / disagree with this proposal?

Responses told us:



There were 155 responses to this question. Graph includes results from online survey and menti-meter from workshops.

41% of responses disagreed with the overnight short breaks proposal, followed by 25% of responses who agreed. In the electronic survey, majority of the responses that disagreed were from parents/carers and majority who agreed were from members of the public.

Comments

- The majority of people felt that the 7 nights should remain in place
- A few people felt that a closure day would be helpful to give staff a break and to enable maintenance work to be carried out and that the closure day might be better in the middle of the week
- Generally people agreed with the idea of moving funding from overnight breaks to increase the number of day time activities but wanted to ensure that any new provider managed the budgets for each service in the right way when the money was in one pot.
- Need to identify genuine savings



- Wanted reassurance that any new provider had the skill set and quality to provide the service
- Minimal impact on children/young people and their families
- Slippery slope of reduction
- Transition needs to be more connected to short breaks as there is a cliff edge at 18
- Overnight short breaks are an absolute life line, families could not cope without them
- Staffing challenges due to contract being re-tendered every 4 years

Ideas

- Instead of closing the service 1 night a week reduce the bed capacity
- Set up needs based services instead of resource based services
- The skills of staff in the overnight breaks are needed to support day time activities so more children and young people with complex needs can access
- Continue the current contract as it is as, no provider will take the new model on, and then commission the non-residential short breaks separately
- Should only be for families who do not get a break (no support network)

Questions

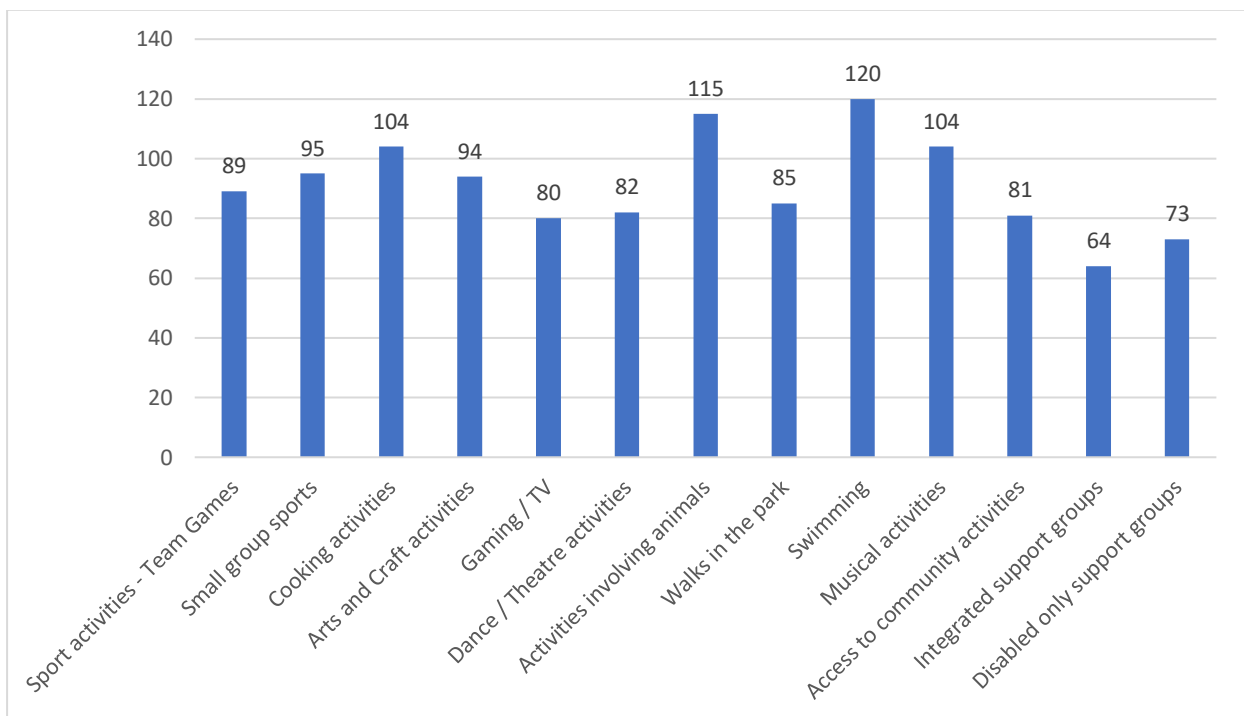
- What savings will be made by closing 1 night a week?
- Isn't having providers on panel a bit like marking your own homework?
- Is the consultation just going to go on and on, when will the new services be in place?
- Isn't there a big waiting list to access residential short breaks?
- Will you use the feedback that we are giving?
- Will providers bid for the contract?
- What will happen if you do not get any bidders?
- Will staff have to re-interview for their jobs?
- What about emergency beds?
- Is it right to put residential and non residential services together when they are different cohorts?
- Does it include Ofsted registration in the new contract for residential short breaks?

4. Daytime Activities (Non-residential Short Breaks)

Types of Activities

We asked: What types of activities would you like your child or young person to access?

Responses told us:



1186 votes on this question, Graph includes online survey responses and menti-meter results from the workshops.

The most popular activity types were swimming (10%), activities involving animals (10%), cooking activities (9%) and musical activities (9%). The top choice for parents/carers and members of the public was swimming and for staff/professionals it was activities involving animals.

Comments

- Day trips to attractions
- Access to mainstream activities such as scouts, guides, youth clubs
- Mental wellbeing
- Soft play
- Comic / Book reading
- Children/young people should be able to access everything that other children access
- More day care for children/young people with complex needs



- More sports groups for children/young people with moderate learning disabilities in Wellingborough
- Young people 13 to 18 need community groups
- It is a basic human right to access the community

Areas that activities are needed

- Daventry
- East Northants
- Kettering - more animal based, cooking, swimming and holiday clubs needed
- Northampton - more day / holiday clubs particularly for children/young people with higher needs and for younger children
- Towcester – more clubs needed like Action for Children or inclusive football
- Wellingborough - more clubs for children/young people with higher needs

General Comments

- How will North and West provision impact on access
- If expanding to include more children/young people with higher needs, where does that leave the children currently accessing
- Ensure that what is offered can be delivered
- Try not to clash with other services i.e. Action for Children and Autism East Midlands having groups on same day in holidays.
- School holidays is when we struggle the most
- Use services in local areas i.e. Enfold for Autistic children
- Prefer whole county services the north / west divide causes issues

Ideas

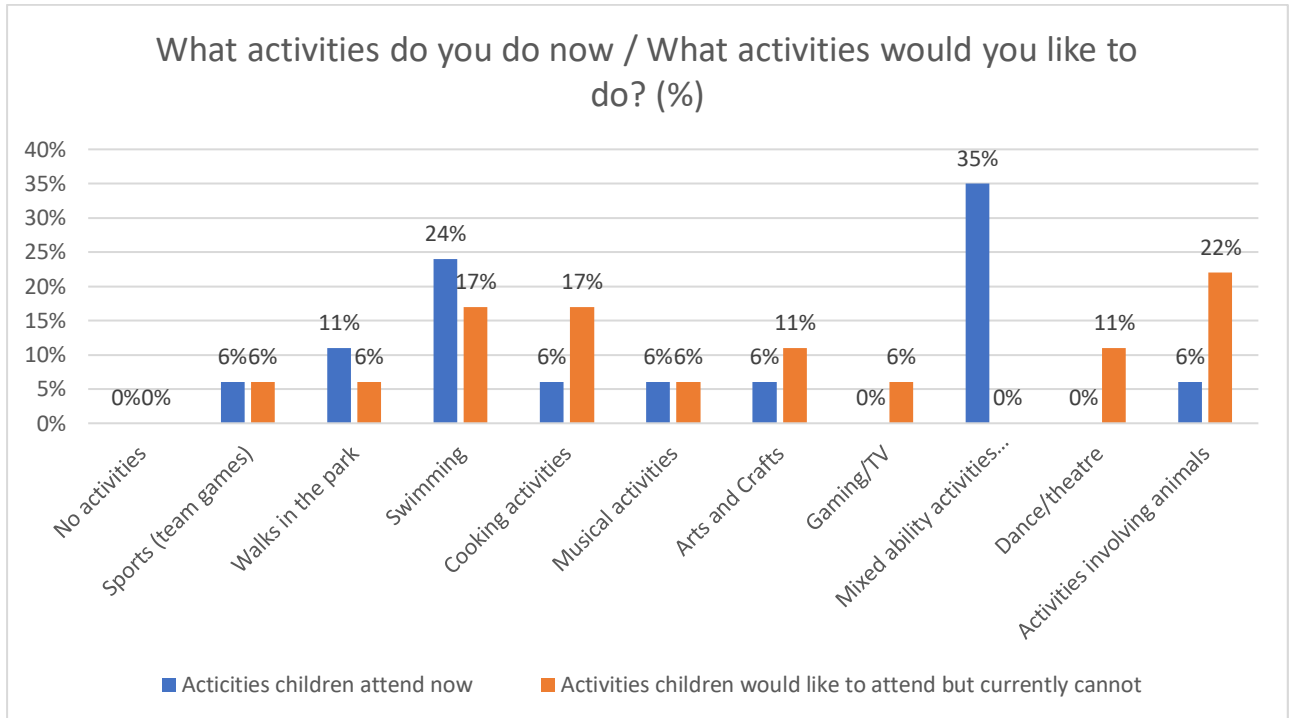
- Join up with local offer, family hubs and other orgs (eg SEND Sensations) for whole family activity days
- Build links with special schools
- Link in with Holiday Activity Fund programme to make their services more accessible to children and young people with disabilities
- Whole family days would be ideal to fundraise for

Questions

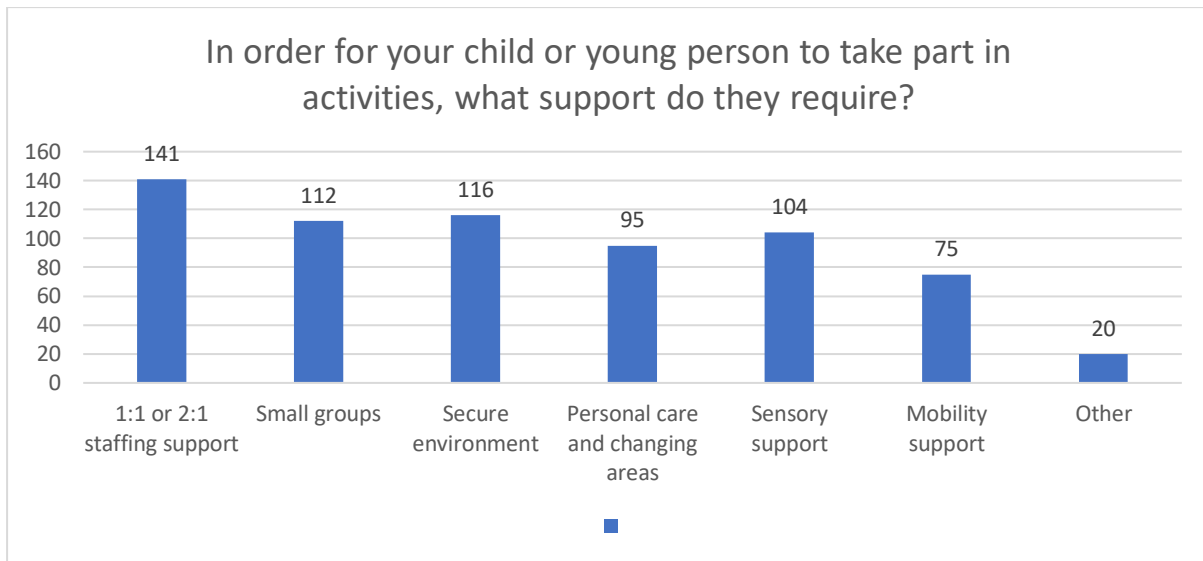
- Will more people want to attend, has the budget been considered to reflect the growing need?
- Is NCT the right front door?

Feedback from Young People

We asked young people: What activities do you do now and what activities would you like to do?



The activity that is attended the most by children and young people currently is mixed ability activities (35%) and swimming (24%). The activity that children and young people would most like to do but currently do not during short breaks are activities involving animals (22%), swimming and cooking activities (17%). This feedback is similar to the feedback we received in the electronic survey and workshops.



663 votes on this question. Graphs include online survey responses and menti-meter results from the workshops.

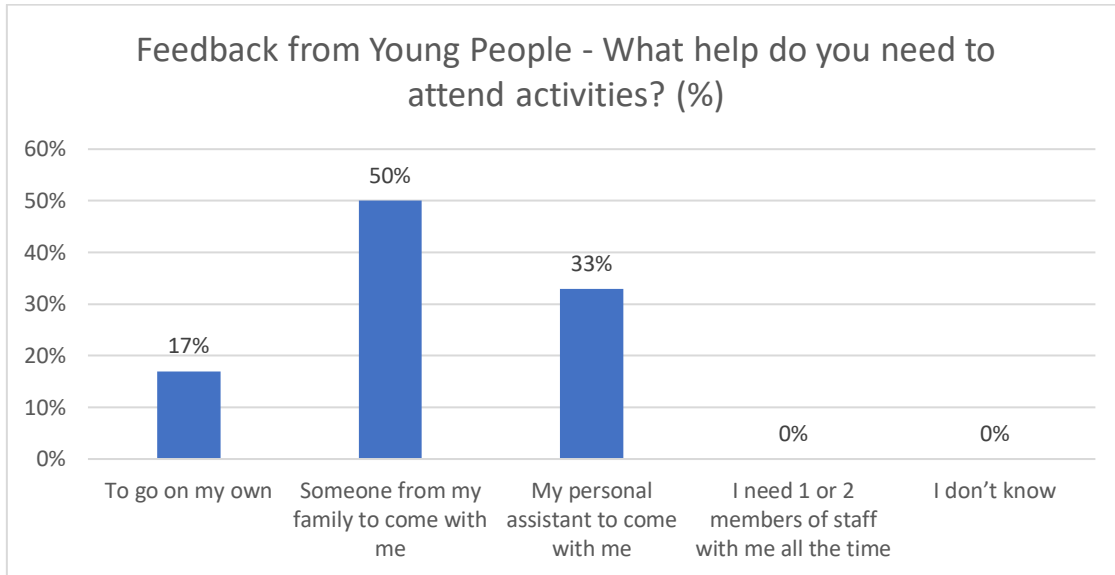
The most common response to what support does your child need to take place was 1:1 or 2:1 staffing support, followed by secure environment and small groups.

Comments

- It is hard to access services when living in the North East of the county, i.e. Oundle
- Consistent venue is important
- Need a variety as many services are not trained to support children and young people with more complex needs
- Good understanding of needs and the effects of being looked after
- Someone who is first aid trained, with seizure awareness and defib training
- Staff trained in administering emergency medication / treatment
- Positive behaviour support plans / training
- Many parents/carers are at crisis point, on anti-depressants, parents/carers are physically exhausted giving 24/7 care
- Some children/young people cannot access anything
- Could there be a points system or card system to access services?
- 30 years on we have the same issues!
- Have trouble with transport and getting to services

Feedback from Young People

We asked young people: What help do you need to attend activities?



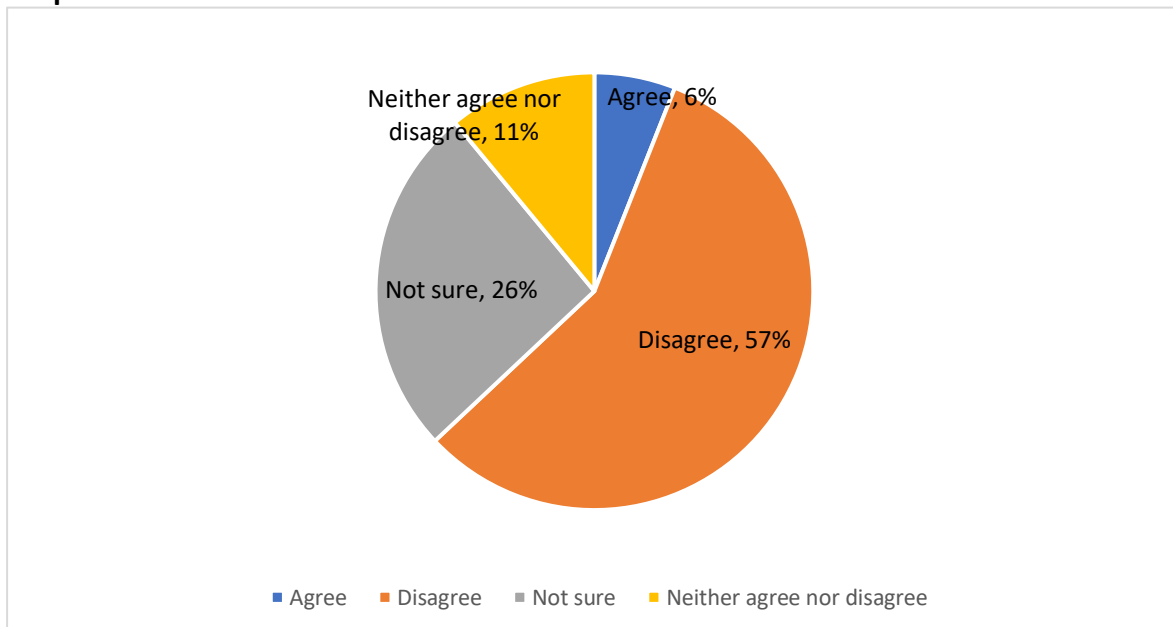
The highest response from young people regarding the question '*what help do you need to attend activities?*' was; '*someone from my family to come with me*' (50%), followed by '*personal assistant to come with them*' (33%) and 17% said they could go on their own. There were no responses to 1 or 2 members of staff which was the highest response from parents / professionals.

5. Sleep Service

We asked: The sleep service is currently delivered by Scope, but this could change. There is currently a long waiting list to access support. Currently, the sleep service supports families directly referred to them. This could change with the new design of short breaks services where support would only be available for children accessing short breaks who need sleep support.

To what extent do you agree / disagree with this idea?

Responses told us:



There were 143 responses to this question. Graph includes online survey responses and menti-meter results from the workshops.

57% of all responses disagreed with the sleep service proposals and 26% were unsure. In the electronic survey, the majority of the disagree responses came from parents/carers, which also reflected the discussions in the workshops. Majority of staff / professionals also disagreed with the sleep service proposal and said it would prevent families receiving earlier help, resulting in crisis, as many families do not require any other type of short break except sleep support.

Comments

- The sleep service is a health service and should be run by NHS and not part of the short breaks pathway
- Concerns that going into the short breaks pathway would create a barrier for those who are not accessing short breaks
- More funding is required



- More time to consider what should happen to the sleep service is required
- Something needs to change
- One route would be a good thing
- Lack of sleep is a form of torture
- Currently services are not accessible with a 2 year waiting list
- Services are not available until families are on their knees
- Long waiting list shows high demand
- Run more workshops / seminars on sleep to be widely accessible
- Too complicated to access
- Communication with parents/carers is often through the paediatrician, can be misunderstanding about when melatonin can be accessed
- Melatonin prescribing could go up
- This is not a social care issue

Ideas

- Work with other services who provide sleep support like Cerebra and council SEND Support Services
- Parent volunteers to relay sleep support messages
- Information packs to be given to parents/carers while they are waiting for them to keep sleep diaries etc
- Generic sleep workshops available for all

Questions

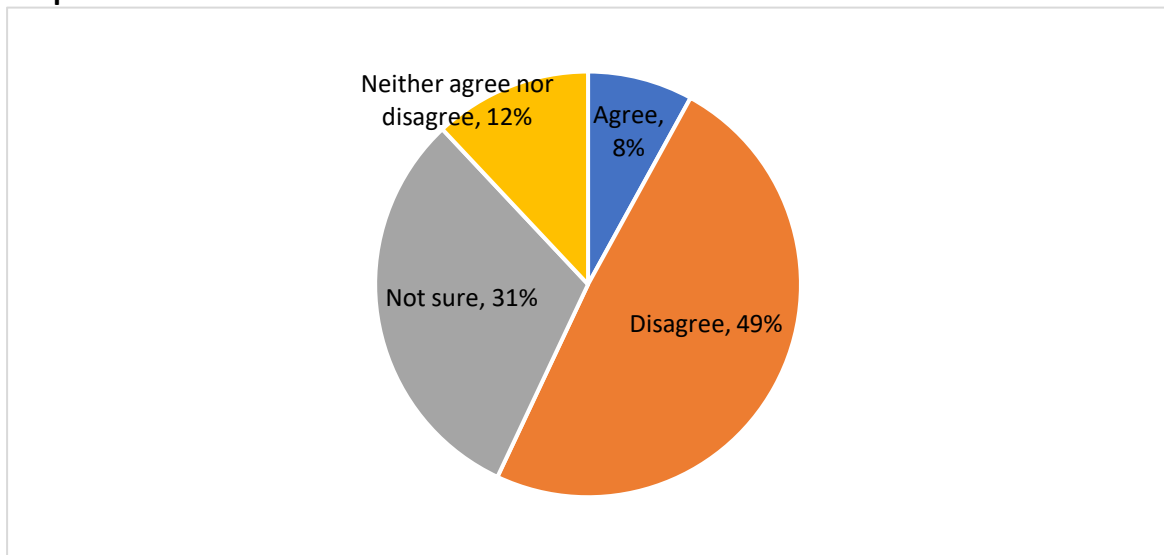
- Can a child receiving direct payments access the sleep service?

6. Sensory Impairment Services

We asked: The sensory impairment services are currently delivered by Deaf Connect and Northamptonshire Association for the Blind (NAB), but this could change. Currently, sensory impairment services support families directly referred to them. This could change with the new design of short breaks services where support may only be available for children accessing short breaks who need sensory impairment support.

To what extent do you agree / disagree with this proposal?

Responses told us:



149 responses to this question. Graph includes online survey responses and menti-meter results from the workshops.

49% of responses to the sensory impairment proposals disagreed and 31% responded not sure. In the electronic survey, majority of the disagree responses were from the members of the public and majority of parents/carers chose to disagree or neither agree nor disagree. The majority of staff / professional responses chose disagree.

Comments

- Where would the sensory support come from for those families who need sensory support but don't want to access short breaks?
- Specialist sensory support is needed for children/young people who do not need short breaks
- This would be a barrier for many children and young people who need the sensory impairment services
- Need a sensory impairment service for those children and young people who have high sensory needs



- Is it worth funding these as there are only a small amount of families affected?
- Should be commissioned separately

Ideas

- Join up with Sensory Impairment Service to support children and young people with sensory impairment needs

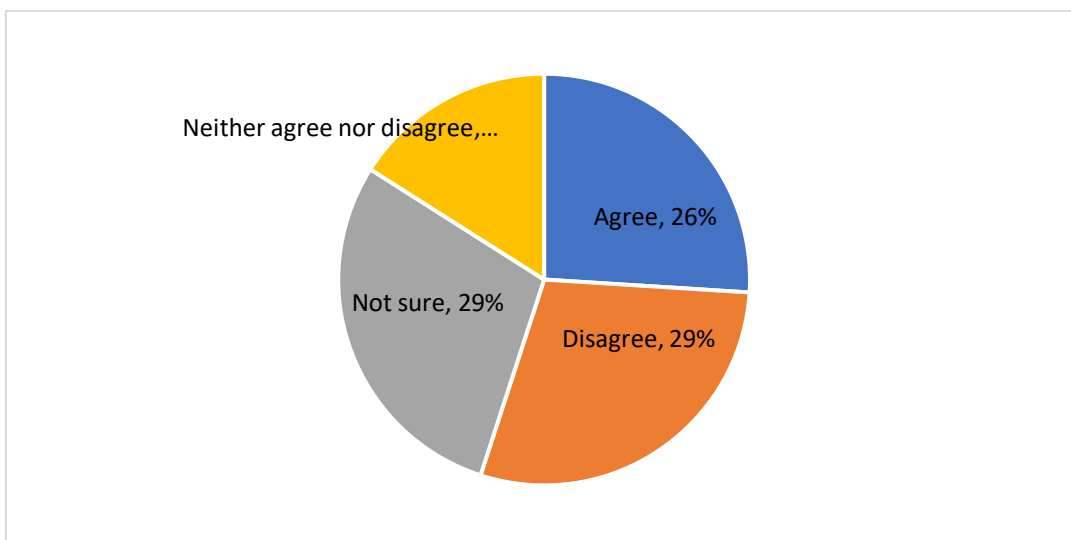
7. Personal Care and Support

We asked: Personal care and support services and home care services can currently be accessed by families through a social work or continuing care assessment and are standalone support. It is currently delivered by multiple providers who have agreed to consider offering personal care and support packages when required at an agreed price. This could become part of the short breaks co-ordinated service.

To what extent do you agree/ disagree with this idea?

This is currently delivered by a range of providers.

You answered:



There were 157 responses to this question. Graph includes online survey responses and menti-meter results from the workshops.

The highest two responses at 29% each, were disagree or not sure, followed closely by agree at 26%. 16% of people said they neither agreed nor disagreed. In the electronic survey, the highest response was agree, for parents/carers, staff/professionals and members of the public. However, there was less agreement in the workshops although some acknowledgement that joined up services had the potential to be more accessible for families.

Comments

- Adding Personal Care and Support (PCaS) services would be positive
- There is a need to create more flexible options for a short break and shifting PCaS would be good.
- Would adding PCaS to short breaks stretch the budget further?
- Would families be pushed into PCaS as a cheaper option?

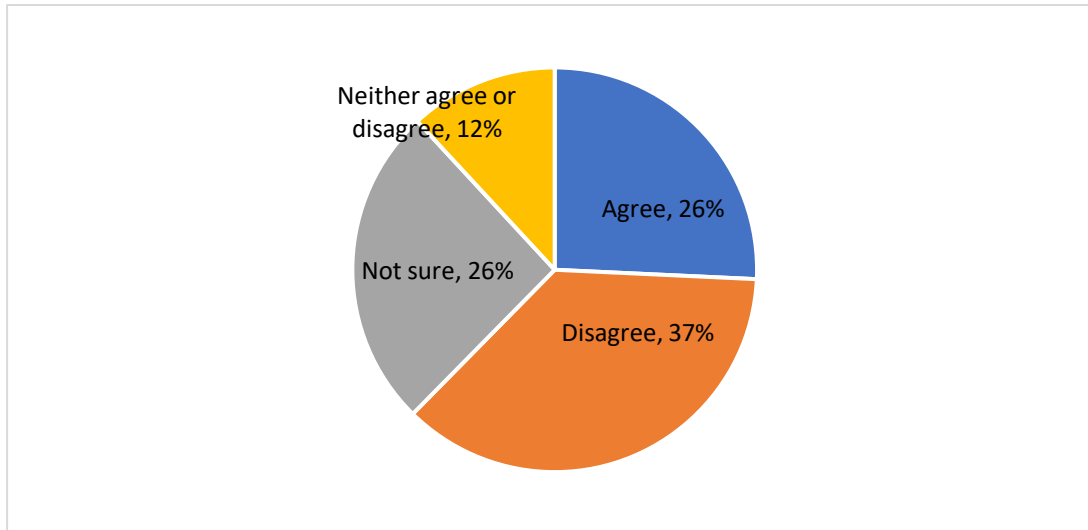


- Haven't been able to get PCaS it feels disconnected from everything else so this may improve it
- Many families cannot find a Personal Assistant with their direct payment so this may help
- Not all families can use PCaS so is it right to include this?

8. Overall Views on Proposals

We asked: To what extent do you agree / disagree with the overall proposals?

You answered:



141 responses to this question. Graph includes online survey responses and menti-meter results from the workshops.

The highest response was disagree at 37%, followed by agree and not sure, both at 26%. Only 12% of responses said they neither agreed nor disagreed. In the electronic survey, the majority of the agree responses were from staff/professionals, followed by parents/carers. Whereas those who attended the workshops were more likely to say not sure or disagree.

What is good about the proposals?

- Agree with one referral pathway and joined up services
- Like the idea of a centralised hub and one point of contact
- The proposals sound excellent, however, the system does not want to recognise my child as disabled
- Agree that applicable expertise needs to be shared between services, and that this sharing may include professionals within one service recommending a family may benefit from another service
- Agree that people don't like respite on a Monday so using that money and staff in other places would make sense
- Services should be around the need of the family and not getting the family to fit in with what the service says it will provide
- Good that you are looking at what the community already provides before establishing new groups
- Shared admin processes and costs

- Like the idea of buddies
- Good ideas but needs to be supported with a more detailed plan to work operationally.
- People agree with the idea but are worried about how it will be implemented
- There will be freedom for the provider to be innovative

What needs more thought?

- The services included in short breaks i.e. sleep and sensory, are not short breaks
- Should the services be called short breaks?
- Lead Provider must be regulated and quality checked
- Sleep Services should not be limited to those accessing short breaks, could be a barrier
- Do not agree with reducing residential short breaks to 6 nights a week
- Concerned about the budget remaining the same
- Access to short breaks needs to be less restrictive, not just through assessments but via practitioners
- Although funding hasn't changed there are rising costs
- Would adding PCaS limit the amount of providers able to bid for the contract?
- Would PCaS eat into the other budgets?
- A lot of change is proposed, do it in stages
- How will north and west split impact services
- Need better communication, families do not know about services and services do not talk to each other
- Reduce duplication
- Transport to access services is a big issue
- What about children and young people waiting for a diagnosis?
- Look at the child/young person's needs and how this affects the family, don't just do a tick list and be told you don't fall into that service but then are too severe for the other services
- It is hard to recruit volunteers
- Be preventative rather than reactive
- Not many activities for siblings of disabled children/young people
- Lots of activities available but all chargeable
- Lacking secure venues in the county to run activities
- Could NCT be the lead organisation? It could reduce the cost of having a provider.
- Feel like short breaks is trying to provide services for all
- Should increase family link
- Young people can be too young for adults services but too old for children's services



- Will volunteers be committed enough and consistent?
- Need more money
- Local offer not fit for purpose it should be more than a directory
- When families cannot access the services they are just left

Ideas

General

- Create a new name for the short breaks services, have a competition
- I think that you need to look at cases on an individual basis, what works for one family will not work for another
- Central register for PAs
- Be better at sharing good news stories, hold a SEND celebration event to celebrate achievement of CYP with disabilities
- Staff in services joining together could be an opportunity to get more PAs for families
- Not all families use social media, consider using school notice boards to advertise
- Buddy volunteers could come from universities
- If a charity is the lead organisation and they have a fundraiser could they avoid having a separate fundraiser?
- Swap the budgets for the specialist and non-specialist services
- Have young ambassadors
- Increase the funding by working with the private sector i.e. Could Dreams sponsor residential short breaks or the sleep service.
- Training for community groups to promote inclusivity
- Will there be uplifts in funding
- Create a community feel with parental involvement
- Why don't direct payments come under short breaks?

Questions

General

- What % of children/young people would be positively impacted by the changes?
- Will PCaS be included?
- Will funding to current providers stay the same?
- Does a lead provider include additional costs, what savings will be made?
- Can the model change if people have not liked some of it?
- How relevant are the views from 2021 engagement?
- Why do we need a lead provider?
- Can anyone apply to deliver services?

- Will we find a provider?
- Why aren't Family Link included in Short Breaks?

For the System

- Need more inclusive communities
- Better communication across all organisation
- Stronger links across all organisations
- Good training across all organisations
- Need to resolve system issues we are not joined up enough
- Need better links with education
- All services should be inclusive
- It is upsetting to have to repeat your story, professionals do not read existing paperwork
- Not knowing about the local offer and then not being able to find the information they need on it
- "Need to repair the relationship with parents, parents do not see the point in attending as nothing changes!"
- "Overnight breaks are an absolute lifeline, our family could not cope without them"
- "Parents are extremely frustrated – understand the impact to families and the damage being caused"
- "Good that you're looking at what community currently offers before establishing new groups"
- "There needs to be a change"

9. Summary

During the 6 week consultation period there were 150 responses to the electronic survey and 134 people attended the 10 workshops across the county.

Referral Pathway

The 29% of respondents, the largest group, agreed that an early help assessment should be able to be used to access short breaks services with 24% suggesting other assessments that could be used such as an education, health and care plan or disability living allowance assessment. In general respondents felt that any up-to-date assessment should be able to be used so that families would not have to repeat their story. They also felt that the access should be simple. 25 of the attendees at the workshops felt that there should still be self-referrals.

Overnight Breaks

41% of respondents disagreed with closing JGS and Squirrels one night a week. An alternative idea was to reduce the number of beds to continue with the plan to shift the spend from overnight breaks to day time activities.



Daytime Activities

Respondents wanted a big range of activities as all choices had a score of between 64 and 120. The most preferred activities were swimming, activities involving animals, cooking and musical activities. Additional ideas included access to community activities such as Scouts, Guides and youth clubs as well as soft play and mental wellbeing activities. Most respondents said that 1:1 and 2:1 staffing was needed in order for children and young people to attend services. Secure environments and small groups were important to enable children to attend activities. It was suggested that more activities are needed across the county particularly in the east of the county. Respondents said that school holidays are when activities are needed the most. It was important to parents that staff were well trained to be able to support children's complex needs. Respondents also shared that transport is an issue and sometimes a barrier to children and young people attending activities.

Young People's Feedback

Swimming was the most attended activity but also was the most wanted activity with animals and cooking activities the second and third most preferred activities reflecting the views of the adult respondents.

Young people said that they would most prefer a family member to attend activities with them or their personal assistant.

Sleep Service

57% of respondents did not want the sleep service to be included in the short breaks single pathway. It was felt that it would be a barrier for those who did not need a short break.

People felt that the sleep service was more of a health service than a social care service. There was also concern about the waiting list.

Sensory Impairment Service

49% disagreed with the sensory impairment services being added to the short breaks group of services feeling that it would be a barrier for families who did not need short breaks to access. Some raised the specialist sensory support was needed in addition to this service.

Personal Care and Support (PCaS)

26% of respondents agreed with adding PCaS to the short breaks group of services with, 29% not sure and 16% neither agreed nor disagreed. Some people felt that there was a need to create a more flexible options for short breaks and others feeling disconnected to PCaS as an option of support.

Overall

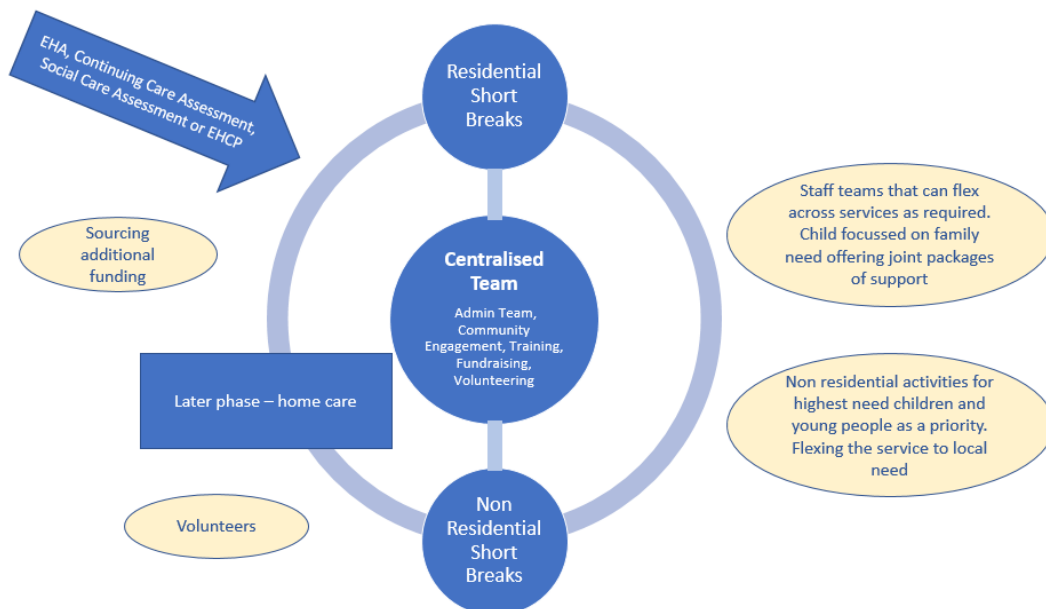
26% agreed with the overall proposals, 26% were not sure and 37% disagreed with the proposals. Feedback was that respondents agreed with some parts and not others. Generally people liked the idea of a single pathway, the centralised hub and sharing expertise across services and buddies. Respondents did not like the sleep service and the sensory impairment services being added to the

short breaks group of services or reducing the number of nights that residential short breaks was open, and had some alternative suggestions.

10. Next Steps

The feedback received from this consultation has been used to develop the final redesigned model for integrated short breaks. On 21st December 2023 the ICB Board agreed for an advert to be published in early 2024 inviting experienced organisations to bid to deliver the new model.

The Integrated Model



We will be asking for a lead provider to bring residential and non residential short breaks together with:

- Single referral route using existing assessments, with multi agency panel to agree support to meet children and families' needs;
- Staff team to work across the service, flexing support to meet children and families' needs;
- Central hub to develop volunteering, peer support, work with community and fundraising;
- Increase access to non residential short breaks for children with more complex needs. The provider will be required to understand the provision and need in each area of the county (Northampton, Kettering, Corby, Wellingborough, South Northants, Daventry)



and
East



Northants) and develop a locally tailored offer, taking an innovative and flexible approach.

We have made the following changes to the model as a result of the consultation:

Overnight Breaks - Residential Short Breaks

- Whilst there was overall support for increasing access to non residential short breaks for children with more complex needs and for developing the central hub functions, the feedback received was that reducing the number of beds available would be preferable to reducing the number of nights that residential short breaks are available. The number of beds available will be reduced from 8 to 6 beds per night at John Greenwood Shipman (JGS) and from 6 to 4 beds per night at Squirrels

The Sleep Service

- Demand for the Sleep Service has significantly increased and there is a long waiting list for support. In response to the consultation feedback, the sleep service will not be included in the short breaks group of services and will undergo a full system review in order to ensure that going forward the sleep support given to those who need support are appropriate and sustainable. The current budget for the Sleep Service will therefore not be included in the short breaks budget.

The Sensory Impairment Services


- It is proposed not to include specific sensory impairment support within the revised model, as specialist support is available, but children with sensory needs would be able to access the new service if they require a short break.

We will share the feedback from the consultation with the lead provider once they are in place to inform the development of the service.

We will also share the general comments and feedback received with the West Northants and North Northants SEND Improvement Boards.

11. Appendices

Appendix A: You Said, We Did

Stage	Who did we engage with? 	What you said	What we did
Initial engagement Sept 21 – Oct 21	14 people responded to the survey of whom 13 were parents	<ul style="list-style-type: none"> • Need to improve transitions. • All children to be able to access support. • One referral process • More early help support. • Need flexible, responsive, forward thinking, transforming services. • A simpler pathway to access services is required. • Not enough staff to support children with 1:1 or 2:1 staffing needs. • Flexible, integrated services • Services close to home 	<p>Potential new model designed that included:</p> <ul style="list-style-type: none"> • Single service offer • Run and led by one lead organisation. <p>The redesign proposal was developed by a Partnership Design Group.</p>
Design Phase Nov 21 – Mar 23	Children With Disabilities Board and SEND Accountability Board (members included NPFG and providers)	<ul style="list-style-type: none"> • These proposals were discussed and reviewed at each Children with Disabilities Board to shape the model. 	Redesign proposal was developed and agreed by a Partnership Design Group, agreed, and approved by the Children and Young People's Transformation Board.
Second phase April 23- Jun 23	233 people from an electronic survey and 6 focus groups. 43% of respondents were parents/carers. 28% current provider staff 34% public	<p>Majority of respondents said:</p> <ul style="list-style-type: none"> • Bring residential and non-residential short breaks together. • Flexible team across services • Increasing non-residential short breaks will reduce need for residential short breaks. • One referral point and joined up assessment and reviews. • More short breaks with 1:1 or 2:1 staffing. • Additional services: <ul style="list-style-type: none"> • Fundraising • Peer support • Volunteer buddies • Whole family activities 	<p>The proposed lead provider model will have:</p> <ul style="list-style-type: none"> • Central hub supporting all services. • Single referral and assessment pathway • Staff working across the contracts. • Grow capacity through fundraising and volunteers. • Specialists play workers to support with designing activities. • Build community relationships and links to enable greater choice of short breaks. • Advertise short break opportunities centrally. • Support families to step up and step down. • Additional day care activity offered a residential short break. • Add home care services
Third Phase Oct 23-Nov 23	284 engagements from the electronic survey and 10 workshops of which 37% were parents,	<ul style="list-style-type: none"> • The idea of a single referral pathway is good to avoid families having to tell their stories over and over. • Any assessment that is already in place should be used for access to the short 	<ul style="list-style-type: none"> • There will be a single referral route into the short break's services. • Existing assessments will be able to be used to access the short breaks services. • The residential short breaks units will not close 1 night a week but will instead reduce

	<p>40% professionals and 23% members of the public</p>	<p>break's services. Some respondents did want to keep self-referrals.</p> <ul style="list-style-type: none"> • Agreed with the principle of reallocating funding, however, they did not agree with closing the residential short breaks unit 1 day a week. • Preferred activities for daytime activities were swimming, activities involving animals, cooking or musical activities. • Better links with activities already taking place in communities and supporting children and young people to access them. • Need 1:1 or 2:1 staffing, followed by secure environments and small groups to access services. • Sleep service should not be added to the short breaks group of services. • Sensory impairment services should not be added to the short breaks group of services. • Adding personal care and support services to the short breaks group of services would be positive. • In general respondents agreed with some parts of the proposals but not all of it. • "What is good about the proposal" - the joined-up referral pathway, the centralised hub and additional functions and joining up with community services for daytime activities. • "What needed more thought" transport to access the services, the number of secure venues in the county, ability to increase the number of volunteers. 	<p>the bed capacity which had been suggested during the consultation as a better alternative; analysis shows this will still enable need to be met</p> <ul style="list-style-type: none"> • The Sleep Service (and budget) will not be included in the Short Breaks group of services. The service will have a full review. • The Sensory Impairment services will not be included in the short breaks group of service • To consider adding PCaS services during the 2nd year of the contract after modelling the viability of this. • Feedback from the consultation will be shared across the system and with the new provider to ensure it is considered
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Appendix B – Quantitative survey data



Short Breaks
Consultation Survey

Entity	Year	Revenue	Expenses	Net Income	Assets	Liabilities	Equity	Notes
Entity A	2018	1000	800	200	1000	500	500	
Entity A	2019	1100	900	200	1100	550	550	
Entity A	2020	1200	1000	200	1200	600	600	
Entity B	2018	2000	1500	500	2000	1000	1000	
Entity B	2019	2200	1600	600	2200	1100	1100	
Entity B	2020	2400	1700	700	2400	1200	1200	
Entity C	2018	3000	2200	800	3000	1500	1500	
Entity C	2019	3300	2400	900	3300	1650	1650	
Entity C	2020	3600	2600	1000	3600	1800	1800	
Entity D	2018	4000	3000	1000	4000	2000	2000	
Entity D	2019	4400	3300	1100	4400	2200	2200	
Entity D	2020	4800	3600	1200	4800	2400	2400	
Entity E	2018	5000	3800	1200	5000	2500	2500	
Entity E	2019	5500	4200	1300	5500	2750	2750	
Entity E	2020	6000	4600	1400	6000	3000	3000	
Entity F	2018	6000	4500	1500	6000	3000	3000	
Entity F	2019	6600	5000	1600	6600	3300	3300	
Entity F	2020	7200	5500	1700	7200	3600	3600	
Entity G	2018	7000	5200	1800	7000	3500	3500	
Entity G	2019	7700	5800	1900	7700	3850	3850	
Entity G	2020	8400	6400	2000	8400	4200	4200	
Entity H	2018	8000	6000	2000	8000	4000	4000	
Entity H	2019	8800	6600	2200	8800	4400	4400	
Entity H	2020	9600	7200	2400	9600	4800	4800	
Entity I	2018	9000	6800	2200	9000	4500	4500	
Entity I	2019	9900	7500	2400	9900	4950	4950	
Entity I	2020	10800	8200	2600	10800	5400	5400	
Entity J	2018	10000	7500	2500	10000	5000	5000	
Entity J	2019	11000	8200	2800	11000	5500	5500	
Entity J	2020	12000	9000	3000	12000	6000	6000	

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