

# Public Document Pack



**Meeting:** Health Scrutiny Committee  
**Date:** Tuesday 12th September, 2023  
**Time:** 7.00 pm  
**Venue:** Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 1QG

To members of the Health Scrutiny Committee:

Councillor Graham Lawman (Chair), Councillor Charlie Best, Councillor Scott Brown, Councillor Jon-Paul Carr, Councillor Bert Jackson, Councillor Anne Lee, Councillor Dorothy Maxwell and Councillor Zoe McGhee (1 Vacancy)

(Substitutes: Councillors Paul Bell, Leanne Buckingham, John Currall, Dez Dell, Matt Keane, Tom Partridge-Underwood, Elliot Prentice, Mike Tebbutt and Michael Tye.)

<b>Agenda</b>			
<b>Item</b>	<b>Subject</b>	<b>Presenting Officer</b>	<b>Page no.</b>
<b>01</b>	Election of Chair		
<b>02</b>	Election of Vice-Chair		
<b>03</b>	Apologies for Absence		
<b>04</b>	Members' Declarations of Interest		
<b>05</b>	Minutes from meeting held on 11th July 2023		5 - 8
<b>06</b>	Children and young people's short breaks and respite - New model and engagement	Sharon Blount	9 - 78
<b>07</b>	NHS Foundation Trust Joint Work Community-Bed Approach	David Williams	79 - 94
<b>08</b>	Close of Meeting		

Adele Wylie, Monitoring Officer  
North Northamptonshire Council

**Proper Officer**  
**4<sup>th</sup> September 2023**

This agenda has been published by Democratic Services.

Committee Administrator: Raj Sohal

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ITEM	NARRATIVE	DEADLINE
Members of the Public Agenda Statements	Requests to address the committee must be received by 5pm two working days before the meeting. Speakers will be limited to speak for 3 minutes.	5pm Thursday 7 September
Member Agenda Statements	A request from a Ward Councillor must be received by 5pm two working days before the meeting. The Member will be limited to speak for 5 minutes.	5pm Thursday 7 September

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Where a matter arises at a meeting which **relates to** other Registerable Interests, you must declare the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but must not take part in any vote on the matter unless you have been granted a dispensation.

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If Members have any queries as to whether a Declaration of Interest should be made please contact the Monitoring Officer at – [monitoringofficer@northnorthants.gov.uk](mailto:monitoringofficer@northnorthants.gov.uk)

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## Minutes of a meeting of the Health Scrutiny Committee

Held at 7.00 pm on Tuesday 11th July, 2023 in the Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 1QG

### Present:-

#### Members

Councillor Larry Henson (Vice Chair  
in the Chair)

Councillor Scott Brown

Councillor Bert Jackson

Councillor Dorothy Maxwell

Councillor Charlie Best

Councillor Jon-Paul Carr

Councillor Anne Lee

Councillor Zoe McGhee

#### Officers

Ali Gilbert

Ben Smith

Raj Sohal

David Watts

ICS Place Director

Head of Democratic Services

Democratic Services Officer

Executive Director of Adults, Communities and Wellbeing

### 1 **Apologies for Absence**

Apologies for absence were received from Councillor King Lawal and Councillor John McGhee, for whom Councillor Zoe McGhee attended as a substitute.

### 2 **Members' Declarations of Interest**

No declarations were made.

### 3 **Background to new Scrutiny arrangements**

The Committee considered a report by The Head of Democratic Services, which set out the changes to the Council's scrutiny arrangements, following the decision of Full Council on the 30th March 2023; particularly those concerning the Health Scrutiny Committee.

During discussion, the principal points were noted:

- Members requested an update regarding ongoing work at Kettering General Hospital for a future meeting of the Committee.
- Regarding collaboration between different health services, members queried whether The Health Scrutiny Committee would be able to scrutinise underperforming general practice provision by third party providers.
- Members requested the contact details of local authority public health officers and Integrated Care Board members.

- Members expressed concern regarding the accessibility to health services for North Northamptonshire residents and suggested that professionals within the healthcare sector be invited to future Committee meetings to discuss this issue.
- One member queried whether a new hospital could be constructed entirely altogether within North Northamptonshire, rather than developing the existing Kettering General Hospital.

In response, The Executive Director of Adults, Communities and Wellbeing clarified that:

- Scrutiny of services delivered through third party providers would be carried out through The Integrated Care Board. Senior Integrated Care Board members would also attend future meetings of Health Scrutiny.
- The funding which Kettering General Hospital had received from central government was not sufficient to construct an entirely new hospital therefore, any new construction would have to fit within these funding parameters. Nevertheless plans were ambitious and aimed to significantly improve clinical and treatment areas.

**RESOLVED that:** The report be noted.

#### **4 Introduction to the Integrated Care System in Northamptonshire**

The Committee considered a presentation by The ICS Place Director, which outlined the integrated care system in North Northamptonshire.

During discussion, the principal points were noted:

- One member queried whether it would be beneficial to instead construct smaller emergency care units, such as those in existence in Corby, should sufficient funding not be made available to build a new hospital in North Northamptonshire. The member suggested that this approach could resolve transport issues of travel distances.
- Members praised the work that had been put into the integrated care system but acknowledged that this approach was overdue. One member suggested that tangible improvement across the health sector could not be achieved without both sufficient funding and clear communication between the local authority and North Northamptonshire communities.
- Members requested the calendar of 'LAP' meetings from officers, so that they could also attend.

In response, The ICS Place Director clarified that:

- The North Place Development Board drove hospital development planning. Senior Executives from Kettering General Hospital, who also sat on the Board, recognised that their strategy needed to encompass Place and outreach engagement within local areas.

The Executive Director of Adults, Communities and Wellbeing clarified that:

- A viable business case did not exist to build multiple urgent care centres, due to the population size of North Northamptonshire. The local authority would instead seek to explore development of existing properties to create smaller community hubs, to address care early and prevent urgent/emergency cases.
- The local authority spent approximately £1.2 billion across healthcare annually. Identifying efficiency of services and determining value for money would continue to be pivotal in the maintenance of strong healthcare services within North Northamptonshire.

**RESOLVED that:** The report be noted.

**5 Close of Meeting**

The Chair thanked the Committee for their attendance and closed the meeting at 8:35pm.

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Chair

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Date

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North  
Northamptonshire  
Council

## Health Scrutiny Committee

12<sup>th</sup> September 2023

<b>Report Title</b>	<b>Children and Young People’s Short Breaks and Respite – New Model and Engagement</b>
<b>Report Author</b>	<b>Sharon Blount - NCT Commissioning Manager Sarah Burr – NCT Services Manager Sian Heale – ICB Head of CYP Transformation</b>
<b>Executive Member</b>	<b>Cllr Helen Harrison</b>

<b>Key Decision</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Is the decision eligible for call-in by Scrutiny?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are there public sector equality duty implications?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the report contain confidential or exempt information (whether in appendices or not)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972</b>	

### List of Appendices

**Appendix A** – Engagement Report – Council for Disabled Children

**Appendix B** - Engagement Outcome Report April / May 2023

**Appendix C** – EQIA

**Appendix D** - How the proposed changes compare with the current model

### 2. Purpose of Report

The purpose of the report is to inform the Scrutiny Committee of work and public engagement completed to date to develop a new model for short breaks for children with disabilities, and to seek the views of the Committee on the proposed model.

### 3. Executive Summary

The report sets out the background to the redesign of short breaks for children with disabilities, this includes the public engagement activities for the children and young people’s short breaks services that have been completed so far and an update on

the current public engagement with an outline of the planned next steps to enable the re-designed service to be operational from 1st April 2024.

The report also sets out the details of the case for change, the proposed new model, how it will be funded, how it will be different from the current model and the outcomes it will achieve.

Short Breaks are breaks for children and young people who have a disability giving them rich opportunities while also allowing carers to have a break from caring to carry out other vital activities they otherwise would not be able to do. Whilst short breaks do not have to be overnight, residential short breaks are offered to those families most in crisis to give them a longer break and prevent the child from coming into care.

In 2021 Council for Disabled Children facilitated workshops to gain the views of short breaks services stakeholders including parents, children, young people and practitioners. See appendix A.

A design group was set up in 2021 which was made up of senior leaders from across the integrated care partnership. Based on the feedback from the Council for Disabled Children workshops the group developed a proposed new model of short breaks services.

The Short Breaks project represents a collaboration across partners, in particular Northamptonshire Children's Trust (NCT) and the Northamptonshire Integrated Care Board (NICB), Providers and families. The aim was to find an innovative solution to ensuring that these vital services continue, in the longer term, to support families with children with complex disabilities but also increase the choice and quality of what's on offer. This will ensure that services are able to cater for those children with the most complex health needs and disabilities who currently find it a challenge to access non-residential short breaks.

There have been several stages of engagement that have been outlined in detail in section 4 to allow all stakeholders, particularly parents, carers, and children to inform proposals.

The model designed is proposed to have one Lead Provider delivering both residential short breaks and non-residential short breaks within the current budget envelope of £2.831m (Contributions NCT £2,092,032 and ICB £739,167). It is hoped that by creating efficiencies through better use of resources all sat with one provider, a better range of choice and support will be offered to families. The model also hopes to be able to 'left shift' resources so that the early help offer is strengthened and is received before families reach crisis point and require a residential short break. The detailed proposal is set out in section 4 but in brief, the Lead Provider model will:

- Reduce the duplication of administrative tasks by having a central hub supporting all the services with a single referral and assessment pathway
- Ensure staff work seamlessly across the contracts by having a single central base and whole service team meetings to ensure a joined-up approach and sharing of information, skills and knowledge

- Ensuring that services can develop and grow by introducing a fundraising function
- Increase the staffing capacity within the services by having volunteer co-ordination function along with specialist play work support to ensure that support staff time is freed up to maximise the number of children accessing services whilst keeping the quality of the activities
- A community link function will help with community relationships and partnerships ensuring that the short breaks services are well advertised and there is a good knowledge of other community services available. They will also support families to step up and step down as support is needed.
- The residential short breaks units are used to offer day care activity sessions particularly for children with 1:1 and 2:1 staffing requirements to add home care services (Personal Care and Support Services) into the model at a later stage to further join up the services offered to families with children with disabilities
- To explore offering non-residential short breaks in different ways such as commissioning existing community groups and funding individual activities

We are launching a final consultation on the proposed model following extensive engagement. Throughout September and October we will consult through an electronic survey, provider events, parent and practitioner workshops and attendance at community events to ensure a wide range of feedback on the proposed model before writing the specification and tendering the new contract in November.

#### **4. Recommendations**

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- 4.1. The Scrutiny Committee is asked to:
- 4.2. Note the engagement undertaken to date to develop the proposed redesign of short breaks services
- 4.3. Note the current consultation, due to finish in October 2023
- 4.4. Provide views on the proposals
- 4.5. Note the next steps to be taken to enable the redesigned service to be in place for 1<sup>st</sup> April 2024.

#### **5. Report Background**

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Short breaks are breaks for children and young people who have a disability giving them rich opportunities while also allowing carers to have a break from caring to carry out other vital activities they otherwise would not be able to do.

##### **Legislative Framework**

There are important duties on both Local Authorities and Integrated Care Boards (ICB) as part of the **Children Act 1989 section 17 and The Children & Families Act 2014** to arrange for the provision of services or facilities for any children and young people who have special educational needs or who have a disability. Additionally, each ICB has a duty under section 3 of the NHS Act 2006.

**Additional legislation can be found in the:**

- Breaks for Carers of Disabled Children Regulations 2011 section 4
- Children Act 1989 paragraph 6 of schedule 2

**Key statutory duties can be found within the following legislation:**

- Chronically Sick and Disabled Persons Act 1970
- Children Act 2004
- Equality Act 2010
- Care Act 2014 (in relation to transition to adult social care)

Currently NCT and the NICB pay for a range of different breaks to meet this need. These are currently delivered by several different organisations. These include residential (NHFT) and non-residential short-breaks (Action for Children), personal care and support, holiday clubs, sensory impairment services (NAB and Deaf Connect) and sleep support (Scope).

With no bidders for the residential short breaks tender in 2020 an agreement was reached between Northamptonshire Healthcare Foundation Trust (NHFT), Northamptonshire's Children's Trust (NCT), and Northamptonshire Integrated Care Board (NICB) for NHFT to continue delivery of the residential short breaks service for disabled children from 1st April 2021 under a 4-year contract with the proviso that the service was re-designed and transformed.

In September 2021 engagement took place with all stakeholders to understand how well the short breaks services were meeting need and to help develop the model.

Council for Disabled Children co-facilitated workshops to ensure an independent review and to bring their expertise and knowledge around short breaks services nationally, see report - Appendix A. The workshops were for short breaks stakeholders including parents and practitioners and also the views of children and young people accessing the services. There was further engagement in November 2021 with practitioners to develop the findings from the workshops.

Feedback from children, young people, parents, and other stakeholders reinforced how important these services are for families highlighting:

- ✓ The significance of residential short breaks to so many families;
- ✓ The lifeline that these services offer;
- ✓ The importance of short breaks in that they do not just provide respite for children and families but enhance and maintain healthy family dynamics and promote family resilience;
- ✓ They contribute to the emotional and social growth of disabled children and underpin the wellbeing of non-disabled siblings;
- ✓ They help to avoid family breakdown by children being taken into care; and
- ✓ The need to improve the transition from childhood to adulthood.

A Design Group was established in September 2021 which included representatives from the ICB, NCT and NHFT and reported into the CYP Transformation Programme.

The Group agreed to develop future delivery models across the whole of the Short Break pathway due to a lack of a co-ordinated and flexible earlier help which was creating pressure on the existing specialist part of the pathway, i.e. the residential short break provision. The scope of the review widened to include non-residential short breaks services and other services that provide a break for parents of disabled children or children with complex health needs with the aim to 'left shift' the spend from specialist support, residential short breaks, to earlier help and avoid families going into crisis and requiring specialist support. The Council for Disabled Children tested whether 'left shifting' the funding from residential short break (crisis support) to earlier help services would reduce the need for specialist services.

### **The Case for Change**

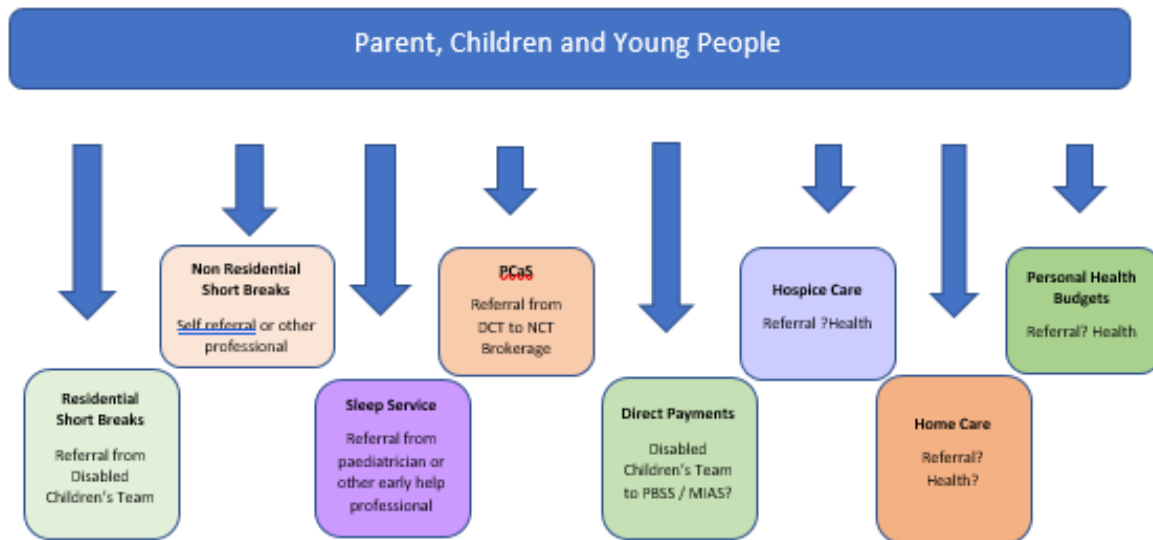
The engagement in 2021 identified the following problems with the short breaks services:

- Lack of co-ordinated and flexible earlier help is creating pressure for specialist services
- Services are all operating and being managed separately with individual referral processes which are difficult for families to navigate as they are not joined up
- Families and practitioners do not always understand what support is available for them
- Children and young people and their families access separate services rather than having support flex to meet their changing needs
- Families have to tell their story multiple times for each service
- Range of activities is limited and support is not always local / within families' communities
- Transition to adulthood is not as smooth as it should be
- Information sharing barriers
- Expertise of staff is not shared across organisations
- Workforce recruitment and retention issues

The current model has 5 separate contracts, and each service is monitored separately. Each service has individual referral pathways and operate independently. Much of the funding (71%) is spent on specialist services. Families often come into specialist services in crisis because they have not received any earlier help services to support the families as needs emerge.

## Current Model

Services are not joined up, separate process to access each service.



### The 'Left Shift' of Funding from Specialist Support to Targeted Support

71% of the current funding is for specialist services i.e. Residential Short Breaks. The aim of the new model is to shift some of the spend from the specialist end of support to earlier help services i.e. non-residential short breaks so that families can be supported earlier and reduce the need for specialist services.

The proposed model as described in section 4 will allow the left shift to happen and allow the service to be more flexible to meet the needs of children and their families.

Reducing the number of days that the residential short breaks services are open as detailed below will release funding to start growing the earlier help services.

### Benefits of short breaks for families and children

A short break offers children and young people with disabilities the opportunity for growth and development including:

- The opportunity to socialise with peers
- Confidence, resilience and self-esteem building
- Nurturing independence
- The chance to learn, try new activities and face new challenges
- Relax and have fun

The benefit a short break offers parents and carers:

- A sufficient and convenient break from caring
- Confidence and reassurance that their child is safe and well-cared for

- Confidence that the Service can respond to the emotional, behavioural, physical and medical needs of their child
- Assurance that their child is undertaking positive and enjoyable activities that help them to grow and develop.

## **Need**

Short Breaks services are commissioned on a county wide basis. The population of Northamptonshire will continue to increase for another 3 years but is then expected to start levelling out. It is difficult to know how many children there are with disabilities, the Children with disabilities JSNA estimates that between 3% and 5.4% of children in Northamptonshire have a disability but Mencap report that 2.5% of children nationally have a disability. The rate of the population increase is slowing year on year so it is expected that the number of children with disabilities will also level out and potentially go down in years to come.

The estimates of the number of disabled children in 2022 in Northamptonshire is between 5,583 (3%) and 10,050 (5.4%). However, the school population of children with special educational needs and disabilities 2020 is 15,978. This is because this figure includes social, emotional and mental health (SEMH) and special educational needs and disabilities (SEND) rather than disabilities alone.

Children and young people accessing residential short breaks have the highest of needs which are multiple and complex. It has been found that despite increasing numbers of EHCPs and rising populations the number of children accessing residential short breaks has gone down from 131 in 2016 to 76 in April 21. As a result, the number of children with continuing care needs in residential short breaks has also gone down from 18 in 2016 to 12 in 2020. Compared with Statistical Neighbours, East Midlands region and England, Northamptonshire has the lowest percentage of children with an EHCP.

In West Northants there are 7405 children aged 0 to 24 with a disability in the NNC area which is 9% of the 0 to 24 population. 4500 are aged 10 to 19 years old and 52% are male. Short Breaks services run in Corby, Kettering and Wellingborough. There is a residential short breaks unit in Rushden which supports children with disabilities across the county who have complex medical needs.

## **6. Issues and Choices**

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### **Summary of engagement and consultation**

NCT and the ICB are committed to working collaboratively with parents including the Northamptonshire Parent Forum Group (NPFGB). This transformation work has been a long journey travelled together by all stakeholders albeit some of the key personnel have changed during this time.



Stage	Who did we engage with	What you said	What we did
Initial engagement Sept 21 – Nov 21	14 people responded to the survey of which 13 were parents  Plus 21 in person at the workshops	<ul style="list-style-type: none"> <li>✚ Need to improve transitions</li> <li>✚ All children to be able to access support</li> <li>✚ One referral process</li> <li>✚ More early help support</li> <li>✚ Need flexible, responsive, forward thinking, transforming services</li> <li>✚ A simpler pathway to access services is required</li> <li>✚ Not enough staff to support children with 1:1 or 2:1 staffing needs</li> <li>✚ Flexible, integrated services</li> <li>✚ Services close to home</li> </ul>	<p>Potential new model designed that included:</p> <ul style="list-style-type: none"> <li>✚ Single service offer</li> <li>✚ Run and led by one organisation.</li> </ul> <p>The redesign proposal was developed and by a Partnership Design Group.</p>
Design Phase Nov 21 – Mar 23	Children With Disabilities Board (members included NPPG and providers)	<ul style="list-style-type: none"> <li>✚ These proposals were discussed and reviewed at each Children with Disabilities Board to shape the model.</li> </ul>	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"> <li>✚ Bring residential and non-residential short breaks together</li> <li>✚ Flexible team across services</li> <li>✚ Increasing non-residential short breaks will reduce need for residential short breaks</li> <li>✚ One referral point and joined up assessment and reviews</li> <li>✚ More short breaks with 1:1 or 2:1 staffing</li> <li>✚ Additional services: <ul style="list-style-type: none"> <li>• Fundraising</li> <li>• Peer support</li> <li>• Volunteer buddies</li> <li>• Whole family activities</li> </ul> </li> </ul>	<p>The proposed lead provider model will:</p> <ul style="list-style-type: none"> <li>✚ Central hub supporting all services</li> <li>✚ Single referral and assessment pathway</li> <li>✚ Staff working across the contracts</li> <li>✚ Grow capacity through fundraising and volunteers</li> <li>✚ Specialist play workers to support with designing activities</li> <li>✚ Build community relationships and links to enable greater choice of short breaks</li> <li>✚ Advertise short break opportunities centrally</li> <li>✚ Support families to step up and step down</li> <li>✚ Additional day care activity offered a residential short break</li> <li>✚ Add home care services</li> </ul>
Third Phase Sept 23-Oct 23	Plans for engagement: <ul style="list-style-type: none"> <li>✚ Electronic survey</li> <li>✚ Public workshops</li> <li>✚ Short Breaks staff workshops</li> <li>✚ Provider forums</li> <li>✚ Community events</li> <li>✚ Scrutiny Committees</li> </ul>		



### First Phase - September 2021 – Council for Disabled Children Facilitated Workshops / Engagement

Feedback was that:

- Short breaks are critical in that they do not just provide respite for children and families but enhance and maintain healthy family dynamics and promote family resilience
- There is a need to improve the transition from childhood to adulthood
- All disabled children and young people should be able to access the support they need
- There needs to be one referral process
- More early help support is needed to avoid families going into crisis
- There is a need **for flexible, responsive**, forward thinking, transforming services
- A simpler pathway to access services is required



- There are not enough staff to support children with 1:1 or 2:1 staffing needs
- Services should be flexible, integrated and provided in places close to home

This feedback was then used to design a potential new model bringing everything together into a single service offer, run and led by one organisation.

The redesign proposal was approved by the Children and Young People's Transformation Board. These proposals were discussed and reviewed at each Short Breaks Board throughout the design period.

### **Second phase – 6 Week Engagement – April-May 2023**

The second phase of engagement was to test out how stakeholders felt about the proposed model that had been designed. The proposals and questions were shared in advance of the engagement with NCFG and NCFG supported with ensuring the survey reached parents so that they had a chance to respond.

See attached engagement report which details the results of the 6 week engagement, Appendix B.

### **Third phase – Consultation September – October 23**

A decision has been taken by Chief Executives across the Partner organisations that the likely changes within the new model are not a 'significant variation' to service delivery and therefore are not subject to a 12-week formal public consultation, however, further consultation on the specific changes to the proposed model should be consulted on.

Between July and September NCT, ICB and NCFG are undertaking further engagement with parents, carers, staff within the short breaks services and other related professionals to finalise the model for the service specification and tender process.

This period is carefully planned out so that all stakeholders are given the opportunity to be involved. The managers of current provider organisations are fully briefed in advance and the ICB and NCT project leads will run both virtual and face to face sessions to discuss the proposed model.

NNC will host the online public survey on their community engagement platform and NCFG have agreed to help us to circulate the public questionnaire as widely as possible amongst parents and carers through their social media channels and we hope to also give parents and carers the opportunity to attend face to face and virtual sessions supported by NCFG.

NCT and the ICB will attend community events in September (NCFG fun day and WNC SEND strategy launch) to further engage with parents and carers.

All mediums available will be used to ensure the public are aware of the online survey and take part such as the NCT/ICB website, targeted emails and providers sending out to the parents of the children who attend their short breaks.

The voice of the child will be listened to by attending current short breaks groups to gain feedback on the activities that children like to do and through observing them enjoying their short break.

This phase of consultation, which is intended to test the detailed proposal with stakeholders to ensure that everyone understands what is being proposed and has a chance to comment, has started by meeting with NCFG and sharing key documents for their input, inviting them to the Communications subgroup and developing the engagement workshops with them. Adjustments were made to the planned questionnaire and the consultation process from their feedback. Whilst NCT and ICB are committed to working with NCFG at the final stage of the consultation process, time pressures both on the lead up to the consultation phase, mainly with regards to partnership complex governance arrangements and with statutory timescales needing to be met under public procurement rules, has meant that the start of the consultation exercise has fallen during the summer school holidays. We acknowledge that this has not been ideal and has been a challenge for NCFG to be as involved as they would have liked. It is hoped that NCFG will support the events taking place over September to engage with parents and children.

Throughout the lifetime of the project representatives from NCFG have been members of the Children with Disabilities Board that meets quarterly to review the performance of the Short Breaks Providers. This allowed its members to gain an understanding and insight into the delivery of the short breaks services and speak directly with Providers about their services. Updates on the Short Breaks project were provided at the Board with the opportunity for attendees to review and comment.

It is recognised and acknowledged that NCFG could have been more embedded in the Governance structure of the design phase of the project (hindered somewhat by the pandemic) and NCT and the ICB are committed to moving forward whole heartedly in line with the NNC Coproduction Charter following its 5 values:

- Learning from lived experience
- Working Together
- Honest, Open and Transparent
- Responsive and Accountable
- Ambitious

As such the plan is to continue to develop the relationship with parents, children, and young people so that they are included in operational planning and Executive board meetings to ensure that their needs are considered at all times and that the long-term road map continues to be developed side by side with families. This will be written into the service specification to ensure that the new Lead Provider operates in line with the Charter.

## **Current Provision**

**Residential Short Breaks** – There are two units, run by NHFT, which are open 7 days a week, John Greenwood Shipman Centre for children who have Autistic Spectrum Condition and/ or have learning disabilities; and Squirrels which is for children with complex health / medical needs. John Greenwood Shipman can support up to 8 children at any one time and Squirrels up to 6.

**Non Residential Short Breaks** – Action for Children currently run this service. There are weekly Saturday clubs in Corby, Daventry, Kettering, Northampton and Wellingborough. During the school holidays they run holiday clubs in the same areas. Youth groups are delivered in the evenings in Daventry, Northampton and Wellingborough. Action for Children sub-contract Greenpatch to run activities in Kettering and they deliver an afterschool club, Saturday club and holiday clubs at their allotment site.

**The Sleep Service** – Scope current run this service and offers support by telephone to families with a child with SEND who needs help to sleep at night. They deliver a 6 week intervention on an individual family level. Training will be given to other practitioners so that they can offer initial support to families they are in contact with.

**Sensory Impairment Services** – Each service runs 7 holiday clubs each year. Deaf Connect will run a basic sign language course for parents and Northamptonshire Association for the Blind offer 1:1 support to families.

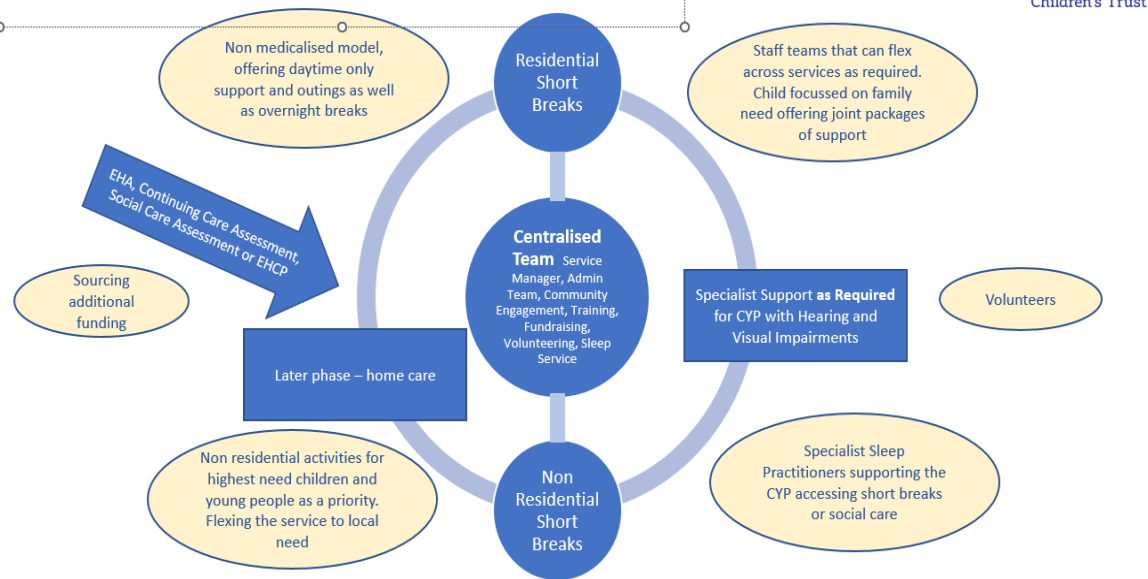
### **The Changes**

The aim is to keep the essence of the current services but adjust them to current need by:

- Reducing the duplication of administrative tasks by having a central hub supporting all the services with a single referral and assessment pathway
- Ensuring staff work seamlessly across the contracts by having a single central base and whole service team meetings to ensure a joined-up approach and sharing of information, skills and knowledge
- Ensuring that services can develop and grow by introducing a new fundraiser post
- To increase the staffing capacity within the services by having a volunteer co-ordinator along with specialist play workers to ensure that Support Staff time is freed up to maximise the number of children accessing services whilst keeping the quality of the activities
- A community Link Officer will be introduced to help with community relationships and partnerships ensuring that the short breaks services are well advertised and there is a good knowledge of other community services available. They will also support families to step up and step down as support is needed.
- The residential short breaks units are used to offer day care activity sessions particularly for children with 1:1 and 2:1 staffing requirements
- To add home care services (Personal Care and Support Services) into the model to further join up the services offered to families with children with disabilities
- To explore offering non-residential short breaks in different ways such as commissioning existing community groups and funding individual activities.

### **The Proposed New Model**

# The Integrated Model



## Residential Short Breaks Opening Hours

The proposal is that both sites reduce their days of opening to 6 days a week instead of 7 days a week in year 1 and offer 3 additional day care sessions at each site that could be used at the weekends, afterschool or in the holidays. The analysis shows that reducing the number of days open will continue to meet the need for overnight short breaks at the same level for the current service users (slightly more at JGS and slightly less at Squirrels although not significant numbers). This will require the units to run on an 85% occupancy rate (currently contracted for 85% occupancy although current operating capacity generally more around 60%-70%). By closing for one day this would give staff a consistent day off and have a consistent staffing rota, reduce the need to use of bank staff and reduce the overall cost of staffing whilst maintaining service levels as well as reducing overall workforce pressures.

Additionally, the new 3-day care places will offer significant additional capacity and an alternative to parents which will also allow more families to access the service during the day if required or an opportunity to begin to step down from overnight care in a familiar setting but only if the family and child wish this.

From the responses to the survey, parents felt that improved access to the non-residential short breaks would reduce their need for an overnight break. By offering a day care provision at JGS and Squirrels children with highly complex needs will be able to utilise the non-residential provision more. It is hoped that the 1-day closure will reduce the workforce pressures within the units which will mean less reliance on bank/ agency staff and help the service to run more efficiently to meet the 85% occupancy target. The day the units will close will fall on the least used day of the week and would not be during the most popular times at the weekend.

Impact – Some families may have their overnight stay moved to another night; however, their allocated nights would not reduce and there would be additional opportunities for an afterschool club activity.

### **Reduction in number of children accessing Residential Short Breaks**

Other services for this cohort have increased and improved particularly personal care and support services through better commissioning with an increase in providers who are on a framework. This provides an alternative offer for families.

Also, the sleep service now provides support to more families compared with in 2016. Although the demand is so high that this service always carries a significant waiting list. With a centralised referral hub this will be able to assess those most in need and consider in the context of other services the family requires as well as those they are already receiving. All staff can be trained in providing families with advice and support on sleep to help grow the capacity of this service.

In the next year there are 11 children turning 18 as detailed below and as a result will leave the children's services.

Month	Number of YP turning 18	Number of Nights Per Month	Unit
March 2023	1	4	JGS
June 2023	1	4	JGS
July 2023	2	6	JGS
Aug 2023	1	2	JGS
Sept 2023	1	3	JGS
Jan 2024	2	9	JGS
Feb 2024	2	11	Squirrels
Feb 2024	1	3	JGS
TOTAL	11	42	

### **Multi Agency Panel**

There is now a multi-disciplinary short breaks panel in place that includes representatives from ICB, NCT, including Family Link Fostering and the Short Breaks Providers. The panel manages the waiting list for the residential short breaks service.

Prior to the short breaks panel starting in 2022 there had generally been a waiting list to access the service, however, the panel process has worked so well that there is currently no waiting list for residential short breaks.

### **Non-Residential Short Breaks Services**

The proposal will be that the Non-Residential Short Breaks services, including the Sleep Service and Sensory Impairment Services would only support families referred via an Early Help Assessment into the Short Breaks single referral route.

Impact – Parents would no longer be able to self-refer however, by having an EHA to access services it would mean that a multi-disciplinary team will be in place and a full assessment of need is completed at the point of referral for quicker assessment and access to services to meet the needs.

In the proposed model the non-residential short breaks Provider would be required to consult each area (Northampton, Kettering, Corby, Wellingborough, South Northants, Daventry and East Northants) on the best way to support children with disabilities based on the need and the services already available. A more innovative / flexible approach should be taken.

Impact – Instead of the current fixed activities, families will be able to receive a wider range of short breaks activities in their local community more tailored to individual needs. Some of the current activities may change.

The sensory impairment services would support any child with a hearing or visual impairment who are accessing the short breaks services.

Impact – Staff and parents/carers accessing any of the short break's services will be better supported to meet the needs of their child with sensory impairments. This will have some effect on the activities that the sensory impairment services run themselves.

#### **Future Access to Short Breaks Services**

Families would only be able to access the services through an EHA (Early Help Assessment), Social Care assessment or Continuing Care assessment. However, the service would support families to access other services if they did not meet the threshold to access the short breaks services. It is also being considered whether services could be accessed through an EHCP (Education, Health and Care Plan) and work is currently being undertaken with the North and West Unitary Council's to explore this approach and what the impact on services might be.

#### **Proposed minimum specification**

The following is the minimum specification but providers will be able to design and configure services themselves as long as they meet this minimum requirement:

#### **Addition of a Centralised Team to do the following:**

- Coordination of referrals and packages of support through an early help short breaks panel which will also ensure a regular review for each child.
- Set up a volunteer and buddy scheme recruitment and management -to match volunteer buddies to groups.
- Deliver the function of community link/ partnership building / grant allocation/ fundraising
- Capacity building amongst voluntary sector for them to be able to deliver to children with complex health and disabilities
- Advice and resources to support short breaks and develop quality activities and resources.
- Central information hub for families about short breaks within the county.
- Wrap around support/advice plus visual and hearing impairment services can be purchased on an individual basis from NAB and Deaf Connect as part of the assessment process.
- Sleep Service to provide advice, training and support to families

Impact – A simpler referral process which is easier for families to navigate and packages of support across all short break’s services tailored to individual need.

### Current Financial Values of the Short Breaks Services

The proposal is to pool the funding from all the contracts and advertise a one short break contract for a total of £2.831m ( Contributions NCT £2,092,032 and ICB £739,167). This is different to the current model and the way the short breaks services are delivered.

Impact – More joined up services that are easier for families to navigate.

To note – A temporary uplift of the Residential Short Breaks contract to £2.62m has been maintained during 2023 whilst the re-design of the services has been taking place, however, this must end on 31st March 2024 and revert to the base funding level of £2m from 1st April 2024

### Difference Between the Current Model and the Proposed New Model

Please see Appendix D for details on how the proposed changes compares with the current model.

### Risks & Mitigations

Risk	Mitigation
Delays to contract start date	Timetable set out and monitored by short breaks steering group. Oversight by Short Breaks Strategic Group
No bidders for contract when tendered	Provider engagement events prior to contract advertising to test the viability and appetite of providers delivering the model  Negotiation time built in to procurement timetable before award  Encouraging collaborative bids
Impact to current provider staff	Regular engagement sessions in person with staff to keep them up to date with progress
Impact to children, young people and their parents	Multiple engagement exercises to gain the views of families and shape the model accordingly

## 7. Next Steps

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The new model will be a steppingstone to develop the services further. By June 2024 it is proposed that the personal care and support services for NCT and ICB join the short breaks collaborative. This could mean a blended offer of in house and external provider homecare support by developing a staff team within short breaks to offer personal care and support services in the home and the community in a joined-up way. This would increase the pooled budget from £2.8m to £4.748m and increase the opportunities at the same time. This would support the assessment of need and the support package that is offered to families even further.

**Proposed Timeline (at the time of drafting the report)**

Mile stones	Target date	Status
ICB Board Approval (Papers by 12 <sup>th</sup> June)	22 <sup>nd</sup> June	Complete
Strategic Group to approve questions	7 <sup>th</sup> August	Complete
NPFG to review question accessibility	14 <sup>th</sup> August	Awaiting update
Consultation begins	14 <sup>th</sup> August	
<ul style="list-style-type: none"> <li>Electronic Survey</li> </ul>	14 <sup>th</sup> Sept	
<ul style="list-style-type: none"> <li>Public Workshops</li> </ul>	18 <sup>th</sup> to 29 <sup>th</sup> Sept	
<ul style="list-style-type: none"> <li>Short Breaks Staff Workshops</li> </ul>	14 <sup>th</sup> Aug to 8 <sup>th</sup> Sept	3 x staff sessions held
<ul style="list-style-type: none"> <li>External Provider Engagement (Includes Collaboration / VCS)</li> </ul>	4 <sup>th</sup> & 7 <sup>th</sup> Sept	
<ul style="list-style-type: none"> <li>Community events (NPFG funday 09/09/23 - WNC SEND strategy event 26/09/23)</li> </ul>	9 <sup>th</sup> & 26 <sup>th</sup> Sept	
NNC Health Overview & Scrutiny Committee (Papers by 4 <sup>th</sup> Sept)	12 <sup>th</sup> September	
WNC Children, Education & Housing Overview and Scrutiny Committee (Papers by 10 <sup>th</sup> Sept)	25 <sup>th</sup> September	
Consultations closes	16 <sup>th</sup> October	
Consultation analysis begins	17 <sup>th</sup> October	
Specification writing (2 Weeks)	30 <sup>th</sup> Oct to 10 <sup>th</sup> Nov	
Advertise Contract (5 Weeks)	13 <sup>th</sup> Nov to to 15 <sup>th</sup> Dec	
Negotiation (1 Week)	18 <sup>th</sup> Dec to 22 <sup>nd</sup> Dec	
Evaluations (1 Weeks)	8 <sup>th</sup> Jan to 12 <sup>th</sup> Jan	
Award (2 days)	15 <sup>th</sup> Jan – 16 <sup>th</sup> Jan	
Standstill (10 calendar days)	17 <sup>th</sup> Jan – 30 <sup>th</sup> Jan	
Demobilisation / Mobilisation (9 Weeks )	31 <sup>st</sup> Jan to 29 <sup>th</sup> Mar 24	
Contract Starts	1st April 2024	



## **In Summary**

The proposed model of short breaks has been developed following multiple engagement sessions and the final model will be informed by the current engagement. Most respondents in the April / May 2023 survey agreed that it would be beneficial to bring the short breaks services together under one Lead organisation.

Parents and carers have shared the days that they would prefer to access the services which are mostly for the weekend and have agreed that there needs to be more earlier help services to avoid families going into crisis.

The new model proposes a change to the opening hours at Squirrels and John Greenwood Shipman units to open 6 days a week rather than 7 days a week so that the funding can be 'left shifted' to fund a central hub which will bring the services together. It would also fund additional posts such as volunteer co-ordinator, fundraiser, specialist play workers and a community / partnership officer to ensure that support staff have more time to support the children and young people, particularly those requiring 1:1 and 2:1 support.

The proposal is that all the current services join to focus on the needs of families by flexing to meet their needs rather than the other way around. Services are driven by outcomes and takes a more collaborative approach and includes parents in the process.

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## **Appendix A**

### **Report – Northamptonshire Short Breaks**

#### **Co-production workshops**

#### **Context**

Currently, the Northamptonshire Children’s Trust (The Trust) and the Northamptonshire Clinical Commissioning Group (CCG) jointly commission the Residential Short Breaks Service which is provided by Northamptonshire Healthcare Foundation Trust (NHFT) and the Sleep Service, Sleep Right Northamptonshire, provided by Scope. The Trust separately commissions Non-Residential Short Breaks, provided by Action for Children.

The need for these service should be seen in the context of the population demographics in Northamptonshire. In 2019 there were a total of 134,966 children and young people between the age of 0 and 25. Furthermore, the number of Education, Health and Care plans (EHCP) in Northamptonshire has increased every year since 2016 with a 5% increase between 2019 and 2020 which is below the East Midlands region increase of 9%. 13.4% of school pupils have an EHCP or are receiving special educational support. This points to the need for creating better services that meet the needs of a growing population of children and young people.

These services form an essential part of the support offered to disabled children and young people and their families, enabling them to lead more ordinary lives. The Trust and the CCG recognise the important role they play in ensuring there are sufficient appropriate and accessible short breaks available across Northamptonshire which meet the needs of local families. These short breaks not only provide children and young people with opportunities to socialise and have fun, but they also provide parents and carers with necessary breaks to enable them to continue to provide care. A previous consultation on services conducted between May and July 2020, found that children, young people and their parents and carers want flexible, integrated services provided in places close to home.

Following on from this consultation, The Trust commissioned the Council for Disabled Children (CDC) to undertake further co-production sessions. These sessions took the form of half day workshops with parents, carers, SEND Board, Commissioners, Practitioners and Community Groups and engagement with children and young people to understand what short breaks are needed in Northamptonshire for disabled children and young people and their parents and carers.

#### **Aims and objectives**

Through these sessions we were seeking to take a new approach to co-designing and developing a short breaks offer which meets the needs of local families within the existing capacity of The Trust. Some of the core aims of the sessions were to:

- Explore the barriers and opportunities for disabled children and young people in their local communities
- Explore the need for different types of short break opportunities including the impact of COVID-19

- Co-produce creative and innovative ideas to improve opportunities for children and young people to be part of their communities; to have positive, enriching and ambitious experiences; and for their families to be supported to continue in their caring role

All activity was underpinned by The Trust's core values which are to:

- Be child focused and work with the whole family
- Make a difference with trust and integrity
- Concentrate on the best solution
- Act with respect, kindness and compassion
- Communicate well
- Do the best job of your life every single day

### Methodology

To successfully capture feedback from a variety of professionals and parent carers, we engaged with different audiences through tailored activity. By creating different opportunities, we were able to reach a wider range of participants in ways which enabled meaningful participation. For example, when we were seeking the views of children and young people we went to the spaces they already attended and felt safe in, and ran several interactive activities which enabled them to engage in a way which suited them. For children and young people who communicate non-verbally, we sought to get their views through observations in short break settings and staff feedback. In total, we met with 15 young people across sites in Kettering, Corby and Daventry.

Our core delivery was through two face-to-face workshops with frontline practitioners, commissioners and parent carers. These sessions were run over two days in different parts of the county to enable us to engage with practitioners and families in different parts of the community, with one session delivered in North Northamptonshire and one in West Northamptonshire. The locations were chosen for ease of access to ensure practitioners from all areas of the county were able to attend. These sessions were delivered face-to-face in a COVID safe way to enable more effective conversations between colleagues and parent carers, as well as a chance for networking after 18 months of virtual meetings. In total 21 participants attended these two sessions, with representatives from the local authorities, health, social care, the voluntary sector and short breaks providers.

Although a small number of parent carers were able to attend the two workshops with professionals, it wasn't easy for all parents to attend. Consequently, we developed a supplementary webinar with a linked survey to increase engagement from this group and keep them informed of the conversations we had in the workshops. The webinar and survey links were shared by The Trust directly to parent carers through local provider networks. The survey was open for a short period of time, closing on the 15<sup>th</sup> October. During this time, the webinar video received 58 views and 14 people responded to the survey of which 13 were parent carers.

### Best practice examples from other areas

As part of the co-design and development process for Northamptonshire's new short breaks offer, it has been important to reflect on existing examples of best practice from across the country. It is useful to draw

inspiration from other local areas who have faced similar challenges and used innovative thinking to find co-produced local solutions.

### **West Sussex**

One example that was shared was the offer in West Sussex and their corresponding Short Breaks Statement. In this statement they set out 4 clear tiers of support available to children and young people and their families which include:

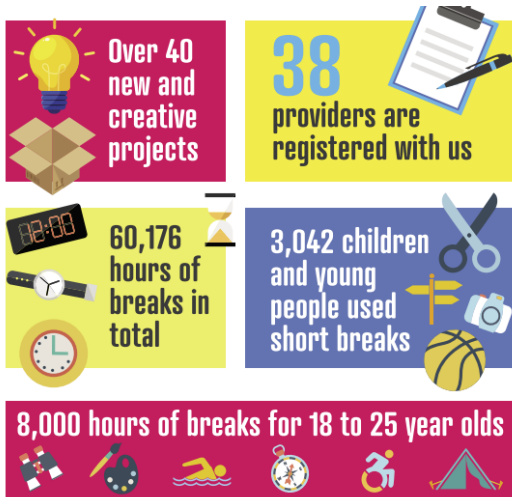
- Community-level support via the Compass Card – the Compass card offers families discounts and opportunities for bespoke, tailored disability sessions at cinemas, leisure centres, cafes, restaurants and other community-based opportunities in the local area
- Opportunities for the whole family to do things together – this tier covers supported short breaks to create different and positive experiences for the family to enjoy time together whilst still having a break from their caring responsibilities through support from a carer or provider
- Universal services – this tier focuses on supporting services in the community to be as inclusive and accessible as possible
- Targeted fun and play – this covers the specialist tier of providers offering short breaks covering socials, arts, sports and leisure activities

West Sussex also provide funds to kickstart innovation pilots to grow activity and develop new short breaks opportunities for children and young people.

The statement itself breaks down information on support available and how to access it in a clear family-friendly way. The experience of families runs through the document with observations from parent carers and children and young people referenced throughout. The document has clear information on the different provisions available, when they take place, details on how to apply and the eligibility criteria in place. Critically, they emphasis in their eligibility criteria that demonstration of 'equivalent need' is accepted in place of proof of diagnoses or benefit payments as part of their needs-led eligibility framework.

In their Short Breaks Statement, they shared some statistics on their delivery from 2019-2020. They stated that Short Breaks were available to children and young people with a wide range of additional needs and/or disabilities including wheelchair users, those with autistic spectrum conditions, profound and multiple learning disabilities and complex health needs.

They also produced a graphic detailing the support the delivered over the year and information on the children and young people who were eligible for this support.



Short Breaks services were delivered for:

- Children and young people under 18 years with additional needs and/or disabilities (up to 25 for some Short Breaks)
- Children and young people who live in West Sussex
- Children and young people who are in receipt of either the middle or high care component of Disability Living Allowance (DLA) or the standard or enhanced rate of Personal Independence Payment (PIP) or have equivalent needs.

**London Borough of Bromley**

Another example that was shared, was the learning from the recent Short Breaks Provider event that was co-delivered by LB Bromley and the Council for Disabled Children. The event was used to explore opportunities for how short breaks providers can help prepare disabled children and young people for fulfilling adult lives.

Initially the group shared some of their examples of current practices that could be transferred to other areas of delivery, as detailed in the graphic below.



Following on from this, the providers broke down some key areas for development to continue to evolve their delivery, including:

- Think about developing services based on 'like minded' interest and skills rather than age ranges tied to legal or funding arrangements
- Lots of providers are thinking about PfA for young people post-16 how we can extend this down the age range
- It's important to keep a focus on fun and positive experiences and adapt them to support outcomes
- Create opportunities for providers to work together and think creatively, especially where children and young people are moving from one service to another or accessing more than one provision

These examples were shared in both the face-to-face workshops and in the online survey to encourage participants to consider whether elements of these offers should be incorporated into the future Short Breaks offer in Northamptonshire.

## **The sessions**

### **Visits to current provisions**

In advance of the workshops, webinar and survey, colleagues from The Trust and CDC staff undertook several visits to current providers to get the views, wishes and feelings of disabled children and young people already accessing short breaks services, as well as staff working there. During these visits, staff were able to meet young people at short breaks provisions in Kettering, Corby and Daventry. Additionally, a visit to the residential setting at Northampton was also arranged to meet with staff and see the facilities. During these visits we were able to engage with 4 young people in Kettering, 2 young people in Corby and 9 young people in Daventry.

In these sessions we used a variety of different methods to get the young people's feedback including two interactive activities, informal conversations and observations for those who couldn't participate in these activities. It is important to note that the engagement in the different activities varied. 6 young people in Daventry, 3 young people in Kettering and 2 young people in Corby participated in My Perfect Day at Short Breaks but only the 3 young people in Kettering completed the My Feelings worksheet.

The first interactive activity was called My Feelings. To understand how young people feel about their short breaks we asked a series of questions and got the young people to respond by writing down or pointing to a word or colour that represents how this makes them feel. This included how they felt when they were getting ready to go to their Short Breaks and how they felt when they arrived and left. The overwhelming feedback from this activity was that children and young people really enjoyed their experience at short breaks with 100% reporting feeling happy when they arrive at their short breaks. The only negative emotions were the anxiety of getting ready to go and sadness at the point of leaving.

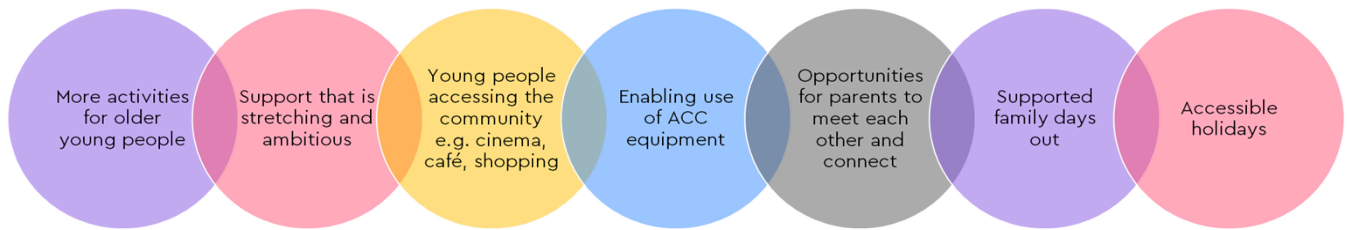


In the second activity, My Perfect Day at Short Breaks, the children and young people picked 5 different activities that would make up their perfect day at short breaks. They were given a prompt sheet with some ideas but also encouraged to come up with any ideas of their own. There were many different ideas suggested but 5 activities were the most popular. These activities were diverse in nature but all achievable through a short breaks provision.



At one of the settings a carer shared their experiences of the opportunities for older teenagers including what was working well and what could be improved. They discussed the fact that there is a good level of support from the existing short breaks services, and that young people feel happy and safe when they are there, which mirrors the feedback from the My Feelings activity, as well as mentioning that staff know the young people well. However, they also shared some suggestions they had for older young people which should be built into any future designs for short breaks provisions:





Not all young people were able to participate directly in these activities so observations of their experience within Short Breaks were made, with further insight sought from the professionals around them. For example:

- He liked wandering around the outside area, he particularly liked watching all the volunteers doing the gardening, he was laughing a lot when it was lunch time and he was eating his food which he loves
- He loves music and being able to control his own environment. He likes playing football and said he was happy when asked how he feels about being at the club
- He likes routine and seems very happy at the short break, smiling a lot and engaging well with staff. He likes animals and going to the farm.

We were also able to get some feedback from the staff at these provisions on what they thought was most important to consider when redesigning the short breaks offer. 4 key themes emerged out of this conversation:

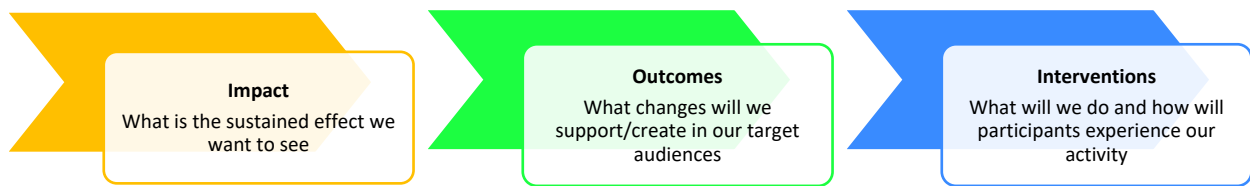
1. **Varied activities** – staff know that the likes of the children vary so much but they have identified that children would really enjoy a theatre group, trampolining, farm trips to see the animals, climbing. All of these tallies with the young people’s feedback in My Perfect Day at Short Breaks
2. **Consistency** – staff acknowledge that consistency is important for most children and their parents in terms of routine, venue and staff with regard to building up relationships
3. **Socialisation** – staff have flagged that socialisation is an important part of the activities and learning how to share and consider other children
4. **High quality services** – It is important that the Short Breaks services are of high quality and that parents are confident to leave their children. A way that one setting currently supports parental confidence is by having a handover book to explain what the children have done during the session

**Face-to-face workshops**

The second stage of this project was the delivery of two face-to-face workshops with practitioners and parent carers to explore in depth and to begin to co-develop a short breaks offer which builds on existing services and supports which are working well for families, whilst also creating a space for new and innovative approaches.

The face-to-face sessions included a summary of the legal obligations of the local authority in relation to the provision on short breaks to give a grounding of the legal framework; a review of good practice examples from West Sussex and a London Borough to see what might be possible in Northamptonshire; and the main session focused on co-developing a shared vision. The development was underpinned by the feedback from children, young people, carers and staff at the short breaks providers.

During the second part of the workshop the focus shifted from the current activity onto the longer-term goal/impact we were seeking to achieve so, where necessary, the approaches to short breaks could be redesigned to ensure that they are sufficiently focussed on progress towards the outcomes and ultimately the impact that we seek to achieve for children, young people and families. The diagram below sets out some key questions in defining this approach.



**The impact**

The first stage was to collectively decide the key impacts we are seeking to achieve with the short breaks provision. Practitioners and parent carers agreed that the focus should be on creating accessible, co-designed opportunities for children and young people which mirror the activities their peers can access. They also recognised that taking a whole-family approach which involves parents, siblings, and the wider family was important.

Linked to some of the feedback from staff at the provisions and the experiences of practitioners in the room, they also emphasised the need for consistent service which young people can understand. Finally, personalised approaches which focus on aspiration building and developing identity were highlighted as a core element of future delivery.

Based on this feedback, 5 key impact statements have been pulled out into the graphic below to be used to guide future planning and delivery of a short breaks offer:



### The outcomes

After agreeing these core impact statements, the group moved on to discussing the outcomes they want to achieve for children and young people. There were lots of views shared around this but some of the main areas of feedback were:

- Families to have greater confidence in staff supporting their children and young people and to feel more supported
- Increase capacity in the sector by developing the infrastructure for volunteer and career pathways across the county
- Increase availability of quality support through a well-trained and supported workforce
- Improve matching of staff to maximise their capacities and broaden opportunities for young people
- Increase dynamic ways of working suited to the population by improving information sharing and creating a clear feedback loop

Leading to a series of outcomes as set out below:



### Mapping existing supports

The next stage of the session was designed to explore existing interventions and map out the different provisions currently available across the county including considering how well these services meet the needs of the community.

As part of this mapping activity, attendees were asked to consider the barriers that exist, and the steps that need to be taken to ensure the activities align with the impact and outcomes set out above. In this process, participants agreed that while there are really good providers across the county there are several barriers to engaging, for disabled children and their families, that need to be overcome in order to achieve the impacts and outcomes. These barriers can be seen in the graphic below:

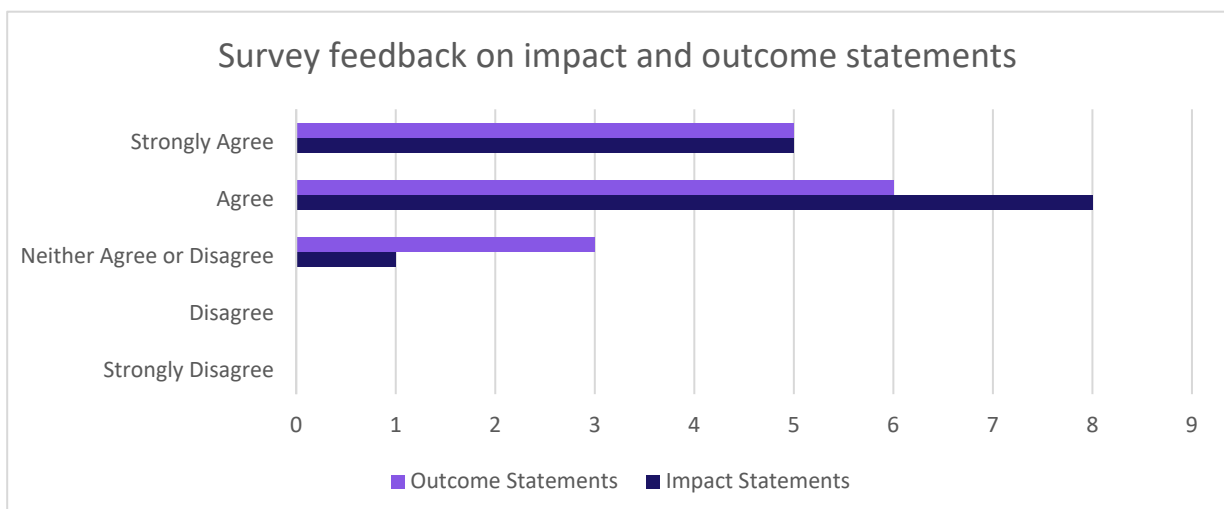


**Webinar and Survey**

There was limited uptake of spaces at the face-to-face workshops from parent carers, which may be due to issues with capacity and ease of access as well as the timing of the events being close to the return to school and college in September. Therefore, to ensure the views of parent carers were embedded in this co-production process a supplementary webinar with a linked survey was disseminated to capture the views of those unable to attend the workshops.

The webinar featured a summary of information on the legal framework for short breaks, examples of good practice from West Sussex and a London Borough and shared the feedback from the face to face workshops outlining the impact and outcome statements that had been developed. At this point, participants were asked to pause the webinar and go to the online survey and give their feedback on the statements that were shared.

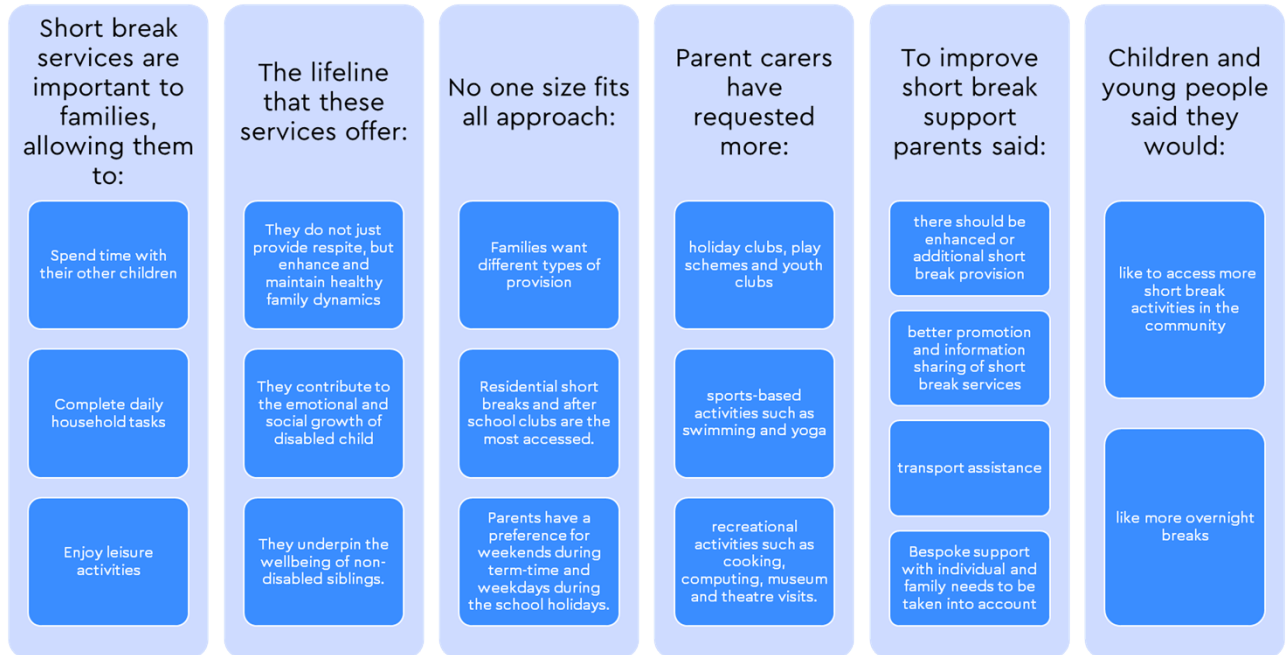
The feedback was overwhelmingly those parents and carers responding agreed with the statements that had been created in the session with 92.8% of participants either agreeing or strongly agreeing with the impact statements and 78.6% of participants agreeing or strongly agreeing with the outcomes statements.



Once they had completed this part of the survey, participants were invited to re-join the webinar to hear the feedback that CDC gathered, during the visits to current provision, from children and young people,

parent carers and practitioners at the short break services. In addition, a recap of some of the points that have been shared in previous consultation activity was also set out and can be seen in the table below:

After participants reviewed the previous feedback, participants were asked to return to the online survey and answer the final questions.



The first question was whether the current short break services are working well. There was a positive response with over three quarters of respondents (77%) saying yes.

This was accompanied by some qualitative feedback on why the services were working well:

- “This is an opportunity for her to learn new things and have friends. It’s also a nice time for her to enjoy which continues into the school holidays”
- “It is vital to these children to have the chance to get involved and socialise without feeling different, important the parents have a break too’
- “My son loves being able to access the different activities available and he loves being able to explore the outdoor area”
- “Children are happy and have a chance to take part in activities and be independent.”

However, there were also some concerns which were shared by parents who have not had a good experience of the short breaks offer:

- “Too complicated to get a referral”

- “During the pandemic we have had no outside involvement from any professional, our boy is immunosuppressant and has not been taken into consideration for anything that could have helped him or us as a family”

These comments are reflected in some of the barriers and challenges that were mentioned in the face-to-face workshops. The comment relating to the pandemic also highlights the impact of COVID has exacerbated some of the pre-existing inequalities in accessing provision and raises the question of how to ensure that all disabled children and young people can access the support they need.

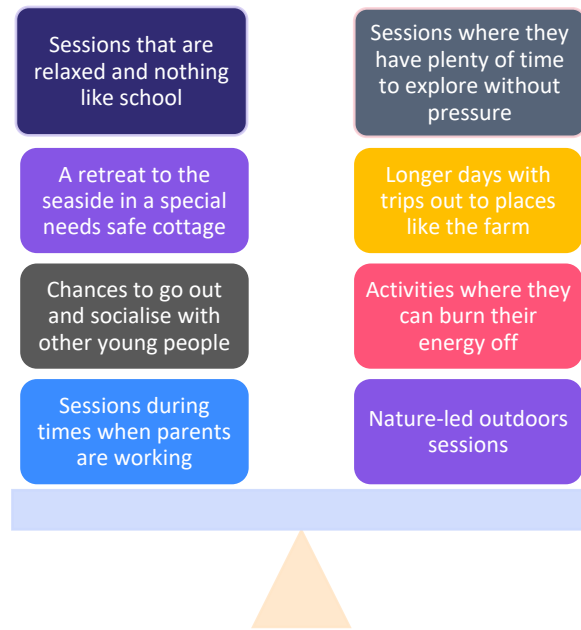
One respondent to this survey was a social worker for a family-based short breaks service who also raised a concern that the Family Link service does not appear to be receiving the number of referrals they have had in previous years. In addition, recently they have been receiving referrals of children whose needs are over and above what the existing family-based service can support, including children with behaviours that challenge where children are needing 2:1 support. The existing service has a range of carers, including single carers, and this would mean being unable to meet this level of need. Similar feedback was shared in the face-to-face sessions.

Parent carers were also asked what they would change about the short breaks offer if they could. There were some common responses with four parent carers not wanting any changes to the service they receive, two wanting a wider range of activities, two wanting an increased frequency of days and two wanting slightly longer days to be offered. However, there were also some important individual observations, including one parent wanting there to be sessions on offer nearer to where they live. Additionally, one parent wanted more feedback on what their child actually does at the short break session. They know he is happy but as he is non-verbal they don't always know what he does during sessions

There were also some more specific pieces of feedback regarding personal experiences of the system that were raised;

- One parent mentioned an issue that happened during a trip to Gulliver's – 'I said that my daughter does not walk long distances and requires a pushchair. It was decided to go without it but I had to collect her early due to them having to carry her. This has meant that she will now ask to be carried which is not possible as she is too heavy. It's also the reason we have the pushchair. The repercussions of this day out caused at least a week of wanting to be carried while out on a walk'
- One parent raised that there are currently not enough staff at the provision, so they are having to stay and supervise him
- Another parent stated that they had never been able to actually access a break for their 11 year old son and felt they were having to jump through excessive hoops and red tape

Participants were also asked to tell us about how they would design the perfect short break for their child and while there were variations in the specific options suggested, several key ideas came through.



**Ideas and innovation**

There were a number of key areas for development identified through both the workshops and the survey feedback. These fitted broadly within three themes of ideas to continue to explore and co-produce. Some of the initial ideas are set out below and link to some of the particular barriers identified as well as to progressing towards the outcomes and impact:



**Recommendations and next steps**

Low cost, no cost:

- Co-develop a digital campaign to raise awareness of Short Break opportunities and how to access them and promote this through the SEND Local Offer, schools, colleges and community partners



- Establish a short break provider network of both existing and prospective providers to improve:
  - Awareness between providers of the different opportunities available to enable them to effectively sign post families
  - Communication and collaboration between providers
  - Ideas and innovation to help increase the range of activities available
- Review current volunteering infrastructure across the Trust and CCG to identify opportunities to develop this workforce:
  - Explore links with schools and colleges for work experience and volunteering placements to build the future workforce
- Co-design and deliver an information sharing event for families, providers, prospective staff and practitioners supporting families

Longer term investment/action:

- Develop the opportunity for a parent-led engagement programme to support more detailed exploration and design of the ideas set out above with co-production with families embedded in an ongoing way
- Bring together working groups of key practitioners, providers and parent carer representatives to co-design new types of service such as:
  - Buddying support particularly to enable young people to access their communities and prepare for adulthood
  - Flexible and creative opportunities that can respond to the different skills and interests of children and young people
- Build inclusive communities through working with local mainstream providers. This could include:
  - 'buddying' short break providers with mainstream providers
  - Workforce development programme for mainstream providers and staff teams to build disability awareness and inclusive cultures
  - Develop or sign up to a 'disability friendly' campaign and enable local businesses to sign up. This could include a 'compass card' style tier of support

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## Short Breaks and Respite for Children with Disabilities Results of Engagement April / May 2023

### Introduction

We wanted to hear the views of families, staff and other professionals on the future shape of the way short breaks are provided for children with disabilities so began a 6-week engagement campaign which took place from 18<sup>th</sup> April to 29<sup>th</sup> May 2023. The engagement was able to capture the views of 233 people from an electronic survey and 6 focus groups. This report looks at all 233 responses.

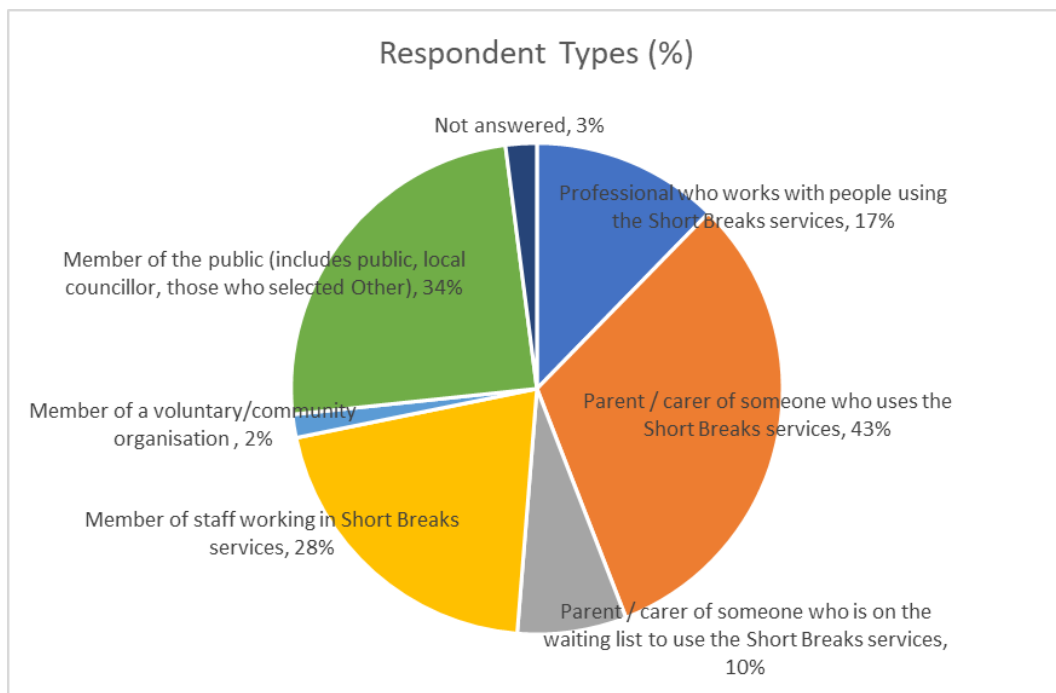
The electronic survey received 195 responses, 126 fully complete and 69 partially complete. 38 people attended the focus groups, 25 short breaks staff, 7 parents/carers and 6 practitioners.

Of the 6 focus groups 3 focus groups were with current provider staff and 3 were a mix of practitioners and parents / carers. 2 focus groups took place in Northampton, 1 in Kettering, 1 in Wellingborough and 1 in Rushden plus one virtual group. There was a range of different times and days to try and make sessions as accessible as possible.

### Electronic Survey Results

#### Respondent Information

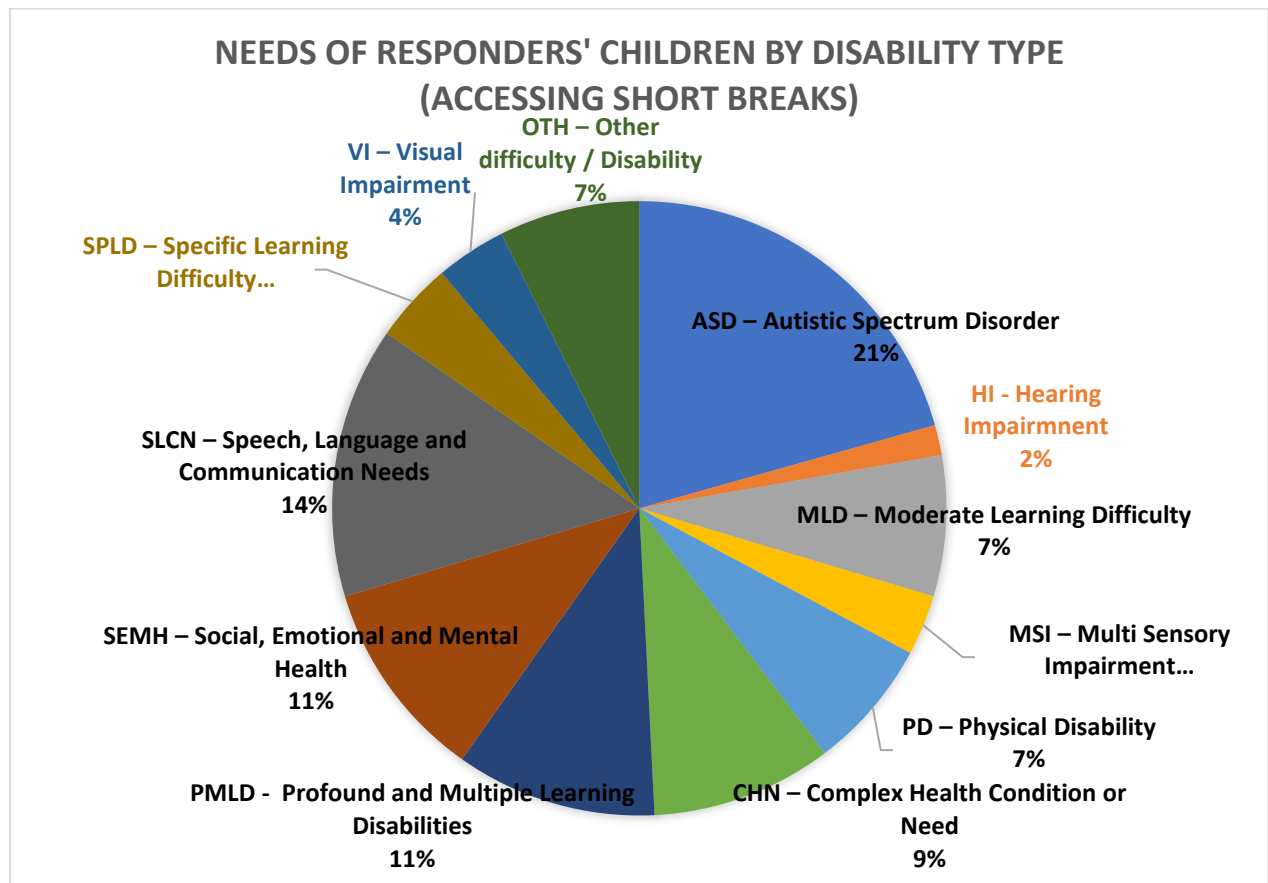
The majority of responses were from parents/carers of someone who uses the Short Breaks services (43%). This was followed by members of the public which made up 34% and staff working in Short Breaks services at 28%.



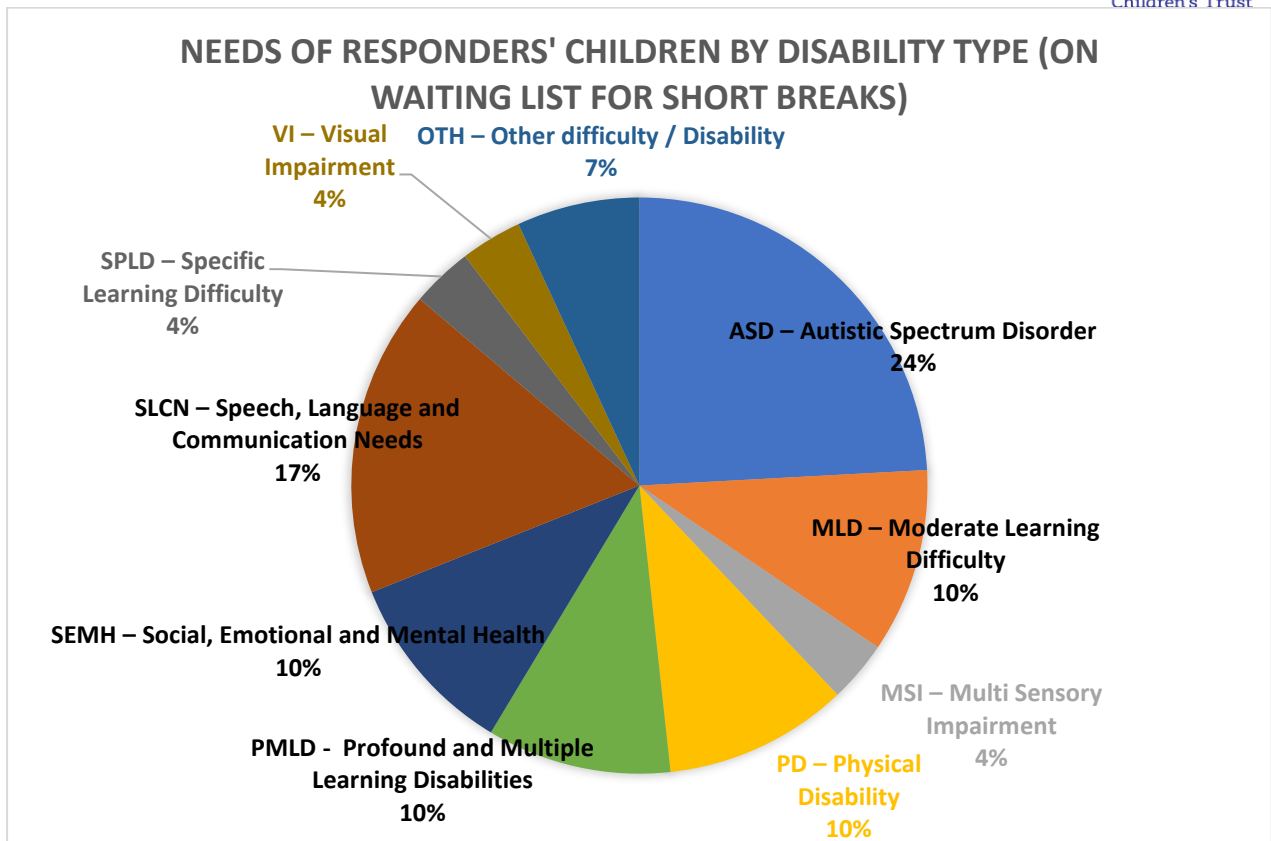
## Child Information

The majority of parents responding to the survey had one child with a disability. The largest age group was young people who were 16 years old.

The highest disability type for children of the responders who access short breaks services was Autism Spectrum Disorder (ASD) at 21%, followed by Speech, Language and Communication Needs (SLCN) at 14%.



Parents / carer's children who are on the waiting list were very similar to the responders' children who were accessing short breaks, with the two highest disabilities being 24% of children who were Autistic and 17% having a speech, language or communication need.



### Personal Care / 1:1 Staffing Needs

72% of responders' children required either personal care or 1:1 support.

### Access information

Most of the respondents accessed either non-residential short breaks services (35.5%) or attended residential short breaks at John Greenwood Shipman (JGS 35.5%). 12% were waiting to access a service.

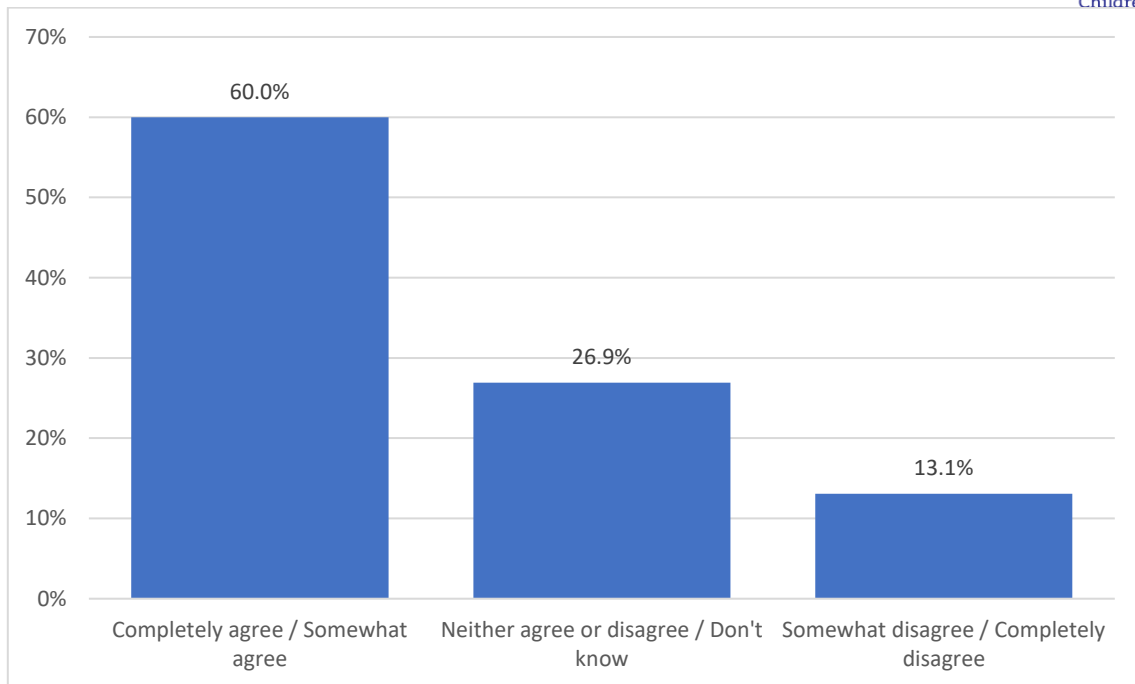
For the non-residential short breaks services most respondents attended Fernie Fields in Northampton, Daventry was the second most attended and third most attended was the commissioned service at Greenpatch in Kettering.

Other community services attended were non-commissioned Greenpatch (23%) and The Cube Disability (15%).

Activities attended were holiday clubs (28%), sports activities (15%) and arts and crafts (5%).

### The Survey Questions

1. To what extent do you agree / disagree with bringing residential and non-residential short breaks services together to support the needs of children with disabilities?



60% of responses completely or somewhat agreed that residential and non-residential services should be brought together to support the needs of children and families. Those agreeing the most were Parents / Carers who had children on the waiting list and members of the public. The majority of staff either did not know or neither agreed nor disagreed. 130 people answered this question.

Some parents said there are currently not enough services to access so it would be invaluable if this meant additional services, more intervention and access to support earlier. Parents said that although they are sceptical, the current model doesn't work so they are open to change. There is the emphasis for a variety of providers, opportunities and choice needed. Some parents said that a joined-up service would be great if it was more flexible and met the needs of the child and family whilst also avoiding repeating information and form filling which families don't have time for. There was a concern that overnight short breaks would be reduced to fund other services and the quality of services will be decreased if it is combined. Some comments said that equitable access is very important and all families should be considered and assessed, it is currently very disjointed and overwhelming for families.

There were also comments that this question was ambiguous, and their response would depend on how the model is accessed and implemented.

### Focus Group Feedback

**Parents** generally felt that it was a good idea but only as long as the Provider could deliver the model and manage the staff to a high standard of service. They wanted to be sure that the new Provider should understand the range of needs and complexities that the children accessing the service have.

Parents and staff both had concerns about the budget staying the same and wanted to know how the new model would be achieved within budget.

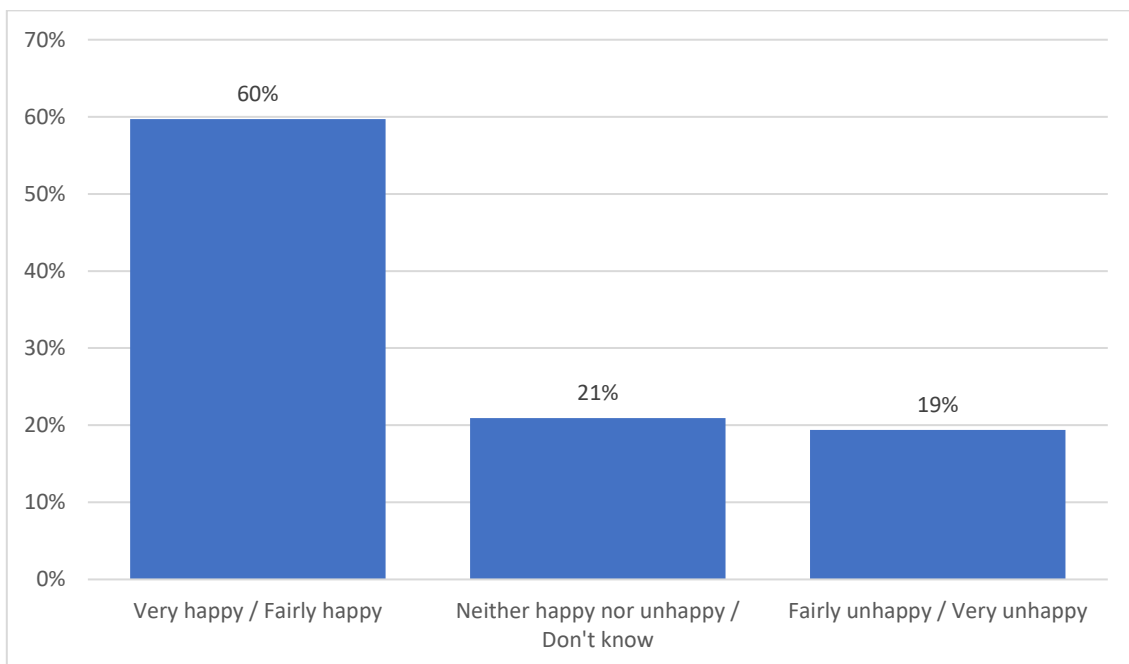
**Staff** had questions about how the services would be affected and how it would work such as; how long the contract will be, who could be potential providers, how will a cross county service work

with two separate unitaries. They said that it is unsettling going through this but said it did feel different to before. Staff did start identifying potential opportunities on how to join up and how to use premises / staff differently such as running non-residential groups in residential short breaks centres.

All parents and staff wanted to be regularly consulted throughout the process so that they could keep up to date. Parents wanted an ongoing forum or focus group to monitor progress.

There was generally an agreement from parents and staff that the idea of joining the services with one lead provider was a good idea in principle but were tentative about how well it would be executed in practice.

**2. How would you feel about a staff team that could flex support across residential and non residential short breaks and potentially also support in the home?**



60% of responses were very or fairly happy with a flexible staff team. The majority of each of the groups were very or fairly happy except Staff where the majority were very or fairly unhappy. 129 people answered this question.

Some parents say this makes sense as providing continuity of care across settings can be beneficial to ensuring that knowledgeable staff are caring for their child, with a staff team they have built a relationship with. Some parents were concerned about the training and quality of the staff, as the staff in residential short breaks are more highly trained compared to staff in other services.

Many are positive about bringing staff together and say it will help their child to feel less anxious in new environments if they know the staff around them. Some staff working in short breaks commented that they are happy in their current role and would not want to work in different environments such as in families' homes.

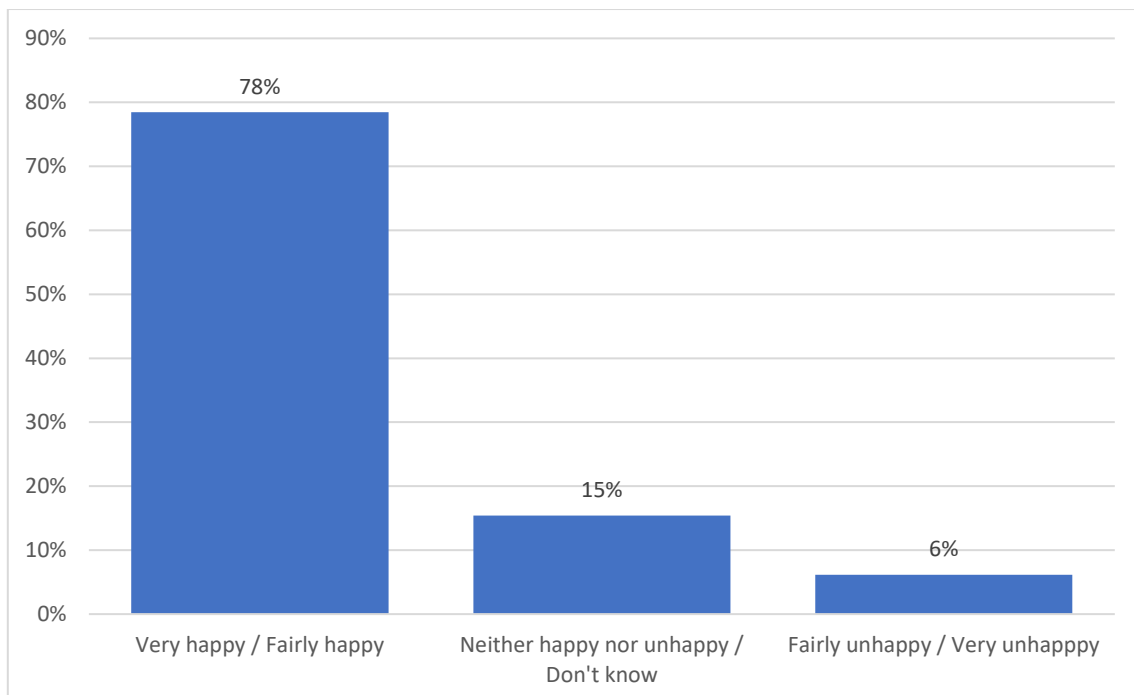
**Focus Group response**

**Staff** had more concerns about this question than parents did, but they could see the pros and cons of this approach. Questions from staff were about how their current contracts and working practice would be affected as well as Ofsted registration and the nursing staff for the residential short breaks. They liked the theory of the model but were tentative about how it would work in practice. They could see the potential to improve staff cover for annual leave and sickness absence and more opportunities to increase skills and knowledge and also working hours for those who wanted more hours. They could also see potential to be able increase opportunities to recruit apprentices and have student placements.

Concerns about the impact on families were two-fold, the positive being that children with 1:1 staffing needs could have better support to access non residential short breaks and that there could be a consistent approach of supporting children across all services. However, they also felt that children who like consistency of approach could be affected if there are too many staff changes.

The staff started to think about potential opportunities and ways to manage this such as copying what RSB do with their newsletters by having a focus on a different member of staff so that parents can get to know them a bit more. Having more opportunities for staff to be PAs for parents when they have a Direct Payment and what opportunities there would be around personal care and support services (whether they were part of the budget?). Whether the joined-up staff approach could widen out to other staff such as community nurses and behavioural teams to improve the multi-agency joint working. Finally, they felt that there would be more opportunities to build links with community services.

**3. How would you feel about one referral point and joined up assessment and reviews for all of the short breaks services?**





People were overwhelmingly in agreement with one referral point and joined up assessment and reviews for all short breaks services, 78% (102). 130 people answered this question.

Parents said that not having to repeatedly tell their story and child's needs to professionals would be hugely beneficial. The current system is very complicated and the simpler and more direct the better. One comment stated that a danger of one referral point means that it may be missed by families not aware. There was also a comment around data sharing and one parent made the point that they only wish to share their personal data with the service that their child is accessing.

Another point that was raised in the survey and focus groups, is that having one referral point will create a bottleneck for these services, leading to an even longer waiting time and higher criteria.

### **Focus Group response**

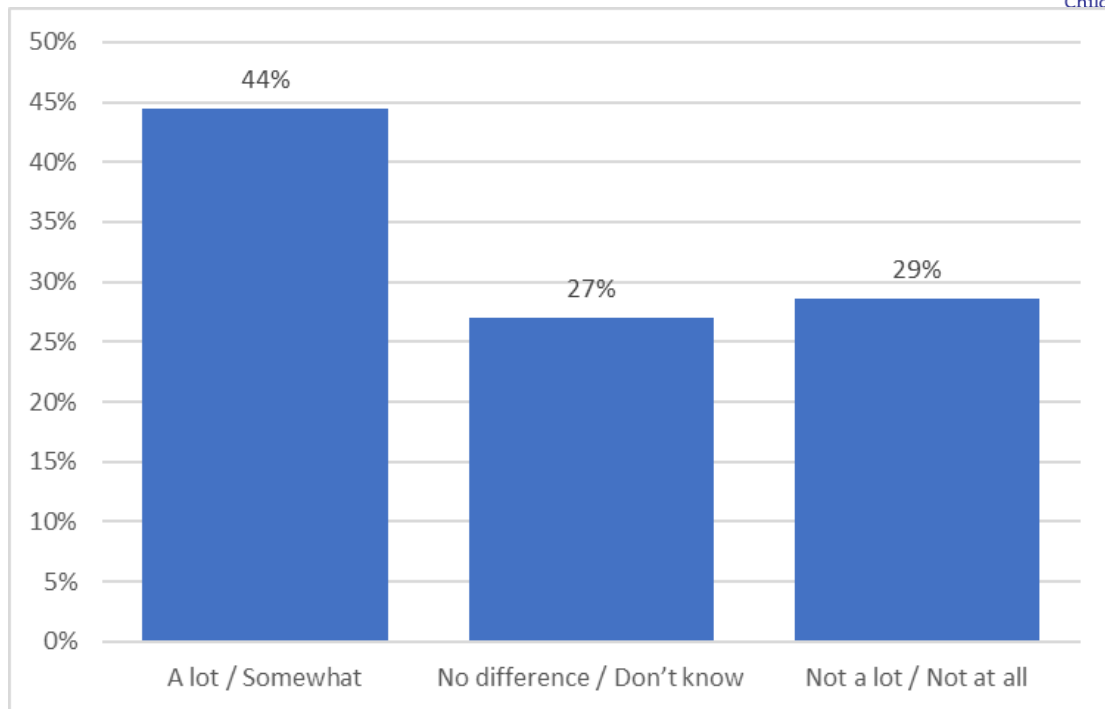
Parents said that it would be better for them, currently the only way they know about any services is talking to other parents. They felt that the current system is very disjointed and spend hours searching for activities and support. They said that they lose track of who they have spoken to and that even Social Workers do not understand the process. A single point of access would be easier for them and professionals to navigate. They asked about how this would work practically, who could refer and how it would affect the service that they receive. There were also concerns about a potential influx if it became apparent that there was an easier way to access the services. Parents said that it is such a battle to get any support and questioned whether it was deliberately hard.

Parents said we need to change the wording around inclusive because it is not - being inclusive is supporting any disability, any need which most services cannot do

Staff felt that it makes sense to have a joined-up assessment and review for all short breaks services. They felt that it would be interesting to see how it works in practice. They felt that the benefits would be that families would not need to repeat their story multiple times and reviews might be timelier. They felt that the support for the identified need may improve and gave examples of transitions such as turning 18, individual support such as buddies.

Staff felt that it would be good to have a single care plan across all services for a really joined up approach.

#### **4. To what extent do you feel that improved access and flexibility of non-residential short breaks would reduce your need/or the need for residential short breaks?**



The majority (44%) of people agreed that increasing the number of non-residential short breaks services would reduce need and reduce the need for residential short breaks. Parents on the waiting list and Other Practitioners were the groups that agreed the most. Staff agreed the least with a higher percentage not knowing or not thinking it would make a difference. (126 people answered the question).

Many families are saying that residential short breaks are so key because it gives them a good night's sleep and a proper break, which couldn't be replicated in the same way in non-residential short breaks or other services. Extended breaks are needed for many families to prevent burnout. A lot of families said that this may make a difference for other families but felt it was not the case for their family.

### Focus Group response

Parents said that there is a gap between residential and non-residential services. They said that there are children who miss out as they do not fit the remit. It was noted that early help services used to be well funded during the 'Aiming High' funding days and that these services worked. They said that an overnight at JGS or Squirrels is the nearest thing that some children get to having a sleepover at a friend's house as this is something these children will never experience.

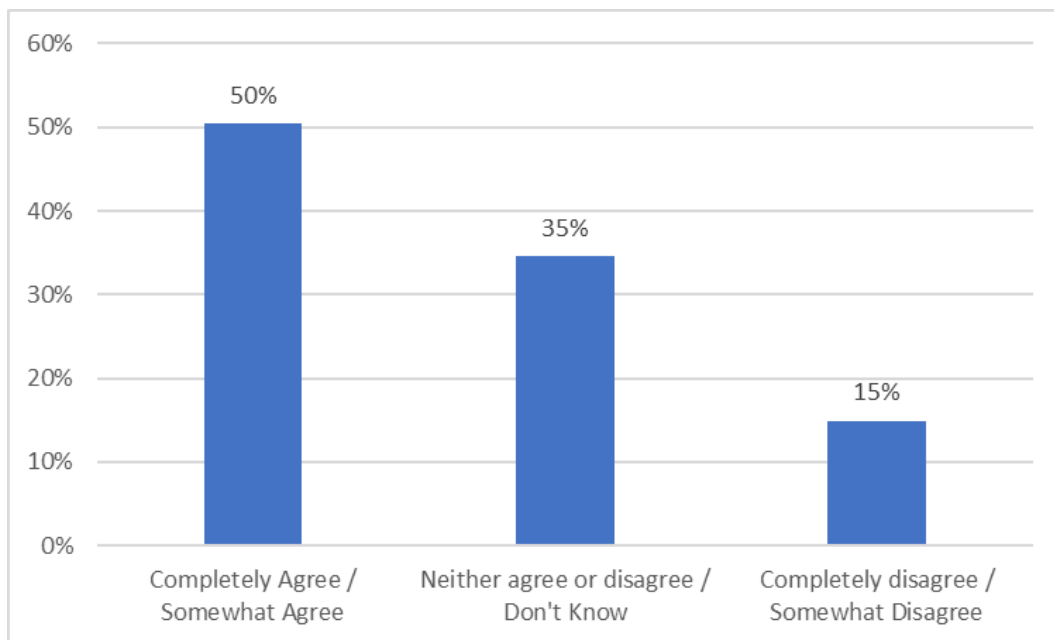
One parent said that they understand how much more overnights cost compared with non-residential services but that it might prevent crisis situations if there was more regular and frequent support. They said that for children who do not have very complex needs, overnights could be much cheaper and that her son has accessed overnights at the Lowther centre (Scout centre), and it makes a huge difference. Overnights do not have to be expensive.

Staff and parents were both quick to say that residential short breaks are still needed and are a lifeline to families. Staff did however agree that there needs to be earlier engagement with families and that we need to overcome the barriers that children needing 1:1 and 2:1 staffing currently face.

Staff were able to identify occasions when it might have been better to offer a non-residential short break. There was one case where a young person would have benefitted from a daybreak instead of an overnight break.

They said that sometimes parents need parenting classes to give parents confidence in using strategies and tools to support their child. Staff said that many children come in later (RSB) but should have come in earlier, if a young person comes in at 15 it is very hard to then manage their behaviour. This traumatic time might have been avoided if earlier support had been put in. They did say though that the threshold is too high to access services. Sometimes the issues leading to needing the support are not resolved and the parent's emotions and trauma should not be underestimated.

**5. To what extent to you agree/ disagree that there needs to be an increase of non-residential short breaks opportunities to children requiring 1 or 2 members of staff, even if it means that the overall number of available places will be less frequent as a result**



The majority of respondents completely agreed or somewhat agreed that there needed to be more non-residential short breaks for children requiring 1:1 or 2:1 staffing to attend services. All groups except staff had a majority agreeing with the statement. The majority of staff either did not know or neither agreed nor disagreed.

Many families agree with this statement as they say they were told their child could not access non-residential services due to the staffing levels needed. There are many comments that all children should be able to access these services, no matter their need. Some respondents commented that there should be more opportunities but not at the expense of spaces.

There was a comment that residential short breaks are the services most in demand, rather than non-residential short breaks therefore this does not make sense to increase these and reduce residential short breaks. For some children, routine is very important and infrequent support can be more disruptive than supportive.

## Focus Group response

Both parents/carers and staff felt that there was a need for non-residential short breaks for children with 1:1 and 2:1 staffing needs. Both groups also had examples of children who could not attend non-residential short breaks for multiple reasons such as non residential could not support, not enough staff, cost of venues, increased challenges such as medical / behavioural, no service for children wearing pads, complexities of mixing with other children, parents having to attend or using their PA to attend.

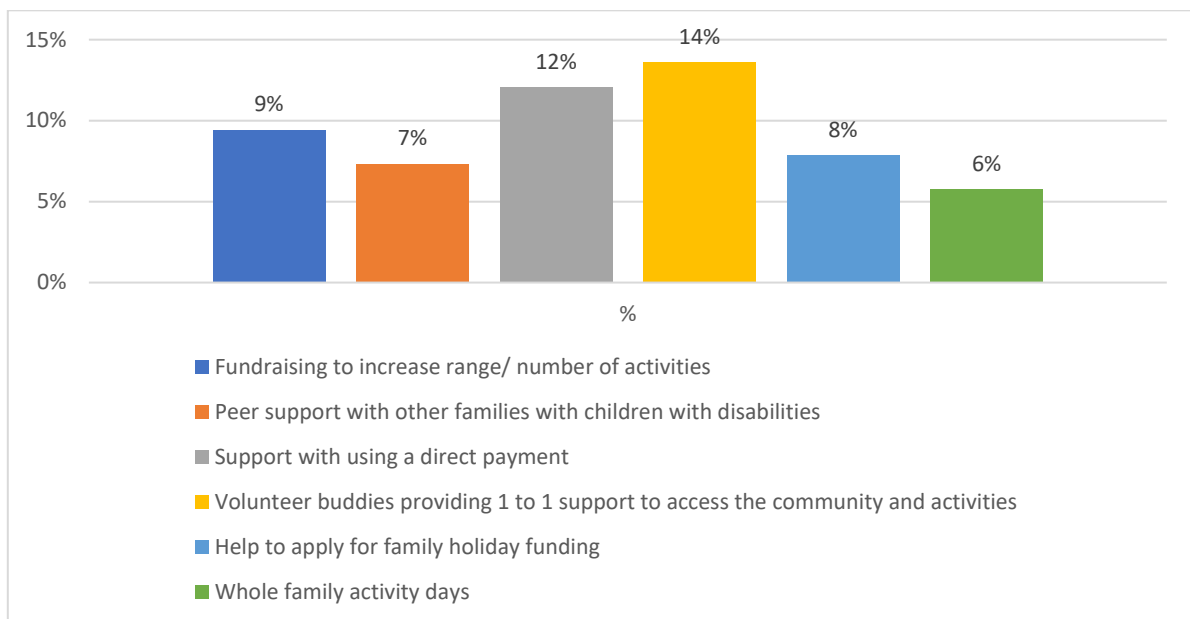
They felt the results of not being able to attend are a lack of opportunities to make friends, family breakdown, families desperately need respite, reduced services as children get older, parents do not get a break as have to attend and children don't get time away from parents.

Parents commented that there are a lot of services for children with low or moderate need but there is nothing for children with high needs.

### 6. Are the additional services below, suggested as part of the previous engagement sessions, still relevant?

#### Additional services

In the 2020 engagement, the below services were suggested to be included in future short breaks services. The survey asked which services were still relevant and would be beneficial.



Volunteer buddies providing 1 to 1 support to access the community had the highest response at 14%, followed by support with direct payments at 12%. These categories received 38-43% of their responses from parents of children who access short breaks. A fundraising Post had the highest preference from staff in the short breaks services. The service with the highest response from professionals was also for support with using direct payments.

In the survey, there was also opportunity for parents to add any other services their children with disabilities accessed, shown in the list below:

- Autism East Midlands
- Brookside Day Services

- Kingsley Special Academy
- The Cube Disability
- DISC – Disability Inclusive Sports Club
- NAB – Northamptonshire Association for the Blind
- Flipper Club
- The Green Patch
- Ups n Downs
- KTFC – Kettering Town Football Club - Multi-Disability football
- Northampton Saints Wheelchair Rugby
- Youth Inspired
- Spectrum Northants
- Disability Bowls England
- Born to Perform Dance School

There were lots of suggestions for holiday clubs to be run as part of schools, including more clubs and activities for teenagers. Some families have said it would be nice to have events for the whole family including siblings as it is positive to see other families in similar situations and to feel understood and supported by one another. Some said that it is important to tailor activities to the age and interest of children.

Comments on support to find funding for family holidays were to find features such as safe space beds and fenced in gardens. Some families said it would be beneficial if short breaks services could allow families to also go on holiday with other children in the family. Some parents also said they would benefit from support in the home with paperwork and forms.

93% attended activities specifically for people with disabilities.

54% of those attending residential short breaks received 1 night per month and 72% attending non-residential went 1 day per week.

### **Focus Group response**

The most popular option at the focus groups was Buddies for both staff and parents with examples of children who would benefit from a service like this. Parents said that young people have personalised budgets but cannot find people in order to spend it. They also felt that it was a good opportunity to be with younger people.

A parent felt that the fundraising post is a good idea.

Staff felt that the support to get funding for holidays would be beneficial but also to help families with days out too. It was asked whether the holidays would be abroad. It was suggested that activities and holidays for children who need low noise would be good. It was noted that Northamptonshire Carers do holidays.

Parents felt that somebody to help parents find out what services are available would be beneficial, parents and carers lives are so busy that they often miss what is going on.

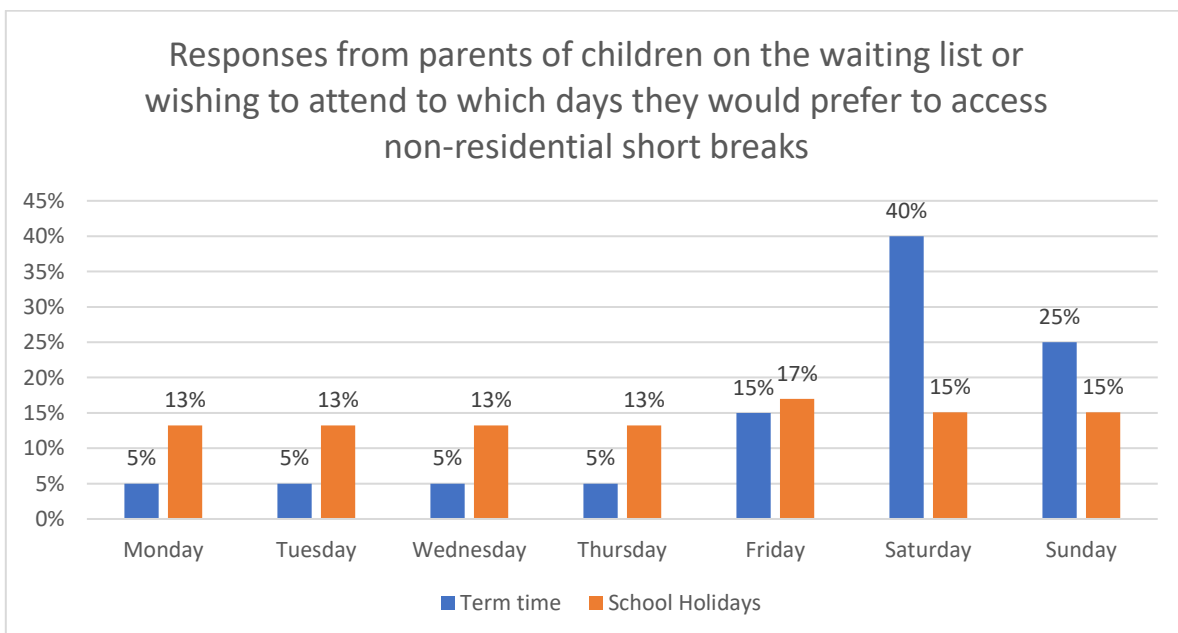
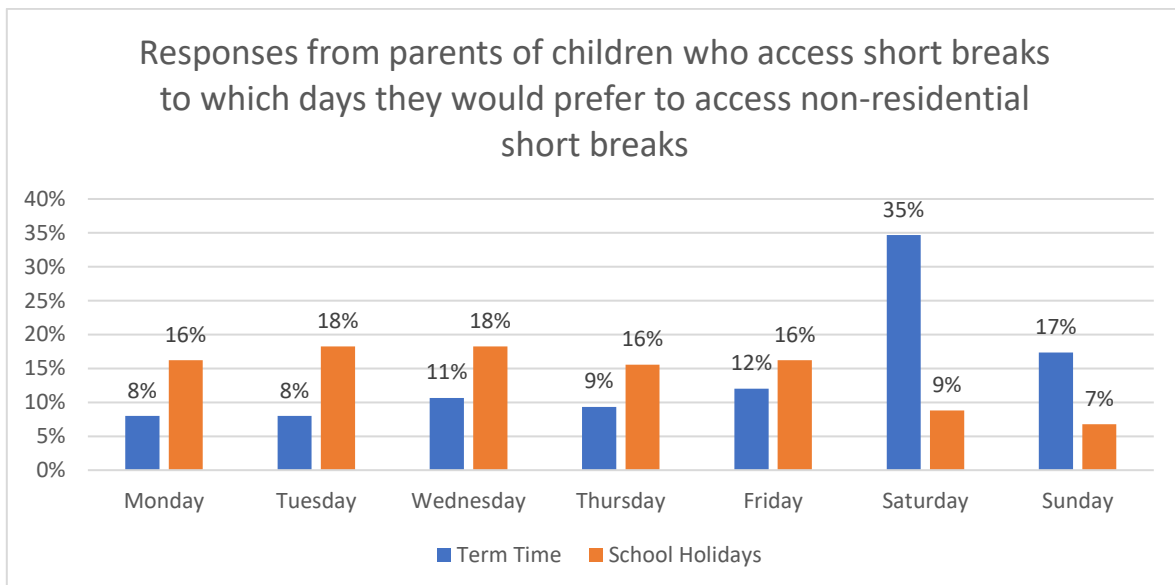
Parents commented that they do not want volunteers looking after their children.

Staff said that a gap is people to be PAs for families direct payments.

Parents suggested that services until young people were 25 would be good.

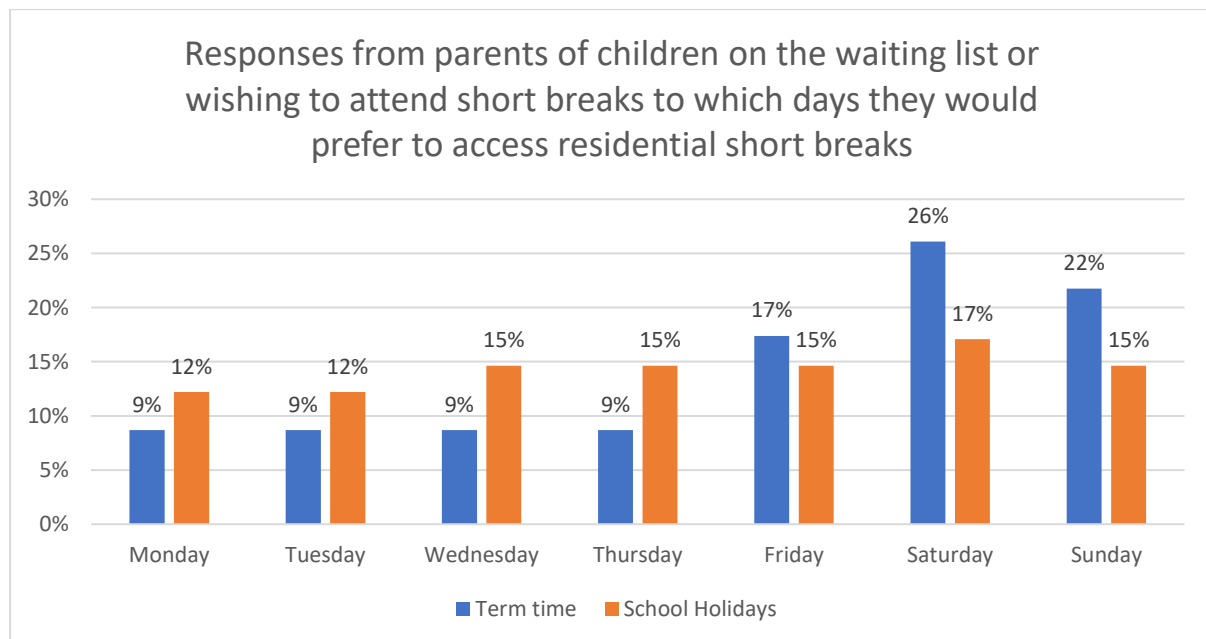
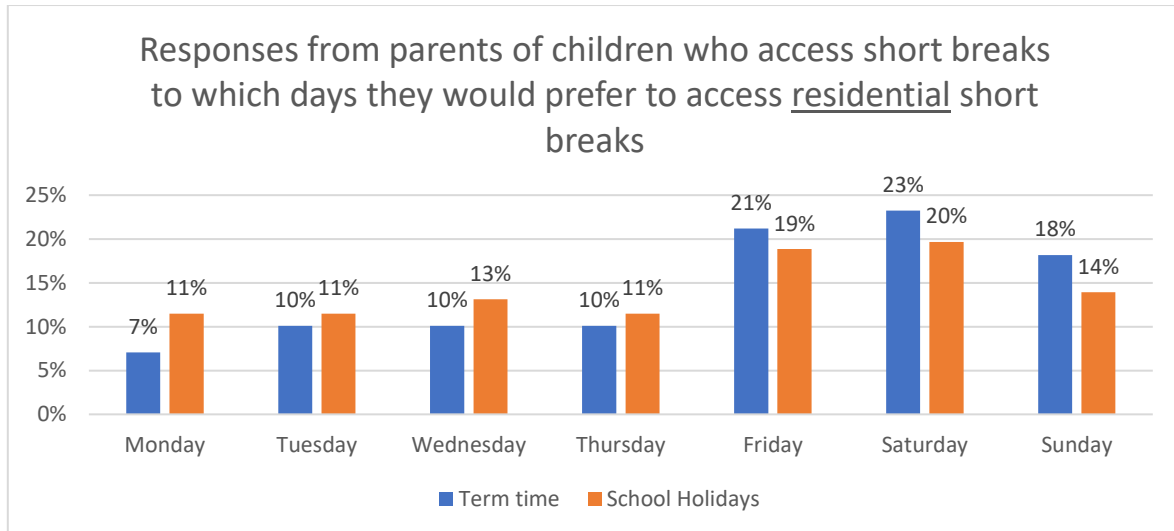
**Parents / Carers were asked their preferred days to access short breaks services**

**Non residential short breaks** - During term time, the preferred day for both groups of parents, accessing and on the waiting list, is Saturday (36% of all responses), followed by Sunday (19%) then Friday (13%). In school holidays, the preferred days for parents of children who are accessing short breaks are Tuesday and Wednesday (18%), followed by Friday and Monday (16%). For parents of children on the waiting list or wishing to attend short breaks, their preferred day in school holidays is Friday (17%), followed by Saturday and Sunday (15%).



## Residential Short Breaks

**Residential short breaks**, the preferred day during term time for both groups of parents is Saturday (24% of all responses), followed by Friday (20%) and Sunday (19%). The least preferred day term time for both groups is Monday (7%). In school holidays, the preferred day is also Saturday for both groups (19%), again followed by Friday (18%) and Sunday (14%). The least preferred days in school holidays for residential short breaks are Monday and Tuesday (12%).



The survey allowed for parents to add additional comments about their preferred days. Parents say that school can help in the week and provide respite, but weekend respite is needed for parents to either spend time together with their other children or simply have a small break. Many parents saying that without short breaks they would be in crisis and their children would have to go into full time care.

Many commented that their children like routine and consistency, therefore, would be more suited to have the same day each week or month. Some parents said due to staffing needs their children

cannot access non-residential breaks. Parents want their children to have social interaction with others.

In the focus groups, parents did not specify a day but said that in term time they generally prefer weekends. Staff agreed that weekends tend to be the most popular days particularly Friday and Saturday.

Many parents were asking how to access non-residential and residential short breaks and what the criteria is as they have not heard about it previously.

## **Focus Groups**

### **Any other comments**

Both parents and staff said that good communication was very important to them and for commissioners to keep their promises. The unknown and uncertainty is unsettling for them.

Staff asked what the training would be like going forward and whether there would be training for transitions.

One parent said the local offer is not parent friendly, but another said that the Northants Local Offer is good.

Parents said that there are such long waiting lists for everything. Parents felt that you must get in crisis before you are offered any support.

There were comments about the EHCP process and that there are now too many children with an EHCP. One parent said that the LA changed her EHCP without being told.

Parents said that so many families are in crisis.

### **Other Services**

Parents and practitioners shared details of other services that are available and will add these to the list of mapped services.





## Equality Impact Assessment Template

### Appendix C

<b>Name of proposed Policy/Service/Decision:</b>	
<b>EIA carried out by:</b>	
<b>Date:</b>	
<b>Agreed by (EIA critical friend):</b>	
<b>Date:</b>	
<b>Signed off by Line Manager (screening)/Assistant Director (full EIA):</b>	
<b>Date:</b>	
<b>Date Passed to <a href="mailto:NCTEqualityandDiversity@nctrust.co.uk">NCTEqualityandDiversity@nctrust.co.uk</a></b>	

Please ensure you have read the guidance on Equality Impact Assessments before continuing with this form.

STAGE ONE – SCREENING

To be completed for all significant new or changes to policies, services, financial savings, or commissioning

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A.	Briefly give an outline of the key objectives of the proposal, its intended outcome and who the beneficiaries are expected to be, i.e. staff, partner organisations, children, young people and families in our care, or the wider community				
B.	Are there any other policies, strategies etc that impact on this proposal, or which this proposal will impact? <b>Please give details</b>				
C.	<b>Based on our existing data and evidence, will/does the implementation of the policy result in different impacts for protected groups?</b>	Positive Impact	No impact	Negative impact	<b>Please describe the impact for each of the protected groups and outline the evidence for your conclusion</b>
	Disability	x			<p>The service will provide services for disabled children.</p> <p>The 2021 Census found in West Northamptonshire there are 8175 young people aged 0-24 who have a disability. In North Northamptonshire, there are 7405 young people aged 0-24 with a disability. As of April 2023, there are 422 children open to NCT’s Disabled Children’s Team. As of February 2023, there are 87 children receiving Personal Care and Support, which has increased from 68 in October 2022.</p>

					<p>Below shows a table with information taken from the 2022 School Census presenting Pupil Special Education Needs (SEN) Types.</p> <table border="1"> <thead> <tr> <th>Need</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>SEMH (Social Emotional &amp; Mental Health)</td> <td>3401</td> </tr> <tr> <td>SLCN (Speech, Language &amp; Communication Needs)</td> <td>3428</td> </tr> <tr> <td>MLD (Moderate Learning Difficulty)</td> <td>2594</td> </tr> <tr> <td>SPLD (Specific Learning Difficulty)</td> <td>2790</td> </tr> <tr> <td>ASD (Autistic Spectrum Disorder)</td> <td>2262</td> </tr> </tbody> </table>	Need	2022	SEMH (Social Emotional & Mental Health)	3401	SLCN (Speech, Language & Communication Needs)	3428	MLD (Moderate Learning Difficulty)	2594	SPLD (Specific Learning Difficulty)	2790	ASD (Autistic Spectrum Disorder)	2262
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					OTH (Other Difficulty / Disability)	1008
					NSA (No Specific Assessment)	840
					SLD (Severe Learning Difficulty)	508
					PD (Physical Disability)	519
					HI (Hearing Impairment)	379
					VI (Visual Impairment)	199
					PMLD (Profound & Multiple Learning Difficulty)	110
					MSI (Multi-Sensory Impairment)	82

					<p>The highest level of need is SLCN (Speech, Language &amp; Communication Needs), followed by SEMH (Social Emotional &amp; Mental Health) and SPLD (Specific Learning Difficulty).</p> <p>In the Engagement Survey, we asked parents/carers their child's disability. The highest disability type for children of the responders who access short breaks services was Autism Spectrum Disorder (ASD) at 21%, followed by Speech, Language and Communication Needs (SLCN) at 14%. Parents / carer's children who are on the waiting list were very similar to the responders' children who were accessing short breaks, with the two highest disabilities being 24% of children who were Autistic and 17% having a speech, language or communication need. 72% of responder's children required either personal care or 1:1 support.</p> <p>The Disabled Children's Team identifies the the following as the main category of need for the children in their care:</p> <ul style="list-style-type: none"><li>• 68 (16%) children with disabilities</li><li>• 109 (26%) children with disabilities – family support</li></ul>
--	--	--	--	--	--

					<ul style="list-style-type: none"> <li>• 99 (24%) children with disabilities – resource only</li> <li>• 5 (1%) children with emotional &amp; behavioral difficulties</li> <li>• 10 (2%) children with learning disabilities (special educational needs)</li> <li>• 3 (1%) children with physical disabilities</li> </ul> <p>This is not an exclusive list of the category of need for children open to DCT but includes the need that mentions disability.</p>
	Sexual Orientation	x			<p>The 2021 Census data found that in West Northamptonshire, 89.83% of people identified themselves as straight or heterosexual, 1.22% as gay or lesbian, 1.18% as bisexual, 0.26% as pansexual, 0.05% as asexual, 0.02% as queer and 0.02% as another sexual orientation. In North Northamptonshire, 90.53% of people identified themselves as straight or heterosexual, 1.16% as gay or lesbian, 1.01 as bisexual, 0.21% as pansexual, 0.05% as asexual, 0.01% as queer and 0.03% as another sexual orientation.</p>

					There is currently not data on the sexual orientation on the specific cohort this service will support (children with disabilities), however county data can provide a wider picture and context which is important to be aware of. The service will provide support services for children and young people of all sexual orientations.
	Sex	x			As of April 2023, open to NCT's Disabled Children's Team there are 142 (34%) females and 271 (66%) males. There is a significantly higher number of male children which will be considered when commissioning short breaks services.
	Gender Reassignment	x			There is currently no data on gender reassignment for our children with disabilities cohort, however this is an important issue that will be considered whilst commissioning this service. Nationally, approximately 30-50 children per week are being referred to a gender identity clinic. There are some studies which have suggested higher rates of gender dysmorphia in people with an intellectual disability compared to those without, however the research on this is very limited. This service will

					be commissioned to support all children and young people who might be going through the process of gender reassignment.																												
	Race	x			<p>The below table shows the ethnicity of the children open to NCT Disabled Children’s Team, as of April 2023:</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>% Of children</th> </tr> </thead> <tbody> <tr> <td>A - Any other Asian background</td> <td>2%</td> </tr> <tr> <td>A - Bangladeshi</td> <td>1%</td> </tr> <tr> <td>A - Indian</td> <td>1%</td> </tr> <tr> <td>A - Pakistani</td> <td>1%</td> </tr> <tr> <td>B - African</td> <td>6%</td> </tr> <tr> <td>B - Any other Black background</td> <td>4%</td> </tr> <tr> <td>B - Caribbean</td> <td>0%</td> </tr> <tr> <td>M - Any other mixed background</td> <td>2%</td> </tr> <tr> <td>M - White and Asian</td> <td>1%</td> </tr> <tr> <td>M - White and Black African</td> <td>1%</td> </tr> <tr> <td>M - White and Black Caribbean</td> <td>1%</td> </tr> <tr> <td>O - Any other ethnic group</td> <td>1%</td> </tr> <tr> <td>W - Any other White Background</td> <td>7%</td> </tr> </tbody> </table>	Ethnicity	% Of children	A - Any other Asian background	2%	A - Bangladeshi	1%	A - Indian	1%	A - Pakistani	1%	B - African	6%	B - Any other Black background	4%	B - Caribbean	0%	M - Any other mixed background	2%	M - White and Asian	1%	M - White and Black African	1%	M - White and Black Caribbean	1%	O - Any other ethnic group	1%	W - Any other White Background	7%
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					W - Gypsy/Roma	0%
					W - Traveller of Irish Heritage	1%
					W - White British	63%
					W - White Irish	1%
					X - Information not yet obtained	5%
					<p>Most children with disabilities are White British (63%), followed by an Other White Background (7%) and African (6%).</p> <p>The Northamptonshire School Census 2022 found that 68% of children were White British, followed by 12% of children were White Minority, 6% of children were Black and 6% of children were of Mixed ethnicity.</p> <p>As of January 2023, 76% of children in care in Northamptonshire were White British. The second highest ethnic background of children in care was of Mixed ethnicity (10%), followed by Black or Black British (7%).</p> <p>It is important to know the ethnic background of our children with</p>	

				<p>disabilities cohort, as well as the wider context of children in care and the general Northamptonshire child population. The children with disabilities population ethnic background are similar to the make up of the general child Northamptonshire population and children in care cohort.</p> <p>This service will provide support for children of all races and ethnicities, whilst acknowledging the different cultures of the children with disabilities cohort and ensuring the support meets their need. Therefore, these services should have an overall positive impact.</p> <p>Please note, the ethnicity categories are an agreed list of ethnic groups established by the Office for National Statistics and UK Government.</p>
	Marriage/Civil Partnership		x	<p>The Marriage and Civil Partnership (Minimum Age) Act 2022, which gained Royal Assent in April last year, has come into force on the 27<sup>th</sup> of February. It means that 16- and 17-year-olds will no longer be allowed to marry or enter a civil partnership, even if they have</p>

					parental consent. Therefore, this section is not applicable for children with disabilities under 18.																												
	Maternity/Pregnancy		x																														
	Age	x			<p>The below table shows the ages of the children open to NCT's Disabled Children's Team:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>% of children</th> </tr> </thead> <tbody> <tr><td>0</td><td>0%</td></tr> <tr><td>1</td><td>1%</td></tr> <tr><td>2</td><td>1%</td></tr> <tr><td>3</td><td>2%</td></tr> <tr><td>4</td><td>2%</td></tr> <tr><td>5</td><td>3%</td></tr> <tr><td>6</td><td>5%</td></tr> <tr><td>7</td><td>6%</td></tr> <tr><td>8</td><td>5%</td></tr> <tr><td>9</td><td>6%</td></tr> <tr><td>10</td><td>8%</td></tr> <tr><td>11</td><td>6%</td></tr> <tr><td>12</td><td>8%</td></tr> </tbody> </table>	Age	% of children	0	0%	1	1%	2	1%	3	2%	4	2%	5	3%	6	5%	7	6%	8	5%	9	6%	10	8%	11	6%	12	8%
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					<table border="1"> <tr> <td>13</td> <td>8%</td> </tr> <tr> <td>14</td> <td>8%</td> </tr> <tr> <td>15</td> <td>8%</td> </tr> <tr> <td>16</td> <td>10%</td> </tr> <tr> <td>17</td> <td>12%</td> </tr> <tr> <td>18</td> <td>1%</td> </tr> </table> <p>48 children/young people are aged 17 open to DCT, the highest age group. The age group with the highest number of children is 10-14 years old, with 159 children. this is followed by those aged 15-18 years, with 126 young people.</p>	13	8%	14	8%	15	8%	16	10%	17	12%	18	1%
13	8%																
14	8%																
15	8%																
16	10%																
17	12%																
18	1%																
	Religion or Belief	x			<p>The 2021 Census found that in West Northamptonshire:</p> <ul style="list-style-type: none"> <li>38.2% of people identified as having no religion</li> <li>49.5% identified as Christian</li> <li>0.4% identified as Buddhist</li> <li>1.3% identified as Hindu</li> <li>0.1% identified as Jewish</li> <li>3.5% identified as Muslim</li> <li>0.4% identified as Sikh</li> <li>0.6% identified as any other religion</li> <li>6.1% gave no answer</li> </ul> <p>In North Northamptonshire:</p>												

				<p>42.6% of people identified as having no religion          47.9% identified as Christian          0.3% identified as Buddhist          1.3% identified as Hindu          0.1% identified as Jewish          1.2% identified as Muslim          0.5% identified as Sikh          0.5% identified as any other religion          5.6% gave no answer</p> <p>Religion and beliefs have only been recorded for 45% of our children in care and children with disabilities as it is not a statutory return therefore, we do not have any representative data. However, this service will provide homes and support for children and young people of all religions and beliefs.</p>
	Care experienced people, or looked after children and young people	x		<p>In the children with disabilities population (open to DCT), 6 (1.4%) children are on a Child Protection Plan, 3 (1%) of children are on an Interim Care Order, 25 (6%) children are on a Full Care Order and 18 (4%) of children are Accommodated under Section 20 (single period).</p> <p>This service will accommodate and support all care experienced or looked</p>

					after children with disabilities.
	Others, eg lone parents, people on low incomes, Travellers and Gypsies, those with caring responsibilities	x			<p>1 child is of Gypsy/Roma ethnicity and 3 children are Travellers of Irish Heritage.</p> <p>This service will accommodate and support all children of all ethnicities and cultures and ensure their needs are met.</p>

E.	Is there a robust, lawful justification for not changing the policy to remove disadvantage for a protected characteristic? <b>If yes, please give details</b>	No
If any of the protected characteristics are likely to be negatively impacted and cannot be lawfully justified, or further evidence is required to assess the impact on any of the characteristics, you are required to carry out a full Equality Impact Assessment. <b>Please go to stage 2</b>		

Result of initial Equality Impact Assessment

The above named policy has been considered and does not require a full equality analysis	
<b>Initial EIA Carried out by:</b>	
<b>Date:</b>	
<b>Agreed by (EIA Critical Friend):</b>	
<b>Date:</b>	
<b>Signed off by: Line Manager, or Assistant Director if there is a justified negative impact on a protected characteristic</b>	
<b>Date:</b>	

STAGE TWO – EVIDENCE AND IMPACT

Based on the knowledge you have gained from new evidence, determine actions, if any, are required to mitigate against any negative impact on the protected groups. If no action is required, please give reasons.				
	Action	Target Date for Completion	Person Responsible	Outcome
Disability				
Sexual Orientation				
Sex				
Gender Reassignment				
Race				
Marriage/Civil Partnership				
Maternity/Pregnancy				
Age				
Religion or Belief				
Care experienced people, or looked after children and young people				
Others, e.g. lone parents, people on low incomes, travellers and gypsies, those with caring responsibilities				



Engagement and involvement

A.	What additional evidence or stakeholder consultation have you considered?	
B.	For each engagement activity, please state who was involved, how and when they were engaged, and the key concerns/issues identified.	
C.	<p>What is the outcome of the evidence you have gathered? Has the policy been adjusted following initial review to remove barriers or to better advance equality? If so, what measures have been introduced to mitigate negative impacts?</p> <p>These measures should be carried out before the policy is implemented. However, where this is not possible, the action plan above must outline how and when you are going to achieve this.</p>	

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<b>How does the policy:</b>	
<b>Eliminate discrimination, harassment and victimisation</b>	
<b>Advance equality of opportunity</b>	
<b>Promote good relations between groups</b>	

STAGE THREE: OUTCOME, PUBLICATION AND REVIEW

Final outcome

An EIA has been undertaken on this policy and meets the requirements of the Public Sector Equality Duty. The following decision has been taken: (please tick one box)

	<p><b>Approve – No major change</b></p>	<p>Your analysis demonstrates that the policy is robust. The evidence shows no potential for discrimination and all appropriate opportunities to advance equality and foster good relations between groups have been taken.</p> <p>OR</p> <p>The proposal is being adopted, despite any adverse effect or missed opportunities to advance equality as you have satisfied the criteria that the policy is not <b>unlawfully</b> discriminatory.</p> <p>In cases where you believe discrimination is not unlawful because it is objectively justified, it is particularly important that you record what the objective justification is for continuing the policy, and how you reached this decision.</p>
	<p><b>Adjust the policy</b></p>	<p>This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate negative impacts.</p> <p>These measures should be carried out before the policy is implemented. However, where this is not possible, the action plan must outline how and when you are going to achieve this.</p>
	<p><b>Stop and remove the policy</b></p>	<p>If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy altogether.</p> <p>If a policy shows unlawful discrimination it <b>must</b> be removed or changed.</p>

Sign-off

When the actions listed above have been completed, a copy of this form should be sent to [NCTEqualityandDiversity@nctrust.co.uk](mailto:NCTEqualityandDiversity@nctrust.co.uk) .  
Please complete this page and the front page.

<b>Full EIA Carried out by:</b>	
<b>Date:</b>	
<b>Agreed by (EIA critical friend):</b>	
<b>Date:</b>	
<b>Signed off by Assistant Director:</b>	
<b>Date:</b>	

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## Appendix D How the proposed changes compare with the current model

Service Team	High level Functions	Changes from current operating model
Centralised Team - based at JGS	<ul style="list-style-type: none"> <li>Overarching service management including the coordination of packages for families through short breaks panels ensuring a regular review for each child (minimum of once every two years) (approx. 4 per week).</li> <li>Volunteer and buddy scheme recruitment and management -to match volunteer buddies to groups.</li> <li>Community link/ partnership building / grant allocation.</li> <li>Fundraising that will include bidding for grant pots to allocate to community organisations and supporting families to apply for holiday grants. This post will also organise fun events for people to raise money through sponsorship/just giving etc. and approach organisations to provide sponsorship.</li> <li>Specialist play advisor supporting short breaks and developing quality activities and resources.</li> <li>Central information hub for families about short breaks within the county.</li> <li>Wrap around support/advice and visual and hearing impairment can be purchased on an individual basis from NAB and Deaf Connect as part of the assessment process.</li> <li>Sleep service practitioners will sit within the central hub and the number of practitioners will be maintained at the current level.</li> </ul>	<ul style="list-style-type: none"> <li>Centralised hub is new to the current model.</li> <li>Shared overheads (management, centralised coordination, short breaks panel) across all services. Resourcing of short breaks panel to ensure packages for families are regularly reviewed and criteria and thresholds are consistently applied to ensure fair allocation of resources.</li> <li>Additional resources to build volunteers and explore fund raising opportunities. Resource to build partnerships across county to utilities community assets for short breaks.</li> <li>Located in office space within JGS. Specialist play worker to ensure activities are of high quality and develop resources by use of all short break providers.</li> <li>More joined up work on holiday activities with education, Northamptonshire Sport and other community organisations</li> </ul>
RSB - Complex Health Needs	<ul style="list-style-type: none"> <li>Providing a residential short break for children with complex health needs whose families are at risk of going into crisis open 6 days a week.</li> <li>Benefits of a 6-day working week for staff - reduced sickness, less reliance on bank staff so continuity for children, regular rota ring of staff so similar working patterns bring continuity of staffing, zero hours and bank staff and volunteers then only used for higher needs children who require 2:1 care meaning no need to bed block and increase agency rate.</li> <li>Additional 3-day care places</li> </ul>	<ul style="list-style-type: none"> <li>FTE remain the same as current but with fewer qualified nurses replaced by skilled residential support workers.</li> <li>Closed one day per week but day and evening care only offered as an alternative where needed.</li> <li>Closed one day per week but additional day care and afterschool places to be offered as an alternative.</li> <li>The maximum number of nights across the year to be capped.</li> <li>Clear with families that this is a crisis service where services will work with the families to be able to step down to non-residential short breaks or support provided in the home in the longer term.</li> <li>Staff may be required to provide short term outreach support to families in their home as part of the step-down support.</li> <li>Specialist play advisor to work with each setting to develop quality activities and resources based on children's' needs that also promote learning and development of independence skills.</li> <li>Transition planning from 16 years to reduce reliance on residential short breaks in preparation for turning 18 years.</li> </ul>

<p>RSB - Complex Behaviour</p>	<ul style="list-style-type: none"> <li>• Providing a residential short break for children with complex behavioural needs whose families are at risk of going into crisis.</li> <li>• FTE remains the same as current model.</li> <li>• Benefits of a 6-day working week for staff - reduced sickness, less reliance on bank staff so continuity for children, regular rotaring of staff so similar working patterns bring continuity of staffing, zero hours and bank staff and volunteers then only used for higher needs children who require 2:1 care meaning no need to bed block and increase agency rate.</li> </ul>	<p>As above</p>
<p>Non Residential short Breaks</p>	<ul style="list-style-type: none"> <li>• Programme of short breaks that can be accessed through application and assessment by families and are aimed at the most complex health and behavioural needs.</li> <li>• The new provider will undertake and needs analysis and consultation to develop a non-residential short break offer across the county. (Some of this needs analysis can be undertaken by NCT before the new provider is in place).</li> <li>• There will be a north and a west team each consisting of 2 youth workers and 2 support workers all working 13.5 hr each per week (0.5FTE).</li> <li>• Each team will deliver an evening session and a Saturday session during term time twice across each unitary area and weekly holiday activities with 4 staff in attendance at each. Each team will be able to tap into support from the Specialist play worker and volunteers. The volunteer officer will have an initial target to recruit 8 volunteers for each area to support with groups (32 volunteers in total) . each volunteer will be offered training as well as paid a £30 monthly expenses allowance to support an evening and Saturday group in each area. The groups will be open to up to 12 children depending on need and staff and volunteer availability.</li> <li>• North areas are Kettering /Corby and Wellingborough/Rushden and west areas are Daventry/ South Northants and Northampton.</li> <li>• On a monthly basis one family focus session will be run in the north and one in the west of the county. This will be a chance for the whole family to attend and will be ta chance for an informal chat with professional and other families as well as fun activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced number of groups as a number were poorly attended - however greater number of opportunities offered to families through existing community groups support by the community and partnerships officer.</li> <li>• Reduce head count employed for more hours to get greater level of skill and commitment.</li> <li>• Adult to child ratio supported by volunteers/buddies Extra capacity and activities / resources created by specialist play workers Monthly family fun day in north and west.</li> </ul>



## Health Scrutiny Committee 12th September 2023

<b>Report Title</b>	<b>Step-up and step-down community transformation</b>
<b>Report Author</b>	<b>System Discharge Group on behalf of the Chief Executives of the Integrated Care Board</b>
<b>Executive Member</b>	<b>Councillor Helen Harrison</b>

<b>Key Decision</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Is the decision eligible for call-in by Scrutiny?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are there public sector equality duty implications?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Does the report contain confidential or exempt information (whether in appendices or not)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972</b>	

### List of Appendices

#### Appendix A – Presentation Step-up and step-down community transformation

##### 1. Purpose of Report

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- 1.1. The purpose of this report is for the Panel to discuss and support the development of the shared (local authority and NHS) community transformation model.

##### 2. Executive Summary

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- 2.1. Our shared goal is Keeping People Well through the provision of Right Support at the Right Time in the Right Place. This builds on our successful joint transformation achieved to date.
- 2.2. Part of our community transformation focuses on the support we provide to our urgent and emergency care services. We provide community beds in the NHS and in social care that enable people to step up and down in to community bedded care. This is known as Pathway 2 or P2. We are working together to transform the service as we identified that people were often

waiting for the right bed to be available for them resulting in high numbers of patients not being in the right place.

- 2.3. Yet across Northamptonshire we had empty beds because they were not the right beds. Often, we were full in our old estate and only partially full in our modern estate.
- 2.4. This meant people spent a longer time in hospital than they needed to. A consequence of a person being in the wrong setting is the greater the likelihood of decompensation, loss of skills, confidence and risk of reinfection arising compounding the pressure in the urgent and emergency care system.
- 2.5. The development of a new model at Turn Furlong and now the opportunity to implement that at Thackley Green provides new solutions, a better use of our estate, our workforce and enables us to have the right beds in the right places.
- 2.6. This paper and attached presentation set out our shared ambitions, our immediate priorities are to:
  - 2.6.1. Make the best use of our combined estate
  - 2.6.2. Develop our clinical model for complex dementia community bedded care
  - 2.6.3. Deliver care together, that reduces the time people spend in hospital
  - 2.6.4. Review our provision across North and West Northamptonshire to ensure we have the right beds in the right place
  - 2.6.5. Use the learning from Turn Furlong and Thackley Green to develop new joint workforce plans
- 2.7. In the future we will be developing a joint business case that summarises our priorities above and sets out our proposals for ensuring we have the right beds in the right place.

### **3. Recommendations**

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- 3.1. It is recommended that the Executive Advisory Panel provides feedback on the proposed approach to our Step-up and step-down community transformation.
- 3.2. Specifically, we would welcome discussion on the panels view on our proposals to:
- 3.3. Make the best use of our joint estate by delivering services together where we can.
- 3.4. To develop our community beds to ensure we have the right beds in the right place, bringing back a business case in the future.
- 3.5. How we build on today's conversation with the panel as we move forward?



3.6. Reason for Recommendations:

- Working together to improve care for our people in North Northamptonshire is a shared goal for the local authority and the NHS.
- Delivering joined up care helps us support all the needs of people at the same time
- Joint working improves the efficiency of our health and care system and makes the best use of resources

3.7. Alternative Options Considered:

Alternatives have been discounted as they would mean we would not be making the best use of our estate; they would not deliver good outcomes for our people and would cost local authorities and the NHS more.

## **4. Report Background**

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4.1. This transformational work is a key part of the NHS long term plan.

4.2. The NHS Long Term Plan will build on the Five Year Forward View in seeking to redesign urgent and emergency care services in England for people with physical and mental health problems. The Plan sets out how the NHS will move to a new service model that gives patients more options, better support, and properly joined-up care at the right time in the optimal care setting. 'Out-of-hospital' care will be boosted and the NHS will reduce pressure on emergency hospital services.

## **5. Issues and Choices**

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5.1. The Council has the following options.

5.2. To support and develop this model with partners to ensure the best outcomes for the people of North Northamptonshire.

5.3. To identify and develop an alternative model of transformation.

## **6. Next Steps**

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6.1. Discussion at today's panel will inform the development of the next steps.

6.2. A business case to identify our priorities and changes will be identified in the future and shared with the panel.

## **7. Implications (including financial implications)**

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### **7.1. Resources and Financial**

7.1.1. This transformational opportunity should improve our efficiency and effectiveness, enabling us to deliver more together.

## 7.2. **Legal and Governance**

7.2.1. The NHS and Local Authorities have developed joint operating standards for the delivery of these services

## 7.3. **Relevant Policies and Plans**

7.3.1. Our Pathway 2 solutions have been developed and delivered together, in response to the vision set out by North and West Northamptonshire Councils through Better Care Fund submissions & the ICP Strategy and ICB Plan.

## 7.4. **Risk**

7.4.1. The greatest risk is the risk of not transforming, this has an impact directly on people, through poorer health outcomes. In turn these impact on our health and care services, building in efficiency and increasing demand.

## 7.5. **Consultation**

7.5.1. Engagement with people, community groups, staff and managers has been undertaken and will continue to be undertaken.

7.5.2. The future business case will identify the need for any wider engagement or consultation.

## 7.6. **Consideration by Scrutiny**

7.6.1. This report is eligible for call in by the Scrutiny Commission, if part of their work programme.

## 7.7. **Equality Implications**

7.8.1 An Equality Screening Assessment has not identified any adverse impact on individuals with protected characteristics

## 7.8. **Climate Impact**

7.9.1 The benefit of using our modern estate more effectively supports our reduction of our carbon footprint. Newer building are more energy efficient and provide better spaces for modern healthcare.

## 7.9. **Community Impact**

7.10.1 The community impact is expected to be positive resulting in better community bedded care

7.10. **Crime and Disorder Impact**

7.11.1 There are no Crime and Disorder issues arising directly from this report.

**8. Background Papers**

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Presentation attached

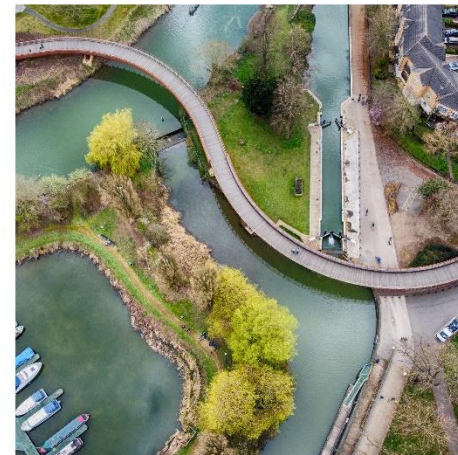
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# Step-up and step-down community transformation

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## Pathway 2 Provision

(recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour non acute bed-based setting)



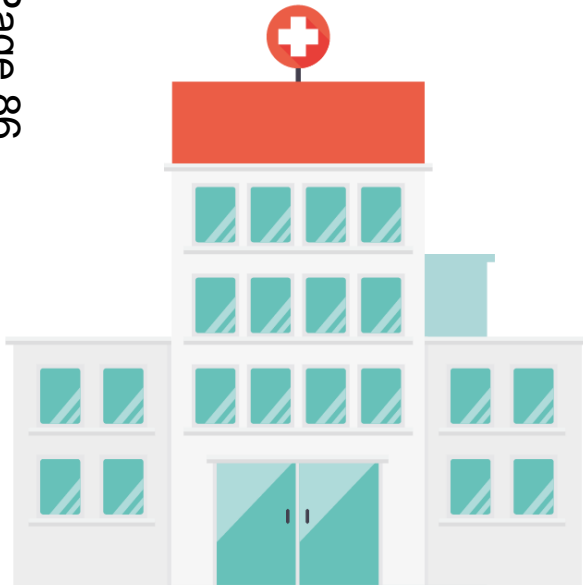
Appendix



# Our shared challenge

- Our shared goal is *Keeping People Well* through the provision of *Right Support at the Right Time in the Right Place*. These all build on the successful transformation within Northamptonshire achieved to date.

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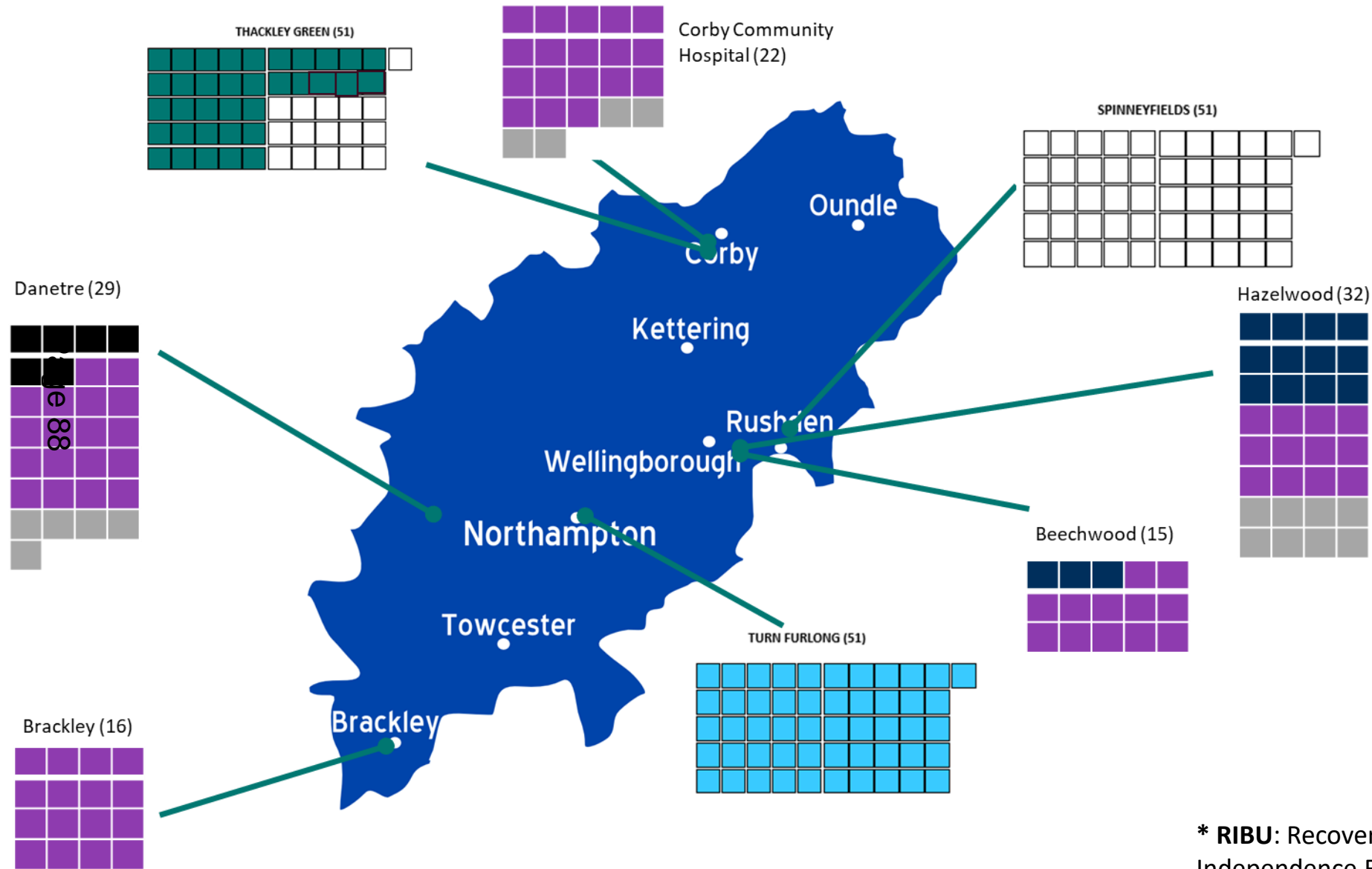
- Despite our strong progress, on average **100 people over 65 will be admitted to hospital each day** where the admission wasn't planned.
- **4 or 5** of those admitted will **require a community bed** as the next step in their recovery (**a Pathway Two care episode**)

# Resolving our shared challenge

- Patients identified as needing a Pathway Two bed (stepping up into it or stepping down) were often waiting for the **right bed** to be available for them resulting in high numbers of patients not being in the right place.
- Yet across Northamptonshire we had **empty beds** because they were not the **right beds**. Often, we were full in our old estate and only partially full in our modern estate
- This meant **people spent longer in hospital than they needed to.**
- The longer a patient remains in the wrong setting the greater the likelihood of decompensation, loss of skills, confidence and risk of reinfection arising compounding our demand pressures

# Current P2 Bed Position

## Integrated Care Northamptonshire



\* RIBU x 51

Health x 76

Social x 35

Palliative x 6

Stroke x 15

Health Surge Unstaffed x 17

Social Care Unstaffed x 67

267 beds

\* **RIBU**: Recovery Independence Bed Units



# In 2025 I will have

## Integrated Care Northamptonshire



Assistive Technology to maintain my independence



Proactive remote monitoring and reassurance that support is quickly available if I need it



Befriending if I want this

Personalised Equipment to help me self manage my health



ACTIVITY	START DATE	END DATE	STATUS	REMARKS
Checklist				
...				



Backed up with timely access to recovery specialists as my needs change (RIBU, integrated community teams)



Access to range of local community activities and support groups (in person or virtual)

- Breathing Space
- Memory Hub
- Get up and Go Classes
- Heart Group
- Singing for Breathing / Dementia Choir



Free Wifi & digital platforms & Life Stores App

My personal holistic plan shared with who I choose and reviewed regularly with me.

**Mavis**

My go to named person from my local integrated team !



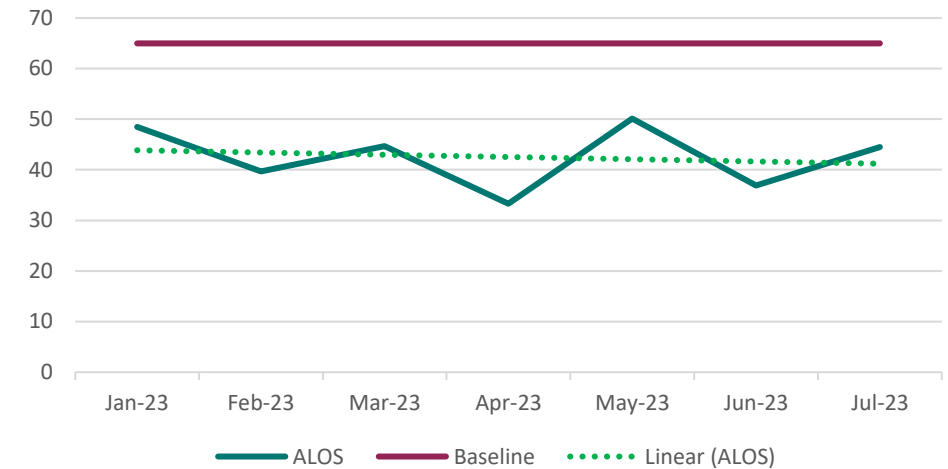
# The success from Turn Furlong shows the benefits achieved from an integrated Health and Social Care approach

## Turn Furlong

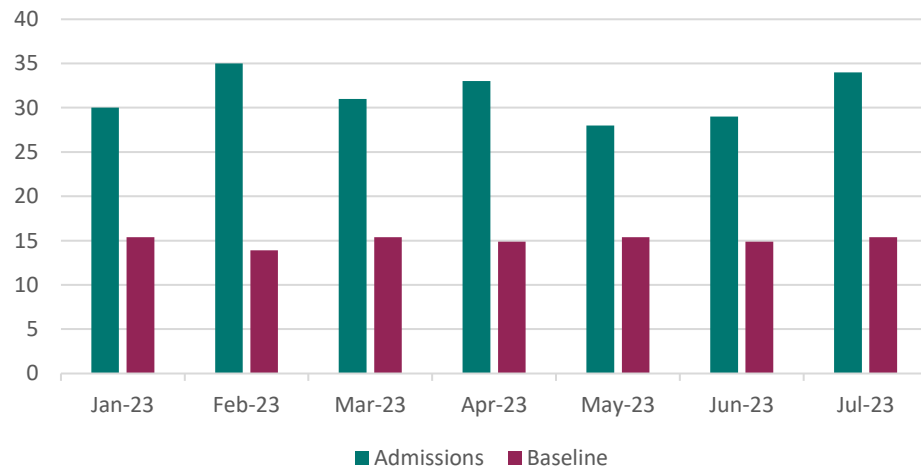
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Average Length of Stay (ALOS)	48.5	39.7	44.7	33.3	50.1	36.9	44.5
Baseline	65	65	65	65	65	65	65

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Admissions	30	35	31	33	28	29	34
Baseline	15	14	15	15	15	15	15
Variance	15	21	16	18	13	14	19

Turn Furlong ALOS Trend



Admission Performance



Average Length of Stay continuing to trend downwards and significantly lower than baseline which, with all 51 beds available has enabled an **additional 115 persons** to be supported in the last six months

# Our shared transformation in 2022/2023

- Through the Integrated Care Across Northamptonshire (ICAN) programme partners came together to address challenges and designed and implemented a number of solutions:



Improved processes within Acute Hospital



Increased board and ward rounds within P2 beds to support onward care



Discharge Hubs coordinating care



Integrated staffing model between social care & NHFT



Increased weekend transfers



Improved access to equipment to remove discharge delays

- Turn Furlong joint model continues
- Thackley Green SCC transferred to North Northamptonshire Council and now implementing an integrated social care and health delivery model
- The improved flow has reduced the need for surge capacity at Kettering General Hospital
- Performance has significantly improved
- Feedback has been positive and featured in recent BBC Radio Northampton focus piece
- Preparation continues for winter 23/24 and beyond



# Next Steps

- We will continue to engage with all our stakeholders to agree solutions for the next steps in our journey.
- Our immediate priorities are to :



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1. Utilise the best of our combined estate



3. Deliver care together that reduces  
The time people spend in hospital



5. Use the learning from Turn Furlong & Thackley Green to create a health and care workforce and plan



2. Develop our clinical model  
For complex dementia in P2



4. Review our provision across  
Northamptonshire to ensure we have  
the right beds in the right place

# Conclusion

- Our Pathway 2 solutions have been developed and delivered together, in response to the vision set out by North and West Northamptonshire Councils through Better Care Fund submissions & the ICP Strategy and ICB Plan
- As we continue to innovate, we will develop a business case for our future model
- Areas for discussion
  - We would like to make the best use of our joint estate by delivering services together where we can
  - We would like to do more to develop our community beds to ensure we have the right beds in the right place
  - How should we build on today's conversation with you moving forward?