
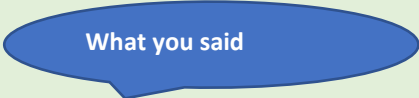
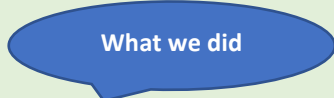


## Appendix D – You Said – We Did

<b>Stage</b>	<b>Who did we engage with?</b>  	 <b>What you said</b>	 <b>What we did</b>
<b>Initial engagement</b>  <b>Sept 21 – Oct 21</b>	Fourteen people responded to the survey of whom thirteen were parents	<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>	Potential new model designed that included: <ul style="list-style-type: none"> <li>• Single service offer</li> <li>• Run and led by one lead organisation.</li> </ul> The redesign proposal was developed by a Partnership Design Group.
<b>Design Phase</b>  <b>Nov 21 - Mar 23</b>	Children With Disabilities Board and SEND Accountability Board (members included NPFG 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.
<b>Second phase</b>  <b>April 23 - Jun 23</b>	233 people from an electronic survey and 6 focus groups.  43% of respondents were parents/carers.	Majority of respondents said: <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> </ul>	The proposed lead provider model will have: <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> </ul>

	<p>28% current provider staff</p> <p>34% public</p>	<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>• Specialists 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>
<p><b>Third Phase</b></p> <p><b>Oct 23 - Nov 23</b></p>	<p>284 engagements from the electronic survey and ten workshops of which 37% were parents, 40% professionals and 23% members of the public</p>	<ul style="list-style-type: none"> <li>• The idea of a single referral pathway is good to avoid families having to tell their stories over and over.</li> <li>• Any assessment that is already in place should be used for access to the short break's services. Some respondents did want to keep self-referrals.</li> <li>• Agreed with the principle of reallocating funding, however, they did not agree with closing the residential short breaks unit 1 day a week.</li> <li>• Preferred activities for daytime activities were swimming, activities involving animals, cooking or musical activities.</li> <li>• Better links with activities already taking place in communities and supporting children and young people to access them.</li> <li>• Need 1:1 or 2:1 staffing, followed by secure environments and small groups to access services.</li> <li>• Sleep service should not be added to the short breaks group of services.</li> <li>• Sensory impairment services should not be added to the</li> </ul>	<ul style="list-style-type: none"> <li>• There will be a single referral route into the short break's services.</li> <li>• Existing assessments will be able to be used to access the short breaks services.</li> <li>• The residential short breaks units will not close 1 night a week but will instead reduce the bed capacity which had been suggested during the consultation as a better alternative; analysis shows this will still enable need to be met</li> <li>• The Sleep Service (and budget) will not be included in the Short Breaks group of services. The service will have a full review.</li> <li>• The Sensory Impairment services will not be included in the short breaks group of service</li> <li>• To consider adding PCaS services during the 2nd year of the contract after modelling the viability of this.</li> <li>• Feedback from the consultation will be shared across the system and with the new provider to ensure it is considered</li> </ul>

		<p>short breaks group of services.</p> <ul style="list-style-type: none"><li>• Adding personal care and support services to the short breaks group of services would be positive.</li><li>• In general respondents agreed with some parts of the proposals but not all of it.</li><li>• “What is good about the proposal” - the joined-up referral pathway, the centralised hub and additional functions and joining up with community services for daytime activities.</li><li>• “What needed more thought” transport to access the services, the number of secure venues in the county, ability to increase the number of volunteers.</li></ul>	
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