

Stephen Hammond MP
Minister of State for Health
39 Victoria Street
London SW1H 0EU

24 May 2019

Dear Minister

REFERRAL TO SECRETARY OF STATE

Transforming Care: Review of respite care services for people with learning disabilities, complex needs and/or autism

Middlesbrough Council Health Scrutiny Panel

Redcar & Cleveland Adult and Communities Scrutiny and Improvement Committee

Thank you for forwarding copies of the referral letters and supporting documentation from Cllr Eddie Dryden, Chair, Middlesbrough Health Scrutiny Panel (HSP) and from Cllr Graham Jeffrey, Chair, Redcar & Cleveland Adult and Communities Scrutiny and Improvement Committee (ACSIC). NHS England North East and Yorkshire provided assessment information. A list of all the documents received is at Appendix One. The IRP has undertaken an assessment in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services.

In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State may be made. The IRP provides the advice below on the basis that the Department of Health and Social Care is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and is pleased to note that the matter under consideration has been resolved locally.

Background

The two referring bodies in this instance have each submitted documentation that, in total, comprises more than 2,000 pages of evidence. The Panel has reviewed this evidence but, in the interests of brevity, the background section that follows is intended to be a concise synopsis of key facts and events.

Two clinical commissioning groups (CCG), Hartlepool and Stockton-on-Tees CCG and South Tees CCG, jointly commission respite services for adults who have complex needs and learning disabilities and/or autism across four local authority areas - Redcar &

Cleveland, Middlesbrough, Stockton-on-Tees and Hartlepool – serving a population of around 600,000.

These bed based services are provided by Tees, Esk and Wear Valleys NHS Foundation Trust at two facilities:

- Unit 2 Banksfield Court, a five-bedded facility in Normandy, Middlesbrough
- Aysgarth Short Term Care Unit, a six-bedded facility in Stockton-on-Tees

Across the four local authority areas, approximately 90 families (broadly 50 at Bankfields and 40 at Aysgarth) access an average of 33 nights of bed based respite per year utilising an open referral system. Emergency provision is provided within the bed based services. The annual budget allocation for services is £1.5million.

When not accessing the bed based services, users reside in the community and are typically cared for by family members. The bed based services operate in conjunction with day services at The Orchard in Middlesbrough, Kilton View in Brotton and Allensway in Stockton-on-Tees. The day services are provided jointly by the Trust and local authorities.

In May 2016, recognising that current NHS respite services were not sustainable, equitable or flexible enough to meet the current and changing needs of the local population, the two CCGs began looking at ways to improve how respite for people with learning disabilities and complex needs and/or autism is delivered across the four boroughs. This was in the light of the Transforming Care Programme and the NHS Five Year Forward View, both of which included a strong emphasis on personalised care and support planning, personal budgets and personal health budgets to put people at the centre of their own care and enable maximum choice and control. A Respite Steering Group was established with membership drawn from multi-agency partners.

At a meeting of the Tees Valley Health Scrutiny Joint Committee¹ (TVHSJC) on 21 October 2016, representatives of the North of England Commissioning Support Unit provided a report for information of a proposal to “*engage with stakeholders in relation to a review of health funded respite care for adults with learning disability and complex needs in relation to the wider Transforming Care agenda*”.

In December 2016, the CCGs began a period of informal engagement work supported by an issues document, “*Our needs and responsibilities – respite services for people with learning disabilities and complex needs*” outlining the intention to review the current service provision, seek views and consider possible changes to services. The TVHSJC received an update report on progress on 26 January 2017. The engagement exercise concluded on 2 February 2017 and a further progress report, including initial findings and proposed next steps, was submitted to the TVHSJC on 26 April 2017. CCG representatives did not attend the meeting due to the commencement of pre-election purdah.

¹ Comprising the four local authorities covered by the proposals plus Darlington Borough Council

NHS representatives provided another update on proposals to the TVHSJC at its meeting on 20 July 2017. The Committee was advised that a range of stakeholder and market engagement methods had been used, and capacity and individual needs analysis conducted, to inform the development of specific proposals on how future respite services could be delivered. Seven scenarios had been considered by the Respite Steering Group against a set of criteria based on the feedback from the engagement exercise and findings of the review. It was proposed to conduct a formal public consultation on two viable options that best met the needs and identified priorities agreed. The TVHSJC resolved that the findings of the engagement, next steps and proposal to consult for a period of ten weeks be noted. The Committee further resolved that “*as Darlington [Borough Council] was not directly affected by the proposals, each affected Local Authority consider the impact of the proposals and how a response would be provided*”.

An equality impact assessment, a case for change document and consultation document were produced by the CCGs during August 2017.

NHS England provided assurance to the CCGs in a letter of 1 September 2017. A formal public consultation, *Respite Opportunities and Short Breaks for People with Complex Needs and Learning Disabilities and/or Autism*, began on 4 September 2017. The seven scenarios previously developed were described as was the means by which they were appraised leading to the two options consulted on:

- **Option 1**

Buy a range of bed based respite services to replace the existing bed based respite services. Change the assessment and allocation process, making it more needs led. Buy flexible community based respite services. Buy clinically led outreach support services.

- **Option 2**

Continue to buy bed based respite services at 2 Bankfields Court and Aysgarth. Change the assessment and allocation process, making it more needs led. Buy flexible community based respite services.

Four public consultation events, one in each local authority area, were held. Staff drop-in sessions were also arranged at current respite services along with an engagement event for stakeholder organisations.

A Respite Opportunities and Short Breaks Joint Health Scrutiny Committee² (JHSC), formed to respond to the consultation, met on 11 October 2017 to consider a draft protocol for working as a joint scrutiny committee and terms of reference. The terms of reference confirmed that the JHSC would not have power of referral to the Secretary of State. CCG representatives attended a meeting of the Redcar & Cleveland ACSIC on 24 October 2017. Members were advised that 16 possible providers from the local area had expressed an interest in working with the CCGs to provide a range of respite opportunities but that due to commercial confidentiality their identity could not be disclosed at that stage.

² Comprising the four local authorities affected

The formal consultation concluded on 10 November 2017. A meeting of the JHSC on 20 November 2017 considered an updated protocol and terms of reference and agreed that it be explicitly identified in the terms of reference that the JHSC would report back to the constituent authorities on its views. The parents of some service users attended the meeting and expressed a number concerns including that the consultation had not taken sufficient notice of the views of service users. CCG representatives responded to the comments raised.

An independent report on the consultation (known as *the Harvey Report*) was produced in December 2017. A wide range of consultation materials had been developed recognising the complexities of engaging with individuals with learning disabilities and complex needs. Current service users of Banksfield Court and Aysgarth and their families/carers were contacted by direct mail. A total of 385 ‘points of contact’ had been made, including 141 written and online responses to the consultation questionnaire. Option 2 was fully or partially supported by 90 per cent of respondents to the questionnaire. A small number of respondents favoured Option 1 - these tended to be the parents/carers of those that did not fit the criteria for current bed based respite. Regarding the consultation process, the report found that *“family members and carers, as well as other stakeholders, criticised the consultation process specifically commenting upon the lack of knowledge and experience of decision makers in caring for those with complex needs, the perceived lack of detail in the options which makes it difficult for people to make an informed choice, as well as the lack of voice which has been given to service users”*.

The JHSC met on 14 December 2017 and received a presentation from the CCGs including the results of the independent report. The Committee considered its response to the consultation and resolved that:

- “1. the constituent councils be advised that the Joint Committee did not support either of the options put forward*
- 2. it be recommended that the CCGs retain the current level of [bed based] service provision Bankfields and Aysgarth.”*

The JHSC responded to the consultation on 11 January 2018, setting out the specific views of each constituent council:

“Stockton-on-Tees Borough Council

In summary, the Council would support the retention of current services. However, if a decision was made, Option 2 would be preferable, subject to a satisfactory resolution of the above concerns [detailed in the response].

Redcar & Cleveland Borough Council

In line with the Joint Committee’s recommendation, the Council:

- a) does not support either of the options being put forward*
- b) recommends that the CCGs should retain the current level of service provision at Bankfields and Aysgarth.*

Middlesbrough Borough Council

- i) *In line with the view expressed by the Joint OSC the panel is not supportive of either of the options being put forward*
- ii) *The panel recommends that the CCGs should retain the current level of service provision at Bankfields and Aysgarth.*

Hartlepool Borough Council

The consultation response should:

- a) *not support either of the options being put forward*
- b) *recommend that the CCGs should retain the current level of service provision at Bankfields and Aysgarth.”*

During January 2018, a decision-making report was produced by the CCGs. The CCG executives in common met on 18 January 2018 and resolved to recommend Option 2 from the consultation. NHS England sent a final assurance letter to the CCGs on 30 January 2018. The letter confirmed a robust demonstration of public and patient engagement and consultation processes in meeting the Secretary of State’s four tests and in meeting NHS England’s ‘5th test’.

The CCGs Governing Body-in-Common met on 1 February 2018 and agreed:

- *“To progress Option 2 to implementation:*
 - *Continue to buy bed based respite services at 2 Bankfields and Aysgarth*
 - *Change the assessment and allocations process, making it more needs led*
 - *Buy flexible community based respite services*
 - *Buy clinically-led outreach support services*
- *Ensure that discussions with the existing provider are progressed following the decision making from a contractual management perspective and individual quality and continuity of care*
- *Revisit and update the transition plans to ensure effective onward development of this work into its implementation stage*
- *Support the agreed governance arrangements*
- *Schedule assurance of the proposed changes within six months of the decision-making date to include progress within:*
 - *Ensure robust service user and carer engagement in the co-production of the final community service model*
 - *Utilise the pilot assessment and allocations process to inform final demand, capacity and cost modelling prior to procurement and service implementation*
 - *Fulfil plans to separate crisis and respite arrangements to address current levels of unplanned admissions to respite beds*
 - *Undertake rigorous market testing and procurement processes (when necessary) to ensure suitably staffed community services are in place prior to any changes in the current bed base*

- *Taking into account NHS England’s caveat for assurance that if Option 2 were to be pursued, the CCG must ensure that market testing and provider engagement demonstrates long term service viability and affordability. This also recognises that there would be similar challenges to the service should the model be retained.”*

The JHSC met on 5 February 2018 to consider the results of the CCGs’ decision-making process. The JHSC Chair wrote to the CCGs on 19 February 2018 expressing the Committee’s continuing concerns surrounding the decision including its impact on current service users and potential effect on access to 2 Bankfields Court and Aysgarth. The letter sought further views from the CCGs and confirmed that the constituent scrutiny committees had retained their individual right to refer the matter to the Secretary of State.

The JHSC met again on 19 March 2018 and received a presentation from the CCGs. The Committee resolved to let the constituent scrutiny committees progress their own plans for referral. Middlesbrough and Redcar & Cleveland committee representatives indicated that their scrutiny committees were minded to refer the matter to the Secretary of State.

A meeting of a South Tees Scrutiny Joint Committee, consisting of representatives of Middlesbrough and Redcar & Cleveland scrutiny committees, was held on 25 April 2018 and received a further presentation from the CCGs. The meeting resolved that *“it be recommended to the appropriate panel/committee, with the relevant delegated powers, at Middlesbrough and Redcar and Cleveland Borough Council that both local authorities proceed with a referral to the Secretary of State in respect of the CCGs’ LD Respite Review”*.

The Chair of the Hartlepool Borough Council Audit and Governance Committee wrote to the Chairs of Middlesbrough HSP and Redcar & Cleveland ACSIC on 4 April 2018 to support their intention to refer the matter to the Secretary of State.

The Cleveland & Redcar ACSIC met on 14 May 2018 and resolved to refer the matter to the Secretary of State.

The Middlesbrough HSP met on 18 May 2018 and resolved to refer the matter to the Secretary of State.

Basis for referral

The Middlesbrough HSP’s letter of 8 August 2018 states that:

“This letter and associated documentation, constitutes “the proposal”, which is made by the Council pursuant to regulation 23(9)(c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”).”

The Redcar and Cleveland ACSIC’s letter of 23 August 2018 states that:

“The referral report accompanies this letter and is submitted to you pursuant to regulation 23(9)(c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The grounds for referral are that the Council considers the proposed service reconfiguration is not in the interests of the health service in the area; and it is not satisfied that the consultation on the proposal was adequate in relation to its content.”

IRP view

With regard to the referrals by the Middlesbrough Health Scrutiny Panel and Redcar and Cleveland Adult and Communities Scrutiny and Improvement Committee, the Panel notes that:

- The matter has now been resolved locally
- The Minister of State has sought advice on the following aspects:
 - Whether the consultation was procedurally correct and/or functionally adequate
 - Whether the decision is in the interest of the health service in the areas
 - Whether the proposals make sense as part an integrated health and social care economy
 - The viability of the change process and impact on individual families in receipt of the service
 - Whether the proposals meet the five reconfiguration tests
- Although the matter has been resolved, the referring bodies have not withdrawn their referrals expressing the view that independent advice would still be useful

Advice

Since this matter was referred to the Secretary of State in August 2018 work has continued to find a local solution. A Respite Strategic Management Group and a Respite Operational Group (with membership including representatives of all four local authorities and the Trust), have been established to manage and oversee future work. On 22 October 2018, the CCGs wrote to existing service users and their carers to confirm that respite stays could continue to be booked up to the end of September 2019. The letter also referred to the development of a needs-based assessment and allocation tool and sought the co-operation of users and carers in testing/piloting it.

On 2 January 2019, the Chief Officer for both CCGs met representatives of service users and it was agreed that users currently accessing respite care at either Bankfields or Aysgarth would continue to do so. It was also agreed that any new users wishing to access the service would be assessed to ensure that their needs met the requirements for NHS Continuing Health Care (CHC).

The current position is that all existing service users are continuing to access either Bankfields or Aysgarth for their respite provision. A CHC Panel, including both CCG and local authority representatives, reviews new cases individually. Those meeting the CHC

requirements are offered choice in the type and place of respite provision to be provided, the package of care being jointly agreed with the CCGs and local authority. The process is supported by the assessment and allocation tool which assesses the needs of both users and their carers. The tool, which is continuing to be refined in the light of experience, allocates each service user into one of five allocation bandings which are then used to derive the allocation for the user and covers both bed based and community based services.

The IRP is pleased to note that the matter under consideration has been resolved locally. The Panel is, therefore, in the unusual situation of being asked to advise on a matter that has now been resolved. We offer the following comments.

In submitting referrals to the Secretary of State, neither the Middlesbrough HSP nor the Cleveland & Redcar ACSIC cited Regulation 23(9)(a) of the 2013 regulations as a basis for referral, that is, that consultation with the relevant scrutiny bodies was inadequate. In this case, scrutiny started with the Tees Valley Health Scrutiny Joint Committee, passed to the Respite Opportunities and Short Breaks Joint Health Scrutiny Committee and then to the South Tees Scrutiny Joint Committee before referrals were submitted by the HSP and ACSIC respectively. Throughout this complicated process, the Panel considers that the CCGs maintained an appropriate dialogue, and provided information to, the various scrutiny bodies.

Despite not citing Regulation 23(9)(a) of the 2013 regulations, both referring bodies have declared that they were not satisfied that consultation on the proposal was adequate. This presumably relates to concerns about the adequacy or otherwise of the public consultation and is addressed by the Panel under Regulation 23(9)(c) as not being in the interests of the health service in the area.

NHS England's assurance of the process, provided on 30 January 2018, confirmed a robust demonstration of public and patient engagement and consultation processes. The independent report of the consultation described numerous materials and methods, developed with the support of learning disability advocacy providers, used to seek the views of stakeholders and the public. The consultation elicited 385 points of contact in response and 141 completed questionnaires. If these numbers seem small, that is not surprising since proposals about services of this kind were never likely to attract a significant wider response from those not directly affected.

The 90 or so recipients of the care in question and their families/carers were, of course, the group most likely to show the keenest interest and, having been contacted directly it seems safe to assume that most (if not all) were aware of the proposals and of the consultation. The criticism appears to be more aimed at a perceived lack of knowledge and experience of decision makers in the care of those with complex needs alongside a belief that views expressed were not taken into account in the final decisions made. The Panel recognises that, for those service users and their carers, the possibility that changes might be made to a

familiar service that is widely regarded as a “gold standard” could be a matter of concern. That concern was exacerbated by a lack of information about how the availability of additional choice would meet their specific needs. The lack of such information during consultation is perhaps an inevitable consequence of the necessary requirements that govern market testing procurement exercises.

Beyond the needs of the 90 or so recipients of bed based respite care, the IRP noted that there was a wider group of service users that currently do not qualify for bed based care but who also have their own individual needs and whose views appear to be less well documented. The Panel noted two other interesting features from the feedback. First, that younger or more recent service users/carers were more likely to make different choices in their care options. Secondly, that in contrast to the other boroughs, residents of Hartlepool appeared to use a wider variety of community services and arrangements through their local authority or direct payments to meet respite needs. The reasons for these differences were not clear to the Panel but it occurs to us that further work is needed to ensure that all recipients of these services – from whichever borough, existing or new user/carer, bed based or day care, complex or not – fully understand the alternative respite options available to them so that they can make informed choices that retain confidence.

Ultimately, questions about the functional adequacy or otherwise of consultations by public bodies rest with the courts. However, while almost any public consultation can with hindsight be improved upon, the Panel considers that, taking into account the comments above, the consultation in this instance was satisfactory.

The evidence submitted to the Panel included the contention that the CCGs have no statutory requirement to provide respite care. This contention was disputed by the referring bodies both of which have cited the NHS Act 2006. It is not for IRP to comment on matters of legality. We simply note that, in the intervening period since the referrals were made, it appears all concerned have come together to find a way forward based on joint working that will be to the benefit of service users. This should be just the start. Bed based services are simply one component of a wider service. Alongside a variety of day services, they make up a whole system package that needs to be designed and subject to ongoing assessment in collaboration.

The CCGs assert that it is in the best interests of the local population to have services available that are responsive to changing need, equitable and fair, accessible to people who need them, that provide person-centred care and that support national drivers for people to be cared for closer to home and outside of the hospital environment. The Panel agrees that there were, and are, clear grounds - including national policy on choice, equity of service provision, achieving the best use of resources - to review how the respite needs of this group are provided and that the CCGs were right to do so. The findings of that review, coupled with appropriate reassurance/support for current service users and their carers, is effectively the adoption of Option 2 with the positive addition of a clinically-led outreach support

service alongside the introduction of the new CHC assessment/allocation tool. The expectation is that this will lead to a fairer system of resource allocation for service users, is affordable within the funding available and will deliver an expanded service whilst also providing a contingency reserve to cover future growth in service demand.

As described, this should not be the end of the story. Further work would be beneficial to inform people about available choices and the changing nature of care needs for clients and carers could usefully be kept jointly under review, by the CCGs/Trust and local authorities working together. If these suggestions are taken up, the Panel considers the outcome to be in the interests of the area and to make sense in developing an integrated health and social care economy.

This advice has outlined steps that could usefully be adopted to manage the future change process and oversee service development. Since all existing service users are continuing to access either Bankfields or Aysgarth for their respite provision there is at present no impact on 'individual families currently in receipt of the service'. It may be that future changes emerge as available choices are better understood and taken up. Since the introduction of the new system is now underway with the agreement of all concerned, the Panel has not assessed the proposals consulted on against the five reconfiguration tests other than noting NHS England's assessment that the tests had been met. No doubt the local scrutiny committees will wish to bear the tests in mind as they continue to scrutinise the future development of the services provided by the NHS and local authorities in partnership.

Conclusion

The Panel fully recognises the commitment and dedication of the carers who provide support to people with learning disabilities, complex needs and/or autism. Carers must have confidence that commissioners understand the issues involved and that quality of service will be maintained to meet specific health and behavioural needs, whatever choices about service provision they make. The emergence of a clear vision as to how services will be developed in future will help to build that confidence.

The local authority scrutiny bodies that have taken part in scrutinising these proposals have shown a detailed understanding and application of the regulations and guidance covering the scrutiny of health service change. That said, the two authorities that resolved to refer the matter both opted to submit evidence to the Secretary of State in a form akin to that commonly used in the judicial review process and in total amounting to more than 2,000 pages. While there is undoubtedly some overlap between the work of the IRP in advising the Secretary of State and cases that have been brought before the courts regarding decisions made by the NHS the two processes are entirely separate. The Panel hopes that those considering making referrals in the future will adopt a more focussed approach to submitting evidence that provides a clear picture of events and avoids unnecessary repetition.

The welcome resolution of this matter locally brings into question the necessity of seeking IRP advice. Both referring bodies have maintained that, despite the resolution, there are matters on which an independent view would be useful. The Panel has, therefore, reviewed the extensive evidence submitted and fulfilled its commission in the hope that the advice offered will be of use to other locations considering change to the provision of these important services.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ribeiro', with a large, sweeping flourish above the name.

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Middlesbrough Health Scrutiny Panel

- 1 Referral letter to Secretary of State from Cllr Eddie Dryden, Chair, Middlesbrough HSP, 8 August 2018 (an abridged version of the referral letter dated 23 August 2018 was also received)
Attachments:
- 2 Referring Authority's chronology
- 3 Referring authority's bundle of documents Appendix 2 Index
- 4 Middlesbrough Council bundle of documents containing:
 - 5 Tees Valley Health Scrutiny Joint Committee papers for meeting, 21 October 2016
 - 6 Tees Valley Health Scrutiny Joint Committee papers for meeting, 26 January 2017
 - 7 Tees Valley Health Scrutiny Joint Committee papers for meeting, 26 April 2017
 - 8 Tees Valley Health Scrutiny Joint Committee papers for meeting, 20 July 2017
 - 9 Joint Health Scrutiny Committee papers for meeting, 11 October 2017
 - 10 Joint Health Scrutiny Committee papers for meeting, 20 November 2017
 - 11 Joint Health Scrutiny Committee papers for meeting, 14 December 2017
 - 12 Middlesbrough Health Scrutiny Panel, papers for meeting, 30 January 2018
 - 13 GGGs Governing Body in common, papers for meeting, 1 February 2018
 - 14 Joint Health Scrutiny Committee papers for meeting, 5 February 2018
 - 15 Middlesbrough Overview and Scrutiny Board papers for meeting, 20 February 2018
 - 16 Middlesbrough Health Scrutiny Panel minutes of meeting, 27 February 2018
 - 17 Joint Health Scrutiny Committee papers for meeting, 19 March 2018
 - 18 Middlesbrough Health Scrutiny Panel minutes of meeting, 29 March 2018
 - 19 South Tees Scrutiny Joint Committee, papers for meeting, 25 April 2018
 - 20 Middlesbrough Health Scrutiny Panel papers for meeting, 18 May 2018
 - 21 Letter for 90 parents of service users and text of 8,000 signature petition, November 2017
 - 22 Letter from CCGs, 8 February 2018
 - 23 Letter from Chair, Joint Health Scrutiny Committee, 16 February 2018
 - 24 Letter from Chair, Joint Health Scrutiny Committee, 19 February 2018
 - 25 Letter from Andy McDonald MP, 23 February 2018
 - 26 Hansard – parliamentary adjournment debate – respite care for vulnerable adults: Teesside, 12 March 2018
 - 27 Response from parents to JHSC meeting of 25 April 2018
 - 28 Letter from Dr Brian Corbett, 28 June 2018
 - 29 Letter from Andy McDonald MP, 29 June 2018
 - 30 Letter from Mayor of Middlesbrough, 12 July 2018
 - 31 Communications and engagement report, Summary and Report, March 2017
 - 32 Equality impact assessment, August 2017
- 33 Letter of support from Mayor and Chief Executive of Middlesbrough Council, 12 July 2018

- 34 Video transcription
- 35 Middlesbrough Council document, Views gained during the scrutiny process
- 36 South Tees Joint Health Scrutiny Committee, minutes of meeting 25 April 2018

Additional bundles of documentation (duplicating much information already seen) were also sent, apparently in error, and the IRP was asked to disregard them

Redcar and Cleveland Adult and Communities Scrutiny and Improvement Committee

- 1 Referral letter to Secretary of state from Cllr Graham Jeffery, Chair, Redcar & Cleveland Borough Council Adults and Communities Scrutiny and Improvement Committee, 23 August 2018

Attachments:

- 2 Referral report by Redcar & Cleveland Borough Council
- 3 Referral chronology
- 4 Document Pack 1, 2, 3, 4 containing:
 - 5 Case for change - respite opportunities and short breaks for people with complex needs and learning disability and/or autism
 - 6 Our needs and responsibilities
 - 7 Consultation document
 - 8 Decision making report to CCG Governing Bodies in Common
 - 9 Frequently asked questions
 - 10 Minutes of the Governing Body in Common
 - 11 Responses to additional queries from the JHSC
 - 12 Unanimous letter from parents and carers of Bankfields
 - 13 Letter from carers representatives of Aysgarth to Alex Cunningham MP
 - 14 Letter to Leader of Stockton Council from Aysgarth parents and carers
 - 15 Independent report of the public consultation by Jenny Harvey
 - 16 Presentation by CCGs to JHSC, 19 March
 - 17 Letter from Dr Brian Corbett
 - 18 Equality impact assessment
 - 19 Response and recommendations from the Joint Committee
 - 20 Transcript of parliamentary debate, 12 March 2018
 - 21 Presentation by CCGs to South Tees to JHSC, 25 April 2018
 - 22 Response from parents to JHSC, 25 April 2018
 - 23 Transcript of parents and carers video
 - 24 Tees Valley JHSC minutes, 21 October 2016, 26 January 2017, 26 April 2017, 20 July 2017
 - 25 JHSC minutes, 11 October 2017, 20 November 2017, 14 December 2017, 5 February 2017, 19 March 2017
 - 26 Letter to Chair of Joint Committee from CCG
 - 27 Letter to CCGs from Chair of Joint Committee
 - 28 Letter to constituent authorities from Chair of Joint Committee

- 29 Redcar & Cleveland ACSIC minutes, 24 October 2017, 30 January 2018, 13 March 2018, 14 May 2018
- 30 Letter to CCGs stating intention to refer
- 31 Letter to CCGs confirming decision to make referral
- 32 South Tees Joint Health Scrutiny Committee agenda 25 April 2018
- 33 Links to website for full agenda papers – Tees Valley Joint Health scrutiny Committee, Joint Health Scrutiny Committee, Redcar & Cleveland Adult and Communities Scrutiny and Improvement Committee

NHS

- 1 IRP template for providing assessment information
Attachments:
- 2 NHS England letter to Chief Officers of South Tees and Hartlepool & Stockton-on-Tees CCGs, 18 January 2018
- 3 North Durham CCG letter to Chief officers of South Tees and Hartlepool & Stockton-on-Tees CCGs, 15 January 2018
- 4 Skills for People report of consultation, September – November 2017
- 5 Stakeholder briefing on independent consultation report, 12 December 2017
- 6 Respite and Short Breaks feedback from consultation, easy read, September – November 2017
- 7 NHS England letter to Chief Officers of South Tees and Hartlepool & Stockton-on-Tees CCGs, 1 September 2017
- 8 Respite Steering Group agenda and papers for meeting, 25 May 2017
- 9 Tees Valley HSJC minutes of meeting, 20 July 2017
- 10 Respite care in Tees review programme governance and terms of reference
- 11 South Tees and Hartlepool & Stockton-on-Tees CCG letter to client and carer, 20 October 2018
- 12 South Tees and Hartlepool & Stockton-on-Tees CCGs letter to Cllr Graham Jeffrey, 11 January 2019
- 13 Table – local authority respite and day opportunities
- 14 South Tees and Hartlepool & Stockton-on-Tees CCG report to NHS England re assurance of transport modelling