

Executive Board Commissioning Sub-Committee
10 September 2014
Hucknall House Decommissioning – Appendix 2

Hucknall House Consultation with Parents and Carers

This is a record of the consultation that has taken place with parents and carers of citizens utilising Hucknall House Short breaks Service, following a proposal to close the service and to find alternative provision.

The consultation events were jointly arranged between the City Council and Nottinghamshire Healthcare NHS Trust with parents and carers. The meetings took place on the 30th June and the 3rd July in neutral venues. Both events were attended by, Oliver Bolam, Head of Specialist Services, Steve Oakley, Head of Quality and Efficiency, Clare Gilbert, Lead Commissioning Manager, staff from Hucknall House and a representative from the advocacy service, Your Voice, Your Choice. In addition on the 30th June the meeting was attended by Michelle Handsaker, Nottinghamshire Healthcare NHS Trust, Nick Webster, Senior Practitioner for Learning Disabilities and Jon Rea, Engagement and Participation Officer.

On the 30th June the meeting was attended by family members and carers of 5 of those attending the service and a further 4 families were represented at the second meeting. One face to face meeting took place with one family member who was unable to attend and two phone calls.

In addition, a number of those who had made contact made further written submissions through the forms provided or by individual submissions. The majority of the 18 families affected have therefore directly responded to the consultation.

At the meeting and in the consultation packs, information was given as to the reasons for the proposed closure including, the limitations of the building, the staffing structure and the cost of the service.

This report seeks to capture the views and opinions of the parents and carers utilising the service.

Current Provision

The overwhelming response of parents and carers was a very positive appreciation of the service provided by Hucknall House. A respite provision that they can fully trust is essential in enabling them to manage the day to day care of someone with a complex learning disability. Hucknall is on a site that feels safe and there is no risk of individuals leaving the premises unattended. For those attending Horizon day Centre it provides seamless support

Many of those using Hucknall House have been doing so for 10 years or more. The citizens who attend feel safe in the service and parents and carers

have great trust in the staff and the quality and flexibility of the service being offered.

Parents and carers largely did not perceive that the physical layout and look of the building was in any way detrimental to the level of the service being provided and did not feel that those attending the service would particularly benefit from any additional activities.

Impact

All of those who responded expressed severe concerns of the impact on the citizens that they are caring for and themselves, if the project is closed.

Given the severity of the needs of those attending the service, carers are already under significant stress.

Those attending the service have very limited ability to communicate their needs and many are on the autistic spectrum. Most attending the service exhibit behaviour that challenges. This means that change is very difficult for those going to Hucknall House. Consistent care and support is key. Users of the service will not understand why their provision is changing and the impact is likely to be distressing. In most cases the impact of the change will fall on the carers in managing an increase in challenging behaviour. Some carers had experienced other changes in provision which had resulted in a long term detrimental impact.

Some carers were concerned that due to the negative impact of the change, they may no longer be able to continue in their caring role.

Given that appropriate alternative provision could not be offered until the needs of each individual were assessed, carers had no way of assessing the quality of the alternative provision being offered. In some cases, new provision would need to be commissioned to meet the needs of those attending Hucknall House.

Additional concerns included:

- The new service will not be safe. People feel safer with an NHS provision, rather than the private sector. Carers wanted to have strong guarantees as to the quality of the service and staffing that would be provided
- The new provision will not be able to retain a stable pool of staff or longevity of provision
- The new service will not be as flexible as Hucknall particularly in relation to emergency respite
- The proximity of the new provision and the need for appropriate transport
- Flexibility to meet individual needs will be lost
- As new services are not health based, will they meet the health needs of those attending?

- Safety , would alternative provision prevent people from absconding
- Continuity of current staff, Concern that staff are going to soon leave Hucknall House because of the proposed closure
- 1 year timeframe for identifying new provision was perceived as inadequate to procure appropriate provision

Carers felt that financial savings were being put before the needs of the most vulnerable members of society.

Reducing the Impact

Carers were asked to consider what might help to reduce the impact if proposals to close the service did go ahead. The responses fell in to two areas, the process of arranging the new service and the service itself.

The Process

- Getting carers involved from the outset and include carers at every stage of the process
- Named social worker for each family
- Undertaking a shared assessment between health and social care
- Increased support hours to carer to alleviate transition to new service
- Parents have choice of service and suitable provision is identified
- Parents to visit new service first and a trial visit for the service user
- Transition arrangements, Hucknall House Staff to link to new service
- Sharing information between families affected

New Service

- Appropriately trained staff
- New service has detailed knowledge of issues, needs provided by families and staff known to the individual.
- Maintain current routines
- Ensure transition plans and ongoing care plans are developed with families
- Work closely with families - good communication
- Service as close to home as possible or in location that meets families requirements
- Reassurance around management of challenging behaviour
- Communication – high needs as mostly unable to communicate
- Need flexible service
- Parents can carry out unannounced visits
- Families being able to talk to other families who use those services.
- Information provided to new providers by Hucknall/Horizon

Addressing the Business Case for Closure

Carers were asked to identify potential mechanisms for addressing the quality issues raised and the high cost of the service. These were the suggestions made.

Reducing Current Costs

- To invest more in the building including opening up the other half of the building
- Reduce the levels of nursing care
- Increase capacity to reduce per head cost
- To not offer a single person service
- Work with County – to increase the numbers accessing Hucknall House
- Develop services to meet needs of both physical needs and challenging behaviour
- To raise money through families contributing to the cost
- Outsourcing the current service to another provider
- Deliver the service in a different way

Carers also identified ways in which the continuation of the current service is preventing further costs

Prevention of Future Costs

- Cost of re-deployment of current staff
- Risk of carer breakdown leading to increased cost to the council
- Disruption – causes increased cost and increased behaviour problems
- Difficulty in finding alternative provision

Carers also identified a number of questions about the proposal which they wanted addressing.

Questions

- Will the level of service provision reduce?
- Will families need to contribute financially to the new service?
- Will there still be access to emergency respite?
- Is there going to be transport to day services and access to maintaining daytime activity.
- Can direct payments be used to pay for over night respite?
- Would new service be able to do things like take blood?
- What happens if the new respite provision breaks down?

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