

NORTH LINCOLNSHIRE COUNCIL

**ADULT AND CHILDREN'S SERVICES
CABINET MEMBER**

**RESULT OF PHASE 2 OF THE CONSULTATION ON THE FUTURE OF SCOTTER
HOUSE AND THE OPTIONS FOR SERVICE USERS**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Cabinet Member of the result of Phase 2 consultation on the future of Scotter House and options for Service Users

2. BACKGROUND INFORMATION

- 2.1 In order to enable the Cabinet Member for Adult and Children's Services to make a decision on the future of Scotter House consultations took place between 14 July and 25 August 2011.
- 2.2 Individual person centred interviews were offered to 61 service users and families who had used Scotter House since January 2010 to explore their views on Scotter House and alternatives options.
- 2.3 Thirty four detailed consultation meetings took place. Some families no longer wish to use Scotter House, or already use other resources; some individuals are also using their personal budgets to purchase different kinds of support. These families told us that they did not wish to attend the meetings.
- 2.4 A holistic approach was taken to the consultation discussing a range of issues with the 34 families.
- 2.5 A report (Appendix A) was written outlining the issues raised by the individuals and their families and reviewing the current information on young people who are coming through transition.
- 2.6 There is enough capacity within the independent sector to provide respite for those who use Scotter House and it is estimated, those coming through transition.

3. **OPTIONS FOR CONSIDERATION**

Option 1

3.1 To decommission Scotter House and support individuals and their families to use personal budgets to find alternatives.

Option 2

3.2 To carry on running Scotter House as a short break respite unit

4. **ANALYSIS OF OPTIONS**

Option 1

4.1 There is enough capacity within the external market and using other alternatives such as personal assistants and supported holidays to provide for those who currently use Scotter or who might have in the near future.

4.2 Currently the external market is meeting the needs of all those who wish to use traditional respite and there are only thirteen families that continue to use Scotter House.

4.3 There is also the capacity to increase the number of respite beds available within the independent sector if required in order to maximise the use of external provision.

4.4 As personal budgets role out further and families become more used to using them there will be less use of traditional respite.

4.5 As part of personal budget support planning all families are having contingency plans developed for what to do in case of emergencies.

These involve looking at options that do not involve Scotter House. If Scotter House were to close families would continue to contact the Community Team for Learning Disability (CTLD) during office hours for support and out of hours would contact the Adult Social Services Out of Hours Team (CST). CST will be trained to deal with these calls and will be able to call a learning disability officer if necessary.

Option 2

4.6 The Phase 2 consultation exercise has shown that there are only a small number of families that wish to continue using Scotter House.

4.7 The individual service users are from three different categories of need and best practice would need to be taken into account if continuing to provide respite.

- 4.8 The increasing costs of providing respite in the future would make Scotter less attractive to families than cheaper external alternatives.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 Financial implications – The financial saving to the council for Scotter House decommissioning net of the cost of re-providing these services in other ways, is £300k per annum.
- 5.2 Staffing implications –If Scotter House were to be decommissioned the Council's HR procedures would be followed, which would seek to offer redeployment and training opportunities to those staff affected and minimise the effect of redundancies. There are 21 permanent staff employed at Scotter House, some of these have already been successful in gaining redeployment opportunities. Suitable posts have already been identified for the majority of staff to be redeployed and there are no planned redundancies.
- 5.3 Property implications – The building will be available for alternate use within the council or disposal for capital receipts if it is decommissioned.
- 5.4 IT implications – None.

6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

- 6.1 Statutory implications – there is a statutory duty to meet people's assessed needs. There is, however, no statutory obligation for this to be provided by residential or in-house services. There is a duty to consult those who would be affected.
- 6.2 Environmental implications – in the immediate future there would be a reduction in CO2 emissions if the building no longer uses heating and lighting.
- 6.3 Diversity implications - Diversity Impact Assessment to be completed
- 6.4 Section 17 – Crime and Disorder implications – none are immediately apparent.
- 6.5 Risk and other implications – If these services continue to run there will not be the finances to develop alternative services disadvantaging other service users.

7. OUTCOMES OF CONSULTATION

- 7.1 The outcome of the consultation was that nine families were opposed to the closure of Scotter House although six of these were identifying alternative options and the remaining three would only do so if the decision were made to close Scotter House.
- 7.2 Families concerns about market availability was able to be addressed with individuals as were plans about emergencies. In working with families around personal budgets contingency plans are established with each individual and their family about what will take place should an emergency arise. During the consultation this was discussed in detail with families about what should happen if a family emergency took place.

8. RECOMMENDATIONS

- 8.1 That the Cabinet Member considers the outcome of Phase 2 of the consultation on the future of Scotter House and analysis of options and then decides which option to agree.

DIRECTOR OF ADULT SOCIAL SERVICES

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Background Papers used in the preparation of this report

Raising our sights, Services for adults with profound intellectual and multiple disabilities, Mansell 2010

SCOTTER HOUSE

**OUTCOMES AND FINDINGS FROM
CONSULTATIONS
WITH SERVICE USERS AND FAMILIES**

**Joanne Mosby, Manager
Integrated Learning Disability Service
September 2011**

Summary

In order to enable Cabinet Member for Adult Social Services to make a decision on the future of Scotter House consultations took place between 14th July and 25th August 2011.

Individual person centred interviews were offered to 61 service users and families who had used Scotter House since January 2010 to explore their views on Scotter House and alternatives options.

34 consultation meetings took place. Some families no longer wish to use Scotter House, or already use other resources; some individuals are also using their personal budgets to purchase different kinds of support. These families told us that they did not wish to attend the meetings.

A holistic approach was taken allowing Carers to address the issues that concerned them. The main issues that were raised were:

- emergency care arrangements
- market capacity for traditional respite care
- some people like Scotter House and want it to stay open.
- 1 carer did not like having to book respite in advance
- 2 Carers were worried about people who challenge services and how they would receive respite, should Scotter House close

We discussed what people were doing or what their plans were.

7 of those we consulted with were already using other services.

17 were exploring using traditional respite.

5 were exploring supported holidays and/or support in the home.

2 people want to live independently.

3 people do not yet know what they want to do.

9 of the above individuals consulted wanted Scotter to remain open.

(6 of these were identifying alternatives, 3 would only look at alternative respite if a decision was made to close Scotter. Of these 3 professionals involved felt that 2 of them could have their needs met through traditional respite, but they would require individualised support packages. The third person's family are considering the use of Personal Assistants).

Of the 9 families who wished Scotter to remain open, the individual Service Users needs were as follows,

3 have challenging behaviour (2 male 1 female)

3 have complex needs and require specialist facilities i.e. hoists/showers etc (1 male/ 2 female)

3 have mainstream needs (all female)

The amount of time the access Scotter House for also varies greatly from 2 weeks a year to much greater amounts. With personal budgets and other changes it is not possible to predict the future patterns of how people will chose to use their money.

The current available respite provision is:

Appendix A

Home	No of beds	Able to take new referrals
Sunningdale Court, Ashby	2	√ Can increase to 3 beds
Lincolnshire House, Scunthorpe	2	x
Stonecroft House, Barnetby	7	√
The Birches, Brigg	1	Can increase respite beds
Woodbine Farm, Barrow-upon-Humber	1	√
The Mount, Barrow-upon-Humber	1	√
The Goddards, Goole	2	possibly

People have said they would like to also use supported holidays and there are a growing number of providers available. Individuals will have their own budgets to purchase these.

Support in the home is providing an alternative for those individuals who do not like traditional residential respite settings.

The differential in costs between Scotter House charges and the Independent homes is currently leading some people to stay with Scotter House. Once the subsidised rates have been removed some families may not chose Scotter House as readily.

The main choice for young people coming through transition is to have personal assistants. The numbers coming through who do want traditional respite should be able to be accommodated within the available independent provision.

Background

In February 2011, the Cabinet Member for Adult Social Services approved consultation to take place on the future of Scotter House. The consultation period was agreed as eight weeks and commenced early in March 2011. The consultation included current service users, their families, staff, interested members of the public and other partner organisations.

The consultation focussed upon seeking peoples' views on the possibility of decommissioning Scotter House to make the required level of savings as required by the budget set out for Adult Social Services.

The consultation was to enable cabinet members to make a decision on the future of Scotter House.

As a result of local elections held in May 2011, North Lincolnshire changed from Labour administration to Conservative.

The new administration felt that the initial consultation, which took place throughout March and April, was not adequate to enable them to make an informed decision on the future of Scotter House. There was also a public petition presented to the cabinet, opposing the closure of Scotter House.

In early June 2011, the cabinet member for Children's & Adult Social Services requested that further consultation take place with users of Scotter House and their families. This consultation was to be person-centred and explore their views on Scotter House and alternatives.

We have ensured that the consultation process has fully involved our key stakeholders to enable us to draw together their views on the future of Scotter House and respite care.

Engagement

The consultations with service users and families took place between 14th July and 25th August 2011.

The consultations were carried out by Joanne Mosby, Service Manager for Learning Disability Services, and Patrick Bowen, Development Manager for Scotter House. Other council employees were also present at the meetings, these being key workers or lead workers who are working with families around the introduction of personal budgets. The family carers service was also present at a number of meetings to discuss carers' reviews and emergency plans.

In total, 61 users of Scotter House and their families were invited along to consultation meetings. They were identified as they had all accessed Scotter House at some time since January 2010. A letter informing them of the date and time of the consultation meeting was sent out to each individual family. The meetings took place in locality bases across North Lincolnshire. Some families could not make the meeting dates set, so these were all re-arranged to meet their needs.

Of the 61 users and families invited along to the consultation meeting, 6 users attended along with their family members. A number of families felt that it was not appropriate for the user to be present at the meetings. We decided to continue with the meetings, as it was very important to collate the data on families' views on the possible closure of Scotter House and review the support and services of their son/daughter. We consulted 28 families without the individual being present. In total 34 consultation meetings took place.

We know that a number of people chose not to attend meetings, as they informed us that they no longer wish to use Scotter House, or have already begun to use other resources. Some individuals are also using their personal budgets to purchase different kinds of support.

The meetings were all recorded and signed by users and family members.

Standard paperwork was used throughout, which focussed upon reviewing support and services. At the beginning of each meeting, the chair explained the reason for the meeting and the need for us to formally record their views to enable a decision to be made regarding the future of Scotter House.

What we consulted on

We adopted a holistic approach to the consultation meetings, and looked at everything that is important to individuals and their families.

The issues discussed included respite, how individuals spend their days, evenings and weekends. We talked to carers about Carers' Assessments and the support that they receive. Personalisation and personal budgets were also discussed, as was the modernisation and transformation of services.

We addressed how people felt about respite care, and Scotter House specifically. Throughout the consultations we asked stakeholders to tell us how they felt about the future, and their aspirations and concerns.

Summary of Findings from Consultations

- Some carers are worried about emergency care arrangements.
- Scotter House is the preferred choice of some carers/ users but they are willing to look at alternative traditional services and innovative solutions.
- Some carers/ users are already accessing other traditional services and are happy with these.
- Some carers are worried about the market capacity for traditional respite care.
- Some users have tried other services and did not like them but are willing to try others or have found alternatives already.
- A carer was worried about hospital admissions should respite not be in Scunthorpe.
- Emergency plans need addressing as Scotter House is inappropriately identified on these.

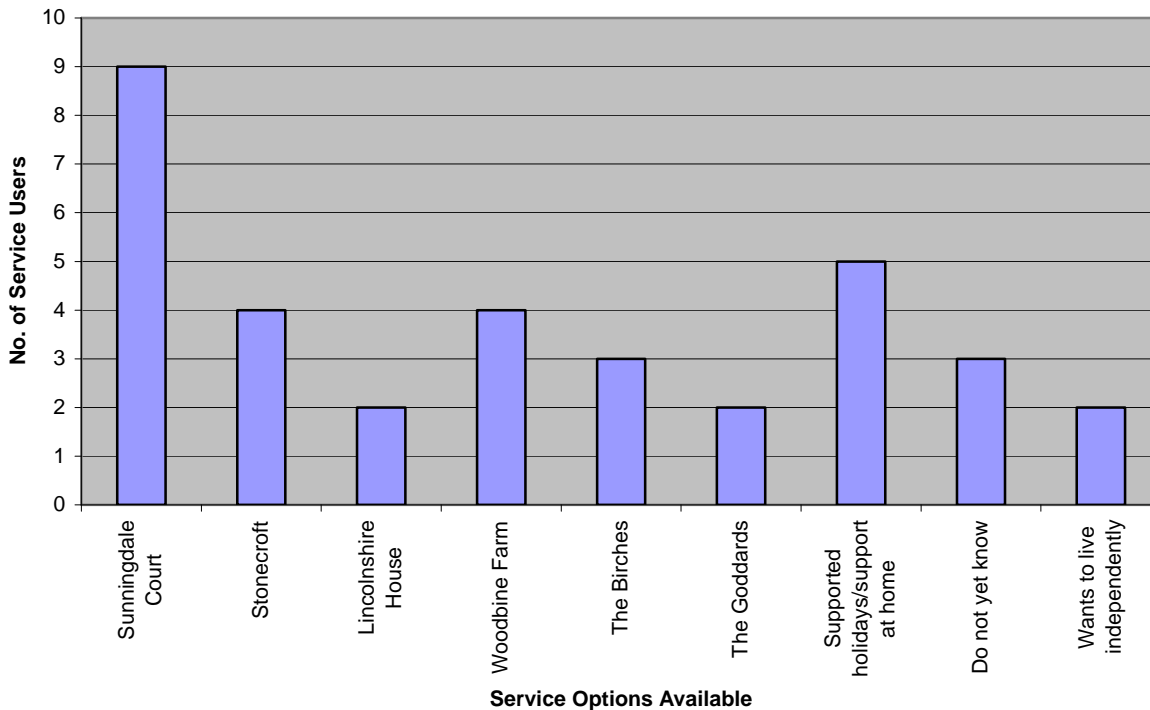
- Some carers have expectations that in emergency situation traditional residential care should be available.
- Some carers think traditional respite should be available in Scunthorpe
- Some users/ carers do not want traditional respite.
- Respite is important to most family carers.
- Some users do not like going into respite and leaving the family home. Families acknowledged this.
- Scotter House is not an appropriate respite facility for some users, as it cannot meet their health needs.
- If Scotter House closes specialist equipment will have to transfer with some individuals.
- Some carers think other resources meet individuals needs better than Scotter House.
- Some carers/ users are interested in supported holidays.
- Personal Assistants are being used by some users to give families breaks and to support users to have new opportunities.
- Some families/ users told us they like Scotter House and want it to stay open.
- Some families and individuals are taking cash budgets for respite care and understand they cannot use Scotter House with this.
- 1 carer did not like having to book respite in advance.
- 2 carers were worried about people who challenge services and how they would receive respite.
- Some individuals want to know what their budget is and to agree their support plan. All were undergoing the process of having their budget or support plan being agreed.

Future Planning

We discussed with carers and service users what arrangements they would consider making for respite care should Scotter House close.

Seven of those consulted had already begun using other services. Five of these were using Sunningdale Court, one was using Stonecroft, and one was using Lincolnshire House.

The following graphs show the services that carers and users are going to use, are already using, or are considering using.



Four individuals are looking to combine traditional respite with either supported holidays or support in the home.

Nine families told us that they would prefer Scotter House to remain open, and that they would continue to use it if it did. Of these, six had begun to identify other services for respite. Only three families have not as yet begun to look at alternatives, and have said they will not do so until a decision has been made regarding whether or not Scotter House will close.

Market Capacity

The current market capacity for respite care for people with a learning disability within North Lincolnshire is as follows:

- Sunningdale Court, Albert Road, Ashby has 2 respite care beds
- Lincolnshire House, Brumby Wood Lane, Scunthorpe has 2 respite beds
- Stonecroft House, Cheshire Homes, Barnetby has 7 respite beds
- The Birches, Grammar School Road, Brigg has 1 respite bed
- Woodbine Farm, Marsh Lane, New Holland, Barrow-upon-Humber has 1 respite care bed
- The Mount, Palmer Lane, Barrow-upon-Humber has 1 respite care bed

Currently users from North Lincolnshire also use The Goddards on Goole Road, West Cowick, Goole, East Yorkshire. This is a very popular resource and people have been going there for several years. The Goddards have 2 respite beds available. Users from East Riding also use this resource. They have this year increased their capacity from 1 bed. This means that they may be able to accept new requests for respite. We know that two people are looking at this resource. They currently also have 1 bed which is used for long-term care vacant.

Sunningdale Court has been offering respite since it opened several years ago. 16 service users have used this resource this year since April 2011. This is the most popular choice of alternative respite provision identified by users and carers should Scotter House close. Five people are already using Sunningdale Court, and an additional four are looking to have a transition into this service. Currently, we have an opportunity to engage with the providers of this service to increase capacity of respite beds from two to three, as they have a long-term care bed vacant.

Lincolnshire House offers respite to people with physical and learning disabilities. One user is already in the transition process to access respite here, and has had a stay here, with another one being assessed. There is no further capacity beyond this within this service.

Stonecroft also offers respite to people with physical and learning disabilities. Two users are already accessing this facility, which does have capacity to accept new referrals. Two more individuals have identified this resource. This resource has capacity to take several more referrals.

The Birches have one respite care bed available. Three people are interested in accessing this service. They also have two vacant long-term care beds. We could use this opportunity to engage with the providers of this service to increase the capacity of respite care beds.

The Mount offers respite care to people with a learning disability. They are able to cater for the needs of people with challenging behaviour. They do have capacity and can accept new referrals.

Woodbine Farm has capacity for new referrals. They are able to offer respite to people with a learning disability, including those with challenging behaviour.

There is a growing market of supported holidays available. Individuals have a wide choice of the type of holidays they can go on, and the level of support they would receive. These holidays will be funded via personal budgets. Some families were very interested in perusing this option and felt that traditional respite failed to meet the individual needs of their son/daughter. Supported holidays are available all over the UK and overseas.

It is very difficult to predict future demand for traditional respite beds. Data is available on what has been used over the past twelve months; however the introduction of personal budgets is altering how people view respite and expectations. 7 families and users are not looking to use traditional services; this is a real change of direction.

Some families feel that they will benefit from the introduction of personal assistants. Individuals will be able to access activities within their local communities with support, on evenings and weekends. Families believe that this will not only benefit the individual concerned, but will also allow them to have a different life. Some individuals are choosing to spend their budgets in this way and reduce the number of nights away from home in traditional services.

Family Carers

In keeping with national data, families told us that they believe that respite care is important to them. Of those we consulted with, ten families stated that respite is very important, as they need a break from providing support. Carers also talked about how their ageing is affecting them, and the support they can offer to their son/daughter.

Two of the carers we talked to told us that they did not really like their son/daughter going into respite care, and they really missed them while they were away. Both felt that respite did benefit their son/daughter however, as they had opportunities available to them which they did not have when at home.

Five individuals either did not like going into respite care, or families felt that their needs were not met whilst accessing traditional respite services. These families are all looking at alternative solutions, which are not traditional respite services.

Supported holidays information has been given to a number of carers at their request. Some carers we spoke to felt that holidays would benefit their son/daughter and that they would have new opportunities available to them.

Three of the families we spoke to are also looking at bespoke support in the home, so that they can go away. Their sons/daughters all have very complex needs and they felt that their home was where their needs could be fully met.

Whilst families are generally accepting of personalisation, they also expressed concerns about traditional services no longer being available to them. There is an expectation that emergency respite and long-term care should be available in traditional residential resources.

Only three of the users/families we spoke to wanted more information about long-term housing solutions. Most families felt that this is something they will look at in the future, but did not want to consider now.

Only two carers have not had a carer's assessment completed, and four assessments were due to be reviewed. Eight carers are to be supported to review or write an emergency plan. The family carers support team will ensure that these issues are addressed.

Emergency Admissions

Scotter House has been used historically for emergency admissions.

Four of the family carers we met expressed concerns about what emergency arrangements would be in place should Scotter House close. There is an expectation amongst some carers that traditional services should be available in emergency situations – i.e. the main carer being taken ill. Discussion took place around the importance of carers having an emergency card and all of the carers we met either agreed to have a plan, or already had a plan.

Some emergency plans needed amending. They had Scotter House listed as the emergency contact if carers did not have anyone outside of Social Services, they would want contacting in an emergency. Advice was given in relation to plans stating that the single point of contact telephone number should be recorded, not Scotter House. All plans are to be reviewed accordingly.

From June 2011 until the end of August 2011, there have been 12 admissions to Scotter House classed as emergency admissions. Three of these admissions were due to the Safeguarding process. All three returned home once it had been established that it was safe for them to do so.

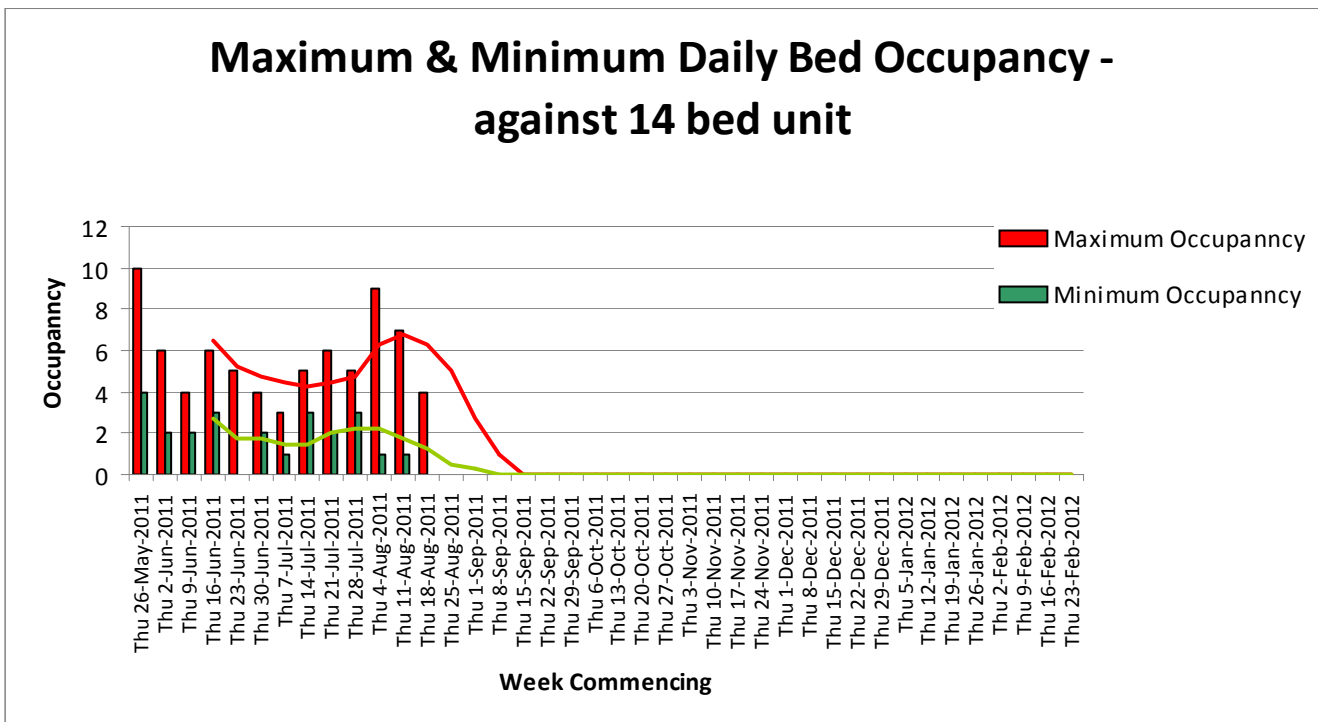
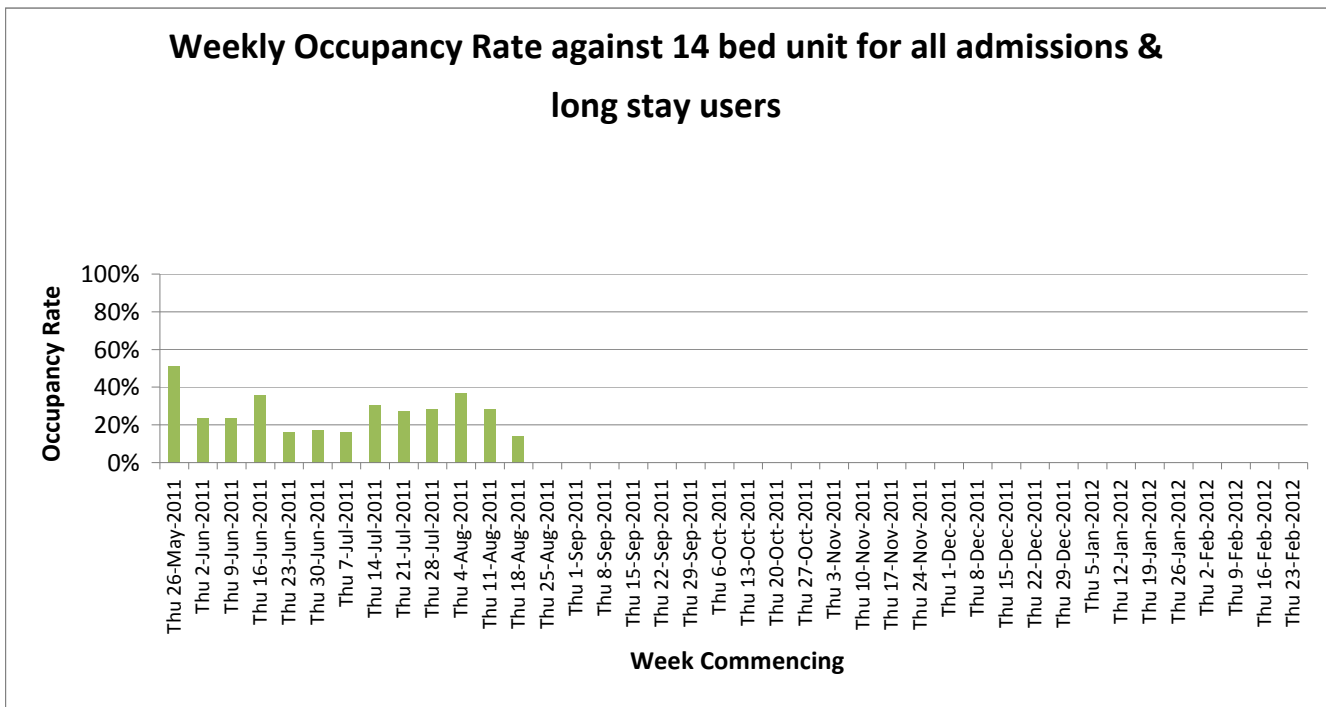
One admission was via the Police. He returned home the next day. This situation should have been managed differently, and alternative support solutions should have been sought for the individual.

Three admissions were made due to the main carers being ill or a family crisis.

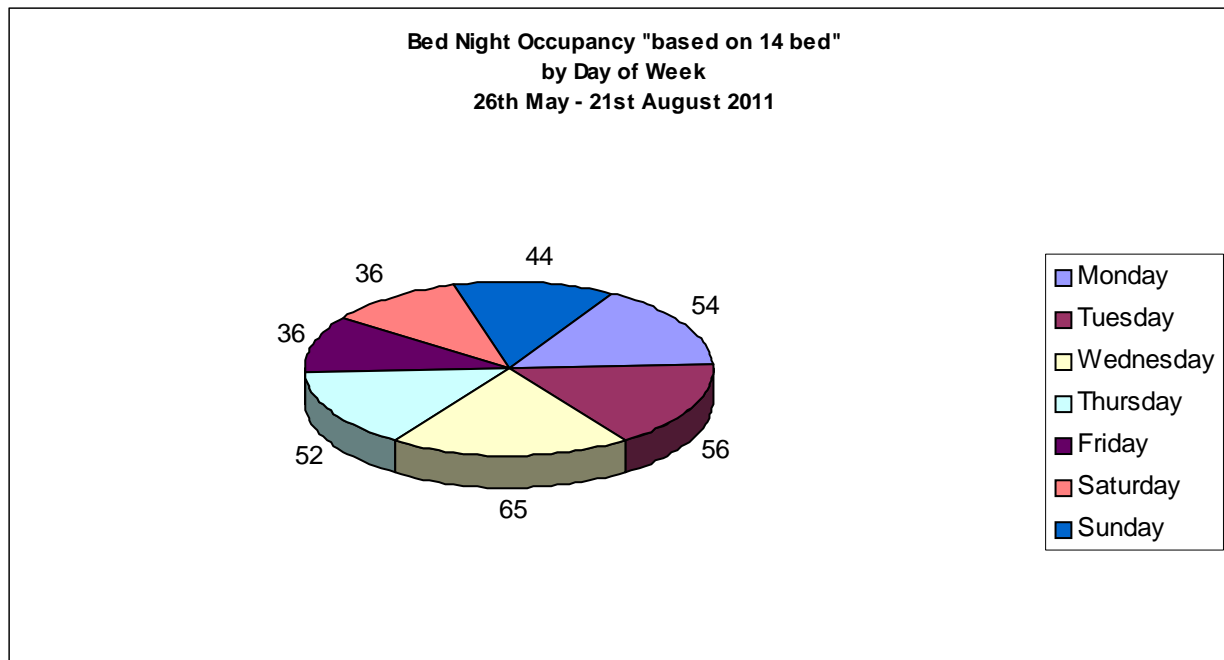
One admission was for one night, to ensure that a service user did not eat for 24 hours prior to an operation in hospital. This could have been managed differently, and an admission to residential care was not the only solution to the problem.

The final four admissions were inappropriate. These were tenants who lived in their own home, who had no hot water available due to problems with their boiler. Alternative arrangements should have been made.

Current Occupancy Rates at Scotter House



Please note that the week commencing 04/08/11 is when we accepted 4 inappropriate admissions via emergency.



Please note that the summer months are traditionally peak periods for respite.

Current Users of Scotter House

From 1st August 2011 until the end of the year, there are currently 13 service users identified to have respite at Scotter House. In total, they have so far requested 161 nights of respite. Based on a fourteen-bedded unit, this equates to 11.5 days of full occupancy over a four month period.

Of these 13 service users, we consulted with 10. Three of the families have not yet begun to look at alternative services, as reported earlier. Two of these individuals have complex needs, but could be assessed by other traditional respite services and their needs could be met by these services. They would both require specialist packages. The third individual's family have said they would possibly explore the use of personal assistants.

Users of the service told us that they like Scotter House because it is familiar to them, they have accessed the service for a long time, they like the staff and have a good time with friends whilst there.

One of the issues, which was repeatedly discussed in the consultation around people moving on, was that of finances. Currently, when people access Scotter House they do so at a charge of £118.32 per week. Other resources charge from £500 per week. Families are understandably hesitant about spending this amount of money from personal budgets, when they can continue to receive a service for a substantially lower amount. It is likely that these users will continue to access Scotter House until a decision on its future is made. The introduction of near real charges being made for in-house services would impact on the use of Scotter House.

Conclusions

Families and users consulted have a loyalty to Scotter House and spoke of sadness should the service close. Most acknowledged that there are alternatives available, and have begun to look for different solutions to address their needs.

Non-traditional solutions to respite are being explored by some families and users, and they view this as a time for new opportunities.

Some families do have expectations around traditional residential resources continuing to be available for both short and long term solutions/planning. Adult Services must ensure that new models based upon reablement and integration fully involve all client groups, and that families and users become less dependent upon service based solutions. Work must be carried out with families to help them to understand the new support solutions available to them.

If individuals have challenging behaviour we have already ensured that referrals have been made to the Intensive Support Service for transition arrangements. These individuals will receive appropriate support initially via the Intensive Support Service, who will also work alongside the new providers to enable them to work positively with the individuals.

Families expressed concerns around market capacity should Scotter House close. There is a high expectation that service users should be able to access support without negotiation. However, no one reported actually being unable to book respite in any resource at this time.

Families also felt that Scotter House currently offers more activities than other facilities. Open and honest conversations did take place around the current situation at Scotter House, and that this had not always been the case. Historically, complaints were made about the lack of facilities at Scotter House when it was running to full capacity.

Should Scotter House remain open, it cannot meet the needs of people with complex health care requirements under the CQC registration. This was also discussed with individuals.

Young People Coming through transition

An additional piece of work was completed alongside the consultations by staff from the Strategic Commissioning Service (Appendix A).

This looked at the possible future numbers of young people with learning disabilities that will come through transition from Children's Services.

It is not possible to predict what each young person and their family will want as they reach adulthood but what we do know is that over the last year 9 young people came through transition and of those only 1 is using traditional respite services. The others are using personal assistants.

Over the next three years there are expected to be:

16 young people going through transition in 2011/12

21 young people going through transition in 2012/13

15 young people going through transition in 2013/14.

We know that of the 16 young people that will go through transition in 2011/12:

- 5 plan to employ personal assistants to support them with access to different social/leisure activities
- 1 currently accesses traditional respite but will not be pursuing this in the short term future as is choosing the Personal Assistant option instead
- 1 person will be moving into supported living and thus will no longer access traditional respite
- 1 person will continue to access traditional respite services.

The others are still making decisions about their futures.

Looking at last years trend and the developments within the market there is no reason to consider that these individuals' choices cannot be met through their personal budgets.

Joanne Mosby
September 2011