

Torbay and South Devon NHS Foundation Trust










TSDFT Board of Directors

Public Board of Directors

Anna Dart Lecture Theatre, Horizon Centre, Torbay Hospital,  
TQ2 7AA

02 March 2016 12:30

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**REPORT COVER SHEET**

<b>Meeting Date:</b>	2 <sup>nd</sup> March 2016
<b>Title:</b>	Report on consultation on the future of Baytree House short breaks unit for people with learning disabilities in Torbay
<b>Lead Director:</b>	Chief Executive
<b>Corporate Objective:</b>	Safe, Quality Care and Best Experience
<b>Purpose:</b>	For the Board to: <ul style="list-style-type: none"> <li>• <b>be assured</b> that due process has been followed</li> <li>• <b>consider</b> the outcome of the recent public consultation including additional representation from the Baytree House Action Group and report and recommendations from Healthwatch Torbay</li> <li>• <b>make a decision</b> on the future of Baytree House short breaks unit, taking into account the results of the public consultation</li> </ul>

**Summary of Key Issues for Trust Board**

**Strategic Context**

Torbay and South Devon NHS Foundation Trust is now responsible for the delivery of all services originally provided by Torbay and Southern Devon Health and Care Trust and South Devon Healthcare Foundation Trust. This includes services for people with learning disabilities in Torbay. In 2014 an Operational Commissioning Strategy for Learning Disabilities was agreed locally. Underpinning this strategy was a commitment to personalisation and a choice from a diverse market place. There was also a clear statement of intent that rather than directly providing learning disability services, the NHS would commission services on people’s behalf and co-ordinate the provision of information and support planning either directly or through third parties. It is within the context of this Operational Commissioning Strategy, and associated change programme, as well as a number of other key strategic factors that this closure proposal has developed.

**Background to the Consultation process**

**On 23<sup>rd</sup> November 2015** Torbay Council’s Health Overview and Scrutiny Board (HOSB) considered a draft consultation document which had been prepared by the Trust on the future of Baytree House short breaks unit for people with learning disabilities in Torbay. The Trust gave assurances on how the consultation would be undertaken and agreed to report back on the results.

**On 2<sup>nd</sup> December 2015** the Trust Board made the decision to proceed with the public consultation. The consultation, which ran from 4<sup>th</sup> December 2015 and closed on 5<sup>th</sup> February 2016, set out proposals to close Baytree House in April 2016 and re-provide this short break service through the independent sector.

**On 29 February** Torbay Council’s Health Overview and Scrutiny Board will consider the report of the consultation. They will want to be assured that the concerns of users and carers have been taken into account in coming to the final set of recommendations which includes closing Baytree

House. In recognition of the concerns of user and carers articulated throughout the consultation process, the recommendations now include a transitional period of three months to enable satisfactory alternative short break provision to be found. Verbal feedback from the Health Overview and Scrutiny Board will be presented to the Trust Board at the public meeting on 2<sup>nd</sup> March 2016.

The purpose of this set of papers is to:

- provide assurance to the Trust Board that due process has been followed;
- present the outcome of the public consultation to the Trust Board so the views of carers, users and the wider community can be taken into consideration; and
- enable the Trust Board make a decision on the future of Baytree House.

To assist the Trust Board in coming to a decision on the future of Baytree House, the Board paper has been structured as follows:

- **Attachment 1:** Report setting out the background to the consultation including the rationale for the proposal to close Baytree House; process of co-design adopted to develop a more suitable alternative short break service offer; explanation of public consultation process adopted and summary detail of consultation responses and revised recommendations in response to the consultation. These now include a transition period to enable more satisfactory alternative short break provision to be found.
- **Appendix A:** Full public consultation feedback including verbatim responses from all respondents to the public consultation – (personal details have been redacted) – and general comments from carers and users of Baytree House. The Trust Board will note that of the 26 responses received to the formal consultation, 25 confirmed they did not agree with the proposal to close Baytree House in favour of more suitable alternative provision.
- **Appendix B:** Original Consultation Document
- **Appendix C:** Completed Quality Impact Assessment
- **Appendix D:** Completed Equality Impact Assessment
- **Attachment 2:** Letter dated 17 February 2016 from Councillor Julien Parrott to users of Baytree House following the public consultation regarding the proposals to close the unit for adults with a learning disability and to re-provide this support in a different way.
- **Attachment 3:** Letter dated 22 February 2016 to the Chairman of the Trust from Mr Kevin Helmore, spokesperson for the Baytree House Action Group, setting out a series of options for further consideration with a request that the letter be shared with Trust Board members. Mr Helmore has been invited to address the Trust Board on the impact of the proposed closure from the viewpoint of a patient/carer.
- **Attachment 4:** report from Healthwatch Torbay received 24 February 2016 on the consultation process recommending the Trust Board consider delaying implementation; that carers be involved in providing information on provision currently in place and the alternatives being proposed so they can be involved in and inform the assessment; and that the Trust learn from this consultation and the concerns raised and take a different approach to public consultation in future decision-making processes.

### **Key Issues/Risks:**

Key issues/risks from the quality impact assessment are described in the attached cover sheet to the main report and relate to finding more suitable alternative short break provision in the independent sector; affordability if the unit does not close and public opposition to the proposed changes.

**Recommendations:**

Recommendations are included in the main report and described on the attached cover sheet. The Trust Board is being asked to agree to the closure of Baytree House short breaks unit in favour of more suitable alternative provision in the independent sector. In response to concerns raised by users, carers and their families and echoed in the Healthwatch report recommendations, the Trust Board is being asked to agree to a transition period to 30 June 2016 to enable more suitable alternative provision to be properly secured. The Trust Board is also being asked to agree monitoring arrangements to retain oversight of progress and be assured that more suitable alternative provision will be available.

In considering these recommendations the Board will want to take into account the views of users, carers and their families; verbal feedback from Torbay Council's Health Overview and Scrutiny Board; and the report and recommendations from Healthwatch Torbay.

**Summary of ED Challenge/Discussion:**

Directors have sought assurance that due process has been followed and that the views of users and their families and carers have been fully reflected in the paper.

The concerns of users and their carers and families regarding the suitable alternative short break provision have been considered and resulted in the recommendation to delay the closure until the end of June 2016 to enable a transition period.

**Internal/External Engagement including Public, Patient and Governor Involvement:**

The attached report and cover sheet describe the engagement activities including detailing the formal consultation process.

Directors will reflect on the feedback from Healthwatch Torbay on the consultation process and improvements that can be made in future engagement activities.

Governors have been kept informed throughout the process.

**Equality and Diversity Implications:**

This proposed service change will impact upon people with learning disabilities and their carers and families. The relevant impact assessments have been completed and taken into account in preparing the recommendations.

PUBLIC

**MAIN REPORT**

<b>Meeting Date:</b>	Board meeting 2 <sup>nd</sup> March 2016.
<b>Title:</b>	Public consultation on the future of Baytree House short breaks unit for people with learning disabilities in Torbay.
<b>Lead Director:</b>	Liz Davenport, Chief Operating Officer.
<b>Corporate Objective:</b>	Safe, Quality Care and Best Experience
<b>Purpose:</b>	For the Board to make a decision with respect to the future of Baytree House short breaks facility following the recent public consultation.

**Summary of Key Issues for Trust Board****Strategic Context:**

On 2<sup>nd</sup> December 2015 the Trust board made the decision to proceed with a public consultation with respect to the future of Baytree House short breaks unit. The consultation ran from 4<sup>th</sup> December 2015 and closed on 5<sup>th</sup> February 2016. The proposal was to close Baytree House in April 2016 and re-provide these beds nights in the independent sector. For all those using Baytree House as a short breaks option, the Trust gave its commitment to ensure support and planning for people was available, to help them use personal budgets to meet their outcomes and manage their money to support a new short break of their choice.

This proposal forms part of the 2014 NHS Learning Disability Operational Commissioning Strategy. This document sets out why it is necessary to deliver changes in learning disability services in Torbay and examines the types of services which need to be provided now and in the future. It also describes what needs to change locally to modernise services and enhance the lives of people with a learning disability in a challenging financial climate. The strategy explained that the NHS in due course would no longer be a direct provider of learning disability services and that the Trust would be implementing a change programme in all areas of provision.

The Baytree House short breaks service is situated in a large traditional Torbay Victorian villa. The building is located in Croft Road, Torquay and is owned by Torbay Council and leased to the NHS. Currently Baytree has a maximum capacity of eight beds; however the average occupancy in 14/15 was 3.6 residents per week, and in 15/16 to date, four residents per week, with the majority of placements made at the weekends. This gives an occupancy rate of 45 to 50 per cent. The revenue cost of the unit including staffing costs is £509,000 per year.

There is also a well evidenced change in the demographics of people with learning disabilities. The numbers of people with profound and multiple disabilities is going up, and although it is good news that many people with a learning disability now enjoy a longer life expectancy, it does mean that the service has seen an increase in the physical frailty and mobility problems that are associated with old age. Therefore Baytree is not always the best care setting for individuals with these more complex needs.

Our change programme for people with a learning disability has used a “co-design” model. This involved a series of meetings with parents and carers, prior to formal consultation, to seek their views and help shape proposals. A series of these meetings occurred last year ahead of the public consultation and carers of Baytree users were invited to these sessions along with other interested parties. During the co-design the Trust had discussed new options for short breaks and looked at ways in which carers can use and combine their personal budget allowances to find better-suited alternatives to current provision. This included a session with five independent sector providers of bed based and alternative community based short breaks. The Trust also shared its rationale for change to ensure reliability and financial sustainability in services.

#### Key Issues/Risks

1. Finding suitable alternatives for carers in the independent sector if Baytree House closes.
2. If the unit does not close the financial savings required will not be delivered elsewhere in learning disability services or adult social care.
3. Public opposition to closing a long standing service.

#### Recommendations:

- a. Baytree House should in due course close and the short break beds nights should alternatively be sourced in the independent sector.
- b. A transitional period to 30<sup>th</sup> June 2016 occurs before the decision to close is implemented.
- c. Adult Social Care Commissioners in partnership with the Support Planning Services are tasked urgently over the next four months to work closely with provider to develop and secure satisfactory provision.
- d. The Board consider their monitoring requirements. Board receive a written update with respect to progress if the decision is made to close the unit and secondly that the Learning Disability Partnership Board also take an appropriate role monitoring quality and outcome of placements in the independent sector. In operational terms the Community Service Business Unit will manage and be accountable for the completion of Baytree House change programme and all the associated activity. Torbay Council Overview and Scrutiny Committee will set their own follow up requirements.

#### Internal/External Engagement including Public, Patient and Governor Involvement:

Torbay and South Devon NHS Foundation Trust directly sent the consultation documents and return envelopes to all family carers who use Baytree. The consultation sought views from parents and carers of people with learning disabilities about the future of Baytree House, its in-house short breaks unit in Torbay. Carers could also respond via the Trust website.

During the consultation 1-2-1 meetings were available to all carers and several public meetings discussed the proposals in January 2016. This included a meeting facilitated by HealthWatch Torbay for the “Save Baytree House” campaign attended by the Trust, a meeting with the Older Carers group, the local Mencap Committee and the Learning Disabilities Partnership Board.

Governors have been kept informed throughout the process.

#### Equality and Diversity Implications:

The relevant impact assessments have been completed.

PUBLIC

**March 2016 Board report****Public Consultation on the future of Baytree House short breaks unit for people with learning disabilities in Torbay****1. Pre-consultation phase****Introduction**

A decision was made at the December 2015 Board to undertake a public consultation with respect to the Trust's proposal to close Baytree House, the in-house short breaks unit for people with learning disabilities in Torbay, and use alternative services in the independent sector.

In the consultation document the Trust outlined its proposals and why there is a need to change the way in which short breaks (respite) are provided to people with a learning disability in Torbay. The consultation provided parents, carers, users of Baytree and stakeholders with an opportunity to formally share their views on the proposals. Throughout the Trust has wanted to make the right decisions for individuals and their carers, whilst also considering the tough choices that have to be made in order to ensure services remain fit for purpose, viable and financially sustainable for the future.

**Background**

In 2014, the local NHS published its Learning Disability Operational Commissioning Strategy. The document outlined how the NHS will commission and provide quality support to people with a learning disability and their carers in the future. The strategy set out why it is necessary to deliver changes in learning disability services in Torbay. The key objectives of the strategy were stated as follows:

1. People with learning disabilities in Torbay getting to choose what they do in the day and evening.
2. Everyone who wants a job getting the support they need to get a job.
3. More people living in their own community, in their own home.
4. Good planning and support for people with autism.
5. Good support for carers of people with a learning disability.

A core principle underpinning this strategy was our commitment to personalisation and choice from a diverse market place. Rather than directly provide services ourselves, we will commission services on people's behalf and co-ordinate the provision of information and support planning: either directly or through third parties. We acknowledged the challenges of reduced funding and increased demand, by commissioning services that are cost effective and are as flexible as possible to meet people's personal outcomes. Funding for adult social services has reduced year on year and further reductions have been outlined, thus this reality needs to be factored into our future services and financial planning.



Other estimates indicate that the number of adults with learning disabilities in Torbay is increasing year on year; this is in line with national demographics. More young people with severe and complex disabilities survive into adulthood with a lifelong need for care and support. Improved healthcare means that there is a significant increase in the number of learning disabled people experiencing the support needs associated with old age, those being dementia and physical frailty. Differing estimates make needs analysis of the population very difficult. However we do know is that people are living longer with complex health problems and profound and multiple learning disabilities. In turn we have a group of older carers who require support for their loved ones to remain in the family home. Younger people with learning disabilities have different expectations about the support they require than older people with learning disabilities. Thus we should differentiate between the limitations of the building against the delivery of a new service model which is less 'building' based and offers more choice. Children's services and the transition support they have received is also moving away from the traditional model. However the expertise of our staff and how they could be deployed to strengthen our services is important to emphasise in this respect.

The majority of Baytree users have used the facility for many years and it has proven to be a vital support for them. However, the changing demographics of learning disability mean that out of 450 people with LD, 39 (less than 10 per cent) of people use Baytree. While some people are not eligible for short breaks because they are in residential or 24 hour supported care; the majority of people are unable, or choose not to, go to Baytree.

The Operational Commissioning Strategy clearly explained that the NHS, in due course, would no longer be a direct provider of learning disability services and that we would be implementing a change programme in all areas of provision. Successful changes have already occurred in day services, with the creation of the high needs service at Hollacombe and the creation of supported living accommodation at the Occombe site.

In 2015 the NHS also consulted on its policy for short breaks, which been in place since 1<sup>st</sup> April 2015. The policy included a new approach to providing eligible carers, with funding for a short break, and a commitment to ensuring there are choices for the type of break they have. The policy also brought the Trust's approach to short breaks up to date in respect of supporting carers' rights under the Care Act, which has been place since April 2015 to ensure care and support is more consistent across the country.

### **Carers' role**

The Torbay Carer Strategy ("Measure up" 15-17) recognises the huge contribution that our carers and young carers make to our community.

The formation in October 2015 of the Integrated Care Organisation, joining Torbay's Acute Hospital and its Community Health and Social Care Services to become Torbay and South Devon NHS Foundation Trust, demonstrates the commitment to work closely for the people of Torbay. The local NHS and Torbay Council have a strong history of working together for the benefit of carers, with the production of a shared Carers' Policy and action plan having shared targets about involving carers in patient support.

At this time of significant change and financial pressure across the public sector, this close cooperation and partnership with voluntary and third sector organisations is essential in

delivering the best services possible for Torbay's carers. 'Measure Up', is an inter-agency strategy, and is vital in ensuring that all the organisations value the vast difference that unpaid carers make to our society, and to ensure that they receive support to live their lives to the full. 2014 saw the culmination of a number of years of increasing national awareness and Government priority being given to carers, with the passing of both the Care Act and Children and Families Act. The Care Act repealed most of the previous legislation for carers and put them on a par with the people for whom they care.

### **Why change is needed for Baytree House**

The Baytree House short breaks service is situated in a large traditional Torbay Victorian villa. The building is located in Croft Road, central Torquay. The building is owned by Torbay Council and leased to the NHS on a 'peppercorn' basis.

Currently Baytree House has a maximum capacity of eight beds, however the average occupancy based on the full 14/15 financial year was approximately between three and four placements. The revenue of running the unit including staffing costs is £509,000 per year.

The structure of the building means that several of the bedrooms are inaccessible for wheelchair users and people with significant physical disabilities. The building also has a number of constraints meaning it is very difficult to alter, for example ceiling tracking that enables the safe hoisting and movement around the premises for people with complex physical needs, cannot be installed in some rooms. Of the eight rooms available, two on the ground floor have this facility and the rooms on the first floor do not.

There is also well evidenced change in the demographics of people with learning disabilities. Advances in healthcare, screening and annual health checks are helping people to live longer. As a Trust it is imperative to plan services that will meet the needs of people with profound and multiple learning disabilities now and in the future. In this way we aim to ensure that services are equipped to support the complex needs of people as well as buildings that can fully support people who have less mobility due to their disability or increasing years.

The Care Quality Commission (CQC) inspection report of Baytree 2013 described the service as follows:

"Baytree offers a respite service for up to ten people with learning disabilities. They also offer emergency respite beds. The service is not able to provide nursing care, but can accommodate a limited number of people with more profound learning and physical disabilities".

The manager of Baytree House confirms that currently Baytree provides respite care to 39 service users. The unit admits people with mild to moderate learning disabilities. In regard to a snap shot of needs of those service users, from the manager's perspective these fall into the following broad headings: 9 wheel chair users; 18 mild to moderate learning disabilities; 6 high medical needs; 3 with mobility problems and 3 with behaviours that challenge the service, 39 in total. The facility also has 2 equipped wet rooms, one mobile hoist and two fixed in rooms on the ground floor. Accessibility to the rooms on the first floor is limited for some service users in the groups listed above.

Despite the excellent skills and commitment of the staff at Baytree it will become more difficult to deal with mobility and frailty challenges, as the profile of service users to continue to move away from mild to moderate learning disabilities.

In the last full financial year (14/15) Baytree House had an average occupancy of 3.6 residents per week, with the majority of placements made at the weekends. This gives a 45 per cent occupancy rate for short breaks, meaning that, per year, each bed currently costs approximately £125,000 to run. There has been a downward trend in use over the four years up to and including 14/15, with a 17 per cent reduction in bed occupancy. This information is based on all the weeks in 14/15 and is not a snap shot or a sample.

Some carers have challenged the information provided by the Trust, reporting that sometimes Baytree is busy. However, given Short Breaks are short stays, occupancy is naturally variable. The spread of bed use, for example, demonstrates variable use over weekdays and weekends, therefore at different points in time occupancy does change and the Trust's figures are thus averages.

### **Occupancy**

In order to ensure we address carers' concerns, the occupancy figures have been revisited for 15/16 thus far, i.e. 37 weeks from April 2015 to early December 2015. This further analysis demonstrates a small increase in the occupancy to 50 per cent (based on 37 weeks), although three less individuals have used the service compared to 14/15, i.e. some individuals have used more days at Baytree. Neither of these changes are material. 14/15 occupancy was 45 per cent.

Much debate has occurred with respect to access for planned short breaks such as holidays or general respite for carers, contrasted with emergency placements where carers require a break at short notice for a variety of reasons. The occupancy figures come directly from returns made by Baytree House to the Trust finance team. By way of clarification it should be noted that Baytree does not have a designated emergency bed(s) and its ability to take emergency placements is a consequence of its occupancy level (45%-50%) However on some occasions Baytree has not been always able to take all emergency placements, this may be for variety of operational and logistical reasons. However, it should certainly be acknowledged that carers need a break in an emergency situation and thus capacity needs to be available at quick notice and, Baytree has been able to respond. Emergency beds and placements are very important to carers, for example when a Carer has an illness or a family bereavement occurs.

It should also be noted that one placement at Baytree in 14/15 financial year and also one in 15/16 year have been discounted from the figures as they were not short breaks intended for the purpose of providing respite for those living with family carers. These two long-stay placements were made by the zone health and social care teams and could have been placed in the independent sector. If these circumstances happened again independent sector long stay beds would be sourced.

### **Care assessments**

The assessment of needs occurs prior to accessing services at Baytree. Some carers have felt that low occupancy at the facility was partly due to delays in care assessments. The

Community Services division previously acknowledged that the Community Learning Disability Team (CLDT) historically had not been successful in keeping up to date with care assessments. Following a review in 2014, the decision was made to address this matter by mainstreaming Learning Disability services into the health and social care zone team and disbanding the CLDT. Poor performance of the CLDT included a number of elements, the most prominent of which were challenges in the recruitment and retention of specialist LD staff to run such a unit, which in turn led to unacceptable delays in assessments.

Given the above it was agreed that a disaggregation and mainstreaming to Zone Teams was the only method of improving performance and integrating LD services into our mainstream services. This fits with the direction of travel in learning disability services since 2001 and the publication of “Valuing People” which was put in place to ensure that “people with learning disabilities are not pushed to the margins”. Since June 2015, when the disaggregation occurred, significant improvements in performance have been evidenced. With respect to comparing the position as at June 2015 when the LD function was transferred to Zone teams and the position as at January 2016. On 3rd June 2015: 71 clients with an LD category were waiting assessments, as at 13th January 2016 this had reduced to only 10 pending assessment. This demonstrates that the issue with pending assessments has now been addressed and they are not a material factor in the occupancy rate of Baytree.

The combination of the factors outlined above is why the Trust believes change is necessary and instigated the proposal with respect to Baytree. We want local services to be the best they can be within the resources available.

### **The duty to assess**

Assessments will identify a person, and their carer’s, needs and goals, then consider if any of those needs are eligible for support. The local authority uses a national eligibility framework to help them with this and determines how much money there will be to spend on care. The local authority must then help a person, and their carer, to develop a support plan to meet those needs, using the identified personal budget.

The local authority must ensure that the services identified in the plan meet the eligible needs identified in the initial assessment, and they must ensure the person is involved in the development of their plan. However, there is no requirement on the local authority to provide specific, named, services such as Baytree House. The requirement is for the local authority to be able to demonstrate that they are meeting the identified need for the carer to have a break.

### **Pre consultation and co-design work**

Our change programme for people with learning disabilities has used a “co-design” model. This involved a series of meeting (five sessions in all) with parents and carers, prior to this formal consultation, to seek their views and help shape the proposals. Our intention was for the co-design approach to enable carers, parents and individuals involved to have an influence over the type of short break they can access in the future and enables space to discuss difficult change proposals in an open fashion. The carers of Baytree House clients were invited to these meetings, which had an average attendance of approximately 20

families. Additionally carers and parents of children and young people in transition were invited as well as wider group of interested stakeholders although only one was identified as attending.

Through co-design, the Trust discussed new options for short breaks and looked at ways in which carers can use and combine their personal budget allowances to find better-suited alternatives to current provision. Throughout, the process the regular users of Baytree stated their objections to alternative provision to replace Baytree. This co-design activity included a session with five independent sector providers of bed based and alternative community based short breaks. The providers were able to talk about what services they could offer and carers were able to discuss concerns they may have had about any alternative provision. The Trust also shared its rationale for change and gave its commitment to support to carers and parents throughout the planning and transition of any change process, should the closure of Baytree be approved.

Through the work outlined above and in previous consultation work in learning disability services the following themes emerged from people with learning disabilities and their carers.

- People felt that there should be more choice
- People want to improve community participation, independence and choice
- People and their carers said they needed help accessing those opportunities and using a personal budget
- People said that building based services would still be required for people with the most complex needs
- People also said that new services should be properly monitored, quality assured and reliable
- People need consistent and reliable services of a suitable quality, which they felt was satisfactorily provided by Baytree.

It's important to acknowledge the level of genuine concern from carers (the group of approximately 20 who attended the co-design sessions) if Baytree House were to close. Many of these carers have used the building for some years and thus rely on it to enable them to sustain their caring role in the home environment. Secondly many of this group are sceptical with regard to the quality and range of independent sector alternatives, or do not wish to use the independent sector instead of in house provision.

Some believed that the Trust's proposal to close Baytree, which has been in the public arena since July 2015, was "pre-determined". Throughout the co-design and at various forums officers of the Trust have explained that the proposals would be subject to public consultation and a board decision.

The group most concerned with respect to the Trust's proposals are older family carers who have relied upon Baytree for many years and have voiced the fear that this envisaged change could potentially trigger or bring forward their loved ones going into long term care given the time of life some of the carers are at. Also that the uncertainty is stressful for them and their loved ones and the wider impact upon the family.

## 2. Trust proposals with respect to Baytree House

Our approach is to create a wider breadth of sustainable services that meet people's needs now and bearing in mind our duty to plan for future demographics, the Trust is proposing to close Baytree House. Clearly there is a tension with respect to market development and services to replace those offered by Baytree, as some providers are naturally waiting to gauge the outcome of the consultation to decide if they are to offer short break options. This is a significant change issue for those who have utilised Baytree for many years. The Trust and Commissioners are actively working with the independent sector to develop capacity and a handful of providers are developing new beds currently.

The Trust's proposal means that people would no longer receive short breaks at Baytree House. However by utilising personal budgets replacement short breaks would still be available by providers from the independent sector and we would work with them to make sure people's needs are met.

### Independent Sector provision

Through the co-design and consultation the availability and quality of independent sector provision has been the most significant issue. This is a reasonable concern given the unfamiliarity with this provision and that we wish to see the range of choice in the market broadened and increased. Some providers are venturing into the short breaks market (details below) and others are awaiting the outcome of the decision with respect to Baytree before they decide if investments in this area of the market are worthwhile.

### Support Planning role of Spot/Space

Spot Opportunities is an independent organisation that supports people with learning disabilities to be an active part of their community. Part of Spot's role is to deliver a support planning service called SPACE (Support Planning Active Communities & Engagement). SPACE works with people with learning disabilities and their carers to identify a wide range of opportunities. This is based on people's assessed needs.

Within the team there is an experienced Social Worker who can complete assessments. The Support Planning Co-ordinator works with the social work and families to complete person centred support plans. These are based on the Short Breaks Policy (2015). SPACE has already supported over 20 people to move on from Hollacombe CRC choose daytime opportunities with a range of independent sector providers. In addition, SPACE supports people to choose housing and support options within their budget.

Key aspects of every support plan are:

- ✓ Getting to know each individual family and their needs
- ✓ Working in a person centred manner that puts people with learning disabilities and their families at the heart of decision making
- ✓ Producing a meaningful support plan based on the choices made by carers and people with learning disabilities
- ✓ On-going support to manage direct payments
- ✓ Regular checking that services meet each person's individual needs

Vital to the support planning service is listening to people and ensuring that they are able to choose from a range of safe, high quality services. Similarly, by spending time with people and their families SPACE is able to ensure that services meet people's individual plan. In this way SPACE will work with people to try out new services and liaise with providers to ensure individual outcomes are achieved.

During the consultation phase SPACE has visited 19 families, and made contact with a further 8 families at the time of writing.

### **Provider Development**

Alongside the co-design and subsequent formal consultation processes work is being undertaken by TSDFT, Torbay Council and Speaking Out In Torbay (SPOT) to develop a range of high quality short breaks services. The key aims of this are:

- ✓ To ensure a range of flexible short breaks accommodation that meet the individual needs of people with learning disabilities and their family carers (Specifically accommodation and support needs to include people with profound and multiple learning disabilities (PMLD), complex needs and autism)
- ✓ To develop capacity in the Torbay area for short breaks
- ✓ To promote high quality, safe and person centred services
- ✓ To allow capacity for emergency placements

At the third set of co-design meeting five providers presented to carers their vision for short breaks services. Since this time other providers have been working to develop new short breaks services. It is also anticipated that on-going market development will include opportunities offered by a wider range of providers.

The providers currently working with TSDFT to develop services are: (in alphabetic order)

- Burrow Down Support Services
- Renaissance Care and Support (St. Johns)
- Robert Owen Communities (ROC)
- Shared Lives South West
- Specialised Supported Care (SSC)
- Summerland's Support

Please note that additional information is provided about Renaissance and SSC below because of building work being undertaken that requires further explanation. For the purposes of support planning all options are to be presented to carers and people with learning disabilities.

### **Burrow Down**

Burrow Down provides supported living, residential care, short breaks and daytime opportunities. The residential property is being developed to offer greater capacity for short breaks. This includes high quality bathroom facilities suitable for people with mobility issues.

## **Renaissance**

Renaissance is a local provider with a residential home (Renaissance) and supported living (St. Johns). The former St. John's Ambulance building has been partly adapted for supported living. Part of the building is currently being developed to create a three bedroom short breaks unit (Up to 1,095 bed nights)

The short breaks unit is designed to provide support to a range of users including people with profound and multiple disabilities (PMLD). This includes people with complex physical and medical conditions who require specialist support.

St. John's Short Breaks Unit will include ceiling tracking, wet rooms and enhanced facilities to support people with complex needs. The unit will include a large living space and kitchen. In addition, the unit will have both waking night and sleep-in support required to support the safe care of people using the service. The building work is under way and scheduled for completion by the end of March 2016.

## **Robert Owen Communities**

Robert Owen Communities (ROC) is a large, regional provider of supported living and daytime opportunities. ROC has a one bedroom short breaks facility at Powderham Crescent in Newton Abbot.

## **Shared Lives South West**

Shared Lives South West is a regional organisation that places people with learning disabilities with families. This model of support is widely used and is based on a maximum of three people living in a family home. Shared Lives South West already offers Short Breaks placements with families and there are a range of active placements available in Torbay. People with learning disabilities can also use more than one placement to ensure availability.

## **Specialist Supported Care (SSC)**

Specialist Supported Services (SSC) is a Devon and Torbay based organisation that supports a wide range of people with learning disabilities and autism. One key area of their work is working with families to support people with behaviours that challenge services. The building will have a total of ten bedrooms and will be staffed to meet the needs of people on short breaks. Renovation work on Victoria House is scheduled for completion by mid-March 2016. This will only be a suitable option for a handful of individuals with the appropriate personal budget.

## **Summerland's**

Summerland's is a supported living provider that delivers individual support in a range of properties in Torbay. The organisation is offering non-accommodation based breaks such as days and evenings. In addition, Summerland's can organise bespoke breaks such as in hotels or holidays.



## Hannah's

Short break beds provided by Dame Hannah Rogers Trust opened in 2015. These are good quality facilities that have been visited by Trust officers. The location outside of Newton Abbot is now more accessible via the new by-pass road.

Some family carers are already working with Space (Support Planning) and are exploring future options for short breaks. Providers are continuing to develop their offers around short breaks.

### 3. The public consultation

Following the Trust Board decision on 2<sup>nd</sup> December 2015 the public consultation period commenced on 4<sup>th</sup> December and concluded on 5<sup>th</sup> February 2016. Carers had several ways on which to respond.

- Complete the form within the consultation document and return in a freepost envelope, which was circulated to all carers who had used Baytree and other stakeholders.
- Response via the Trust website  
<http://www.torbayandsouthdevon.nhs.uk/consultations>
- Telephone the Feedback and Engagement Team available for comments.
- 1-1 surgery sessions were available during the consultation; three sets of parents took these up on 15<sup>th</sup> December 2015. Five meetings in total occurred during the pre-consultation, these sessions allows the opportunity for carers to talk to the Trust in a more private setting and sometimes it can be difficult or not appropriate to discuss issues in a larger group or public meeting.
- Feedback from five co-design meetings included.
- Other meetings and forums, such as a meeting chaired by HealthWatch.

Throughout the process and at every forum, the Trust encouraged carers to complete the consultation questions document and return it to the freepost address or alternatively to respond via our website and the electronic form. We also stated our commitment to a transparent reporting of feedback and we stated that we would use an appendix to the Board report to capture views in a verbatim fashion. Also that the NHS Board report would be subject to Torbay Council Health Scrutiny process as part of decision making (meeting 29<sup>th</sup> February).

With respect to the Consultation questions we asked carers to consider the following:

1. Has the Trust taken all the facts into account in its proposals and if you think they are fair?
2. Do you have any concerns you may have about any of the proposals outlined in this consultation document, and how these concerns could be reduced?
3. What support you would like if any changes were to go ahead?

We asked the following specific questions with space for sufficient narratives and comments.

1. Do you agree with our proposals to close Baytree House and provide alternative bed and community short breaks?      Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you currently use Baytree House?      Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you feel you have been able to help shape and influence the proposals by taking part in the co-design process?      Yes <input type="checkbox"/> No <input type="checkbox"/>
4. What are the features of a good short break service, in your view? Please list the aspects that matter to you.
5. Are there any unique features about the service provided at Baytree you would like other providers to continue?
6. Are there any aspects of the service at Baytree which you think could be improved?
7. If you have chosen not to use Baytree would you be able to outline the reasons?
8. If have considered other providers, please give us any feedback you have on them.
9. Do you think this proposal is unfair towards any group of people (with regards to their gender, ethnicity, age, religion, disability or sexuality)?

#### 4. Public Consultation responses Baytree

As well as the Trust's consultation it's important that the Board has a full picture of views in the local community with respect to the proposal, even if they are not directly impacted by the proposal as users of the facility or have never used the facility.

During the consultation period other face to face events have taken place with carers which form part of the debate. Social and traditional media activity should also be noted from this period, including an on line petition to retain Baytree House as part of a save Baytree campaign (this is referenced more fully in section 4c).

The attached appendix includes verbatim responses and further background information with respect to the social media campaigns. This is a significant amount of additional material, however, the Trust acknowledges carers and stakeholder's individual feelings and voices.

#### 4a. Trust Public consultation

On the closure of the 13 week consultation period on 5<sup>th</sup> February 2016 the Trust had received 26 responses to the public consultation. With respect to the "Yes/No" questions asked the responses were as below:

Do you agree with our proposals to close Baytree House and provide alternative bed and community short breaks?      Yes <input type="checkbox"/> No <input type="checkbox"/>
--

**Yes Nil, No 25, no response 1 = 26**

Do you currently use Baytree House? Yes  No

**Yes 21, No 4, no response 1 = 26**

Do you feel you have been able to help shape and influence the proposals by taking part in the co-design process? Yes  No

**Yes 4, No 16, no response or not a service user question 6 = 26**

\* Of the total responses received (26) a total of 21 were Baytree House users and 5 were not. Of the 26 received, 21 came from carers and 5 from service users, via completion of the easy read consultation format.

\* With respect to the established cohort of the current Baytree house carers of 39 families, 21 families responded. 45 families and other stakeholders were directly mailed/contacted in December 2015, when the consultation commenced. This included people who had not used Baytree since 14/15 and other stakeholders such as Mencap.

\* Responses to the consultation were an equal mixture of e-mail and paper replies.

\* No respondents supported the proposal to close Baytree House from the cohort of families who use Baytree.

\* Apart from four exceptions the majority of respondents did not feel they had been able to influence the proposals by taking part in the co-design process.

\* Three carers took up the Trust's offer of 1-2-1 sessions in December to talk in private and in detail with regard to their own positions and circumstances. Themes from these meetings and verbatim response from questions 4 to 9 from the consultation document are fully outlined in the appendix to this report.

#### **4b. Torbay Healthwatch and other face to face meetings**

Following on from the co-design period, during the formal consultation period the Trust continued to meet with carers face to face to discuss the proposal and related concerns.

\* 1-2-1's as outlined above in December.

\* A meeting with the Older Carers Group occurred on 13<sup>th</sup> January. At that session the Trust encouraged carers to respond and had a wide ranging discussion covering the ground outline in section one of this report. This has been a regular forum with carers since the Trust commenced its LD change programme two years ago.

\* At the Learning Disability Partnership Board on 20<sup>th</sup> January 2106 a further update and discussion occurred with respect to Baytree. The LDPB has also been briefed each quarter since the commencement of the LD change programme. Carer, Mr Helmore made a presentation at this session articulating his and others opposition to the Trust's proposals.

\* A meeting also occurred with the Torbay Mencap committee on the evening of 21<sup>st</sup> January 2016 covering the same territory with a repeat of the feedback outlined elsewhere in this

report. Regular updates have occurred with respect to Baytree and the LD change programme to this committee.

All of these forums underlined the points made elsewhere in this document. Throughout the Trust has been keen to attend as many forums as possible to aid the conversation/debate.

### **HealthWatch facilitated event with carers**

On 13<sup>th</sup> January Healthwatch Torbay facilitated and chaired an event with approximately 20 families who use Baytree. This proved a helpful discussion to allow frank and open dialogue and further listening/reflection by Trust officers to hear the carers concerns and to test in detail the Trust's change rationale.

The carer's messages were led by Mr Helmore, who has set up a "Save Baytree" group. Mr Helmore is very representative of the views of those concerned with the Trust's proposals and has been invited to speak at the Board.

A number of issues were raised at this session. Matters related to the range and quality of independent sector providers and delays with Trust care assessments are outlined in detail in the previous section of this document.

However other matters were raised and responded to. These are listed below with more supporting information. Healthwatch produced a helpful set of notes from the meeting, we have endeavoured to address all the points raised below from this feedback. Healthwatch will also produce a summary report of their involvement titled "Baytree House Public Feedback Summary".

### **Carers questions from Torbay HealthWatch meeting**

1. **Feasibility of a publicly funded new build to replace Baytree:** This matter was raised by carers: To build a replacement facility from public funds would be extremely challenging due to the limited public capital available now and for the foreseeable future. A build of such a small number of beds would not be economic to construct and fund, in addition a site would have to be secured, with the additional cost. In simple terms this option is unlikely to either be economic, or affordable, such a build would potentially result in higher unit costs of the facility greater than currently. A provisional view from the Trust estates is based on the assumption the current site would be returned to the council, any rebuild would thus be a brown or green field site that would need to be secured, or the build/beds incorporate into as yet unspecified health and social care development. In any event the actual build cost would be circa £1.5 to £2 million plus the purchase cost of any land, thus the total cost is likely to be in the region of £2 million.
2. **Scope for capital investment in Baytree to address estate issues:** Carers have also asked about the feasibility of investing in the current estate to improve access and occupancy. As outlined above the Trust faces significant pressures upon its limited capital funds. Additionally technically making improvements in the building may be challenging given its structure and space, but this would be entirely dependent upon the specific changes envisaged following a feasibility study. For example upgrading the lift to the upper floor may enable that area to be utilised more

and also adaptations such as widening corridors for larger modern wheelchairs may also be helpful. This assumes funding could be identified and a scheme developed that would be delivered: Secondly the worst case the facility may need to close for a time or it's capacity reduced, whilst the improvements were delivered on site and short breaks in the meantime sourced from the independent sector. However it should be clearly noted that the building is safe for the current cohort of users and occupancy. The Trust Safety Team made an assessment of the building and had no fundamental concerns. The lift is safe to use and in good condition. Overall the building met safety standards and access requirements for both the current clients and a building of that age. Inevitably every older building can lend itself to improvement and it was noted that the addition of a couple of ramps and changes to door management arrangements could improve user experience, these were not considered to be significant.

3. **Option of independent sector taking over the running of Baytree:** Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and staff terms would apply in transferring the operation of Baytree to an independent or third sector provider. In simple terms our running fixed costs would be materially the same given pay is around 85 per cent of the Baytree revenue budget. In addition to this an independent sector provider would add profit and/or corporate overheads to the price, so this could potentially be more expensive than the current operating position. For example during the brief period the NHS transferred the running of Occombe House residential care unit of 8 beds to an external third sector provider, the cost increased for the reasons outlined above. Given our terms and conditions and other overheads the NHS is not best value for money as a provider compared to the independent sector, in provider market and that same money could go further. On the other hand it could be argued that the independent sector could bring a more commercial approach to the unit in marketing and attracting new users from outside our area to arrest the decline in use. Ordinarily the independent sector would be less expensive aside from the TUPE fixed cost.
4. **Option of staff run Social Enterprise Baytree:** Unlike the High Needs Day Service currently based at Hollacombe (which is working on a social enterprise out-sourcing business case for that service since 2014) previously the staff group at Baytree have not expressed a wish to pursue this route. Such a proposal takes some time to develop and takes considerable effort energy and time from the staff group. The Hollacombe service is probably a more economic proposition in this regard, the economics of a small 8 bedded unit the existing estate would be very challenging, plus the strategic direction of travel outlined in section one of this report.
5. **Financial clarification point 1:** The revenue budget of Baytree of £509,000 is part of the LD Adult Social Care gross spend of £13,029,000, five per cent of learning disability expenditure thus relates to Baytree. 39 service users currently attend the facility out of total learning disability client base of 451. With respect to the status of in house services. Nationally local authorities (who ordinarily run LD services) have moved away from providing general in house services for some years, in particular for older people. However learning disabilities services are more specialised in character and thus this change away from in house service has been slower. Based

on information in recent statutory returns, in 13/14 indicated that two thirds of local authorities still provided in house services for learning disability. In 14/15 this has dropped to half, 50 per cent. This appears to be direction of travel, although much slower than for older peoples units. Devon County Council for example had gone through a process of disinvesting themselves of in house services for learning disability.

6. **Finance clarification 2:** From the Baytree House budget community services division of the Trust is required to make a budget saving of £250,000 leaving £259,000 reinvestment monies for services in the independent sector for the 39 users. A query was also raised at the HealthWatch meeting with respect to unit costing. The carers quoted a unit cost of £1,098 per week (or £57,096 pa). This cost is from a few years ago (2011-12 financial year) and is calculated assuming 100 % occupancy of the total number of beds at Baytree, this figure has not been inflated since 2011, whilst the budget for the unit has. This figure is only used as a basis to recover costs when other local authorities use a bed at Baytree instead of people from Torbay, i.e. very occasional use by service users funded by Devon County Council. The unit costs referenced earlier in the report are based on actual occupancy of users divided by budget, which naturally creates a higher, but realistic use measure.
7. **Financial clarification 3:** Whilst the reinvestment sum of £259,000 (above) could be used to purchased beds via a spot or block arrangements from the existing or developing independent sector, however it is unlikely to provide sufficient revenue stream to run an in house service at the current scale with respect to pay and property costs.
8. **Financial clarification 4:** With respect to the monies allocated to commission replacement services in the independent sector for the 39 current users of Baytree. The question has been raised if this sufficient monies to fund these requirements. The Trust has made calculations based on the current costs of care packages for these cases, including a monetary representation of the cost of bed nights at Baytree. This forms the total personal budget for each individual. Personal budget allocations can of course change via annual reviews, but we judge that the total bed nights used at Baytree for short breaks could be purchased in the independent sector within the financial envelope available. Naturally individual variations occur with respect to need and cost to be met the differing requirements of 39 people. Thus the financial allocation will differ between individual service users and averages may only paint part of the picture. However by way of broad illustration, for 14/15 financial year the Trust had a gross spend of £139,000 in the independent sector with respect to short breaks covering 432 bed nights at £171 per night average (or £1,196 per week). On that basis the total of 1,323 (14/15) bed nights for short breaks at Baytree would cost in the independent sector approximately £226,000 pa to re-provide. 1,475 (15/16 estimate) would cost £252,000 pa. As acknowledged these are averages but in overall terms the monies available should be broadly sufficient. The total of £259,000 allocated across 39 users would average at £6,641 per annum for client for short breaks. Some service users may require less budget than this average and some more.

#### 4c. Media and social media

##### Social media

An online petition was set up in December following the launch of the public consultation. The petition gained 1032 signatures. It aimed to receive 1000 when it was launched, which was later increased to a target of 2000. Some Baytree House users and carers have responded in addition to a small number of staff at the facility. It is difficult to quantify all of the responses and where they have originated as most of the responses have been signed anonymously, however it is clear from reviewing the petition that a proportion of the signatures came from abroad or outside the area. Please see the breakdown in the table below. The petition was also shared via Spotted Torquay on Facebook and gained a number of responses after being shared on social media following the meeting with Healthwatch. The themes in the petition echoed those in the formal consultation feedback. It should also be noted that the petition was not set up by a Baytree user and family.

Type of respondent	Responses
Identifiable carers, clients, services users and relative responses	12
Known members of staff	3
Users outside of the UK	24
Inside the UK (this figure potentially may include other Baytree families or staff members)	993
<b>Total</b>	<b>1032</b>

Common themes in those that have left a comment on the petition included:

- Concerns of where people will go
- Respite is a much needed service
- Losing what Baytree House has to offer- secure, friendly setting
- Service users can make friends
- Strain on carers if service isn't available
- The petition can be found on line, at <http://www.thepetitionsite.com/en-gb/115/165/152/stop-the-closure-of-bay-tree-house/>

## Traditional print

The Trust has issued three press releases on the co-design and the launch of the consultation on the proposals around Baytree House and provided a proactive response to the media on the outcome of the Board meeting. It has also given an interview with Radio Devon about the co-design process and in response to a carers concern over the closure.

Coverage has mainly been in the local newspaper the Herald Express, with a total of four articles since July and one radio segment on Radio Devon; however it is likely that the meetings and consultation have been covered off in other media outlets, as this is difficult to monitor coverage. The Herald Express has a wide readership in South Devon and thus the coverage would have reached many people.

The Trust has also used social media, Facebook and Twitter to communicate about the co-design and consultation process and has kept the website up to date with the latest information so people are well informed on the process.

All press releases have also been shared via the carers email distribution list so that wider carers are aware of the process.

## 4d. Torbay Council

Torbay Council approved the Trust consultation document in late November 2015 supporting the principle to consult and return to the Council Scrutiny committee at the end of the process. Cllr Parrot the lead for Health and Adult Social Care has played an active role in the process.

Members have received some correspondence from carers expressing concern with regard to the Trust proposals so naturally Scrutiny has a stake in the outcome of the process. This report will be presented to the Council Overview and Scrutiny Board on 29<sup>th</sup> February 2016.

The Local Authority operates in an extremely challenging financial climate, including year on year budgets reductions in adult social care. Thus the imperative to deliver £250,000 Cost Improvement Programme (CIP) saving/budget reduction in 16/17 earmarked against Baytree is important in this financial context and that of the new risk share arrangements entered into by the local public sector partners in our area, who are working together to produce as sustainable health and social care system.

## 5. Conclusions and recommendations

### Conclusions and findings

**5a.** The consensus from those who participated in the consultation and who use Baytree was that they did not support the Trust proposal to close the unit and source replacement short break capacity from Independent sector. 26 responses were received to the consultation (from 39 current users of Baytree and 45 families directly written to). Of the 26 responses, 4 were services users and 4 out of the 26 had not used Baytree before. How those families feel with regard to the proposal to close Baytree is covered verbatim in **Appendix A** below.



**5b.** The Trust does not have a legal duty provide in house facilities, but it does has a duty assess a person, and their carer's, needs and goals, then consider if any of those needs are eligible for support. The local authority (the Trust as its delegate) uses a national eligibility framework to help them with this and determines how much money there will be to spend on care. The local authority must then help a person, and their carer, to develop a support plan to meet those needs, using the identified personal budget. There no requirement on the local authority to provide specific, named, services such as Baytree House. The requirement is for the local authority to be able to demonstrate that they are meeting the identified need for the carer to have a break.

**5c.** By way of recap: The Trust case is that an occupancy rate of 45%-50% is not good value financially. An estate that does not fully meet current and future needs of the LD wider cohort is not sustainable. Also the revenue cost of running the facility in the current and future challenging financial climate to reduce costs and deliver savings, is worthy of review. These are all factors that the Board should consider as part of its deliberations.

**5d.** Independent sector alternatives: This is acknowledged as the key issue by all involved in this process.

Whilst two providers are developing additional beds in the independent sector at the time of writing it's quite possible that other providers are awaiting the outcome of the consultation and the board decision before entering the Short Breaks market and planning investments in their facilities. If a decision were to be made to close Baytree at some point, those interested providers could potentially move forward with the knowledge that they could attract clientele from the cohort of carers previously using Baytree.

For many years Baytree has had a lead position in the learning disability short breaks market in Torbay (beds nights 14/15 at Baytree of 1,323 vs. 811 bed nights in the independent sector during the same time frame). Thus encouragement to stimulate independent sector investment in this area has arguably not been present. This could change and provide incentives for providers to step in if the decision was made to close Baytree in due course.

### **5e. Extension of closure date**

We have listened carefully to the review of carers, in particular the discussion in the meeting with Healthwatch. We are thus recommending to the Board that if the decision to close Baytree is made, that the implementation of this decision is delayed until 30<sup>th</sup> June 2016. This will allow a further four months for providers to develop further capacity as outlined, for support planning options in the market to be further explored and for an orderly closure of the facility. The Trust's original target date to close 1<sup>st</sup> April 2016 is no longer sensible or deliverable and does not allow sufficient time to manage change for carers, service users and the Trust.

### **5f. Carer assessments**

As outlined in section one of this report the Trust has significantly reduced it backlog of pending care assessments and believes outstanding assessments is not a reason for the level of occupancy at Baytree and that the level of usage does reflect demand. The Trust will make available dedicated staffing resources and identify an individual to urgently carry out these assessments if the decision to close Baytree was made.

## 5g. Supporting Planning summary

For all those using Baytree House as a short breaks option, the Trust has given its commitment to ensure improved support and planning for people, to help them use personal budget's to meet their outcomes and manage their money to support a new short break of their choice. The Supporting Planning service in the voluntary sector SPACE, are available in this respect. Individual service users support plans combining the needs of the carer and the cared for will be produced.

In the early part of the consultation carers were reticent about working with the support planning team as they believed this implied that on some level they supported the Trust's proposals. At the meeting with Healthwatch on 13<sup>th</sup> January this impasse was expedited by the agreement that all support plans would be under taken "without prejudice" in terms of the Board decision. This is helpful as without working with the support planning service the need cannot be comprehensively gauged and then matched, if appropriate, with a provider in the independent sector that can meet that requirement. Secondly through this process carers will receive information and up to date knowledge about the reality and suitability of solutions available, other than Baytree.

Since mid-January the support planning service has made a number of initial visits to carers. As at 9<sup>th</sup> February SPACE have visited 19 families during the consultation phase and made contact with a further 8 families recently. These have proven very helpful in initially setting the scene and beginning to look at alternatives, if Baytree were to close. We have listened to the individual families as a fundamental foundation of delivering a person centred approach.

From March our plan is to take this work forward via assessments and shaping tangible solutions and with a consensus about the outcome for the carer and cared for. If the Board made the decision to close Baytree we would complete this work before Baytree House closed so that no one will be left without a service.

## 5h Advocacy

The Trust recognises that the implementation of its Learning Disability Provider Commissioning Strategy and the associated change programme has been a challenging period for some carers as we have delivered a series of changes to our in house services and the approaches stated in the strategy. Throughout we have done our best to engage and co-design with carers in a transparent fashion and we have also been honest and direct with regard to issues such financial pressures and the suitability and sustainability of our in house estate.

Although our Support Planning services is independent and contracted from the voluntary sector we believe a further mechanism of checks and balances is required, so that service users and carers can access an advocate with respect of support plans, concerns with the Trust processes, and with respect to other parts of the change programme.

With this in mind "Vocal Advocacy" has been commissioned to work with users and carers if required. This small contract will be specific to changes in Torbay Learning Disabilities. Vocal have a track record of providing an excellent and professional service for the vulnerable people of South and West Devon and of Torbay. Vocal has previously been

commissioned by the Trust and Devon Advocacy Consortium to provide issue based advocacy for people with Learning Disability and communication difficulty.

### **5i Carers Assessment under the Care Act**

The Trust is very mindful of carers' entitlement to a carer's assessment under legislation. However at the same time we have not wished to prejudice the Board decision with regard to Baytree by under-taking work in advance of the decision. If the Board does make a decision to close Baytree these assessments will be prioritised by the Zone Teams so that any carers who do not have an up to date assessment will do so before Baytree closes, if indeed that occurred.

### **5j Recommendations**

- a. Baytree House should in due course close and the short break beds nights should alternatively be sourced in the independent sector.
- b. A transitional period to 30<sup>th</sup> June 2016 occurs before the decision to close is implemented.
- c. Adult Social Care Commissioners in partnership with the Support Planning Services are tasked urgently over the next four months to work closely with provider to develop and secure satisfactory provision.
- d. The Board consider their monitoring requirements. Board receive a written update with respect to progress if the decision is made to close the unit and secondly that the Learning Disability Partnership Board also take an appropriate role monitoring quality and outcome of placements in the independent sector. In operational terms the Community Service Business Unit will manage and be accountable for the completion of Baytree House change programme and all the associated activity. Overview and Scrutiny will set their own follow up requirements.

Steve Honeywill,

Head of Operational Change,

February 2016

## **Appendix A**

### **Public Consultation Feedback**

#### **Questions**

1. Do you agree with our proposals to close Baytree House and provide alternative bed and community short breaks? Yes  No
2. Do you currently use Baytree House? Yes  No
3. Do you feel you have been able to help shape and influence the proposals by taking part in the co-design process? Yes  No
4. What are the features of a good short break service, in your view? Please list the aspects that matter to you.
5. Are there any unique features about the service provided at Baytree you would like other providers to continue?
6. Are there any aspects of the service at Baytree which you think could be improved?
7. If you have chosen not to use Baytree would you be able to outline the reasons?
8. If have considered other providers, please give us any feedback you have on them
9. Do you think this proposal is unfair towards any group of people (with regards to their gender, ethnicity, age, religion, disability or sexuality)?

#### **Carer response 1**

Q1: No

Q2: No

Q3: I have put **no** to number one because on the three occasions where it was needed to emergency/respite the on suite was not available; this answers no two as well. I have not been part of the co-design process was not invited.

Q4: Familiar surroundings/consistency of care and carers to the service users. Most learning dis/disabled need these aspects of a service for their health and wellbeing.

Q5: can't comment as we haven't been able to use baytree

Q6: Can't comment as above

Q7: As above not available

Q8: As yet not used any providers in the bay

Q9: As I have said individual need and being able to give consistency and reliability of care specially for complex service users

#### **Response 2**

Q1: No

Q2: Yes

Q3: not really as I have not been able to get to any of the consultation meetings so far and I do not know if what I have said on the phone or sent in as a letter have been taken note of as I have had no response back

Q4: there are many, but the most important to us as a family are:-

Our daughter is happy and cared for safely. It took the staff a while to get to know who she gets on with in the way of other clients and staff and always strive to get the right mix in together for her

It is the only time that me and my husband can even attempt to fully relax or catch up on things we normally can't do. Also make appointments and not worry about if they are not going to overrun

Even though our daughter is not autistic, she can have autistic type melt downs which can go from as little as 30 mins up to 36 hours, (rarely) WE can cope with anything up to 2 hours as then she is constantly screaming, if we never had a break or knew a break was coming up I do not know what we would do other than sedating her

On the very rare occasion me and my husband can get away for a short break of our own we can ask Baytree House to book our daughter in for a slightly longer stay so we can get away, which we wouldn't be able to otherwise.

We have been allocated 48 days a year, this is far less than anyone working gets from their place of work, which is 5.5 weeks (of their working week) We regularly use 36 leaving the other 12 days for emergencies

We are in our late 50s and early 60s so this short break at Baytree House is getting more and more important to us because of our ages and we may even need to increase our daughter's stay at Baytree as we get older and our physical abilities wane

Q5: Others can't provide the same as Baytree unless all the staff are uprooted and sent to work together in a new place but that would defeat the object unless structurally Baytree House is getting expensive to maintain, then the new building would need the same "home from home" set up which other residential homes do not have as they are all "institutionalised" in appearance and atmosphere

The staff know the clients and their needs, quirks and foibles extremely well, which staff and other clients work and stay together well with others and those who clash for one reason or another

Q6: If they had access to a WAV type mini bus, even if only once a month during the summer months so that clients could be taken on trips and to ask for contribution of at least 70% of the cost from the clients to cover the costs. Clients often have discount cards or they can take letters of diagnosis to get entry discounts to a lot of places, as well as places like zoos and theme parks allowing carers to go in free of charge

Some clients and their parents can afford to pay a bit more towards the cost of short breaks. I would be happy to do so

Q7: we have always used Baytree House

Q8: When we moved here in 2003 we spent a lot of time looking round at other providers in and around Torbay. We wanted a place close enough so if needed we could get there quickly but not too close that we felt guilty she was in the same town.

We also looked for activities on offer, staff as well as other things. Baytree was the only place to offer everything we wanted and had the potential to look after our daughter the way we wanted, and make our her happy, which they do

The only way I and others like our family would be happy with Baytree House closing would be if it showed the maintenance of the building was uneconomical and a newer more efficient building was to be used with the same staff running and working there within Torbay

Q9: Yes, the closure of Baytree House would be very unfair to the disabled adult clients themselves as some of them it is their only social activity out of the family home, their full time carers/parents and their families, who they themselves are all getting older so less able to look after their children full time at home so this in fact would cost more as the Baytree House clients would end up having to live full time in a residential home.

### Response 3

Q1: No

Q2: Yes

Q3: Torbay Council are not listening. We want Baytree to stay open. The building is suitable for all disabled needs. It IS suitable for wheel chair users as there is a lift. For those disable users that need a hoist there are portable models that are fit for purpose. There is no need for tracking for hoist to hang from the ceilings. Do carers in their own homes have tracking hoist.....no. Carers in Torbay are NOT having their needs assessed let alone having adaptation to their homes. TORBAY council are trying to save money by closing Baytree by giving the impression that it's not fit for purpose and trying to say that the occupancy levels are down. The reason and only reason the occupancy levels are down is that carer's assessments are not being done and carers are NOT being offered respite. The information that I have given is based on information I have been told by other carers and my own experience as a carer living in Torbay. If Baytree is not suitable for disabled people with very complex needs then find a place for them that does but do not close a perfectly good building that is totally suitable for the majority of users.

Q4: Baytree is perfect. It not only offers respite on a regular basis it is the ONLY place that offers emergency respite for carers.

Q 5 to 7 blank.

Q8: We have considered all options in the bay and non- offer what Batters offers.

Q9: It's totally unfair to carers if they lose respite. There are many carers in Torbay that need respite and you as a provider are failing to address these issues. Assess all carer's needs first and then and only then make a decision to close any support that carers vitally need. What you have done is put huge pressure on carers when in fact the opposite is what should be happening. Carers do what they do because they want to.....not because they have to. So I suggest you support the most cost effective way forward....THE CARER.

### Response 4

Q1: No

Q2: No

Q3: to Q9 no response

## Response 5

Q1: No

Q2: Yes

Q3: No

Q4: to not only give the disabled person a different and more independent outlook on life apart from family and regular carers but also give family and regular carers a much needed break

Q5: other providers do not and could not offer same or equal services. We have looked around for the last few years since the closure of Baytree was first threatened

Q6: there could be more trips on offer which would mean the use of a minibus form time to time, and the cost could be met by families who wanted their "children2 to go the trips, either by a minimum or full contribution, whatever could be afforded (say if the trip were to cost £10 per person, then ask for £10 or a minimum of £5) and in most places carers get free access or even a trip out to somewhere like Dartmoor which apart from the cost of fuel would be free, a different scene

another accessible room for wheelchair users, not for the sole use of a wheelchair user but there have been times in an emergency we have wanted the use of a room but the 2 have been in use so we were left to struggle and if there had been another w/c accessible room there would have been a better chance of getting our daughter in

Q7: No response

Q8: We have looked many times but no other provider is up to the same standard as Baytree

Q9: Yes to the disabilities and their carers/families. This makes things harder

## Response 6

Q1: No

Q2: No

Q3: The decision was made to close Baytree House prior to consultation. That is not Consultation. The whole situation could have been more productive if viable alternatives had been available before the closure was announced. No thought at all was given to the feelings of the carers concerned. No consideration of the staff members leaving before Baytree was closed. No creative thinking was discussed with the valued staff members, regarding the possibility of themselves with the Councils help, offering a 24/7 365 day service in a private sector respite unit.

Q4: Reliability, 24/7 365 days per year.  
Safety and continuity of staff and clients.

Q5: Quality of the staff. Relationship between staff, carers, clients and their peers. Baytree offers in-depth assessments alongside respite, which means that their carers are confident that in the event of an emergency, their loved ones will be well cared for.

Q6: More Wheelchair access. Professional need to refer people to Baytree House, This doesn't happen, resulting in bed numbers going down.

Q7: Not relevant

Q8: The alternatives as yet are not suitable.

Q9: It is unfair for older carers and clients who should not have this worry put upon them, particularly as no viable alternatives have as yet been offered

### **Response 7**

Q1: No

Q2: Yes

Q3: No, I want Bay Tree to stay open, don't want to go to Shared Lives

Q4: Excellent trained staff, welcoming, nice food

Q5: I don't want to lose my service

Q6: No

Q7 n/a

Q8: Shared Lives isn't suitable for me,

Q9: Unfair to the disabled, losing our respite and day services is shocking

### **Response 8**

Q1: No

Q2: Yes

Q3: No, we have only been offered X <name removed as commercially sensitive> and it's not appropriate for my son. He loves going to his "hotel"

Q4: Fun and happy staff, trained staff, outings, correct equipment

Q5: I don't want to lose our service, my son has been very upset since we told him about Bay Tree closing

Q6: Needs decorating

Q8: My son does not want to go to X <name removed as commercially sensitive> lives and having staff come into our home would not give us a proper break

Q9: The government are targeting the vulnerable all over the country.

### **Response 9**



Q1: No

Q2: No

Q3 to Q9 not answered.

**Response 10**

Q1 No

Q2 Yes

Q3 Yes

Q4 "My Daughter is safe and happy"

Q5 "Staff are friendly, easy for wheelchair, just like home"

Q6 No, Q7 blank.

Q8 "Only other option is X <name removed as commercially sensitive> which my daughter hated and the care was poor"

Q9 Yes

**Response 11**

Q1 No

Q2 Yes

Q3 No

Q4 "Needed"

Q5 "all"

Q6 to 9 blank

**Response 12**

This carer made a range of comments across the consultation paper upon various pages; these have thus been grouped together in themes for clarity.

Q1 No "no suitable other accommodation, no partnership by our social worker" "Social Workers do not assess our needs. Five Respite Care providers at meeting (Co-design) not suitable" "It beggars belief that Torbay Council should know carers needs are, they don't because social service are not fit for purpose in assessing our needs, it's law"

Q2 Yes

Q3 No, "You decided to close Baytree; Social Services are not fit for purpose"

Q4 "Somewhere safe for them to go if and when ill, a place for regular respite so we as carers can stay sane, have a life"

Q5 "There are no other providers. We have asked"

Q6 "Baytree is fit for purpose and designed to accommodate disabled people when carers are ill. Take Baytree away and I believe you will be in breach of the law"

Q7 "Social Services, are not assessing need and in some cases, even refusing. Torbay SS not fit for purpose.

Q8 "Provider X <name removed as commercially sensitive> is damp and musky and nowhere for carers to sleep, Provider Y <name removed as commercially sensitive> doesn't have enough beds and want more money, my boys don't like it"

Q9 " My wife and I do 550 Hrs. a month as carers and have done for 29 years, we have to fight to be heard, how here this- We have decided due to the closure of Baytree to place our boys into care for two weeks of every month, if that not achievable into care full-time.

Other comments in this response elsewhere on the consultation form

\* "Suggestion, support the carer as they are the most cost effective way forward"

\* "I know for a fact that Torbay Council are one of the worst, if not the worst in the country when it comes to supporting the vulnerable. FACT"

\* Social Services are a joke, all the good ones leave. FACT"

\* "This family is sick to death of having to prove our worth. We have decided we need a life and with the support of our doctor we are going to provide care for our sons for 2 weeks every month as we as parents have no legal responsibility what so ever, you do!"

\* "Support the carer it's the cheapest way"

Response **13**

Q1 Not ticked, "We understand the reasoning as to why to close Baytree, but for the future of specialist care it would be nice to have purpose built facility"

Q2 Yes

Q3 No

Q4 "Good care, caring staff, users happy, able to use at short notice"

Q5 "Care especially for specialist nursing needs"

Q6 "We found the service adequate for our daughter needs"

Q7 Not applicable

Q8 Not visited any yet

Q9 No

#### Response 14

Q1 No "Baytree is a much needed centre. Set up in such a way the clients are safe, cared for and happy. The parents are happy and confident with the staff and set up. Rarely used to full-potential. An essential short break or emergency stay so parent and carers can have a few nights off which will not be achieved any other way.

Q2 Yes "36 nights per year/3 nights per month and can call on another 2 annually if needed"

Q3 No

Q4 "Confidence is care, a few days rest per month, slightly longer break if needed. Both in our late 50's early 60's, physically and mentally this is needed"

Q5 "The staff at Baytree know the clients and how to care for them and cater to their needs. The staff are personal to the client with the clients happy in their surroundings unlike large residential homes. Feels like a home from home.

Q6 "The occasional use of a mini bus so clients could be taken on trips. If parents and carers are able to contribute, at least 70% of the cost, more if able"

Q7 "Have used Baytree since 2003, chosen as it offers the best facilities in Torbay and surrounding area and close to get to"

Q8 "Other provides we looked at did not offer the same facilities and care"

Q9 Yes

#### Response 15

Q1 No "You are not providing alternatives. You are offering services that do not exist. You are being unrealistic with the proposed closure date. April 2017 would be more appropriate.

Q2 Yes

Q3 No

Q4 "Well paid and valued staff who remain in their posts because of job satisfaction. Up to date training. Safe and secure environment. Opportunities for outings and entertainment. Ability to discuss problems and concerns"

Q5 "Well trained staff infrequent turnover so staff know the service users well and via versa. Happy community of friends and feeling of family. Safe in the knowledge emergency beds available"

Q6 "If referrals had been made an people offered more respite we would not be in this situation"

Q7 "Those unable to access Baytree could be accommodated at St Johns (When completed) leaving Baytree still available to those who can and choose it"

Q8 “Provider A still building until the end of March and not guaranteed to be respite Provider B decided not to offer respite. Provider C awaiting on response from completed paper work. Provider D yet to visit but concern re occupancy at 75% to 100%”

Q9 “Rushing this through with no viable alternatives is unfair regardless of gender etc”

Response **16** (service user)

Q1 No

Q2 Yes

Q3 “It’s a great place to stay because it’s close to Torquay centre and staff are very friendly”

Q4 “Should have a stair lift, wheelchair could be in dining room

Q5 “Parents break and I get along with different service users

Q6 Art and crafts, shopping and trips out, TV, swimming, different places.

Q7 to Q9 no response

Response **17**

Q1 No

Q2 Yes

Q3 No

Q4 to Q9 –This carers submitted a detailed letter copied in full, please see below

re Co-design closure of Baytree House

Dear Mr. Honeywill

First of all I fail to see that this is a co-design closure of Baytree house as the decision has already been made. I understand that Torbay and South Devon NHS Health and Care are not going to provide in house services.

At the meeting on 19th August Dr Manton made a commitment that Baytree House would not close until solutions were available to collectively or individually meet carers needs. At the time of writing I am not aware that these options are available. She also spoke of care being in the clients own home. As far as I am concerned this is not an option, as it is in no way a break for the carer.

One of the main reasons given for the closure is the drop in use of Baytree House over the past few years. I think this under use has been due to a deliberate policy by the powers that be, even in my own daughter's case, at a Support Plan Review by a Community Nurse in October 2013 he was suggesting that Baytree would be closing and perhaps her respite would be better provided in a situation that might lead to residential care in the future, for example [REDACTED]. Another reason for closure is that there are an increasing number of clients with more complex care needs and that Baytree House is not the most appropriate care setting for these individuals. This I can quite understand so as well as Baytree we need additional respite care for the more complex care needs, one size will not fit all.

Last Tuesday I went to visit [REDACTED] and was totally amazed at the cost of the care. Short Breaks 24 Hour Stay Individual Support 1:1 ratio £319 per night £2233 per week, £116435 per year!! As I am aware that one family of carers have two lads who have two weeks of care and 2 weeks at home so their care would cost £116435 per year thus taking quite a lot of the £250,000 allocated budget. When I visited [REDACTED] I thought the provision looked very stark but perhaps this was because it was clearly not finished.

As far as the other options are concerned

Renaissance Care and Support- - not yet finished.

Shared Lives South West - could be problems in an emergency as the family might on holiday or have an emergency of their own..

Robert Owen Communities - in Newton Abbot.

Specialised Support Care I understand that they are not aware of this.

Summerlands Support- Day care and in own home.

Hence at the time of writing other options are clearly not there, so Baytree should not be closed.

## Response 18

Q1 No

Q2 Yes

Q3 Yes, Q1 to Q9 narrative please see below.

1. No. We feel that BTH offers a superior respite service when compared to the alternative providers so far identified in the private sector.
2. Yes. But restricted in the amount of use because of the low allocation of vouchers.
3. Yes. We still consider that the consultation was poorly handled and a lack of consideration was given towards the Parent/Carers involved.
4. The advantage of having a centralised service as opposed to one spread over several providers are many, for example:- continuity of staff which allows for a greater understanding of the needs of the cared for, the relationship of trust built up between the cared for and staff and with the Parent/Carer, the ability to be able to book both short notice and future bed spaces thereby enabling the Parent/Carer to react to immediate needs and to plan ahead(for a holiday etc), the peace of mind in knowing that should it be needed there would be an emergency bed in a place known and familiar to the cared for. This is just a small example of some of the advantages of retaining BTH.
5. See answer 4.
6. As it currently stands BTH meets all our needs other than a lack of sufficient respite vouchers for our needs.
7. Not applicable.
8. In brief, [REDACTED] seem to be developing a unit which will specialise in care of the more profoundly handicapped and would therefore not suit our needs. [REDACTED] are not providing any additional bed spaces and we would therefore be competing with their existing clients and [REDACTED] have confirmed that they are sometimes oversubscribed and would not be able to offer places during busy periods. [REDACTED] will be providing respite for much more challenging clients than those who currently attend BTH and would not be a suitable service. Currently, there have been no other independent providers who have been identified.
9. Yes. If BTH should close then the proposal is unfair to all the learning disabled who currently attend BTH as no true viable alternative has been offered that would meet their needs so they would be disadvantaged by having to accept a poor alternative. During the consultation the affect upon the wellbeing of the Parent/Carer has not been adequately considered who will no doubt detrimentally affected should BTH close.

## **Response 19 (Service user)**

Q1 No

Q2 Yes

Q3 "Staff are nice friendly and kind, Like the people that go to Baytree & games room and themed"

Q4 "Wi fi"

Q5 "Having time there and doing things"

Q6 "Going for coffee, cinema, chatting with staff"

**Response 20** (service user)

Q1 No

Q2 Yes

Q3 "Like my home"

Q4 "Nothing can be better about Baytree"

Q5 "It is important for me to have a holiday and mum and dad a break"

Q6 "Staying with friends"

**Response 21**

Q1 No

Q2 Yes

Q3 Yes

Q4 "Having a break from caring for 40 years plus, without respite we would not be able to cope. We would have to pass caring onto the Trust which would cost thousands as we are unpaid"

Q5 "Baytree is friendly, four star accommodation food and staff, my son treats his stay as a holiday and is taken out on activities which he would not get in a care home due to staff shortages"

Q6 "Baytree cannot be faulted"

Q7 "My son is worried about the closure all the time and does not want change"

Q8 "Having visited X <name removed as commercially sensitive> and bedrooms are stark, no alarms by bed, how can a resident call the staff at night? Other areas ok but, not many vacancies in 2016. X <name removed as commercially sensitive> is like a builders tip currently. X <name removed as commercially sensitive> not suitable wants to be with peers"

Q9 "Proposal has not been given any thought by the Trust as there is no suitable alternatives as with Hollacombe closure"

**Response 22**

Q1 No; "In our experience the alternative providers can't compare to the excellence of Baytree"

Q2 Yes

Q3 No

Q4 "There must be a service to access in an emergency, which in my daughters case can be often"

Q5 “Baytree is surrounded by local amenities, provides good nutritious food and has well trained caring staff”

Q6 “All improvements can be made. Daughter looks forward to each visit. More people should be told of it”

Q7 Not applicable

Q8 “ Other providers cannot deliver emergency care. Staff know how to calm down and reassure very anxious unwell people”

Q9 “Closure would be unfair to the autistic who need familiar routine with people they know and trust”

**Response 23** (service user)

Q1 No

Q2 Yes

Q3 “I got out some evenings and have a nice roast dinner”

Q4 No response

Q5 “Give my mum and dad break from me”

Q6 As Q3.

**Response 24** (service user)

Q1 No

Q2 Yes

Q3 The staff

Q4 I like Baytree as it is

Q5 It’s like a holiday

Q6 Going out, and doing things.

**Response 25**

Q1 No “It took a long time to get my daughter to go to respite and settle. A change would not be good”.

Q2 Yes

Q3 Yes

Q4 “It is safe, care is good & use in an emergency”

Q5 : No response



Q6 "Happy as it is"

Q7 and Q 8: No response

Q9 Yes

Response **26**

Q1: No

Q2: Yes

Q3: No : As I don't agree with the closure of Baytree

Q4: as I have said I don't agree with the closure of Baytree I think it's the wrong thing to do for the community the public don't agree and they see it as a vital service the people making these decisions don't seem to be been listened to

Q5: no as I don't agree with the closure

Q6: no it's providing an outstanding service which the government don't seem to be recognizing

Q7: I have chosen to use Baytree

Q8: no I haven't

Q9: I think disabled people I paying for the unfair cuts and closures that are going on cutbacks are not their fault they didn't ask for the cuts and the closure you need to listen and reconsider the proposals now and stop saying Baytree is underused when the community are telling you this is not the case staff do an outstanding job for all who use it the question asks is it unfair I would argue yes it is on all levels people deserve this service Baytree not any other service that the public know are going meet these needs of the loved ones needs and that's the unfair point the fact that the NHS should not be cut in any departments this is an important service please please don't close it thank you.

The Trust wants to close Baytree House in 2016. People using Baytree will have a choice of new places to go for Short Breaks.

What the Trust says:	What carers and people using Baytree say:
Baytree is less than half full	All of the carers and people using Baytree want to keep it open
It costs £509,000 to run Baytree a year. The Trust wants to save £250,000.	People think the decision is being made too quickly
People using wheelchairs can't use most of the bedrooms	People want more time to think about and try new services if Baytree has to close
It is very difficult to put in hoists ceiling tracking to help people safely move around Baytree	Carers feel that Baytree has not been promoted when people have their assessments
Younger people who will need a short break have higher needs	Lots of carers are not happy with the choices of new services
The Trust needs to plan for the future	Carers feel that Baytree is a quality service and they trust the staff
Short Breaks can be provided in different places	Baytree is reliable and helps if they need help in an emergency
The Trust is working to find new places for people to go instead of Baytree	People enjoy going to Baytree House
Everyone will have an assessment and a support plan to help them choose new services	Lots of carers want the Trust to spend money on Baytree House to make it more accessible for people with complex needs
	Carers are really worried about losing their Short Breaks as it would be difficult to do their important caring role
	Carers want to feel supported and valued by the Trust
	Some carers are not confident that other providers will do a good job
	Carers often feel that the decision to close Baytree was made before the consultation

What the Trust says:	What carers and people using Baytree say:
	Carers say the staff at Baytree do a great job and are well trained
	Carers say that the closure of Baytree is causing them stress and this is effecting their sons and daughters
	Baytree is fit for purpose
	Some people have suggested a new purpose built facility run by Baytree staff
	Baytree feels like home
	Some of the new services are not ready yet
	Some carers say that other service will cost more money
	Worry that new services may not be there long term
	Baytree staff don't keep changing jobs so people know their staff really well
	Being able to book Baytree at short notice
	It take a long time for people to settle in a new service
	People with autism find change really difficult
	Carers and people using Baytree will suffer because of cuts

Our daughter is happy and cared for safely.

We want Baytree to stay open

It is the only time that me and my husband can even attempt to fully relax or catch up on things we normally can't do.

Home from home

Staff are nice friendly and kind.

Like my home

Baytree was the only place to offer everything we wanted and had the potential to look after our daughter the way we wanted, and make her happy, which they do

Baytree is perfect. It not only offers respite on a regular basis it is the **ONLY** place that offers emergency respite for carers

Nothing can be better about Baytree. It is important for me to have a holiday and mum and dad a break

It's totally unfair to carers if they lose respite. There are many carers in Torbay that need respite and you as a provider are failing to address these issues. Assess all carer's needs first and then and only then make a decision to close any support that carers vitally need. What you have done is put huge pressure on carers when in fact the opposite is what should be happening. Carers do what they do because they want to....not because they have to. So I suggest you support the most cost effective way forward...THE CARER.

Unfair to the disabled, losing our respite and day services is shocking

I don't want to lose my service

I don't want to lose our service, my son has been very upset since we told him about Baytree closing

Other providers we looked at did not offer the same facilities and care

We understand the reasoning as why to close Baytree, but for the future of specialist care it would be nice to have a purpose built facility

Having a break from caring for 40 years plus, without respite we would not be able to cope. We would have to pass caring onto the Trust which would cost thousands as we are unpaid

Give my mum and dad break from me

My son is worried about the closure all the time and does not want change

In our experience the alternative providers can't compare to the excellence of Baytree

It's like a holiday

Closure would be unfair to the autistic who need familiar routine with people they know and trust

It took a long time to get my daughter to go to respite and settle. A change would not be good

# **Consultation on the future of Baytree House short breaks unit for people with learning disabilities in Torbay**

[www.torbayandsouthdevon.nhs.uk](http://www.torbayandsouthdevon.nhs.uk)

# Welcome

Torbay and South Devon NHS Foundation Trust is seeking your views on the future of Baytree House, its in-house short breaks unit in Torbay.

This consultation document provides you with the background to the Trusts proposals and why there is a need to change the way that short breaks (respite) are provided to people with a learning disability in Torbay. The consultation will provide you with an opportunity to formally share your views on the proposals.

The Trust wants to make the right decisions for individuals and their carers, whilst also considering the tough choices that need to be made in order to ensure services remain fit for purpose, viable and financially sustainable in the future.

## Why change is needed?

In 2014, the local NHS published its Learning Disability Operational Commissioning Strategy.

The document outlines how the Trust will commission and provide quality support to people with a learning disability and their carers in the future. The strategy sets out why it is necessary to deliver changes in learning disability services in Torbay. It looks at the types of services which need to be provided now and in the future. It also describes what needs to change locally to modernise services and improve and enhance the lives of people with a learning disability in a challenging financial climate.

The strategy explained that the NHS in due course would no longer be a direct provider of learning disability services and that we would be implementing a change programme in all areas of provision. Successful changes have already occurred in day services, with the creation of the high needs service at Hollacombe.

Last year the NHS also consulted on its policy for short breaks and this has been in place since 1<sup>st</sup> April 2015. The policy included a new approach to providing eligible carers, with funding for a short break, much more options for the type of break they have. The policy also brought the Trusts approach to short breaks up to date in respect of supporting carer's rights under the Care Act. This is a new piece of government legislation brought in from April 2015 to ensure care and support is more consistent across the country.

### **Why change is needed for Baytree House?**

The Baytree House short breaks service is situated in a large traditional Torbay Victorian Villa. The building is located in Croft Road, central Torquay. The building is



owned by Torbay Council and leased to the NHS on a 'peppercorn' basis, meaning the rent is given at a low cost.

Currently Baytree House has a maximum capacity of eight beds, however the average occupancy is approximately between three and four placements. The total cost of running the unit including staffing costs is £509,000 per year.

The structure of the building means that several of the bedrooms are inaccessible for wheelchair users and people with significant physical disabilities. The building also has a number of constraints meaning it cannot be altered, for example ceiling tracking that enables the safe hoisting of people and movement around the premises for people with complex physical needs cannot be installed.

There is also a well evidenced change in the demographics of people with learning disabilities. The numbers of people with profound and multiple disabilities is going up, and although it is good news that many people with a learning disability now enjoy a longer life expectancy it does mean that the service has seen an increase in the physical frailty and mobility problems that are associated with old age. Therefore Baytree House is not always the best care setting for individuals with these more complex needs.

In the last financial year Baytree House had an average occupancy of 3.6 residents per week, with the majority of placements made at the weekends. This gives a 45 percent occupancy rate for short breaks, meaning that per year each bed currently costs approximately £125,000 to run. There has been a downward trend in use over the last four years with a 17 percent reduction in bed occupancy.

With this in mind, we believe change is necessary. We want local services to be the best they can be and meet the commitment set out in the learning disability strategy but in order to do so we must change the way they are provided. By doing so we can create a wider breadth of sustainable services that meet people's needs, now, and in the future.

## Working with you

Our change programme for people with learning disability has used a "co-design" model. This involved a series of meetings with parents and carers, prior to this formal consultation, to seek their views and help shape the proposals that are being put forward in this document. The co-design approach has enabled carers, parents and individuals involved have an influence over the type of short break they can access in the future. By working together with carers the Trust believes it can design a range of alternatives that not only give people more choice and control over their chosen short break but ensure quality, reliability and financial sustainability in services.

Carers of Baytree House users have been invited to these meetings, in addition to carers and parents of children and adults in transition, as well as wider groups of carers of people with a learning disability or interested parties.

Through co-design, the Trust has discussed new options for short breaks and looked at ways in which carers can use and combine their personal budget allowances to find better-suited alternatives to current provision. This included a session with five independent sector providers of bed based and alternative community based short breaks. The providers were able to talk about what services they could offer and carers were able to discuss concerns they may have had about any alternative provision. The Trust also shared its rationale for change, discussed how the future may work and gave its commitment to support to carers and parents throughout the planning and transition of any change process.

In the previous consultation work held in 2012 and our co-design work this year with regard to day services and short breaks, the following themes have emerged from people with learning disabilities and their carers.

- People felt that there should be more choice
- People want to improve community participation, independence and choice
- People and their carers said they needed help accessing those opportunities and using a personal budget
- People said that building based services would still be required for people with the most complex needs
- People also said that new services should be properly monitored quality assured and reliable.

## What we are proposing

To create a wider breadth of sustainable services that meet people's needs now and in the future the Trust is proposing to close Baytree House. The Trust will work with carers and individuals to provide alternative short breaks that better meet people's needs.

This means that people would no longer receive short breaks at Baytree House but by combining personal budgets and working with carers, a range high quality, flexible replacement short breaks would still be available. These would be provided by a range of providers from the independent sector, to offer people more choice and control over the type of short break they would like to access.

The Trust is proposing to close Baytree House in April 2016. For all those using Baytree House as a short breaks option, the Trust has given its commitment to ensure improved support and planning for people, to help them use personal

budgets to meet their outcomes and manage their money to support a new short break of their choice.

## How to have your say

The consultation will run from Monday 16<sup>th</sup> November 2015 closing on Friday 15<sup>th</sup> January 2016. It will run for a total of nine weeks to account for the Christmas break. You will be able to have your say by completing the consultation questions at the end of this document and returning it to the freepost address or alternatively by going on to our website and completing the electronic form.

We want to provide as many opportunities as possible for parents, carers and people with learning disabilities to understand the proposals and share their views and feedback. As part of this formal consultation, we will give you the opportunity for further face-to-face dialogue. You will be able to book a one to one slot at a consultation surgery on **Tuesday 8<sup>th</sup> December from 9am- 4pm** with Jo Williams, Assistant Director Adult Social Care and/or Steve Honeywill, Head of Operational Change. This will enable carers and parents to clarify issues and speak confidentially about any further concerns that they were unable to raise or address as part of co-design meetings.

If you are unable to attend a slot at this session you can call 01803 217695 to arrange an alternative time to either meet or talk directly to one of the team via telephone.

All of the feedback from the co-design meetings, surgery session, over the telephone and the consultation will be incorporated into the consultation report for a decision by the NHS Trust Board and Torbay Council Health Scrutiny in February 2016.

## Consultation questions

The Trust now needs your help. Please share your views with respect to the proposed closure of the short breaks unit at Baytree House and the proposal to provide alternative short breaks. When taking part in the consultation please consider the following:

1. Has the Trust has taken all the facts into account in its proposals and if you think they are fair?
2. Do you have any concerns you may have about any of the proposals outlined in this consultation document, and how these concerns could be reduced?
3. What support you would like if any changes were to go ahead?

The Trust is seeking your views on the following questions. If there is not enough space to write your response please attach additional sheets and these will be included, along with your response.

<p><b>1. Do you agree with our proposals to close Baytree House and provide alternative bed and community short breaks?</b>      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Additional comments</p>
<p><b>2. Do you currently use Baytree House?</b>      Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p><b>3. Do you feel you have been able to help shape and influence the proposals by taking part in the co-design process?</b>      Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p><b>4. What are the features of a good short break service, in your view? Please list the aspects that matter to you.</b></p>
<p><b>5. Are there any unique features about the service provided at Baytree you would like other providers to continue?</b></p>
<p><b>6. Are there any aspects of the service at Baytree which you think could be improved?</b></p>
<p><b>7. If you have chosen not to use Baytree would you be able to outline the reasons?</b></p>
<p><b>8. If have considered other providers, please give us any feedback you have on them.</b></p>
<p><b>9. Do you think this proposal is unfair towards any group of people (with regards to their gender, ethnicity, age, religion, disability or sexuality)?</b></p>

## How to respond

You can take part in the formal consultation by post, online, telephone, or attending a surgery session. Any feedback you have already submitted as part of the co-design meetings will still be taken into consideration in the final report.

Please respond to the consultation no later than **Friday 15<sup>th</sup> January 2016**.

**Post:** You can submit your formal response by completing the form above and sending via post to:

FAO Steve Honeywill  
 FREEPOST( RRLE-KHTU-ZGEU)  
 Torbay and South Devon NHS Foundation Trust  
 Bay House  
 Riviera Park  
 Torquay  
 TQ2 7TD

**Online:** You can complete and submit the consultation form via the Trust website [www.torbayandsouthdevon.nhs.uk/about-us/news-and-publications/consultations/](http://www.torbayandsouthdevon.nhs.uk/about-us/news-and-publications/consultations/)

**Consultation surgery:** If you would prefer to speak to someone in person you can book a slot at the consultation surgery on **Tuesday 8<sup>th</sup> December 2015 from 9am-4pm**. To book a suitable slot please call 01803 217695.

**Telephone:** To speak to someone via the telephone please call 01803 217695 between 10am-4pm, Monday to Friday, you may not be able to speak to a representative straight away but you will be given a call back by one of the team. You can also leave message, requesting a call.

## Thank you

Thank you for taking the time to come along to the co-design meetings, read this document, and respond to the consultation. We hope that it gives you a clear understanding of why the Trust is proposing changes to short breaks in Torbay.

Torbay and South Devon NHS Foundation Trust is very proud of the services it runs and we know that you are too. By working together, we can help shape the future of short breaks, ensuring that any alternative provides high quality, sustainable and modern care to you and your loved ones.

All of your comments from the co-design meeting and consultation will feed into the decision making process.

## Quality Impact Assessment Tool

<b>Project Title</b>	Closure of Baytree House and replacement short breaks services in the independent sector
<b>Project Lead</b>	Steve Honeywill, Head of Operational Change Community Services Division Torbay and South Devon NHS FoundationTrust
<b>Project Start date</b>	June 2015
<b>Date of QIA completion</b>	February 2016
<b>Person completing QIA</b>	Steve Honeywill
<b>Project Summary</b>	<p>In 2014 Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) published its provider commissioning strategy for learning disabilities (LD). That stated that the NHS would no longer directly provide LD services, but would ensure that services are in place for those people who need them.</p> <p>With respect to Baytree House are consulting on these two proposals:</p> <ul style="list-style-type: none"> <li>• The closure of Baytree House Short Breaks Unit run by Torbay and South Devon Healthcare NHS Trust (TSDFT) (the NHS)</li> <li>• Our proposal for alternative short breaks provision.</li> </ul> <p>Last year the NHS consulted on its policy for short breaks which has been applicable since 1<sup>st</sup> April 2015. The policy included providing eligible carers with funding for a short break in a variety of forms. We considered how best to ensure our policy with regard to short breaks is fair and transparent and</p>

	<p>supports carer's rights under the Care Act.</p> <p>We also have to consider managing services on substantially reduced budgets and a financial savings have to be delivered from this approach as part of the budget agreed by Torbay Council.</p>
<b>CIP prediction</b>	Net £250,000 full year effect 2016-17
<b>Key issues raised in QIA</b>	<p>The risk of negative publicity and protest is the main concern in this project, as often occurs when services are modernised.</p> <p>Those families and carers who have particularly valued the short breaks service at Baytree may find this change challenging and worrisome given the service has been used for a number of years. These people may require additional support during any transition to new services by our staff.</p> <p>New services may not meet some carer's expectations and needs.</p>

<b>Summary of Quality Impact Assessment</b> <i>(Total 21 Domains)</i>	<b>Outcome</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Not Applicable</b>
	<b>Number of Domains</b>	<b>5</b>	<b>7</b>	<b>1</b>	<b>8</b>

<b>Summary of Clinical Risk Assessment</b> <i>(risk matrix as below)</i>	<b>Impact</b>	<b>Likelihood</b>	<b>Risk Score</b>
	<b>3</b>	<b>3</b>	<b>9</b>

# 5x5 Clinical Risk Assessment Matrix

Assessment of Impact of Risk					
Impact	1 None	2 Minor	3 Moderate	4 Major	5 Catastrophic
Clinical safety	No impact on service user	Minimal impact on service user which could directly affect their experience but will have no foreseeable impact on health and wellbeing.	Moderate impact on service user which will directly affect their experience and will require amendment to their current care delivery model. This <b>may</b> affect health and wellbeing	Major impact on service user which will directly affect their experience and will require major changes to their current care delivery model. This <b>is likely to</b> affect the health and wellbeing of the individual and support network.	Significant impact on service user which will radically change their experience with a potential for significant adverse effect on their health and wellbeing. This <b>will affect</b> a number of service users, partner agencies and support systems.

Assessment of Likelihood of risk		
1	Rare	May occur in exceptional circumstances (1 in 1000 or less)
2	Unlikely	Could occur at some time (1 in 100 to 1 in 1000)
3	Possible	Might occur at some time (1 in 10 to 1 in 100)
4	Likely	Will probably occur in most circumstances (1 in 10 to evens)
5	Almost certain	Is expected to occur in most circumstances (evens to certain)

	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
1 Minimal	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Catastrophic	5	10	15	20	25



## Quality Impact Assessment Tool

### Quick Reference Guide

#### Patient Safety

What are the current patient safety concerns, if any?

How do you know that the service developments will be safe?

What measurement/metrics will you use to demonstrate safety?

**Any questions:**  
 Sue Ball  
 sueball@nhs.net

#### Clinical Effectiveness

What clinical evidence demonstrates best practice?

How is this clinical evidence being used?

What more needs to happen to make sure best practice is achieved and patient outcomes improved?

**Any questions?**  
 Appropriate professional lead

#### Patient Experience and Involvement

What do patients and carers say about the current service?

How will patients be involved in the decision-making process?

How will the patient experience be monitored?

Will patient choice be affected?

Anticipated level of public support?

**Any questions?**  
 Jo Hooper  
 joanne.hooper@nhs.net

#### Equality and Diversity

How accessible is the current service to all people defined by the 9 characteristics in the Equality Act 2010?

How will this accessibility be affected by the service developments?

How will future access to services be analysed and monitored?

**Any questions?**  
 Liz Tooby  
 elizabeth.tooby@nhs.net

## Quality Impact Assessment tool

In healthcare, Quality includes patient safety, patient experience and clinical effectiveness. These domains include Equality and Diversity, Dignity and Respect and the effects of planned changes on workforce.

### What is a Quality Impact Assessment (QIA)?

This is a tool to help develop service change. It should be used at the *beginning* of a process to inform its development, ensuring that the core pillars of quality are covered and that the service is developed in a comprehensive way, based on rounded data and intelligence. The tool begins with some overarching questions in the quick reference guide. If there are any aspects of those questions which cannot be satisfactorily answered, there are prompts in the following workbook which will help provide assurance that the service is developing robustly. It is not a requirement that each section needs to be methodically worked through, but intended as a tool to help where there are gaps in knowledge or experience.

### Why undertake a QIA?

When a change to a service/care pathway is proposed, commissioners must ensure that the proposal has only **positive effects** on patient safety and patient experience, and are evidence based, and demonstrate best practice. Only then can we be assured of high quality care. Commissioners also need to demonstrate that issues of workforce planning, and skills transfer, together with education and training have been appropriately considered. This tool will enable commissioners to be assured that all essential factors are being considered and addressed through the development of service design.

### Who undertakes a QIA?

The team responsible for service design should begin the QIA at an early stage, to ensure compliance with statutory requirements. The Quality team are available to discuss any areas that need clarification or guidance.

### Ratings

Use the form to make notes from which the self-assessment rating can be determined. The QIA threshold result is designed to provide an assessment of the perceived impact that the service development will have on the quality of care delivered. Whatever the outcome of the threshold result, there may be individual indicators rated as having a negative impact on quality. In that case, due consideration should be given to all of these to establish how the scheme/plan could be changed to improve the quality impact or to ensure that on balance, the scheme is worth pursuing. In these cases, the reason for the decision to go ahead should be clearly documented.

### The QIA Threshold Key:

Outcome	Suggestion – the assessment suggests that this plan/scheme:
Negative	This development will have a negative impact
Neutral	There is no anticipated change in the impact of this development
Positive	This development will have a positive impact
Not applicable	This question is not relevant at this time

**Please take care when completing this assessment. A carefully completed assessment should safeguard against challenge at a later date.**

Patient Safety			
What is the potential impact of the service development on patient safety?	Use these prompts to help you comprehensively evaluate the plans	Information to inform self-assessment	Self-assessment
<p>What are the known patient safety issues within the current service?</p> <p>(as identified by national/local audits, SIRIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)</p>	<p>Has the current safety of the service been evaluated and known patient safety risks identified?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Specific safety issues within this pathway or service.</li> <li>• Analysis of available data/information to identify themes and trends.</li> <li>• The way in which the planned changes will address the identified patient safety issues.</li> <li>• Impact on preventable harm.</li> </ul>	<p>A small part of the business case for change related the limitations of the estate at Baytree and staff skills and equipment to satisfactorily deal with service users with profound learning disabilities.</p>	<p>Neutral</p>
<p>How will the planned changes to service provision provide evidence of improved or continued safe care?</p>	<p>What are the current assurances in place for reviewing this service – if it is a new service what mechanisms will be used?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Existing patient safety measures</li> <li>• Metrics to provide assurance that the changes made to the pathway/service are improving patient safety or reducing the risk of harm.</li> <li>• Processes to review patient safety measures to provide assurance.</li> </ul>	<p>Not Applicable.</p>	<p>N/A</p>
<p>Have staffing, skill mix and workload issues been considered within the plans?</p>	<p>What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely?</p>	<p>Not Applicable.</p>	<p>N/A</p>

	<p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Skill mix, recruitment activity, vacancy levels and turnover, staff training and education, appraisal and personal development planning, and staff feedback (e.g. national and/or local surveys)</li> </ul>		
<p><b>Do the plans include changes to treatment involving medications, (including prescribing, administration or security)</b></p>	<p><b>What impact will the plans have on medicines security and have you received assurance as to how any risks will be mitigated?</b></p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Patient safety.</li> <li>• Competency in medicines administration.</li> <li>• Systems in place to ensure appropriate monitoring of patient outcomes/safety.</li> </ul>	Not Applicable.	N/A
<p><b>Will the plans impact positively or negatively on the organisation's duty to protect children, young people and adults?</b></p>	<p><b>Protocols to consider include:</b></p> <ul style="list-style-type: none"> <li>• The NHS Constitution,</li> <li>• Partnership working,</li> <li>• Safeguarding children or adults</li> </ul>	Not Applicable.	Neutral
<p><b>Do the planned changes require ratification through a governance process?</b></p>	<p><b>In the event of a legal challenge, how thorough is the ratification process?</b></p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Current statutes / professional standards e.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's Act, No Secrets, GMC, NMC etc</li> <li>• Involvement of the appropriate specialist</li> <li>• Responsible committees within each organisation and across the pathway</li> </ul> <p><i>(Please note these may be outlined within the NICE Guidance)</i></p>	These changes have been subject to an engagement/co-design process and formal public consultation.	N/A

Clinical Effectiveness			
Please look through the evidence required below and respond to those that relate to your service development.	Use these prompts to help you comprehensively evaluate the plans  <i>The CCG supports the use of NICE guidance where available and the use of NICE Quality Standards.</i>	Information to inform self-assessment	Self-assessment
<b>Are there NICE Guidance and/or Quality Standards associated with this business case/service change/redesign?</b>	<ul style="list-style-type: none"> <li>• Which NICE Quality Standards are identified?</li> <li>• If there is no relevant Quality Standard, has other accredited evidence been sourced? If yes, please state which.</li> <li>• If there is no relevant accredited evidence, will good practice be defined by carrying out research?</li> <li>• Are there protocols or guidelines written which specifies good practice?</li> </ul>	None relevant.	N/A
<b>Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence-based?</b>  NICE baseline assessment tool can be accessed from: <a href="http://www.nice.org.uk">www.nice.org.uk</a>	<ul style="list-style-type: none"> <li>• Has a baseline assessment against the recommendations/indicators been undertaken?</li> <li>• Does the plan reflect the Quality Standard Indicators?</li> <li>• Are there gaps?</li> <li>• If there are gaps, how will these be addressed?</li> </ul>	Changes comply with The Care Act 2014 and Guidance and the NHS own local provider Commissioning Strategy approved in 2014.	Positive
<b>Has the NICE commissioning</b>	<ul style="list-style-type: none"> <li>• Use NICE costing tools alongside the</li> </ul>		

<b>Costing Tools been used?</b>	guidance, where available. These can be accessed from: <a href="http://www.nice@org.uk">www.nice@org.uk</a>	Not applicable.	N/A
<b>What plans are in place for clinical audit or evaluation once changes have been imbedded into practice?</b>	<ul style="list-style-type: none"> <li>• Audit against standards outlined in NICE guidance or professional standards. Use the NICE clinical audit tool where available <a href="http://www.nice@org.uk">www.nice@org.uk</a></li> </ul>	Not applicable, not a health facility but adult social care.	N/A
<b>Health Outcomes for patients</b>	<ul style="list-style-type: none"> <li>• What are the expected health outcomes for patients?</li> <li>• How will the success against your expected health outcomes be measured?</li> <li>• How do these compare with other available treatment or care pathway alternatives?</li> </ul>	Not Applicable.	N/A

<b>Patient Experience</b>			
<b>What is the potential impact of the service development on patient experience?</b>	<b>Use these prompts to help you comprehensively evaluate the plans</b>	<b>Information to inform self-assessment</b>	<b>Self-assessment</b>
<b>What do patients and carers say about the current service?</b>	Use positive and negative feedback from: <ul style="list-style-type: none"> <li>• PALS and complaints,</li> <li>• Patient Opinion,</li> <li>• surveys,</li> <li>• real time feedback,</li> <li>• focus groups,</li> <li>• LINK/Healthwatch.</li> </ul>	Carers from the co-design meetings between August and October (3 sessions) have highlighted the following. <ul style="list-style-type: none"> <li>• Concern about the quality, extent and reliability of alternative short breaks provision in the independent sector if Baytree closes.</li> <li>• Help needed managing personal budgets and associated activity.</li> </ul>	Positive

		<ul style="list-style-type: none"> <li>• Meeting the needs of very complex people, including those in receipt of Continuing Health Care.</li> <li>• The use and efficiency of the Baytree Short Breaks Unit has been a key discussion point. Carers value its reliability and quality; the Trust had presented the case that the unit is not sustainable financially and estate terms.</li> </ul>	
<p><b>How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?</b></p>	<ul style="list-style-type: none"> <li>• At what point in the decision-making process will patients and public have a chance to influence the service development?</li> <li>• What methods will be used to involve patients, public and stakeholders?</li> <li>• Has advice been sought from the Strategic Public Involvement Group as to how best to manage this?</li> </ul>	<p>Following three co-design sessions in August, September and October 2015 we then have proceeded to a formal consultation. The co-design sessions were inclusive and transparent. We listened to carers concerns and the features that they valued in the service at Baytree so these elements can feature in alternative services in the independent sector. We have also been very open about the financial requirements due to austerity that are part of the reasons for closing Baytree, the limitations of the estate and the low occupancy of the service making it unsustainable.</p> <p>Formal public consultation ran from 4<sup>th</sup> December 2015 to 5<sup>th</sup> February 2016. All those involved in the co-design phase will be consulted.</p> <p>Communication has been comprehensive and regular with Baytree carers and other stakeholders such as men-cap, carers groups, parents in transitions and children's</p>	<p>Positive</p>

		<p>services.</p> <p>Specifically we are seeking responses to the following questions:</p> <ol style="list-style-type: none"> <li>1. Do you agree with our proposals to close Baytree House and provide alternative bed and non-bed based short breaks?</li> <li>2. What are the features of a good short break service, in your view? Please list the aspects.</li> <li>3. Are there any unique features about the service provided at Baytree?</li> <li>4. Are there any aspects of the service at Baytree which you think could be improved?</li> <li>5. If you have chosen not to use Baytree would you be able to outline the reasons?</li> <li>6. If you have considered other providers, please give us any feedback you have on them?</li> <li>7. Do you think this proposal is unfair towards any group of people (with regards to their gender, ethnicity, age, religion, disability or sexuality)?</li> </ol> <p>The consultation ran 4-12-15 to 5-2-16 following approval by the Trust Board and</p>	
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		Council Scrutiny.  1-2-1's were available to carers and parents during the consultation period, three of these took place 15-12-15. The Trust attended further meetings with carers during the consultation period.	
<b>How will the service development improve the patient experience?</b>		Clarity about our in house unit and extension of provision and choice to aid personal budgets. Improve choice and flexibility, but concerns about reliability and emergency provision	Neutral
<b>How will the patient experience of the new service be monitored?</b>	<ul style="list-style-type: none"> <li>• How will feedback be collected?</li> <li>• Who will be analysing it and when?</li> </ul>	Through personal review and planned user engagement	Neutral
<b>Will patient choice be affected?</b>	<ul style="list-style-type: none"> <li>• Will choice be reduced, increased or stay the same?</li> <li>• Do the plans support the compassionate and personalised care agenda?</li> </ul>	Not patients, adult social care choice will be increased	Positive
<b>What level of public support for this service development is anticipated?</b>	Do you expect people to: <ul style="list-style-type: none"> <li>• be supportive,</li> <li>• be a little concerned or</li> <li>• contact their MP or the press as a result of their objections?</li> </ul>	There is potential for a negative response to the proposal as the unit is well regarded.	Negative
<b>Need a tool to help you?:</b> <a href="http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html">http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html</a>			

<b>Equality and Diversity</b>			
			<b>Self-</b>

What is the potential impact of the service development on equality and diversity?	Use these prompts to help you comprehensively evaluate the plans	Information to inform self-assessment	assessment
<p>How accessible is the current service to people defined by the 9 characteristics in the Equality Act 2010?</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender re-assignment</li> <li>• Marriage and civil partnership.</li> <li>• Pregnancy and maternity</li> <li>• Race including nationality and ethnicity</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>• What kind of monitoring data is available to understand the current profile of patients who use the service?</li> <li>• Has any research been done to look at whether different groups have different needs, experiences, issues and priorities in relation to the service development?</li> <li>• Are there currently any problem areas for equality of access?</li> </ul>	<p>Access to Baytree is limited by capacity and the estate, use of the alternative provision will improve access and plurality</p>	<p>Neutral</p>
<p>What is the expected impact of this service development for people defined by the above characteristics?</p>	<ul style="list-style-type: none"> <li>• Have potential access issues been considered?</li> <li>• If the service development will have an impact on any of these groups, how will equality of access or care be addressed?</li> <li>• What mechanisms will be in place to evaluate continuing accessibility?</li> </ul>	<p>None discernible</p>	<p>Neutral</p>
<p>How will accessibility be monitored?</p>	<ul style="list-style-type: none"> <li>• How will monitoring information be used to understand access issues?</li> <li>• Who will be responsible for monitoring?</li> </ul>	<p>Through delivery of personal outcomes Contract monitoring of providers</p>	<p>Positive</p>
<p>Have you considered other groups and how your planned changes might impact on them:</p>	<ul style="list-style-type: none"> <li>• Has access from marginalised groups been considered in the development of this service?</li> </ul>	<p>None identified</p>	<p>Neutral</p>

<ul style="list-style-type: none"> <li>• People with Dementia</li> <li>• Migrant workers,</li> <li>• Homeless individuals and families,</li> <li>• Sex workers,</li> <li>• Gypsies and travellers,</li> <li>• Rurally isolated,</li> <li>• Low socio-economic status,</li> <li>• People who may find it hard to access the service or are difficult to reach and talk to.</li> </ul>	<ul style="list-style-type: none"> <li>• If there are any issues arising, how will these be addressed?</li> </ul>		
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## Budget proposals and Service change : Equality Impact Assessment (EIA)

<b>Officer Name:</b>	<b>Steve Honeywill</b>	<b>Position:</b>	<b>Head of Operational Change</b>
<b>Business Unit:</b>	<b>Community Services Division</b>	<b>Directorate:</b>	<b>Operations</b>
<b>Executive Lead:</b>	<b>Liz Davenport</b>	<b>Date:</b>	<b>February 2016</b>

The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of their proposals on the community. As a council we need to ensure that we are able to deliver the savings that we need to make while mitigating against any negative or adverse impacts on particular groups across our communities.

This EIA will evidence that the Council have fully considered the impact of the proposed changes and has carried out appropriate consultation on those changes with the key stakeholders. This EIA and the evidence provided within it will allow Councillors/Trust Board members to make informed decisions as part of the decision-making process regarding the council's budget.

### Executive Lead / Head Sign off:

<b>Executive Lead(s)</b>	<b>Sonja Manton to October 15 Liz Davenport from October 15 post integration</b>	<b>Executive Head:</b>	<b>Steve Honeywill</b>
<b>Date:</b>	<b>Draft one co- design August 15 Draft two consultation start December 2015 Final draft consultation close February 2016</b>	<b>Date:</b>	<b>February 2016</b>

## Summary from Overall Budget Proposals:

Proposals – Outline	Savings for 2016/17		Implementation Cost Include brief outline + year incurred	Delivery When will this proposal realise income / savings	Risks / impact of proposals <ul style="list-style-type: none"> <li>Potential risks</li> <li>Impact on community</li> <li>Knock on impact to other agencies</li> <li><b>If statutory service please state relevant legislation section and Act together with any statutory guidance issued.</b></li> </ul>	Type of decision		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
<p>In 2014 Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) published its provider commissioning strategy for learning disabilities (LD). That stated that the NHS would no longer directly provide LD services, but would ensure that services are in place for those people who need them.</p> <p>We are consulting on these two proposals:</p> <ul style="list-style-type: none"> <li>The closure of Baytree House Short Breaks Unit run by Torbay and South Devon NHS Foundation Trust (TSDFT) (the NHS)</li> <li>Our proposal for alternative short breaks provision.</li> </ul>		£250,000		2016/17 full year	<p>There is potential for negative response/publicity at the consultation phase.</p> <p>This could be viewed in the wider context of budgetary pressures however; our arrangements do require review and need to provide fairer outcomes and equity across the board.</p> <p>Baytree House has a small but long-standing cohort of carers to rely on the facility for Short-Breaks and value the service highly. Some of these carers are opposed to the closure of the unit and providing short-breaks in the independent sector.</p> <p>Key concerns for carers</p> <ul style="list-style-type: none"> <li>* Quality of and access to alternatives in the independent</li> <li>* Potential stress and uncertainty of transition to any new arrangements.</li> </ul>			Yes

Proposals – Outline	Savings for 2016/17		Implementation Cost <i>Include brief outline + year incurred</i>	Delivery <i>When will this proposal realise income / savings</i>	Risks / impact of proposals <ul style="list-style-type: none"> <li>• <i>Potential risks</i></li> <li>• <i>Impact on community</i></li> <li>• <i>Knock on impact to other agencies</i></li> <li>• <b><i>If statutory service please state relevant legislation section and Act together with any statutory guidance issued.</i></b></li> </ul>	Type of decision		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
<p>Last year the NHS consulted on its policy for short breaks which has been applicable since 1<sup>st</sup> April 2015. The policy included providing eligible carers with funding for a short break in a variety of forms. We considered how best to ensure our policy with regard to short breaks is fair and transparent and supports carer's rights under the Care Act.</p> <p>We also have to consider managing services on substantially reduced budgets and a financial savings have to be delivered from this approach as part of the budget agreed by Torbay Council.</p>					* Loss of Baytree could potentially result in breakdown in long term care in the family home for older carers.			

### Section 1: Purpose of the proposal/strategy/decision

No	Question	Details
1.	<b>Clearly set out the proposal and what is the intended outcome.</b>	<p>The closure of Baytree House Short Breaks Unit run by TSDFT (the NHS) by 31/3/2016 or early in the 2016/17 financial year.</p> <p>Our proposal is to re-provide these short breaks in alternative short breaks provision in the independent sector.</p>
2.	<b>Who is intended to benefit / who will be affected?</b>	<p>Carers and personal budget holders who have previously accessed short breaks at Baytree House.</p> <p>The alternative provision in the independent sector is for this cohort and service users for whom Baytree House has not been suitable due to its estate or other limitations. We also be mindful of providing more choice than currently for personal budget holders and planning for young people and families in transition who will be future users of short breaks and will require more flexibility.</p>

## Section 2: Equalities, Consultation and Engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **Equalities, Consultation and Engagement** section ensures that, as a Council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions/proposals on the Torbay community.

### Evidence, Consultation and Engagement

No	Question	Details
3.	<b>Have you considered the available evidence?</b>	<p>Yes, information with regard to occupancy and sustainability of Baytree as a unit financially, in estate terms and for future demand.</p> <p>Also the requirement to extend market choice for users.</p> <p>Implementation of the requirements of the Trust Provider Commissioning Strategy.</p> <p>We have carried out an extensive engagement using a co-design model over 5 sessions at different times. All users families and carers of Baytree have been invited, families in transition and other stakeholder and those with an interest in learning disabilities such as Mencap and HealthWatch. During the consultation period 1-2-1's were offered, and further face to face forums occurred with carers during December 2015 and January 2016.</p>



No	Question	Details
4.	<p><b>How will / have you* consulted on the proposal?</b></p> <p><i>*delete as appropriate</i></p>	<p>Following three co-design sessions (five meetings) in August, September and October 2015 we then have proceeded to a formal consultation. The co-design sessions were inclusive and transparent. We listened to carers concerns and the features that they valued in the service at Baytree so these elements can feature in alternative services in the independent sector. We have also been very open about the financial requirements due to austerity that are part of the reasons for closing Baytree, the limitations of the estates and the low occupancy of the service making it unsustainable.</p> <p>Formal public consultation ran from 4th December 2015 until 5<sup>th</sup> February 2016.</p> <p>Specifically we are seeking responses to the following questions:</p> <div style="border: 1px solid black; padding: 5px;"> <ol style="list-style-type: none"> <li data-bbox="676 580 2134 730">1. Do you agree with our proposals to close Baytree House and provide alternative bed and non-bed based short breaks?</li> <li data-bbox="676 730 2134 880">2. What are the features of a good short break service, in your view? Please list the aspects that matter to you.</li> <li data-bbox="676 880 2134 992">3. Are there any unique features about the service provided at Baytree?</li> <li data-bbox="676 992 2134 1104">4. Are there any aspects of the service at Baytree which you think could be improved?</li> <li data-bbox="676 1104 2134 1216">5. If you have chosen not to use Baytree would you be able to outline the reasons?</li> <li data-bbox="676 1216 2134 1327">6. If have considered other providers, please give us any feedback you have on them.</li> <li data-bbox="676 1327 2134 1509">7. Do you think this proposal is unfair towards any group of people (with regards to their gender, ethnicity, age, religion, disability or sexuality)?</li> </ol> </div>

No	Question	Details
5.	<b>Outline the key findings</b>	<p>This section is included in the Board consultation report with an appendix of verbatim feedback from carers with respect to the Trust's proposals.</p> <p>A full and transparent report with regard to the consultation will be reported to the TSDFT Board of Directors and Torbay Council's Health Scrutiny Committee as the decision making and scrutinising bodies.</p>
6.	<b>What amendments may be required as a result of the consultation?</b>	<p>None.</p> <p>The Consultation approved by the Trust Board and Council Scrutiny from 4-12-15 to 5-2-15, it is anticipated that a decision will be made at the March 2016 Trust Board. 1-2-1's were also available to carers and parents during the consultation period on 15<sup>th</sup> December 2015.</p>

**Positive and Negative Equality Impacts**

No	Question	Details		
7.	<b>Identify the potential positive and negative impacts on specific groups</b>	<i>It is not enough to state that a proposal will affect everyone equally. There should be more in-depth consideration of available evidence to see if particular groups are more likely to be affected than others – use the table below. You should also consider workforce issues. If you consider there to be no positive or negative impacts use the ‘neutral’ column to explain why. <b>EVERY BOX MUST BE COMPLETED – if there is no impact please state either ‘No Positive Impact’ or ‘No Negative Impact’.</b></i>		
		Positive Impact	Negative Impact	Neutral Impact
	Older or younger people			X
	People with caring responsibilities			X
	People with a disability			X
	Women or men			X
	People who are black or from a minority ethnic background (BME)			X
	Religion or belief (including lack of belief)			X
	People who are lesbian, gay or bisexual			X
	People who are transgendered			X
	People who are in a marriage or civil			X

No	Question	Details		
	partnership			
	Women who are pregnant / on maternity leave			X
	Socio-economic impacts (Including impact on child poverty issues and deprivation)			X
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			X
8a.	<b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other departments OR from other service areas? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>  NONE		
8b.	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other public services or partner organisations? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>  NONE		

## Section 3: Mitigating action

No	Action	Details
9.	<b>Summarise any negative impacts and how these will be managed?</b>	<p>Those families and carers who have particularly valued the short breaks service at Baytree may find this change challenging and worrisome given the service has been used for a number of years. These people may require additional support during any transition to new services by our staff. Any extended transition period beyond 31<sup>st</sup> March 2016 will be recommended.</p> <p>New services will not meet some carers' expectations and needs in terms of choice, access and quality.</p>

## Section 4: Monitoring

No	Action	Details
10.	<b>Outline plans to monitor the actual impact of your proposals</b>	<p>The service changes as a result of the proposed closure of Baytree upon individuals will be monitored at individual review.</p> <p>New arrangements for short breaks will be monitored by the Trust's care teams and commissioners.</p>

## Section 5: Recommended course of action –

No	Action	Outcome	Tick ✓	Reasons/justification for recommended action
11.	<b>State a recommended course of action</b> <i>Policy is implemented as outlined above in</i>	<b>Outcome 1: No major change required -</b> <i>EIA has not identified any potential for adverse impact in relation to equalities and all opportunities to promote equality have been taken</i>		See comment to outcome 4

Section 1	<p><b>Outcome 2: Adjustments to remove barriers</b> – Action to remove the barriers identified in relation to equalities have been taken or actions identified to better promote equality</p>		
	<p><b>Outcome 3: Continue with proposal</b> - Despite having identified some <u>potential</u> for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have ‘due regard’.</p>	✓	<p>Closure of Baytree and the user of alternative provision will impact upon these carers who have historically used the service in a significant fashion.</p> <p>We will need to address any concerns in practice and the issues carers subsequently make.</p> <p>Potential concern for some service is a possible lack of provision in the residential market or provision that meets their aspirations. This may lead to problems with short-break users finding a vacant bed to place their relative and means that forward planning could be difficult.</p> <p>Meeting the needs of very complex people, including those in receipt of continuing health care.</p>
	<p><b>Outcome 4: Stop and rethink</b> – EIA has identified actual or potential unlawful discrimination in relation to equalities or adverse impact has been identified</p>		<p>Some carers in the consultation feel the proposal is unfair to disabled people and those with a learning disability.</p>



**Please reply to: Julien Parrott, Councillor for Ellacombe and Executive Lead for Adults and Children, Torbay Council, Town Hall, Castle Circus, Torquay TQ1 3DR**

**My ref:** JP/SH/SJJ

**Your ref:**

**Telephone:** 01803 208949

**Fax:**

**E-mail:** Julien.Parrott@torbay.gov.uk

**Date:** 17<sup>th</sup> February 2016

This document can be made available in other languages, on tape, in Braille, large print and in other formats. For more information please contact 01803 207366

Dear

**Re: Baytree House**

I am writing to you following the recent public consultation regarding the proposals to close Baytree House short breaks unit for adults with a learning disability and to re-provide this support in a different way.

As you are aware, during 2015 Torbay and South Devon NHS Foundation Trust (TSDFT) invited Baytree family carers to a number of co-design/engagement meetings with respect to its proposals. I attended the first of these meetings last summer and heard the reasoning for and against the Trust's proposals. Throughout the process, I have remained in touch with the Trust and have had individual conversations and correspondence with carers as I promised at that initial meeting.

Following the approval by Torbay Council's Overview and Scrutiny meeting in November 2015, the TSDFT Board supported a public consultation in respect of the Trust's proposals and this commenced on 4<sup>th</sup> December 2015 and closed on 5<sup>th</sup> February 2016.

I am writing to you so that you have early notice of the Trust's Board report and its recommendations before they are in the public arena. The report will be discussed by Torbay Council's Overview and Scrutiny Committee at a meeting at 1.00 pm on Monday 29<sup>th</sup> February as well as at the public part of the TSDFT Board later that week on Wednesday 2<sup>nd</sup> March between 12.30 pm and 1.30 pm, at the Horizon Centre Torbay Hospital. Mr Helmore will be speaking at the Trust Board meeting on behalf of Baytree family Carers.

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The report will be published and will therefore be in the public domain approximately one week before both of these meetings occur, for Scrutiny that will be around 22<sup>nd</sup> February and for the Trust Board around 24<sup>th</sup> February. The report will be detailed and broad in its scope covering the Trust's case and Carers feedback as well as the issues and concerns raised by you at the various meetings that occurred during the consultation, particularly the session organised by Healthwatch Torbay.

The report contains four recommendations and actions:

1. It recommends that Baytree House should, in due course, close and the short breaks should alternatively be sourced in the independent sector.
2. The Trust has listened to concerns with respect to the proposal to close Baytree from 1<sup>st</sup> April 2016 and accepts this did not allow sufficient time to arrange replacement services for current users and allow them to transition into these from Baytree. Therefore the report recommends that a transitional period to 30<sup>th</sup> June 2016 occurs before the decision to close is actually implemented.
3. It is also recognised that a person-centred approach needs to take place with family carers and the cared for to find appropriate solutions for you. It is recommended that Adult Social Care Commissioners, in partnership with the Support Planning Services, are tasked over the next four months to work closely with Carers and providers to develop and secure satisfactory provision.
4. Finally, it is recommended the Trust Board in due course receive a written update with respect to progress if the decision is made to close the unit and that the Learning Disability Partnership Board also take an appropriate role monitoring quality and outcome of placements in the independent sector. The Council's Overview and Scrutiny function will also need to set their follow-up requirements.

Throughout I have wanted to ensure that the process has been fair and transparent because the role of carers is so valuable to our community. I also appreciate this has been a very difficult and unsettling period for family carers who use Baytree and for the staff at the unit whilst the future has remained uncertain.

Yours sincerely,

**Julien Parrott**

Councillor for Ellacombe and Executive Lead for Adults and Children



Mr K. Helmore

22<sup>nd</sup> February 2016

### Proposed Closure of Bay Tree House

Dear Sir Richard,

I am writing to you as the spokesperson for the Bay Tree House Action Group with regards to the proposed closure of Bay Tree House and to also thank you for the opportunity to give a presentation to the Board of Governors on the 2<sup>nd</sup> March.

At the time of writing the Consultation Papers are not yet available. The intention of this letter is to provide you with the perspective of the impact of the proposed closure of Bay Tree House from the point of view of a Parent/Carer and I would ask that you be so kind as to circulate copies of this letter amongst the other Board Members.

Firstly, for the benefit of those members who have not had the opportunity to visit Bay Tree House I would like to provide you with some details of this facility. Bay Tree House is situated in a converted villa in Croft Road, Torquay, and it currently provides accommodation for eight service users with Learning and Physical Disabilities. The short break respite service provides overnight bed based accommodation ranging from a single night to extended stays determined by the number of Short Break Vouchers (night's entitlement) allocated to each service user determined by their and their Carers assessed needs entitlement. The service also provides daytime care for those requiring it. In addition, Bay Tree House acts as a provider of an emergency bed service for those times when a Carer is unable to provide care due to illness or another unforeseen event. The emergency bed can also be used by Social Services in respect of Safeguarding issues effecting both non and current service users.

The proposal is that Bay Tree House should close and those service users who still require bed based short breaks should then receive this via alternative providers, within the private sector. However, you should not lose sight of the fact that this proposal does not just impact upon the cared for but effects the Parent/Carer and other family members and there is therefore a need to understand what is a Carer and why respite (Short Breaks) is so important to them. The Government/NHS definition of a Carer is "A Carer is someone who has caring responsibilities for someone due to disability, frailty or vulnerability, who cannot manage in the community alone. Carers can be of any age and care without Payment". In the case of those Parents with a child with a Learning / Physical Disability this is normally evident from birth and it is from this time that they commence their role as a Carer as well as a Parent. Most Carers roles tend to follow the same path in as much as when the cared for is younger the Parent/Carer is supported by their parents and other family members (aunts, siblings etc) who help to share in the caring role and it is rare that respite care is sought. As the cared for progresses into their teenage years care within the family can start to become more difficult due to personality changes (even the learning disabled can have teenage strops) due to puberty, frustration, disengagement with others etc combined with their physical growth etc. The greater, if not all, care is still provided within the family unit as generally the cared for will be receiving full time education and this provides some form of daytime respite for most Parent/Carers. The caring pressures start to increase as the cared for progress into their twenties as it is at this time that their siblings begin to leave home and cannot share in the caring role. It is often at this time that the Parents of the Parent/Carer are starting to age themselves and can no longer take an active role as a care giver and they themselves may be in a position where they may need care and support from the Parent/Carer. So, as happened in our case, the Parent/Carer can find that the calls upon them as a Carer have started to increase. This is when Short Break Respite Care becomes most important to their wellbeing, to enable them to have some down time in order to enable them to recharge their batteries before recommencing their next period as a care giver.

In our own case we had to provide care to our own Parents which involved end of life care to a cancer sufferer, another with rheumatoid arthritis, and another who was registered both blind and deaf so any respite time was to enable us to provide care to them. Since their passing we have been able to make a more effective use of Bay Tree House in order to help us to reengage as a couple and to have time for us to establish a role away from our caring commitments. Our boys attend a day service from 9.30 to 3.30 five days a week we therefore have 30hrs out of 168 hrs per week when we are free from being care givers. This free time is then spent carrying normal family duties

such as shopping, cleaning, etc. And this is why any Short Break Respite is so important as it supplements our time away from our caring role.

Naturally, it is not only the Parent/Carer who benefits from this period of respite, the cared for enjoys a period away from the home environment where, as our boys describe it "they are on holiday" as they have time to interact with both staff and other service users from which they form new friendships and enjoy new experiences. It is evident that predominately the Parent/Carers of the service users at Bay Tree House tend to be middle aged or older and that they are very much in need of the support of a facility like Bay Tree House to enable them to continue to provide for their cared for within the family home. Most Parent/Carers are seeking to continue providing this support for as long as they feel they are able or until such time as they feel that their cared for has reached the stage whereby they can move on into some form of independent/supported living accommodation.

I hope that from the preceding paragraph you can understand why Short Break Respite is so important to Parent/Carers and their cared for. With this in mind you may then understand why the proposal to close Bay Tree House has caused such concern and upset amongst the Parent/Carers. Unfortunately, the way in which notification was made to the Parent/Carers did not give consideration to the effect this would have upon them. A letter was received in July advising that it was the Trust's intention to close Bay Tree House and that by using personal budgets alternative Short Breaks could be found and that a consultation meeting was organised for a month later in August. During the August meeting there was a feeling of despair and anxiety amongst the attending Parent/Carers who were being told that Bay Tree House would close in March 2016 but whilst we were being told that alternative providers can be found in the private sector there was no indication of who they were. It was not until a meeting in October that these alternative providers (I intend to comment on them later) were listed and were available to give a brief presentation at the meeting. So it was a period of four months from the first notification letter before any details of the alternative providers was made available thereby prolonging the period of uncertainty. This was a case of putting the cart before the horse and it was very much felt by Parent/Carers that the consultation had failed at the first fence because of the failure to have provided a list of alternative providers who could offer bed based Short Break Respite at the outset. It was felt that the availability of alternative providers should have been fully investigated before the announcement of the proposal to close Bay Tree House.

During the Consultation reference was made to the difficulty for service users to access some rooms on the upper floors due to their physical disabilities and the problems relating to use of some of the larger motorised wheelchairs. You will be receiving some additional correspondence from Healthwatch Torbay which contains a separate report which responds to this and other matters. In brief, I would state that Bay Tree House was never originally designed to accommodate the more Physically Disabled and was only intended for use by the Learning Disabled with no or only moderate physical needs. The demographics of the service users changed with the closure of the respite beds at Occombe House (who dealt with clients with more complex and physical needs) in 2010 when it was then deemed that this service would be transferred to Bay Tree House. This was an attempt to create a one size fits all facility combining both the Learning and Physically Disabled. At that time it was deemed that Bay Tree House was fit for this purpose, though there was a lack of financial input to provide for any required adaptation's and that a number of items, such as ceiling tracking and electronic trolley hoist were provided from Bay Tree House own funds.

It was felt during the consultation period that there were some statements made that were considered to be contentious. The first related to the allegation that Bay Tree House was being underused and was only operating at 45% capacity. Whilst not having the benefit of the actual occupation figures, despite having requested them, to be advised that they would be available in the Consultation Report, I have endeavoured to make an approximation of the potential usage based on the number of Parent/Carers (38) receiving Short Break Vouchers the annual bed spaces per year (365 nights X 7 beds) based on an average of 40 vouchers per service user (the number of nights allocated range from an excess of 20 to 70 plus) this has given a potential of 2,548 bed spaces and a usage of 1,520 used nights, for ease of calculation I rounded the figures down to 2,500 and 1,500 which potentially gives a usage of 60%. It must be emphasised that the calculation can only be based on seven available beds as the eighth bed has been in continuous use by a client for over twelve months and is therefore not available for Short Break Respite.

The second relates to a statement made by Dr Sonja Manton which was minuted at a meeting on 13<sup>th</sup> January which was facilitated by Healthwatch Torbay when she stated "the Care Quality Commission are due to inspect the Trust Services during Feb 2016 and currently Bay tree House is not providing the appropriate quality required to meet set standards by the C.Q.C" in view of this statement and that of a similar comment made at an earlier meeting which was not minuted I obtained a copy of the most recent available C.Q.C report from August 2013, this showed that Bay Tree House passed inspection and

had met all set standards reviewed during the inspection and that no concern's had been raised by the C.Q.C In view of this I wrote to Dr Manton on the 28<sup>th</sup> January to ask if she could supply any documentation to substantiate her statement as, understandably, the statement was taken at face value by members of the audience who were left with the impression that something was substantially wrong with Bay Tree House according to the C.Q.C. I did receive a phone call (5<sup>th</sup> Feb) and letter (9<sup>th</sup> Feb) from Steve Honeywill concerning this and other matters confirming that Bay Tree House had scored well with the C.Q.C and that this would be reflected in his Consultation Report.

The Trust have made it clear that they do not wish to continue to be a direct service provider and that they consider that the Short Break service can be delivered by alternative providers within the private sector and that they consider that there would be no difficulty in transferring the current users to them. This implies that there is the spare capacity to accommodate an additional 1500 (approx) bed nights within the private sector. It cannot be over emphasised that the majority of current Bay Tree House users are seeking bed based respite which provides the same standard of quality of care and facilities combined with ease of access regarding placement bookings that they currently experience. What must be kept in mind is that the service users from Bay Tree House will be competing for places with the existing users of these alternative facilities.

The alternative providers so far identified who are providing bed based respite are:-

- **Burrow Down**                      Already provide supported living and residential care and have an existing four bed respite unit which is available to their own clients and, according to Burrow Down staff, it is already very busy during certain periods of the year and there may be difficult for Bay Tree House users to access respite beds during certain times of the year.
- **Renaissance**                      Are currently developing a new three bed unit in the former St John's Ambulance unit adjoining their residential home. This unit is designed for users with more profound and multiple disabilities including those with complex physical and medical conditions who will require specialist support. This unit will include full ceiling hoist tracking from bedroom to wet room and enhanced facilities to support people with complex needs. Therefore, whilst this unit would provide the perfect facilities for those current Bay Tree House users who have more complex physical needs they would not appear to be suitable for the majority of Bay Tree users and indeed, due to their conditions, there are

some users who would be totally overwhelmed and intimidated by such a sterile/medical environment.

- Specialist Supported Care           SSC are developing a new ten bed respite facility in Paignton. However, they are an organisation who specialises in working with people with complex needs, including extreme autism and those whose behaviours are challenging. It is therefore considered that this would not be an environment suitable for the users of Bay Tree House.

These are the only three bed based respite providers so far available as alternatives to Bay Tree House within Torbay. Therefore it is self evident that they would not be capable of providing a viable replacement to Bay Tree House as they are unable to match facilities of Bay Tree House and that there is insufficient spare bed capacity to cover the number of bed nights required.

Two other providers based in Newton Abbot have been suggested. When it was suggested at consultation that usage of Bay Tree House could be improved if clients could be sourced from the local South Devon area, it was stated that it is a problem to accept users from outside Torbay due to funding and other difficulties. Therefore, it must be assumed that if a Bay Tree House user was to seek to access a facility outside Torbay they would face the same problem.

These providers are:-

- R.O.C                                    Have just developed a one bedroom Short Break facility adjoining their residential house in Newton Abbot.
- Hannah's                               Hannah's is part of the Dame Hannah Rogers Trust who operate at the Seale-Hayne site outside Newton Abbot where they have just developed a respite centre for their service users and we assume this would be available to other users if they have vacancies.

Both the above facilities would also create problems for users who access day services within Torbay due to the time and cost of transport between those services.

## In Conclusion

It is felt by the Parent/Carers of the users of Bay Tree House that currently there is insufficient capacity within Torbay to provide an adequate replacement to Bay Tree House. In addition, we are not convinced that sufficient funds are being put in the pot to adequately cover the cost of purchasing the requisite number of bed spaces within the private sector and that no allowance has been made in respect of any potential increase of new client's requiring Short Breaks. Neither could we ascertain what the outcome would be should the financial pot be exhausted before the end of the financial year.

There seems to be options that require fuller consideration in order to determine whether or not Bay Tree House should close.

**OPTION 1** Maintain the status quo by allowing Bay tree House to continue to operate. The difficulty with regards to access by users with more complex physical needs may be resolved should they chose to transfer their respite care to Renaissance. In order for this to be viable it is necessary for Social Services to be more proactive with regards to promoting Short Breaks at Bay Tree House.

**OPTION 2** Allow Bay Tree House to continue but seek to place control of the operation into the hands of a charitable provider similar to the provision made at St Kilda's using Sandwell. This would remove the Trust from being a direct provider.

**OPTION 3** Discuss with Torbay Council the option to release Lincombe Court which could be redeveloped as a brand new respite centre for both Learning and Physically Disabled. This would allow Torbay Council to then dispose of the Bay Tree site.

**OPTION 4** Should it be deemed that there is no alternative but to close Bay Tree House, any decision should be delayed for a minimum of twelve months (March 2017). This would allow time for any new alternative providers to be found, as there are currently insufficient providers within Torbay and it would give the new facilities time to become established and then decisions would not have to be made off plan with regards to new developments (which is the case with Renaissance and SSC). After this twelve month period the position can be reviewed to establish whether or not there is then sufficient capacity within the private sector to provide a viable replacement to Bay Tree House.

I would like to thank you for taking the time to read and to consider the points raised in my letter and I hope that it will assist you with your decision regarding the proposed closure of Bay Tree House. I feel that my letter is self evident that I do not wish to see this facility close as I consider it to be an excellent establishment which provides first rate support and care to the users and is staffed by an extremely caring and professional team.

By way of a final comment, I would advise you that there is an on line petition, which was organised by one of the service users and their family, which has attracted just over one thousand signatures. This can be seen as an indication of the depth of interest in this matter.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'K. Helmore', with a long horizontal flourish extending to the right.

Kevin Helmore





# Baytree House Public Feedback Summary

February  
2016

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# Introduction

## About **healthwatch**

Healthwatch Torbay is the independent consumer champion for health and social care services in Torbay, ensuring the voice of the community is used to influence and improved services for local people.

An officially registered charity (Registered Charity Number 1153450) and a company limited by guarantee (Company No. 8396325), Healthwatch Torbay's role is to ensure that local health and social care services, and local decision-makers, put the experiences of people at the heart of their care.

We gather and analyse information to identify key issues and trends and have statutory powers to hold poor services to account and report all feedback to relevant local and national bodies in order to improve services.

## About Baytree House

Baytree House is a unit with 10 beds (8 used) for adults from the age of 18 - 65 with Learning Disabilities, offering Respite Care. They also offer a service of assessment for three months, in which they are able to obtain the capabilities and needs of an individual.

Baytree House is a large, period detached building situated in central Torquay. It is within walking distance of the town centre, sea front and the train station. This makes it ideally situated for community based activities.

In September 2013 the Care Quality Commission (CQC) inspected the service and found it met the required standard for all aspects, including: respecting and involving people who use services; consent to care and treatment; care and welfare



of people who use services; staffing and records.

The facility, which is run by Torbay and Southern Devon Health and Care NHS Trust, has seen an apparent decline in use over recent years with only a 45% occupancy rate during 2014-2015, although Baytree service users do not agree with this figure, believing it to be more around 60%. In addition to this, the Trust has seen an apparent increase in the number of clients who do use the facility having more complex care needs, meaning it may not always be the best care setting for that individual.

The Trust has considered a number of options to improve occupancy and ensure a sustainable, fit for purpose facility, but these have not proved viable. By looking to close the unit and reinvest the combined personal budget allowance into new options for short breaks, the Trust believes it can find modern, reliable, and high quality alternatives that can better meet people's needs.

In January 2016, Healthwatch Torbay consulted with the Trust, carers and service-users in order to come up with a number of new short breaks options. Short breaks are a vital support mechanism for carers and whilst some people like more traditional short breaks, such as overnight respite care, others want more choice and control over the type of care and break they receive. This report summarises the public feedback Healthwatch Torbay received from this consultation.

# Providers

In addition to Baytree House, a number of other potential providers have been suggested by Torbay and Southern Devon Health and Care NHS Trust. An outline of some of these providers and what each can offer is below.

## Burrow Down Support Services (Paignton)

A 4 bed unit providing supported living, residential care, short breaks and daytime opportunities. Includes bathroom facilities for people with mobility issues. They keep 1 bed free for emergencies and are already heavily subscribed with very limited availability during busy periods.

## Renaissance Care and Support (Torquay)

Part of this residential home and supported living unit is being adapted to create a 3 bed short breaks unit to support a wide range of users, including those with profound and multiple disabilities (PMLD). The rooms are PMLD equipped and designed and may not be a suitable alternative for the majority of Baytree House users. It is still incomplete and availability will not be guaranteed on short term notice.

## Robert Owen Communities (Newton Abbot)

A 2 bed short breaks facility in Newton Abbot is being developed but there is little information to tell whether it will be staffed 24/7 and whether it is compatible for different types of service user.

## Shared Lives South West

A regional organisation that offers short breaks places for people with learning disabilities with families (maximum of 3 per family home). This is however, heavily booked with limited availability.



## Specialist Supported Care (Paignton)

This will be a 10 bed short breaks unit built over 3 floors to support a wide range of people with profound learning disabilities and autism. Limited information available but it has been suggested that they will specialise in more profound and challenging needs than Baytree House users and may not be a suitable alternative.

## Summerlands

A supported living provider offering individual support and non-accommodation breaks (days/evenings) in a range of Torbay properties. Limited information available.

## Hannah's (Seal Hayne, Newton Abbot)

A 4 bed facility based in Newton Abbot. Limited information on availability. Accessibility would be a problem for some service users without adequate transport.

Although some of these providers are available for use, there are concerns from Baytree House service users regarding:

- Lack of availability
- Lack of suitability/compatibility for their individual accommodation needs
- Lack of accessibility for those outside of Torquay

# Results

## Service User Views

The main concern raised by those present at the consultation was that carers appeared to be presented with a deadline for Baytree House closure with no alternative provision in place.

This was a particular issue with respite care, with people concerned over the lack of use of Baytree House for respite and whether people are being steered to alternative services.

Some individuals even mentioned having their respite care cut and that referrals were not being made to Baytree House.

Other concerns raised include:

- The need for consistency within social workers approach when carrying out assessments. When completed professionally and with respect it makes a huge difference to carers and service users ensuring their voices are heard.
- The quality and waiting time for assessments. Several people present mentioned waiting in excess of 5 years or more for an assessment.
- Which other services are in place prior to the closure of Baytree House, as the transition process takes time for people to settle in to new services.
- The consultation process causing strain and uncertainty as the closure appears imminent with no clear alternative in place. Some Carers feel bullied and that the Trust should be doing more over their duty of care for the disabled.



- Carers felt that if Baytree House must close then it should not be considered until March 2017 to allow time for alternative providers such as Shared Lives (currently long delays), Care in your home, St Johns (still being built not ready until April at earliest) and Burrow Down (open day delayed so not sure what services are being offered) can be ready to provide support and be clear about the support they can provide.
- The availability of emergency bed space, including frequency, location and continuity for service users.
- Due to a lack of alternative providers not being in place all present felt that the consultation period should be delayed to allow for assessments to be conducted, the Trust to consider the concerns and requirements for service users and carers and for appropriate service provision to be put in place.
- The impact on carers and service users who are at breaking point as they are unable to plan beyond March 16 or give any reassurance to the cared for.
- The reported £250,000 available funds are insufficient to deliver the required service provision.

## Other Feedback

Healthwatch Torbay also run an online feedback centre which allows the public to rate and review health and/or social care related services. Only five reviews exist concerning Baytree House, all 5 star rated. They read as follows:



★★★★★ I live here and love it

Staff look after me very well, treat me as an individual and respect me.

★★★★★ Excellent

Staff are brilliant, building has ceiling hoists and wheelchair access, etc.

★★★★★ Experienced and knowledgeable staff

Worked here for a year and love it.

★★★★★ Excellent

Looked after my sister for months and the staff have a great caring attitude.

★★★★★ Can't fault the care given

Excellent training, up to date equipment, knowledgeable staff



# Torbay and South Devon Responses

NHS Foundation Trust

Members of the Torbay and Southern Devon Health and Care NHS Trust were present at the consultations to respond to some of the concerns raised above by carers and service-users. Their responses were as follows:

- With regards to the duty of care for the disabled, Trust representatives suggested setting up a separate meeting to discuss the varied experiences carers have received from social workers completing assessments to ensure lessons are learnt, making sure professional quality standards are met all the time.
- The Trust also recognised that the March 2016 deadline has caused stress for both carers and service users. The Trust stressed that they are trying to be open and honest at every meeting about the decision to be made, ensuring the services provided meet with the required quality standards and meet service user and carer needs. The Trust also acknowledged that they have a duty of care to ensure alternative services in place meet the service user and carer needs.
- The Care Quality Commission (CQC) are due to inspect the Trust services during February 2016 and currently Baytree House is not providing the appropriate quality required to meet CQC set standards. It is important that the Trust are able to present an alternative plan when the CQC inspect Baytree House. The Trust acknowledged that at the 2013 CQC inspection it was demonstrated that the unit performed safely and to a good standard within its registration and that the staff at Baytree are committed to the cared for and family Carers in the manner by which they deliver the service.
- The Trust extended an invitation to members of the consultation to join their next Board Meeting to discuss the closure of Baytree House. A representative agreed to attend this meeting on behalf of the group, with the Trust agreeing to make available all paperwork, reports and appropriate documents in advance of the meeting. The Trust have arranged from Mr Helmore representing the “Save Baytree House” campaign to speak at the Public Board in March 2016.
- The Trust confirmed that other options will be considered if service user and carer needs can’t be met by current service providers, however, any alternative proposal will need sufficient evidence that needs will be met before the Board will approve it.
- The Trust also agreed to put forward a recommendation for a delay in the implementation to the board whilst evidence and assessments are completed. A recommendation to this effect will be in the Board report, subject to approval by the Trust Executive.
- The Trust confirmed that Carers can still continue to book with Baytree House until a decision is made in March 2016 and they can advise a clearer timeline for closure.
- They also confirmed that there is a minimum statutory legal process and set of procedures that the Trust have definitely followed correctly.
- By way of assurance, the Board report with respect to the consultation will be detailed and endeavour to address all the concerns and questions raised in the information previously provided by Health Watch on behalf of Mr Helmore. In particular points related to the estate, occupancy and finances.

Approved by Steve Honeywill - Head of Operational Change,  
Torbay and South Devon NHS Foundation Trust

# Recommendations

Based on all the consultation results above, the following recommendations are proposed by Healthwatch Torbay:

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**Recommendation 1** *We recommend for a delay in the implementation to the board, not only whilst evidence and assessments are completed and a full consultation review can be conducted, but also to allow time for alternative providers to be ready to provide support and be clear about the support they can provide. Service users will need reassurance and clarity on how they will access a service provider in order to meet their individual needs effectively.*

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**Recommendation 2** *With the above in mind, we also recommend carers attend a forthcoming meeting to provide information about provision currently in place and proposals for providers, whilst also ensuring the completion of both assessment forms and consultation forms. The consultation forms should be used, along with any other concerns raised on Baytree House, by the group's representative at the Trust's next Board Meeting.*

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**Recommendation 3** *Healthwatch Torbay would also respectfully request the Trust learn from this consultation and the concerns raised and take a different approach to public consultation in future decision-making processes, in order to avoid public strain or feelings of disengagement or that they are not listened to.*

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