



North Somerset

Report To: Joint Health Overview & Scrutiny Panel

Date of Meeting : 28th March 2011

Subject of Report : Orchard View Closure – Final Report

Officer Presenting: Kim Forey
Associate Director - Community Commissioning
NHS North Somerset

Key Decision: None

RECOMMENDATION

That the Panel notes the final update report on the implementation of the review of Orchard View, and the future of respite and day care for the service users.

1. SUMMARY

This report provides a final update on the review of the service at Orchard View Respite Hospital and subsequent re-provision. It reports on the remaining issues raised at the last JHSC meeting (September 2010) and represents the final report on this project.

2. BACKGROUND

2.1 POLICY

The new Government's Policy '*Equity and Excellence, Liberating the NHS (Department of Health 2010)*' has reinforced the importance of giving service users choice, based on good information. This is consistent with the Policy to provide a choice of services that offer respite care to service users and carers of people with long term conditions and disabilities. This is laid out in the *National Service Framework for Long Term Conditions* (Department of Health, 2005). In '*Our Health, Our Care, Our Say: a new direction for community services*' (Department of Health, 2006), there is a further commitment to choice of services, a reduction in care in Institutions and an increase in home-based respite.

Lord Darzi's report, '*High Quality Care for All*' (Department of Health, 2008) emphasised choice and quality of service. *The NHS Constitution* (Department of Health, 2009) introduces a patient's right to choose both treatment and providers of care.

'*Carers at the Heart of 21st Century Families and Communities: a cross-Governmental strategy*' published in June 2008, emphasises the need for integrated health and social care for carers.

2.2 PROGRESS

Following the conclusion of the targeted Public Consultation and JHSC consideration in 2008, the Project Board made three recommendations to the PCT Boards of Bristol, North Somerset and South Gloucestershire.

The Boards approved:

- The implementation of Option A - a service developed to provide individual packages of respite and day-care, providing choice and flexibility, with or without the support of a brokerage service.
- The implementation of Option B2 – the sale of the Orchard View site to a private provider, with the condition that a health and/or social care service with an element of respite care is provided on the site alongside other services. This option will be time limited.
- The response to the JHSC statement and its recommendations.

Three updates were provided to the three PCT Boards and the JHSC, as agreed, in May and September 2009 and January 2010.

At the meeting of the JHSC in September 2010, a request was made to provide a response and final report on the progress against the following areas.

- Service users' Satisfaction
- Future of PCT
- Progress made towards gaining commitment by GPs to continue with the respite service for Ex-Orchard View users

3. SERVICE USER SATISFACTION

Ensuring that the service user is receiving a high quality service is at the heart of the respite service. In the initial stages, the service users were sent evaluation forms following every respite period. This ensured that issues and concerns were raised and appropriate placements were guaranteed. The analysis of the final Satisfaction Survey using this approach was made in September 2010. As people have settled into their chosen placements and at the request of many users, this process has now ceased. Evaluation Forms will be sent twice a year to assess the service provision as a whole rather than just the provision of the respite provider. The first of these evaluation periods is due in June 2011.

Sadly, due to the change in circumstances of some individuals, there has been a reduction in the numbers of service users, reducing the overall number to 58 (identified as 73 in JHSC January 2010 Report). However, the provision of respite and day care services for this group of clients will continue to develop as the individuals expand their levels of independence and choice

When new placements are identified, the service user is contacted by telephone following their first respite period and, following discussion about their stay, a joint decision is reached as to whether they wish to attend again. The Respite Co-ordinator has sought to increase and improve the direct contact made with each service user, contacting them following respite when needed and, all bar two service users, have been visited at home and their care plan has been reviewed since September 2010.

At the request of service users and in order to improve direct contact with the organisation, the Respite Co-ordinator has set up three social gatherings to which all service users and their carers are invited. The fourth is set for 4th April 2011 at the Holiday Inn in Filton, Bristol. These sessions have been well received, and a group of about 30 service users attend regularly. Transport is provided where necessary to facilitate attendance.

Given the volume, nature and range of services provided, there have been relatively few complaints. Since September 2010, there have been three Clinical Incidents in three separate organisations. Each has been reported to the relevant organisations, and one is currently under investigation. In each case, alternative respite arrangements have been made.

4. Future of the PCT

A verbal update will be provided at the Meeting, regarding both local PCT clustering arrangements and GP Consortia.

5. Future commitment to the Respite Service by GP consortia.

All future organisational structures will be required to fulfil previously identified legacy agreements. The GP Consortia will be required to adhere to any legal and previously agreed policy guidance and initiatives.

Kim Forey
Associate Director – Community Commissioning
NHS North Somerset

15th March 2011