



Dumfries and Galloway
Integration Joint Board

20th January 2022

This Report relates to
Item 6 on the Agenda

Action for Children Options Appraisal Report

(Paper presented by Lesley Gordon, Action for Children)

For Approval

Author:	Rose Watson, Action for Children Rose.Watson@actionforchildren.org.uk Lesley Gordon, Action for Children Lesley.Gordon@actionforchildren.org.uk
Approved for Submission by:	Julie White, Chief Officer julie.white2@nhs.scot
List of Background Papers:	Short Breaks Review – Acorn House Dumfries and Galloway. Independent Review by Action for Children, July 2019 2021 Acorn House - IJB Paper.docx
Appendices:	<ul style="list-style-type: none"> • Appendix 1 Action for Children Options Appraisal Report Sub Appendices • Appendix A 'Independent Review of Acorn House by Action for Children'

	<ul style="list-style-type: none"> • Appendix B ‘Lists of Stakeholders’ • Appendix C ‘The Gunning Principles – A Guide to Engagement by the Local Government Association’ • Appendix D ‘IJB Briefing Paper: Independent Review of Short Breaks for Children – Timeline for Option Appraisal’ • Appendix E ‘Online Survey’ • Appendix F ‘Online Survey Raw Feedback Data’ • Appendix G.1 ‘Online Survey Results Analysis - Graphic 1’ • Appendix G2 ‘Online Survey Results Analysis - Graphic 2’ • Appendix H ‘List of Service Solution Proposals and Key Considerations’ • Appendix I ‘SWOT Analysis Results’ • Appendix J ‘Final Three Options and Key Considerations’
--	---

Direction Required to Council, Health Board or Both	If the report content has been the subject of a previous direction please provide the title and reference number of Direction:	
	Title	Reference Number
	Direction to:	
	1. No Direction Required	
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
4. Dumfries and Galloway Council and NHS Dumfries and Galloway		

1.	Introduction
1.1	<p>The Report highlights the options appraisal process commissioned by the Integration Joint Board to be carried out by Action for Children. The options appraisal process aims to determine which model of residential short breaks and support services will best meet the needs of children and young people with complex disabilities and/or profound health care needs and challenging behaviour in the region. This report outlines how different service options were explored, developed, considered and comparatively evaluated alongside key stakeholders, assessing their potential contribution to previous made recommendations and established criteria for the service.</p>
1.2	<p>Acorn House is the service which currently provides residential short breaks and support to children and young people (up to 18 years old) with complex disabilities and/or profound health care needs and challenging behaviour, and their families/carers. It is the only provider of residential short breaks for children and young people in the local authority. NHS Dumfries and Galloway manage this facility in partnership with Dumfries and Galloway Council. Health Care staff delivery the service following a nurse-led model. Twenty six children currently access this service. It is equipped with 10 single occupancy bedrooms, an interactive sensory room and a large secure garden with a play area.</p>
1.3	<p>Prior to the options appraisal process, the IJB commissioned Action for Children to conduct an independent review of Acorn House¹. The report was to determine:</p>

¹ See Appendix 1 ‘Independent Review of Acorn House by Action for Children’

- 1) Whether the current service appropriately meets the needs of the target group across Dumfries and Galloway, or
- 2) Whether other models of short break provision would be beneficial and provide best value in terms of service user experience and outcomes and maximise the use of NHS Board and Dumfries and Galloway Council resources. The review report's findings and recommendations informed the options appraisal process detailed herein.

2. Recommendations

2.1 The Integration Joint Board is asked to:

- **Approve that a consultation process is carried out identify a preferred option from the 3 options put forward by this report.**

3. Background and Main Report

3.1 Review of existing service (exploring the status quo)

In preparation for the options appraisal process, Action for Children conducted the independent review of the existing service (Acorn House)². To do this we consulted with key stakeholders best placed to advocate for the interests and views of children and young people with complex disabilities and/or profound health care needs and challenging behaviour in the region.

Key stakeholders included parents/carers who currently or have previously used Acorn House services, as well as Acorn House staff, key partner professionals, and families/carers who are otherwise eligible to access this service. We consulted with 20 parents/carers, 8 Acorn House staff members and 20 key professionals at 1:1 and group sessions.

Our consultation and following options appraisal processes were guided by the Gunning Principles which provided a strong legal foundation for the process, these are:

- 1) Proposals still at a formative stage
- 2) Sufficient information to give 'intelligent conversation'
- 3) Adequate time for consideration and response
- 4) 'Conscientious consideration' to consultation responses before a decision is made³.

In our independent review report we outlined our findings from these meetings and made a series of recommendations for future service provision:

- Continue a Health and Social Care Partnership via social care-led service.
- An outcome focused service placing young people at the centre.
- Flexibility around support offered and creating choice for young people
- Create a more nurturing space, reflective of a 'home from home'.
- A multiagency approach, working with social, education and health partners.
- Sufficient staff and with the capacity to meet diverse needs.
- Clear eligibility criteria, referrals, and admissions process.

² See Appendix 1 'Independent Review of Acorn House by Action for Children'

³ See Appendix 3 'The Gunning Principles – A Guide to Engagement by the Local Government Association'

- Independent regulation to drive high-quality standards of care and support.

3.2 Beginning of appraisal process

The report outlining Action for Children's findings was presented to the IJB on the 25th September 2019. The IJB approved the recommendations outlined within the report agreeing to commission Action for Children to conduct an options appraisal process (reported on herein) based on the recommendations to ensure the needs of children and young people with complex disabilities are best met. The specification of the options appraisal process is set out in the briefing paper 'Independent Review of Short Breaks for Children – Timeline for Options Appraisal presented by Julie White, Chief Officer to the IJB on the 6th December 2019.

The IJB set the following objectives for the options appraisal process:

- Assess what models of social care and short break provision would more effectively meet the needs of children and young people with complex disabilities and/or complex profound health needs and challenging behaviour in Dumfries and Galloway.
- Develop a value for money solution that delivers the independent review recommendations.
- Discuss the shortlisted options during the consultation with service users, families, carers and staff.
- Identify service delivery options and score each.
- Provide a list of options to IJB, outlining preferred options.

Based on the independent review report recommendations and IJB objectives for the process, we developed the following criteria for the options:

- **Person Centeredness:** individualised approach to create a nurturing space (home from home) to meet individual needs, positive outcomes, and increase independence,
- **Accessibility:** access to support for all districts in region
- **Equality:** support for all children and young people with a full range of disabilities and health needs
- **Sustainability:** a sustainable service model that creates sustainable outcomes (success factors: sustainable staffing, geography, infrastructure)
- **Best Value:** a value for money solution that meets the review recommendations

3.3 Solutions exploration

In consultation with key stakeholders, we explored varying solutions to meet the review recommendations and criteria.

We engaged our stakeholders through discussion groups which we held face-to-face as well as online via Microsoft Teams video calls. We held 16 discussion groups with a total of 41 stakeholders attending.

We noted that families who attended our discussion groups tended to be families who have used or currently use Acorn House services and that it was a challenge to engage the wider public with children with disabilities (also eligible for this type of support) in the process. To tackle this, we created an online survey⁴ to capture their

⁴ See Appendix 6 'Online Survey'

views. We received 69 survey responses⁵, capturing a wide spectrum of public opinion on what the service solution should look like.

Through these engagement exercises, we explored potential solutions to meet the recommendations and criteria for service provision. We also deepened our knowledge of barriers to and key considerations for developing a new service solution.

Solutions explored:

- After school support
- Evening support
- Overnight stays
- Weekend support
- Community-based outreach support using existing venues e.g. schools
- In-home support
- Residential holiday breaks
- Emergency crisis support
- Peer activity groups
- Holiday activity programmes
- Weekend activity programmes
- Personal assistance
- Out of education support
- Pre-school age support
- Open drop-in sessions
- Partnership approach – maximising staff capacity in terms of numbers and geographical coverage, meeting diversity of need through diversity of staff and organisation expertise
- Diverse & flexible support packages with flexible and tailored staffing models

Barriers/key considerations:

- **Cost** – SDS costing, who holds budget, hidden costs
- **Location** – geographical challenges of the region e.g. rurality
- **Self-Directed Support** – reliant on availability of support, capped
- **Care Inspectorate registration** – ensure highest standards of care
- **Multi-agency working** - joined up resources for holistic care, health and social care staff mix
- **Staffing barriers** – low numbers, low salary, challenging geography to cover
- **Education** – no dedicated provision, need for flexibility
- **Diversity of need** – challenge for one service to meet all needs

In exploring service solutions, the feedback we received was overwhelmingly in favour of a new service providing diverse and flexible services and involving staff from diverse professional backgrounds. This is demonstrated by the following data analysis graphics:

⁵ See Appendix 7 'Online Survey Raw Feedback Data'

Figure 1 'what type(s) of service would be beneficial for the families across the region', Appendix 8.1

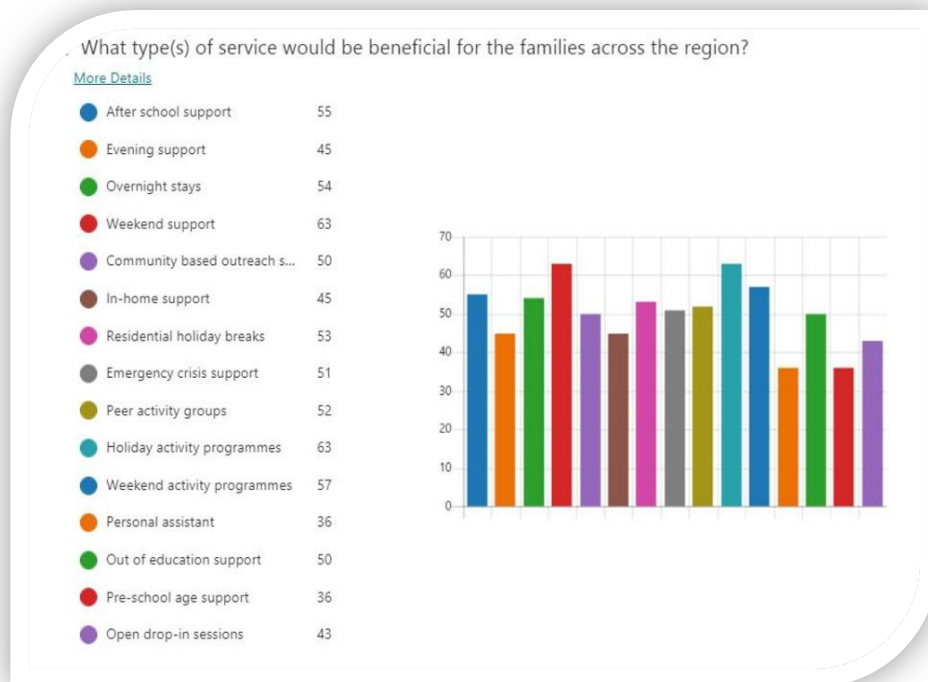
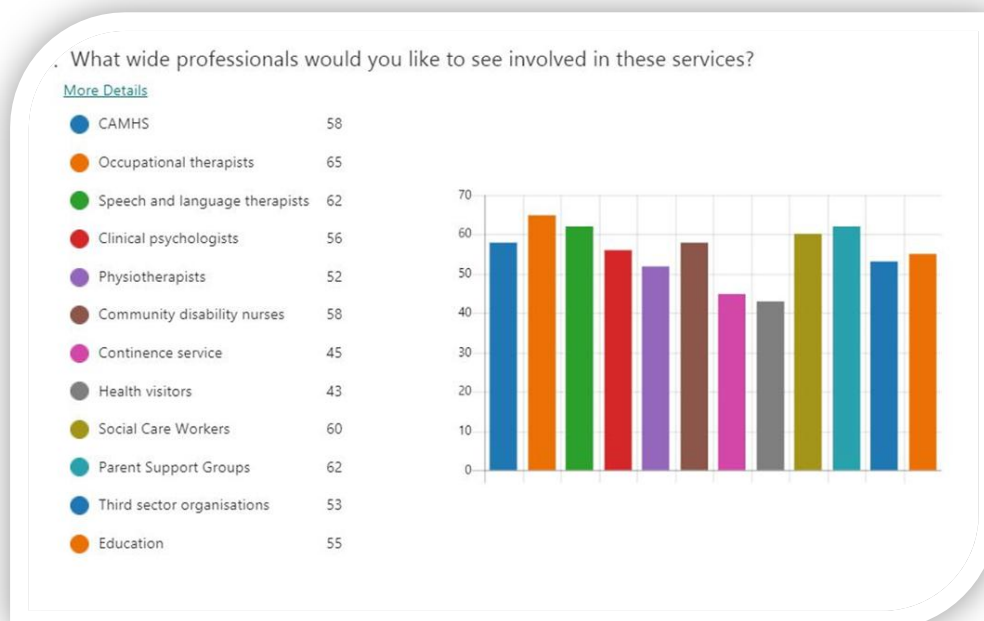


Figure 2 'What wide professionals would you like to see involved in these services', Appendix 8.2



3.4 Solution proposals development

We developed service solution proposals by following a participatory service modelling approach, with service design led by our stakeholders, with Action for Children taking a facilitator role. We held a group session with our now steady and balanced group of key stakeholders, and we supported them in developing service model proposals to meet the brief (recommendations and criteria).

Our balanced group of stakeholders included 2 parents of children with complex disabilities and/or profound health care needs and challenging behaviour, and 4 key professionals.

All stakeholders had an opportunity to familiarise themselves with the independent review report prior to this session. At the beginning of the session, we delivered a presentation and question and answer session on:

- Options appraisal process – aim and objectives, methodology, step-by-step process
- Summary of feedback gathered from the online survey
- Summary of the feedback gathered from discussion groups

This gave our stakeholders the information required to give intelligent consideration to this session's task of developing solutions.

Action for Children professionals then facilitated a workshop with a clear objective for our stakeholders: to 1. create service solution proposals that meet recommendations and criteria; as well as 2. note key considerations for each of these.

At the workshop, we supported stakeholders in developing a list of service solution proposals to bring forward. The group decided to bring all possibilities forward to the formal evaluation stage, including those unlikely to be favoured, e.g. Proposal 1: Continuation of the existing service with no changes and Proposal 11: Cease to provide overnight residential short breaks and offer alternative diverse services.

Please see the list of service solution proposals and relative key considerations which we brought forward to the formal evaluation stage attached in Appendix 9.

3.5 **Options Appraisal**

At the beginning of the options appraisal/evaluation stage of the process, we had a list of 11 proposals⁶ to evaluate, developed by our balanced group of stakeholders.

We then held 2 stakeholder meetings to evaluate the final list of proposals and reflect on the results of this evaluation.

3.6 **Methodology**

Options appraisal stakeholder meeting 1

We held the first meeting with our stakeholders on the 25 June 2021. We again followed a participatory stakeholder-led approach, with Action for Children taking a facilitator role. In this meeting, our stakeholders evaluated their list of proposals by carrying out a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.

As the group of stakeholders was the same as at the previous session, the participants had had adequate time to digest all the information around the options appraisal process and the feedback gathered so far. At the beginning of the

⁶ See Appendix 9 'List of Service Solution Proposals and Key Considerations'

session, we reviewed with stakeholders:

- the options appraisal process – where we are now, what the next steps are
- the list of proposals - reviewing the key considerations for each proposal, as well as the recommendations and criteria
- SWOT analysis – what is it, why we are using this tool, how to do it

We asked stakeholders to carry out the SWOT analysis individually, following as a rationale the key considerations for each proposal, and the recommendations and criteria for service provision.

Stakeholders then ranked each proposal, having reflected on their SWOT analysis, from 1-10 (1 most favourable – 10 least favourable). An average of scores was taken and determined the order of the proposals from 1-10⁷.

Following this exercise, we held a group discussion about the average results and reached consensus on the order of the proposals.

Options appraisal stakeholder meeting 2

We held a reflection session with stakeholders on 8 September 2021. This session aimed to check in with stakeholders after giving them time to digest the learning from the first session and ensure that all stakeholders agree with the 3 final options⁸ to present to the IJB.

3.7 Findings and Discussion

In working through the 11 proposals to arrive at a final 3, stakeholders' discussion centred around the following considerations:

- **Diversity of support** – need for overnight residential short breaks, outreach, weekend, summer holidays, after-school, etc.
- **Funding** – marrying a need for diverse flexible services with agreed budget
- **Flexibility** – importance of meeting diverse needs and reaching families across the whole region – admission times, short notice requests, etc.
- **Accessibility** – where the service should be based (single/multiple locations), transport for families, geographically diverse local authority (e.g. urban, rural areas)
- **Referral pathways** – setting clear eligibility criteria and clear referral pathways
- **Staffing** – challenge of recruiting staff in the region, background and training of staff, required balance of social care and health care staff
- **Multi-agency working** – joined up resources to provide holistic support
- **Care Inspectorate registration** – to ensure the highest standards of care
- **Self-directed support (SDS)** – anxiety around the inclusion of SDS, which can offer an increase in choice but only if there are services that meet your needs available to purchase. Challenges around staffing and service resources in the region make it difficult to purchase services.

The group's top 3 proposals⁹ (average 'most favoured') were:

⁷ See Appendix 10 'SWOT Analysis Results'

⁸ See Appendix 11 'Final Three Options and Key Considerations'

⁹ See Appendix 11 'Final Three Options and Key Considerations'

Proposal 6 (average ranking 2.8):

- Retain existing building but introduce a social care-led model of support.
- Service managed and coordinated by a Health and Social Care Partnership.
- Re-balance overnight residential short breaks and add alternative, flexible and diverse support after school and/or at weekends.
- Flexibility and diversity in types of support within the same service, e.g. group work, intensive support and therapeutic sessions.

Proposal 7 (average ranking 3.8):

- Retain the existing building but introduce a social care-led model of support.
- Service managed and coordinated by one provider.
- Make use of two separate areas in existing building for: 1. Overnight short breaks 2. Longer-term residential care/crisis support.
- Seek an additional base to act as a hub for providing additional, flexible and diverse day-time services, e.g. outreach support, group work, drop-in sessions, afterschool and weekend sessions.

Proposal 8 (average ranking 3.8):

- Retain the existing building but introduce a social care-led model of support.
- Service managed and coordinated by a Health and Social Care Partnership.
- Make use of two separate areas in existing building for: 1. Overnight short breaks 2. Longer-term residential care/crisis support.
- Seek an additional base to act as a hub for providing additional, flexible and diverse day-time services, e.g. outreach support, group work, drop-in sessions, afterschool and weekend sessions
-

The group's bottom 3 proposals (average 'least favoured') were:

Proposal 1 (average ranking 9):

- Continue to provide the existing service at Acorn House with no changes.
- Service managed and coordinated by one provider.
- Meeting the needs of children with physical health care needs, learning disabilities and complex care on an overnight residential basis only.

Proposal 4 (average ranking 7.6):

- Retain the existing building and environment but introduce a social care-led model of support.
- Service managed and coordinated by one provider.
- Providing short breaks on an overnight residential basis only.

Proposal 11 (average ranking 9.6)

- Cease to offer overnight residential short breaks
- Offer alternative, flexible and diverse support after school and/or at weekends.
- Service managed and coordinated by a social care partnership.

The group discussed these results during *options appraisal meeting 1* and agreed to discount the 3 average least favoured proposals and move forward with the top 3 proposals.

When reaching consensus on the order of the proposals, the importance of the language used to describe the proposals was highlighted by the group. For example, the original use of the term 'reduced capacity' caused confusion when referring to reducing the capacity of bed nights of the existing service. There were fears that this would impact families and their children that use the service currently. Through group discussion, we attempted to allay these fears. We clarified what was meant by 'reduced capacity' in balance with the current service allocation. The language used in the proposals in question was changed to 'Re-balance' which was felt to be more appropriate.

Following discussion, stakeholders that favoured a proposal that received a least favoured average score e.g. proposal 1 (or least favoured a proposal that received a most favoured average score e.g. proposal 7) agreed with the group consensus. Stakeholders emphasised at this stage of the discussion, the need now for the IJB to commit fully to delivering on the final proposal.

During *options appraisal meeting 2*, the group reviewed the results and reflected further. The group approved the final 3 options going forward to the IJB alongside the following statement co-written by themselves:

Any recommendations about how the service is commissioned in the future need to acknowledge concerns around the current climate particularly in light of the recent Feeley report and recommendations, consultation around the National Care Service and the current situation of recruitment and retention of staff within social care.

There were some concerns raised that a complete shift to a social care model could result in difficulties in recruitment which would impact negatively on the service and that a complete move away from non-NHS staff would leave gaps in service provision and families without access to the correct support for their children whilst providing positive outcomes around respite.

Any new social care-led service needs to continue to incorporate the NHS and suggestions were made that the service should be managed by the Health and Social Care Partnership under the remit of the Integration Joint Board moving away from the current situation of being managed under the Women, Children and Sexual Health Services Directorate, within NHS Dumfries and Galloway.

A shift to a social care-led model should not be seen as a cheaper option and staff would need to be remunerated at a reflective level (not just the national living wage), supported and valued from the outset to ensure that the new service is viewed as an attractive, successful place to work. The recruitment and retention of the correct staff should be high priority in the development of the new model.

3.8 **Commentary**

The results of the SWOT analysis exercise were in line with what Action for Children facilitators expected. They aligned with the overarching views that we gathered over the course of the consultation process (both in the initial

independent review of the existing service and in the options appraisal process), namely:

- Change to the existing service was desired
- A new service should provide diverse types of support
- A new service should be flexible

In carrying out the options appraisal, we noted that our stakeholders do want to see change but that ‘*drastic*’ change was unwelcome. The proposal to cut overnight residential support was discounted, as was the proposal to maintain the status quo. Rather, our stakeholders favoured the proposals that offered moderate change to the existing service.

4. Conclusions

4.1 The options appraisal process revealed that a wide spectrum of stakeholders was in favour of a new service providing diverse and flexible services delivered by staff from diverse professional backgrounds through a multi-agency service approach. Our group of key stakeholders support the new service being managed by a mix of social care and health care professionals through e.g. a Health and Social Care Partnership.

The final 3 service proposals¹⁰ submitted herein to the IJB reflect these views and should be consulted alongside the key considerations detailed in this report, namely the need for: diversity of support, flexibility, accessibility, clear referral pathways, well remunerated staff with the right skills and training, multi-agency working, and Care Inspectorate registration.

The options appraisal process went smoothly despite the barriers we came up against. Barriers included the Covid-19 pandemic, the difficulty in engaging with the wider community of families with children with disabilities and with stakeholder communities in the west of the region. We overcame Covid-19 related barriers by moving our work online using video call platforms, which was subsequently an effective way of working. If we were to start the process again, we would have carried out the online survey (which was the most effective way to engage with the wider community) at a slightly earlier stage in the process, alongside the online and face-to-face discussion groups.

The next steps for the IJB are to approve that a consultation process is undertaken to identify a preferred option from the 3 options put forward by this report.

5. Resource Implications

5.1 As this options appraisal has been carried out independently Action for Children are unable to provide information on resource implications

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 The content of this Report is in line with the following National Health and Wellbeing Outcomes:

Outcome 3 – People who use health and social care services have positive experiences of those services, and have their dignity respected.

¹⁰ See Appendix 11 ‘Final Three Options and Key Considerations’

Outcome 4 – Health and social care services are centred on helping to maintain and improve the quality of life of people who use those services
 Outcome 5 – Health and social care services contribute to reducing health inequalities
 Outcome 7 – People who use health and social care services are safe from harm
 Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services.

7. Legal and Risk Implications

7.1 Action for Children are unable to comment on any potential legal issues / risks.

8. Consultation

8.1 As outlined within the content of the Report and appendices.

9. Equality and Human Rights Impact Assessment

9.1 As this Report does not propose a definitive option an EQIA is not required option at this time.

10. Glossary

EQIA	Equalities Impact Assessment
IJB	Integration Joint Board
SDS	Self Directed Support

Dumfries and Galloway Integration Joint Board



DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	<i>Reference Number will be added once the direction is formally logged</i>
2.	Date Direction Issued by Integration Joint Board	<i>Date of the IJB Meeting which issued the Direction</i>
3.	Date from which Direction takes effect	<i>Date which is confirmed by the IJB</i>
4.	Direction to	<p><i>This can be either:</i></p> <ul style="list-style-type: none"> • <i>NHS Dumfries and Galloway</i> • <i>Dumfries and Galloway Council</i> • <i>Both</i>
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	<i>This information is required to provide context to the subject of the Direction</i>
6.	Functions covered by Direction	<i>List of all the functions/services to which the Direction relates e.g. Occupational Therapy, Mental Health</i>
7.	Full text of Direction	<i>Outline what you are asking the authorities to carry out</i>
8.	Budget allocated by Integration Joint Board to carry out Direction	<i>Financial information must be provided and will be the resource allocated to NHS DG, DG Council or both to carry out the Direction. Where the direction relates to multiple functions the financial allocation for each function needs to be specified. The Direction should also outline any savings to be made.</i>
9.	Desired Outcomes	<i>Detail what the Direction is intended to achieve. Ensure this is linked to the Strategic Commissioning Plan, the National Health and Wellbeing Outcomes and any other relevant information.</i>
10.	Performance Monitoring Arrangements	<i>Directions will be reported to the relevant IJB Committee on a 6</i>

		<i>monthly basis.</i> <i>An annual report of all current Directions will be presented to the IJB</i>
11.	Date Direction will be Reviewed	<i>Date no more than 1 year in advance</i>