

Developing and improving the respite and day care services at

Orchard View
Ham Green
North Somerset

Public consultation
12 May - 31 July 2008

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1 Foreword

Our aim is a first class respite and day care service for the existing service users and carers at Orchard View.

A service that will ensure:

1. That the needs of the individual user at Orchard View and their carers are met
2. That the respite services offered meet the quality required by the Commission for Social Care Inspection, now and in the future
3. That respite care is individually tailored and provided for the service user and the carer.

This consultation document was drawn up by the Orchard View Project Board and Reference Group, over half of whose members come from outside the NHS.

This consultation document has been produced following two and a half years of work by Bristol, South Gloucestershire and North Somerset Primary Care Trusts (PCT) and North Bristol NHS Trust (NBT), with service users, carers, staff, the three Local Authorities and other stakeholders of Orchard View.

Our Aims

We want to ensure:

- Service users have their respite and day care for as long as they need it
- Service users are supported to exercise independence
- Service users have choice and flexibility
- Carers are well supported
- Services are of the highest quality.

2 What this consultation is about

This consultation is about the future of respite and day care services currently provided for patients at Orchard View.

Keeping the service exactly as it is now is not an option since:

- It does not meet the requirement to offer service users and carers a choice of service and location
- The facility is not fit for its purpose and would not meet its registration requirements in its current condition.

The review has identified three options for consultation. The challenge is to make sure that within existing resources, respite and day care service users continue to have their needs met in a way that demonstrates an improvement in their experience.

The NHS needs to decide how best to provide these services - whether this is on the Orchard View site or using a different approach.

The local NHS has given a guarantee to all of the current Orchard View service users that they will be offered the existing level of respite care, (that is the same amount currently received) for as long as they need it. This consultation will decide what sort of service should be provided under that guarantee.

The options are:

- Provide a choice of respite and day care for people to use (with or without additional help from a brokerage service)
- Redevelop Orchard View to provide a service that meets people's current needs and provides a modern, high quality service
- Identify other units that meet the required standards to provide the services currently offered at Orchard View.

See page 8 for details of options.

3 Orchard View

Orchard View was built in the 1970s in the grounds of the Ham Green Hospital, Pill. It originally provided 22 inpatient beds for the care and rehabilitation of young adults with physical disabilities. It was led by a hospital consultant.

Over the years, services have been concentrated elsewhere (at Frenchay and Southmead Hospitals). The service has developed into a nurse-led residential and day care respite service with up to 16 beds. There is no medical consultant at this unit. There are no other NHS services on this site. The former hospital site has been redeveloped with residential housing, commercial premises and a care home operated by a not-for-profit organisation.

There are currently 99 registered service users of Orchard View, receiving a mix of day-care and residential care that ranges from one week a year to a maximum of eight weeks a year.

The unit has a combination of single rooms, double rooms and four-bed rooms. Most share a bathroom and toilet facilities. The building is in need of significant upgrading

and modernisation. Recreational facilities are limited and there is no activity co-ordinator or activity programme. Service users do go to local community amenities such as the local pub and shops.

Orchard View does not meet all the modern standards for residential respite care set down by the Commission for Social Care Inspection. (These cover for example, choice of home, individual needs and choices, lifestyle, personal and healthcare support, concerns, complaints and protection, environment, staffing, conduct and management of the home).

North Bristol NHS Trust, which runs the unit, has been advised that it is likely the services provided at Orchard View can be registered by the Commission for Social Care Inspection, on the basis it is operating as a care home providing respite care. Therefore doing nothing is not an option.

A significant proportion of the current service users have been attending the unit for several years. The service, and particularly the staff, are highly regarded and valued by carers and service users.

4 Developments in respite care

In recent years respite care has been changing both nationally and locally. Nationally, respite services are moving towards more creative flexible arrangements controlled mainly by service users and carers.

Service users can choose the location and type of facility. Offering flexibility and a range of services is seen to make the most of the benefits of respite care and help carers to continue to provide care at home. Such an approach also allows for a change of respite service over time as the carer's or user's needs change.

The National Service Framework for Long Term Conditions (Department of Health, 2005) promotes choice of accommodation (quality requirement 8) and support for carers (10).

It says:

"People need to be offered a range of accommodation options".

These can include:

- Reliable, flexible, short or long term care in the person's home to meet their needs.
- Appropriate respite care at home or in specialist settings. Respite care is a key factor in enabling care to be provided at home over a long period."

It adds:

"Carers of people with long term conditions are to have access to appropriate support and services that recognise their needs both in their role as carer and in their own right"

This includes:

- Providing regular breaks at short notice during emergencies when the usual care arrangements have broken down.
- The support offered during these breaks needs to be flexible and able to meet the needs of people with long term conditions, including highly dependent people.
- The service also needs to be available across a range of settings on a long term or short term.

Locally councils in the Bristol and surrounding areas, offer respite care services to meet the user's needs and provide choice and independence wherever possible. The NHS is required to provide respite care for those who have health needs and meet the continuing healthcare criteria. Locally choice has been limited by the investment in Orchard View, the only facility of its kind.

To provide modern services the NHS has a responsibility to regularly review its services and ensure current investment is used in the most effective way.

The local NHS believes that in making decisions about future respite services, it should apply the following tests and criteria to ensure that:

- Services offer as much choice as possible, providing service users and carers with the flexibility to choose a respite service which best meets their needs
- Services offer the most support possible for carers
- Services provide opportunities to enable service users to be independent
- Services complement other respite care services locally
- Services can respond to the choices exercised by service users without undermining their viability
- Services comply with the standards required by the relevant regulatory authorities
- Services are sustainable into the future
- Service changes should minimise disruption for existing service users
- Services offer value for money and are affordable by the NHS.

5 What have we done so far and what's next?

We want to tell you about the work so far and how the proposals in this document have been reached.

Following initial engagement in 2004, a steering group was set up to co-ordinate and continue the public engagement process. In January 2006, independent consultants were appointed to support service users and carers, staff and other stakeholders to be involved and obtain their views. Research into best practice for respite care was completed in March 2006.

The purpose and mechanics of the engagement process were discussed at two carer's network meetings and the South Gloucestershire and North Somerset physical impairments boards. Briefings were sent to the patient and public involvement forums and the overview and scrutiny committees. Letters were sent to all the local MPs.

During this engagement, the independent consultants invited service users and carers to contribute their views through participation in focus group meetings or by completing a questionnaire. Some did both.

The independent consultants also held two focus groups with Orchard View staff and a specialist team working with disabled people in the community. The GP who provides medical cover for the unit and a consultant neurologist also contributed.

Questionnaires were also sent to all GP practices in Bristol, South Gloucestershire

and North Somerset. Other focus groups were held with carers and service users at "Paul's Place", a voluntary day service provider in South Gloucestershire.

In March 2006, North Bristol NHS Trust (NBT), the current provider, outlined its position: "It is the Trust's view that there must be a careful review of appropriate sources of provision. It is likely that as an acute trust NBT would **not** be a major source of care within the new model."

The overall outcome of this engagement confirmed:

- There should be a range of options for the younger person with physical impairments and their carers to give choices between services, support independence and meet the needs of people with different levels of impairment
- Equitable and fair access should be improved
- Respite services should be carer and user led and service users and carers should be involved in developing plans for the service and taking these forward
- The link between respite services, intermediate care and community care should be strengthened between the PCTs and the local authority.
- Younger people with physical

impairments should have access to a range of social activities and interaction with people of their own age.

In July 2006, a project manager was appointed to take considering the future for Orchard View to the next stage. A project board and reference group were set up. Both have met monthly since September 2006, working towards recommendations to the NHS boards to meet the PCTs commitment to the service users and carers at Orchard View. A number of options have been identified and investigated. This consultation document reflects the outcome of this work and describes the options put forward for consultation, in greater detail.

The local NHS Boards have the responsibility for the final decision. However, we all agree that these decisions will be better if they are informed by the views of the stakeholders.

We look forward to hearing your views on the options in this consultation document.

Who is on the project board?

The Orchard View project board is chaired by Roger Pedley, Kingswood locality director, South Gloucestershire PCT and includes the following organisations and interests:

- South Gloucestershire PCT
- Bristol PCT
- North Somerset PCT
- South Gloucestershire Local Authority
- North Somerset Local Authority
- Bristol Local Authority
- North Bristol NHS Trust
- Service users and carers (reference group)
- Project manager

The Orchard View reference group is chaired by Margaret Blackmore, an Orchard View carer, and includes:

- Service users of Orchard View
- Carers of Orchard View
- Easton in Gordano Parish Council
- Chair of Orchard View Friends
- Orchard View councillor
- Patient and public involvement forums
- Orchard View staff
- Project manager.

6 Options for consultation

Having explored several options the project board, reference group and the Joint Health Scrutiny Committee have agreed that three options should be examined in greater detail before a decision is reached by the NHS boards. Doing nothing is not an option. The options are:

Option A

Respite and day care choice

This option involves a respite and day care service that is commissioned by the primary care trusts from selected providers to meet the existing health care needs for the current Orchard View service users.

Specialist respite care is provided by organisations that focus on the care of the person with disabilities, some providing long term care as well as respite. They are equipped to offer the person with disabilities a full range of care that includes activities and involvement in their day-to-day care, encouraging independence and social integration. This service can be provided locally. It can offer care appropriate to a person's age. An example of this type of care is offered by Leonard Cheshire Homes. Service users could receive all of their respite care at one site on a regular basis or possibly rotate around a selection of options.

Providers in our area have expressed

interest in offering these services.

Nursing home provision can be commissioned locally. This service is not popular with the younger service users of Orchard View though it has been tried and tested successfully with older service users.

To support service users and carers in choosing the most appropriate care, the NHS could arrange a "brokerage" service.

Using this approach, the user's needs are assessed. Service users and carers are then helped by a broker to devise their own care and support plan within an allocated budget. The broker will then make all of the necessary arrangements if required, or the user may choose to do this him or herself.

Carers tell us that having the responsibility of arranging respite care can sometimes add to their stress of caring, almost as much as the respite is meant to relieve it. Service users tell us they would prefer flexibility and choice. A brokerage scheme can meet both of these requirements.

Brokerage can provide flexibility and choice and could include many of the options put forward by the individual Orchard View service users. It increases independence and user involvement without adding to carers' stress, whilst allowing service users to identify services and facilities that appeal to them as individuals. It is not limited to NHS services and facilities. It can help the

continuance of friendships by accommodating group bookings and reflect the individual's abilities and activity requirements. It should reduce stress on carers as arrangements are made for them and the user is attending a facility they have chosen themselves.

Financial illustration

A week at Orchard View costs £1400. Brokerage would cost between £500-700 per person per year during the intensive start up period. As service users confirm and establish a pattern of use the cost would reduce significantly. The PCTs may be able to provide this service more cost effectively through their own care teams. So if brokerage was used, it represents a small overhead cost compared to the amount available to pay for the breaks themselves.

Orchard View would close as the current service users would be receiving their care elsewhere and the funding for Orchard View would be used for the new services.

Organisations that have already provided brokerage services have expressed interest in this proposal. Initial costings have confirmed that this scheme is affordable within the existing budget for Orchard View. There are also examples locally of similar schemes provided by local authorities and voluntary organisations.

This option is considered affordable and deliverable.

Case illustration

Mr W currently attends Orchard View eight weeks per year. He meets with the broker and agrees he wants to spend five weeks a year at a local respite facility, one week with support to visit his family elsewhere in the country and two weeks at a specialist holiday provision. The broker identifies the services required, the costs and the required dates. With Mr W's agreement the breaks are confirmed and paid for. At regular intervals the broker will review Mr W's requirements and make changes as requested. The broker will be held accountable to the commissioning PCT in order to maintain patient safety and satisfaction.

Considerations

1. This option would improve choice and allows service users to change placements
2. Carers would require support to ensure no further unwanted responsibility is placed on them
3. Quality standards would be met
4. Some placements would be closer to home
5. Some placements can be further away if preferred
6. Some placements may be in nursing homes
7. Orchard View staff would have to be deployed elsewhere in the NHS
8. A suitable brokerage service would have to be identified.

Option B

Redevelop Orchard View

This is a refurbishment or rebuild of the Orchard View site to provide an enhanced service, meet registration standards and provide a modern respite care model of service. A provider (most likely outside of the NHS) would need to be found and services would be purchased by the NHS on behalf of the service users.

The existing facilities at Orchard View do not comply with the requirements for registration by the Commission for Social Care Inspection. This is because the unit does not meet quality requirements, for example, single rooms with en-suite facilities or provide the elements of social care required, for example, regular activity programmes.

The existing site at Orchard View would require significant improvements to meet the standards required for a provider (NHS, private or "not for profit") to obtain the necessary registration.

A quote commissioned by North Bristol NHS Trust showed that for Orchard View to meet registration standards, refurbishment would cost more than an estimated £700,000. This excludes the revenue cost of any additional social services that would be required.

While the refurbishment or rebuild is being carried out, (approximately 18 months) alternative arrangements might have to be made for all of the current service users.

A number of statutory, private and voluntary sector providers have been approached with the details of such a redevelopment.

They include:

NHS Acute Trusts	United Bristol Healthcare NHS Trust, Weston and North Bristol NHS Trust
PCTs	North Somerset, Bristol, South Gloucestershire
Private/Voluntary Sector	Leonard Cheshire Homes, St Monica's, Four Seasons, BUPA Beds and Aspects and Milestones
Local Authorities	South Gloucestershire, North Somerset, Bristol.

Written feedback and further discussions with alternative providers have as yet failed to identify any concrete interest. The reasons they give for this include:

- Site development costs that would need to be recovered through the price of the service. This would make the service significantly higher in cost than the existing market price for comparable residential or nursing home care.
- 12 beds would be required to meet the current need at Orchard View. To be viable, current providers expect to operate a minimum of 30 beds per site.
- Providers have indicated that the costs of providing a service within a redeveloped building would be prohibitive.
- The unit would have to be closed temporarily to accommodate the changes and staff would have to be redeployed.

- Service users would have to be accommodated elsewhere temporarily for up to two years.

However, there may be providers interested in developing new services (for example for nursing home care) alongside respite care on the site.

Potential providers may be interested in purchasing the land at Orchard View though they may not consider refurbishment a viable option. They would need to be able to identify potential service users (and income) for any new services.

Currently there are no additional services planned by North Somerset Primary Care Trust or North Somerset Adult Social Services that could be accommodated at Orchard View.

Financial illustration

Independent providers have told us that in order to recover the cost of such a development their weekly rates are likely to exceed £1600 per person per week. At this rate they are unlikely to attract other business and therefore the viability of the service would be threatened. Orchard View costs £1400 per person per week.

Case illustration

Mrs J currently attends Orchard View for four weeks per year. Whilst the site is under development alternative respite care arrangements are made, (18 – 24 months) Mrs J is then offered four weeks per year at the new facility.

In terms of the model of care the reference group supports this option as a means of maintaining a respite service at Orchard View and maintaining a service that is generally well regarded by its service users and carers.

Despite significant investigation an alternative provider to develop the site has not been identified to take this option forward. In the absence of a willing provider able to produce a viable and affordable plan, the NHS cannot see a way of delivering this option.

Considerations

1. The option would not improve choice of venue or type of service for service users and continues a more institutional model of care
2. The option may provide a service in a familiar location with existing staff and personal relationships
3. Quality standards could be met
4. It requires a provider who would invest in the current building or a new build. No provider has been identified
5. It would require additional services (residential/nursing home) to be located in the building to make it viable
6. It may require service users having temporary alternative placements, some of them may not return
7. The number of service users is likely to decline as the needs of current service users change
8. A redeveloped service may attract new service users funded privately or by direct budgets
9. Staff would have to agree to transfer to a new provider or be redeployed elsewhere in the NHS.

Option C

Identify other units for respite and day care

This option involves a respite and day care service that is commissioned from a provider to meet the existing service provision for the current Orchard View service users. Twelve beds would be required in the first instance. Beds would be purchased from either a specialist disability or nursing home. This is a straight alternative to Orchard View.

Specialist respite care is care provided by organisations that focus on the care of the disabled adult, some providing long term care as well as respite; they are equipped to offer the disabled person a full range of care that includes activities and involvement in their day to day care, encouraging independence and social integration.

Nursing home provision can be commissioned locally. This service is not popular with the younger service users of Orchard View though it has been tried and tested successfully with older service users. This is the option provided for service users of the former Clara Jefferies unit at Keynsham Hospital, which provided a similar but smaller service than Orchard View. It has limitations in terms of flexibility and reduces user's choice.

It may enable small groups of friends to continue if they wanted their respite at the same time.

This option is affordable, deliverable and has been tested.

Financial illustration

Current market rates for this type of care range between £500 - 1200 per week according to the individual's care needs. Orchard View currently costs £1400 per person per week regardless of their required level of care.

Case illustration

Miss B currently attends Orchard View for four weeks respite care and one day a week for day care. Miss B chooses a specific facility from a limited selection that caters for her needs and receives all of her day care and respite from the same place.

Considerations

1. This option would not improve choice for service users but would maintain the current model of care
2. Quality standards would be met and improved
3. It would require a provider who can meet the needs of service users and will accept contracts for a small number of beds annually
4. It could mean placements closer to home or farther away
5. Orchard View staff would be redeployed elsewhere in the NHS
6. It may maintain small groups of friends.

7 Which option do you prefer?

The project board agree that Option A offers the best outcome for the service users of Orchard View and provides an opportunity for primary care trusts to improve NHS respite care, both in terms of daycare and respite breaks. It appears to best meet the criteria listed for effective modern respite care.

The reference group and the Joint Health Scrutiny Committee have been keen to fully explore the possibility of Option B. Clearly there are opportunities and risks in all of the options and this consultation seeks your views on the balance of these risks and opportunities.

Opportunities	Risks
A greater variety of placements to meet individual's needs	Availability of providers to offer relevant services
Better physical surroundings and equipment	Current building does not meet expected standards
People can change placements as needs/wishes change	Availability of a provider to continue to run the service
Commitment to maintain current levels of respite for service users	Income for a provider from the user group is reducing as the numbers of people in the service reduce
Established friendships may be maintained	Possible disruption to existing service users/carers

The public consultation will provide an opportunity for an informed discussion about the relative merits of each option. As well as hearing your comments we would very much appreciate you identifying your preference. Whilst the consultation process is not about scoring options it will help if we understand which options you are referring to. The following points may help you when you are thinking about your response to the consultation question:

Option A, B or C?

1. Have we got our aims and criteria right?
2. Which option is likely to provide the best quality of care?
3. Which option offers the user the most flexibility?
4. Which option offers the user the most choice?
5. Which option offers the user the most opportunity to maximise their independence and wellbeing?
6. Which option provides the most support for carers.

The criteria are to provide services that:

- Offer as much as possible, providing service users and carers with the flexibility to choose a respite service which best meets their needs
- Offer the most support possible for carers
- Provide opportunities to enable service users to be independent
- Complement other respite care services locally
- Respond to the choices exercised by service users without undermining services viability
- Comply with the standards required by the relevant regulatory authorities
- Are sustainable
- Changes should minimise disruption for existing service users
- Services offer value for money and are affordable to the primary care trusts.

We are keen to encourage people to think about these different issues before they express a preference between the options, before or during the period of public consultation.

On page 16 you will find details of the different ways you can make your views known.

The closing date for you to make your views known is:

31 July 2008

Seeking views during the public consultation

We will seek views from among those groups who are often under represented in public and specifically rely on respite care.

We will target the service users and carers at Orchard View and community groups with an interest in the client groups that require respite care.

The options for consultation were noted by the Local Authority Joint Health Scrutiny Committee in March 2008. Its members also received a copy of the final working draft of this document.

The final document was then approved by the four local relevant NHS boards and the Strategic Health Authority.

8 What happens next?

During the consultation period, we will be distributing the consultation document to a comprehensive list of stakeholders and interested parties.

The project board will target scheduled meetings of interested groups, hold drop-in sessions for the service users and carers of Orchard View at the unit, collect video statements from the Orchard View service users for presentation at the Joint Health Scrutiny Committee, attend any meeting by invitation and arrange visits to some of the services under discussion in this document.

A public meeting will be arranged to be held at a venue in Bristol as this is geographically in the centre of the three PCT areas. The Joint Health Scrutiny Committee will hear evidence over the consultation period from invited speakers and this will include the staff of Orchard View.

Public consultation will finish on 31 July 2008.

A report from an appropriate external organisation will be commissioned to provide an independent report on the outcomes of the consultation. This report will be presented to the Local Authority Joint Health Scrutiny Committee and the four relevant NHS Boards.

The Orchard View Project Board and Reference Group will then discuss the outcomes of the consultation.

The four local NHS boards will then make the final decision on the development of the respite service for the current service users of Orchard View. These board meetings will be open to the public. It is anticipated that this decision will be made in October/November 2008.

9 Tell us what you think

We hope you will tell us what you think of the options and change to the respite care received by the current service users of Orchard View.

It would be helpful if you could think about the questions on page 13 and fill out the review feedback form (Appendix Two) at the end of this document.

You can write, phone or email us with your comments:

Bristol Health Services Plan
Freepost BS1 078
King Square House
King Square
Bristol
BS2 8EE

Telephone: **0800 015 5127**

email: **bhsp@bristolpct.nhs.uk**

Please also contact the above address if you need further information or information in a different format, eg. large print, another language or in Braille. We will do our best to enable you to participate in this consultation.

All responses may be made public, unless you ask us to keep them confidential. We will store and process your information in line with the Data Protection Act.

10 Frequently Asked Questions

Q. How much would it cost to bring Orchard View up to date?

A. An independent survey was carried out for North Bristol NHS Trust. In early 2007 the quote of £700,000 was received to update the building so that it would meet the Commission for Social Care Inspection standards.

Q. Have representations been made to various organisations to see if there is any interest in taking over Orchard View – and is there any evidence of this?

A. In early 2007 letters were sent to organisations inviting expressions of interest in refurbishing and or developing Orchard View's site and service. Letters were sent to the three local PCTs, three local authorities, three hospital trusts as well as Leonard Cheshire, Four Seasons, BUPA Beds and Aspects and Milestones. Exploratory discussions were held with Leonard Cheshire, Four Seasons and Aspects and Milestones.

The other organisations showed no interest and some did not respond at all. The correspondence was shared with the project board and reference group and with the JHSC. The outcome of this work was discussed in detail at the JHSC and further work to explore any other development opportunities is ongoing.

Q. What is Brokerage?

A. Brokerage is applying the individual allocation of a fixed financial amount to fund an identified respite service. The service is arranged and paid for by the

broker under the instruction of the patient. The service must meet the care needs of the individual and fulfill their respite requirements.

Q. What changes will the Continuing Healthcare Criteria (CHC) make?

A. CHC will not impact on the options put forward for consideration as the current service users of Orchard View have a guarantee from the PCTs that their current respite requirements will be met for as long as they need them.

Q. What other facilities are available?

A. There are nursing and residential facilities specifically registered to provide respite care. Charitable organisations also offer respite care. There are holiday centres that specifically cater for disabled people with nursing needs. Respite care can also be provided in the patient's own home. Taster breaks have been arranged with some of the Orchard View service users to explore some of these alternatives. Some examples of other providers are illustrated in Appendix 1.

Q. What medical/clinical support will be provided?

A. Individual assessments will be completed before alternative services are agreed. Services on offer will be registered with the appropriate regulatory bodies and will have established medical and clinical support.

11

For more information

There is more information available about the review of services at Orchard View.

If you would like to talk to someone or arrange a visit to any of the services described, please contact the BHSP Office on 0800 015 5127, email: bhsp@bristolpct.nhs.uk

This information includes:

- Report of Independent Consultants - Engagement Process
- Report on Engagement Process
- Reports to the Joint Health Scrutiny Committee (JHSC) - progress on options development
- Report to NHS Boards
- Orchard View project board and reference group minutes and papers
- Options considered and discounted.

12 Jargon buster

Block booking, buying a service on an annual basis, rather than per week, ie. a bed for a year, rather than on demand.

Brokerage, a service providing support, advice and respite services according to patients' needs and wishes, under the supervision of the PCT.

Carers Network, known organisations that are set up to support carers.

Consultation, a method of finding out interested parties' views and preferences on the options offered.

Continuing healthcare criteria, a set of measures used to decide which health services should be funded by the NHS based on a health assessment of the individual.

Engagement, a method of finding out interested parties' views on the service.

Equitable access, the ability to have any service on an equal basis, regardless of condition, geography, age or gender.

Health overview and scrutiny committees, Local authority committees that scrutinise and influence health service planning.

Involvement, a method of involving interested parties in planning or reviewing services.

Joint overview and scrutiny committee, a committee representing a group of local overview and scrutiny committees.

Nurse-led, a health service that is controlled by nurses rather than doctors, although medical support is available.

Patient and public involvement forums, groups set up to facilitate public involvement in monitoring and developing local health services. They are now being replaced by local improvement networks (LINKs) in each local authority area.

Physical impairment boards, groups that are currently working in the NHS and Local Authority to influence the services developed for this group of patients.

Project board, a group set up to manage the review process.

Provider, an organisation that provides a service to be paid for by the primary care trust (PCT).

Reference group, a group set up to represent the views of the service users, staff, carers and local interested parties and to influence the work and outcomes of the project board.

Respite, a short break to allow carers a break from caring or a break for the patient to be cared for by others.

Stakeholders, those involved in influencing, providing and receiving respite care services.

Younger person, an adult between the age of 18 and 50.

Appendix One

Respite Providers

This paper illustrates a few examples of alternative respite care providers that are available. Their inclusion here does not represent any endorsement by the local NHS organisations and the information has been gathered from their own literature. Where possible website details are included to allow further investigation by any interested parties.

Vitalise

Vitalise is a national charity providing services for disabled people, visually impaired people and carers. Vitalise believes that everyone deserves a break and freedom and choice are the essence of our breaks.

In the UK breaks are available at Vitalise centres in Nottingham, Southport, Southampton, London and Lanlivery in Cornwall.

Centres have restaurants, bars and other leisure facilities. Some have swimming pools and all have lovely gardens. All centres offer 24 hour personal on care call.

All centres offer a range of activities and excursions, on theme weeks and non-theme weeks alike. Travel on our specially adapted coaches or relax at the centres.

For further information see
www.vitalise.org.uk
Telephone: 0845 345 1970

Jane Hodge Respite Care & Holiday Centre
A centre based in South Wales which offers respite care and holidays offering 24 hour nursing and specialist residential care, with a holiday atmosphere.

Including physiotherapy, trips, activities, a licensed bar and restaurant. A sports and leisure club offers a hydrotherapy pool, Jacuzzi, sauna and multi gym.

For further information telephone: 01466 772608.

Four Seasons

Four Seasons provide care homes across the country; they have 15 centres within a 40 mile radius of Bristol. Some of these include, Yatton Hall in Yatton, North Somerset, and Begbrook House in Frenchay Bristol and Uphill Grange in Weston-Super-Mare.

Short term respite care is offered with 24 hour care, stays that build relationships between the carer, the individual, the home and the staff. They look after people with varying care and social needs with well trained and qualified staff.

A welcome pack which includes a specialist toiletries pack and your first complimentary hairdressing appointment and a newspaper each day for the first week is offered to all guests.

For further information see www.fshc.co.uk
Telephone: 01627 417800

Leonard Cheshire Homes

Leonard Cheshire homes operate over 150 services in the UK, each tailored to the needs of disabled people. Their aim is to enable disabled people to get on with their own lives, whether they need intensive support, respite care or just a few hours per week in their own homes.

All clients are offered a full assessment of their needs to develop an individual service plan.

Locally, Leonard Cheshire operates Greenhill at Timsbury near Bath, St Michael's at Axbridge, Somerset and Great House in Chippenham.

For further information see:
www.lcdisability.org.uk
Telephone: 020 7802 8200

St Monica's Trust

St Monica's Trust is a charitable organisation that operates in and around Bristol. It offers interim care for people who need rest and recuperation and an important lifeline for carers who are in need of a break.

Purpose built en-suite rooms, within a retirement village and well maintained gardens offer ample support for residents to pursue individual hobbies and interests. There is a regular programme of events and entertainment, various classes and tutorials, licensed restaurants, gym, spa pool and library. A minibus is available offering trips and outings. Staff are all well trained and

include qualified nurses.

For further information see:
www.stmonicastrust.org.uk
Telephone: - 0117 9 49 4000.

This is a brief illustration of some of the services available that offer respite care. A brokerage service would have a far more comprehensive list.

Appendix Two

Orchard View Review Feedback form

Question	Please circle your preferred answer	Comments
1. Have we got our aims and criteria right?	Yes No	
2. Which option is likely to provide the best quality of care?	Option A Option B Option C	
3. Which option offers the user the most flexibility?	Option A Option B Option C	
4. Which option offers the user the most choice?	Option A Option B Option C	
5. Which option offers the user the opportunity to maximise their independence and wellbeing?	Option A Option B Option C	
6. Which option provides the most support for carers?	Option A Option B Option C	

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Any other suggestions, comments or questions?



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If you would like us to respond to your suggestions, comments or questions please let us know your contact details:

Name:

Organisation:

Address:

Telephone:

Email:

Please return this form to: Bristol Health Services Plan, Freepost BS1 078, King Square House, King Square, Bristol, BS2 8EE. Telephone: 0800 015 5127, email: bhsp@bristolpct.nhs.uk

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