Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Wednesday, 10 February 2016 - 6:00 pm
Committee Rooms 1 & 2, Civic Centre, Dagenham

Members: Cllr Eileen Keller (Lead Member), Cllr Peter Chand (Deputy Lead Member), Cllr Sanchia Alasia, Cllr Abdul Aziz, Cllr Edna Fergus, Cllr Adegboyega Oluwole and Cllr Hardial Singh Rai

Date of publication: 28 January 2016

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

   In accordance with the Council’s Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - To confirm as correct the minutes of the meeting held on 13 January 2016 (Pages 3 - 5)

4. Primary Care Update (Pages 7 - 17)

5. Falls Prevention (Pages 19 - 56)

6. Intermediate Care Consultation - update (Pages 57 - 61)

7. Joint Health Overview & Scrutiny Committee - update (Pages 63 - 64)

8. Work Programme (Page 65)

9. Any other public items which the Chair decides are urgent

10. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.
Private Business

The public and press have a legal right to attend Council meetings such as the Health and Adult Services Select Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). There are no such items at the time of preparing this agenda.

11. Any other confidential or exempt items which the Chair decides are urgent
Our Vision for Barking and Dagenham

One borough; one community; London’s growth opportunity

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough’s image to attract investment and business growth
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Present: Cllr Eileen Keller (Chair), Cllr Peter Chand (Deputy Chair), Cllr Abdul Aziz and Cllr Adegboyega Oluwole

Also Present: Cllr Maureen Worby

Apologies: Cllr Sanchia Alasia, Cllr Edna Fergus and Cllr Hardial Singh Rai

42. Declaration of Members' Interests

There were no declarations of interest.

43. Minutes - To confirm as correct the minutes of the meeting held on 14 December 2015

The minutes of the meeting held on 14 December 2015 were confirmed as correct subject to the inclusion of Councillor Worby in the list of those present.

44. Proposals for changes to Stroke Rehabilitation Services

Clare Burns, the Deputy Chief Operating Officer (DCOO) of Havering Clinical Commissioning Group and the Lead for this consultation, delivered a presentation outlining the proposals for the delivery of stroke rehabilitation services across the London boroughs of Barking and Dagenham, Havering and Redbridge, which covered the following:

- Current stroke rehabilitation services
- Why change stroke rehabilitation services
- Increasing demand for services
- Reaching the preferred option
- Benefits of change
- Consultation process
- Benefits and possible implications
- Next steps

The DCOO stated that local Healthwatch organisations had supported the Clinical Commissioning Groups (CCGs) of the three boroughs with producing the formal consultation document. She encouraged members to complete the questionnaire within the consultation document and informed them that hard copies of both the standard and easy read versions of the document were available today to take away. The deadline for submitting a response to the consultation was 5pm on 1 April 2016.

Members stated that there were currently no details on the number of beds that would be available in King George Hospital and asked for assurance that the number of beds would be sufficient to meet demand. The DCOO stated that this was currently being worked out and she was confident that the number of beds at
the unit would be sufficient.

The Cabinet Member for Adult Social Care and Health (CMASCH) asked whether the treatment provided to people in their own homes would be individualised as far as possible and furthermore, take into account that the average home in Barking and Dagenham was significantly smaller than those of Redbridge and Havering. The Healthwatch representative reiterated these concerns. Sharon Morrow, Chief Operating Officer (COO) for Barking and Dagenham CCG (BDCCG) stated that many of those requiring stroke rehabilitation services at home would not require large pieces of equipment, for example, those needing speech and language therapy or support to use the electric appliances in their home. The Council’s Strategic Director for Service Development and Integration (SDSDI) stated that there may be some cases where the patient would require substantially more space than was available in their home due to their rehabilitation needs, but that the Council would need to consider each case on its merits. This would be a complicated issue; even where the Council was willing to re-house the person, he or she may not want to move due to other factors. There were no ‘quick fixes’.

The CMASCH asked whether the design and modelling of the home service took into account that the borough has a very diverse community and therefore, engagement with families around understanding stroke and how to best rehabilitate the patient would need to take this into account. Dr Goriparthi, representing BDCCG, stated that previously the different services delivering care to someone who had suffered from a stroke were working in silos which meant that communication with the family often broke down. Under the new model, the provider would work closely with the family and the person’s GP, which would mean better communication and care.

In response to Ms Morrow stating that the CCG wished to engage with community groups in the borough it was suggested that the Stroke Club be approached as possible a consultee.

Members asked what would be the maximum number of weeks of rehabilitation on offer and what would happen if the person needed more. The DCOO stated that details around this were set out nationally, and that rehabilitation would be offered for up to five days a week, for as long as it was required. The SDSDI stated that this consultation presented an opportunity to think about ‘seven day working’ which was a topical issue in relation to the NHS. If it would not be possible to offer services each day of the week under the new model, then the CCG should at least think about offering the five days per week offer in a way that would suit the individual’s needs, rather than opt for a standard Monday to Friday model, for example. The DCOO stated that she would be happy to take this back to the CCGs’ governing bodies for further consideration.

In response to questions Dr Goriparthi and the DCOO stated that:

- It would be not be more expensive to provide rehabilitation support in people’s own homes than it was to provide it in a hospital setting. Providing rehabilitation in people’s homes also lead to a faster, better recovery.
- It was the intention of the CCG to set up a stroke patient group to try and understand the range of family needs. Furthermore, the CCG wished to adopt a one provider model which would mean the range of staff involved in providing rehabilitation support to the individual would have better means of communication with each other as well as the patient and their family.
• Due to the current commissioning model for stroke rehabilitation services, which was fragmented (as could be seen from the current pathway diagram in one of the presentation slides), it was very difficult to clearly establish the extent to which providers were providing value for money and improving patients' outcomes. Moving to a new model would create clearer lines of accountability.

The SDSDI stated that the HASSC, as a result of a previous scrutiny review, learnt that younger people responded better to more modern methods of engagement such as online tools, which the CCG may wish to consider as part of this consultation.

In response to a question the CMASCH stated that the issue of support available to carers of those who have suffered a stroke was one for the Council and that due to recent changes, carers could now ask the Council to assess what support they would be entitled to in their own right.

In response to a question the Divisional Director for Adult Social Care stated that most contracts for the use of rehabilitation equipment in peoples' homes included an element for the recovery of the equipment for cleaning purposes, which was factored into the price of the contract. He added that not all the equipment could be redistributed after it was used by a client.

The COO delivered a brief presentation on Grays Court, premises located in Dagenham that currently offered inpatient beds to stroke sufferers who were residents of the borough and Havering. Members noted that:

• There were currently 17 inpatient beds in Grays Court, which were underutilised;
• 24/7 medical cover was not provided and in an emergency, an ambulance would need to be called;
• There were infrequent buses to Grays Court and the nearest underground station was 15 minutes’ walk away.
• There was limited free parking on site, used by staff and visitors so it was often full. There was limited parking on nearby residential streets, and,
• Intermediate care beds had been removed from Grays Court. If stroke rehabilitation beds were removed as a result of this consultation, the Council would need to decide what to do with the building.

The Lead Member of the Committee thanked the representatives of the CCGs and others for attending the meeting.
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### Title: Primary Care Update

#### Report of the Barking & Dagenham Clinical Commissioning Group

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<tr>
<th>Open Report</th>
<th>For Information</th>
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**Summary:**

Barking and Dagenham Clinical Commissioning Group (CCG) are providing an update on primary care in Barking and Dagenham. The report includes information on Abbey Medical Centre and an upcoming review of primary medical service contracts.

**Recommendation(s):**

The Health and Adult Services Select Committee (HASSC) is recommended to discuss and note the CCG’s update on primary care.

**Reason(s):**

To ensure that the HASSC is aware of the latest primary care updates in Barking and Dagenham.

### Background Papers Used in the Preparation of the Report:

None.

### List of appendices:

- **Appendix 1**  Presentation on primary care
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Primary care update

Health and Adult Services Select Committee
10 February 2016

Sarah See, Director of Primary Care Transformation

Barkingdagenhamccg.nhs.uk
@BD_CCG
In April 2015 an independent review of Abbey Medical Centre was carried out as there were concerns about the clinical practice of one of the partners. Since the review the practice has failed to act on the recommendations.

In November 2015 the Care Quality Commission (CQC) inspected Abbey Medical Centre and found a number of areas of concern. This included the management of vaccines, reporting of incidents or near misses, and communication between staff.

As a result, the CQC placed the practice in special measures and recommended a number of required improvements.

The practice, has prepared an action plan for the CQC setting out how they are going to meet the improvements set out in the report.
Next steps

• The CCG is continuing to support the practice in making the recommended improvements

• All practices in special measures are re-inspected within six months

• If sufficient improvements have not been made the CQC will begin the process of preventing Dr Haq and his partners from running the practice. Should this happen the CCG would consider future options for the practice.
Personal medical services

- Personal medical services (PMS) are locally negotiated GP practice contracts which follow national regulations.
- The contract applies to practices with at least one GP, practice manager, nurse and other clinician.
- PMS contracts aim to improve the quality of services by basing them on the needs of the local population and provide value for money.
- Practices on a PMS contract receive more funding per patient than most practices across London, as most practices are on a national rather than local contract.
- The difference in funding between these two types of contracts is called the ‘PMS premium’.
PMS review

- There is a large variation in the amount of funding PMS practices in B&D receive and the services they provide with this funding.

- PMS contracts are being reviewed nationally to instead provide more consistent and equitable, but still local, contracts.

- The purpose of the review is to look into how to use the PMS premium funding most effectively, to ensure it provides best value and meets the needs of our patients.

- We will follow NHS England’s national guidance to carry out the PMS review.
The review will include:

• Identifying the current cost of PMS contracts
• Understanding how practices currently use the PMS premium
• Analysing the quality of the services provided through the premium
• Identifying what services should be provided through the premium and developing a local specification for the contract.
PMS review

Following the review, the local PMS review working group, which includes Clinical Directors, lay members, Local Medical Committee and NHS England, will make recommendations to the CCG Primary Care Commissioning Committee on:

- The proposed new services that will be commissioned through a collective PMS premium
- The requirements of the core services and price of the new contract.

The proposed new contract will continue to be discussed with the working group and PMS GP practices before the details are agreed.
Local context

- 11 PMS practices in Barking and Dagenham
- Barking and Dagenham has the 2nd highest PMS premium in comparison to London
- Approximately £2.5m premium is invested in PMS practices in Barking and Dagenham
- There is a variation in premium between the individual practices that ranges between £61.26 - £21.84 per patient.
Next steps

- NHS England are still discussing the draft contract with the London Medical Council.

- The CCG is currently doing financial modelling to understand the affordability of the proposed contract.

- The CCG is reviewing the current services delivered by PMS practices to understand the impact if any are decommissioned as a result of the new contract.
Title: Falls Prevention

Report of the Lead Member of the Health And Adult Services Select Committee

Open Report | For Information
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Report Author: Councillor Eileen Keller, Lead Member of the Health & Adult Services Select Committee | Contact Details: E-mail: Eileen.keller2@lbbd.gov.uk

Summary:

At the beginning of the 2015/16 municipal year the Health And Adult Services Select Committee (HASSC) received a scoping report for a potential scrutiny review on Falls Prevention to be undertaken by the Committee. At the HASSC meeting on 14 December 2015, as the Lead member of the Committee, I explained that I now felt a scrutiny report would not be possible, as there were only two (pre-scheduled) meetings of the HASSC remaining until the end of the municipal year, with substantial items remaining on the Work Programme, in addition to items relating to Falls Prevention. I suggested to members that the items relating to Falls Prevention remain on the Work Programme so that members had the opportunity to scrutinise Falls Prevention services and make recommendations if required, but that an in-depth scrutiny report was not necessary. The HASSC agreed with this approach.

Representatives of the following have been invited to the HASSC meeting on 10 February 2016 and will deliver presentations on their contributions to the Falls Prevention agenda:

- Public Health & Adult Social Care, London Borough of Barking and Dagenham (LBBD)
- Barking, Havering & Redbridge University Trust (BHRUT)
- North East London Foundation Trust (NELFT)

These presentations will provide an opportunity for members to receive an overview of how the Council and local partners are contributing to the Falls Prevention agenda and to scrutinise how well they are working to provide more integrated support to our elderly residents.

Recommendation(s)

The HASSC is recommended to:

(i) Note the presentations delivered by the organisations listed above, and
(ii) Use the meeting as an opportunity to scrutinise Falls Prevention services and the extent to which local organisations are working to provide more integrated support to the borough’s elderly residents.

Reason(s)

These presentations relate to the Council’s priority to enable social responsibility and under it the objectives to protect the most vulnerable, keeping adults and children healthy and safe and ensure everyone can access good quality healthcare when they need it.
1. Implications

There are no financial or legal implications arising directly from this report.

Background Papers Used in the Preparation of the Report:

None.

List of appendices:

Appendix 1  Presentation by Public Health, LBBDD
Appendix 2  Presentation by Adult Social Care, LBBDD
Appendix 3  Presentation by BHRUT
Appendix 4  Presentation by NELFT
One borough; one community; London’s growth opportunity

- Encouraging civic pride
- Enabling social responsibility
- Growing the borough

For more information visit lbbd.gov.uk/visionandpriorities
Falls Prevention from the Better Care Fund

Name: Mark Tyrie
Topic: Falls Prevention
Date: 10 February 2016
Background

• Older people are more likely to experience life-changing injuries following a fall.

• There is an increased risk of bone fractures requiring major surgery, with less successful outcomes.

• Women are at greater risk of serious fractures e.g. fractured neck of femur.

• Accidental falls cause 7 avoidable deaths each year in Barking and Dagenham.
The Care Act 2014 mandates local authorities to develop a coherent approach to prevention, through the provision of support and services that maintain independence and avoid the need for more intrusive social care services. The Council’s approach to prevention has recently been discussed at the Health and Wellbeing Board and has contributed to the Council’s two main strands of falls prevention.
Preventative measures for falls in B&D

**Prevention Strategies**

The Emergency Care audit showed that 25% of attendances by over 75s were attributable to falls.

**Handy Person Support Service**

Will provide practical support in individuals’ own homes to reduce environmental hazards that may contribute to falls or ill health.

These schemes were, therefore, designed to have a direct impact on: emergency admissions to Hospital (General and Acute), all age per 100,000 population; and injuries due to falls in people aged 65 per 100,000 population.

**Whole Body Therapy**

Reduces the incidence of falls, severity of injuries, and long term effects from a fall; thereby reducing admissions to hospital and reducing the need for extra care.

The service will provide basic maintenance, provide small items of equipment, rectify trip hazards, and signpost individuals to other services and support.

A 12 weeks, progressive, evidence based falls management exercise programme. Including targeted, personalised and progressive strength and balance exercise sessions.
Handy person support service

To reduce the incidence of falls, severity of injuries and long term effects from falls

To design, implement and facilitate a falls prevention exercise intervention which feeds into the falls pathway within Barking & Dagenham

To evaluate the falls prevention exercise programme’s effect on participants’ incidence of falls, severity of injuries and long term effect of falls

Evaluate the programme’s effectiveness on functional fitness, postural stability, mobility, fear of falling and confidence of performing daily living activities
Handy person support service

A handy person service to reduce hazards and prevent falls in the home

Eligibility criteria

- aged 65 and over; or
- vulnerable or has a disability; or
- being discharged or recently been discharged from hospital; or
- at high risk of falling due to a medical condition.

The service provides

- fitting grab rails;
- making loose carpets and trailing wires safe;
- changing light fittings or bulbs;
- making your front path safer;
- any other small jobs to make your home free from trip hazards.
Whole body therapy

- A 12 week course was run between August and October 2015.

- An evaluation of the scheme subsequently took place in November 2015.

- This evaluation report to measure outcomes and KPIs will help to understand the scheme’s impact. This will inform future commissioning decisions.
Whole body therapy

The evaluation of the scheme – which involved 11 participants aged between 70 and 93 years, four were male, seven were female – showed the following improvements for those involved:

- **46%** increase in functional reach
- **32%** improvement on get up and go
- **30%** improved shoulder rotation
- **19%** improved unsupported standing
- **50%** improvement in time taken to stand from a seated position
- **67%** increase in ability to rise from a chair without the aid of assistive devices or another person
- **40%** increase in the ability to rise from the floor without the help of another person

These results should be interpreted with caution due to the small number of participants.
What further can be done?

Fund new ‘prevention’ initiatives which target emerging needs which are having biggest impact upon BCF metrics.

Consideration should particularly be given on investing in initiatives which ‘upstream’ prevention and therefore support earlier intervention opportunities and promote self help. This would promote a proactive and timely response to emerging needs, led by the individual - rather than existing services waiting for a person’s condition to deteriorate before a service further ‘downstream’ becomes appropriate.
What further can be done?

This concept promotes independence, wellbeing and social responsibility supporting residents to live well for longer. This could be implemented on a condition by condition basis dependant on needs / resource.
Questions?
Appendix 2

One borough; one community; London’s growth opportunity

Encouraging civic pride

Enabling social responsibility

Growing the borough

For more information visit lbbd.gov.uk/visionandpriorities
Health & Adult Services Select Committee

Keeping People Safe at Home
Falls Prevention

Paul O’Brien
Occupational Therapy & Sensory Cluster Manager

Date of HASSC meeting: 10th February 2016
Assessment of Needs

• Intake Team gathers information at point of contact

• Face to face specialist assessment with the individual at home (OT and Sensory Service)

• Recommendations made to reduce risk and improve independence usually equipment / one to one training / minor adaptations / telecare to help prevent a fall

• Advice about home environment and hazards
Home Environment

• Furniture, frayed carpet, wet floors/spills, lighting, rugs, footwear, going out in poor weather:
Sensory Assessment

• Assessment offered when a CVI or audiogram received or via referral

• Specialist assessment at individual’s home

• Support plan created tailored to the individual’s needs and their specific sensory impairment

• One to one rehabilitation, support, training or advice
Sensory Intervention

• Home environment, lighting, eye/hearing tests, new spectacles and gait, mobility training
Moving & Handling

• If service user unable to stand or walk

• OT provides specialist moving and handling assessment, advice, training and support to carers / care-workers

• Provision of equipment

• How to stand up, turn around, get up from floor or summon help

• Prevent falls and improve safety
Onward referral

• Would the individual benefit from rehabilitation or specialist support?

• Liaise with NELFT and refer if appropriate

• Liaise with GP if there appears to be a medical reason (e.g. medication or dehydration)

• Recommend individual has an eye or hearing test
Risk to Individual and Adult Social Care

• Falls can occur often, but go unreported

• Loss of confidence and decreased mobility

• Reduced access to community and social inclusion

• Much more time spent in treatment of falls than prevention

• Increase cost in support if problem not addressed (fractures, care home fees, complex equipment)
Gaps in Provision

• Falls can be life limiting for an older person but often overlooked or misunderstood

• Causal factors: low vision, alcohol intake, DIY, rushing to answer door/phone, mobility difficulties

• Often occur in residential care

• Eye and ear health and access to assessment - problems overlooked in older people

• Falls should be a routine part of assessment
FALLS ARE FALLING

Jayne Gray – Deputy Chief Nurse
Deborah Watkins - Falls Lead

February 2016
THE JOURNEY SO FAR

- Raised the profile of falls prevention in BHRUT
- Presented falls in terms of per thousand bed days
- Introduced changes to assessment in November 2014 for patients aged 65 and over
- Reviewed our management of falls including assessments and plans of care
- Made our falls investigations more robust
- Reviewed our template used to investigate falls including Serious Incidents
THE JOURNEY SO FAR

- Appointed Consultant Orthogeriatrician with Falls responsibilities
- Red non-slip socks
- Falls symbols magnets
- Trained 1,700 staff face-to-face
- Reviewed the Slips, Trips and Falls Policy to include patient care
- Falls champions at ward level
- Low beds when appropriate
- Trend analysis of incidents
- Joint work with stakeholders
THE JOURNEY SO FAR

• BHRUT and NELFT joint Falls Conference in September

• Strategic Breakfast meeting for senior leaders across BHR in October

• Older People’s Day - 1 October 2015 – promoted week of activities across the boroughs in the hospital atriums

• Participated in UCLP Frailty Academy

• Participated in national in patient falls audit

• Member of Essex Acute Trust Falls Lead Group

• Attend Age UK quarterly meetings

• Attend Barking and Dagenham Prevention Steering Group
THE JOURNEY SO FAR

2014 – 2015 showed a 17% reduction in falls per thousand bed days
30% of inpatient falls include toileting activities

Patients are being left unsupervised and are falling

Patients with postural hypotension are not being recognised and are falling

Patients aged 65 and older not assessed as having falls risk and are falling

Patients prescribed high risk medications are falling

Some patients are falling less than 2 hours after being transferred to the ward

LEARNING FROM FALLS WITH HARM
STRATEGY HIGHLIGHTS

Building on Success
• Embedding the new falls documentation

Assessment
• Investigating all falls regardless of harm
• Consistent medical assessment for patients who have been admitted with a fall or fallen whilst in hospital
• Guidance and audit on timely medical reviews following a fall

Prevention
• Review falls involving toileting/personal hygiene
• Capture and analyse data regarding falls and patients with dementia/cognitive impairment
• Patient feedback to become part of investigations into falls regardless of harm
• Patient who fall referred to the Falls Lead
STRATEGY HIGHLIGHTS

Education
• Clinical Educator role
• Development of a falls practical learning sessions for registered nurses and health care assistants with the aim of reducing the need for 1:1 nursing care
• Use of the Simulation Suite at King George Hospital for training

Development
• Develop a Falls CQUIN proposal for commissioning 2016/17
• Develop working relationships with the Fracture Liaison Service

Improvement Outcome
• 5% reduction in the number of falls per 1,000 bed days in comparison to the previous year
• 10% reduction in the number of falls associated with avoidable harm per 1,000 bed days
• 50% reduction in the number of patients experiencing more than two falls per admission
NELFT: Barking and Dagenham
Integrated Care Directorate

Fall Prevention: The scope of work within NELFT

HASCSC 10 February 2016
Falls Prevention – scope of work in the community

- NELFT provides a range of adult community services under the umbrella term of CHSCS (Community Health & Social Care Services) – this includes:
  - District nurses and support staff
  - Intermediate Care Therapists (OT/Physio)
  - Social Workers
  - Integrated Community Matrons (ICM)
  - Long Term conditions teams (Diabetes/Cardiac and Respiratory Teams)

- NELFT also has community inpatient beds and falls assessment and management is integral within the work of those units
Falls Prevention: cont’d

- All community patients receive a broad risk assessment as part of the holistic assessment under CHSCS
  - Following broad assessment there is then a limited range of interventions for B&D patients:
  - Patients can be referred to an ICM (within CHSCS) for a more detailed assessment, hazard management, access to equipment through Social Care/adaptations and onward referrals as necessary
  - Attendance at a Doctor led clinic at Grays Court providing medical review for reasons for falls

- All inpatients are assessed on admission and prevention plans developed as part of the care package
  - Any falls within Inpatient units are reported, investigated and management support plans put in place to reduce reoccurrence
Emergency response to falls

- Partnership with NELFT and LAS
- The innovative K466 emergency response car scheme, launched in October 2014 is staffed by a community nurse and a paramedic working together to attend low acuity 999 falls calls.
- The K466 scheme operates from 7am to 7pm, seven days a week, and attends 999 calls from patients aged 60 years and over.
- Helps prevent A&E admissions and makes patients safe.

Falls development work

- Frailty Community of Practice in NELFT
- UCLP Frailty Academy
- Falls data and trend analysis
- Serious incident learning
- Quality Improvement initiatives
  - Sign up to Safety Campaign and Steering Group
- Training and Development for a range of staff
Gaps in provision for B&D patients

Gap for a commissioned Multi-disciplinary Team Falls clinic (as per Havering Model) that meets the NICE guidance for falls work

- Consultant Geriatrician Led Clinic
- Multidisciplinary review
- Expert holistic assessment
- Cardiovascular examination
- Syncope assessment
- Eye Examination
- Specialist falls therapy
- Medication reviews
- Anxiety support
- Access to other community resources
- Support and assessment for carers
HEALTH AND ADULT SERVICES SELECT COMMITTEE

10 February 2016

Changes to Intermediate Care Services – update on Redbridge Health Scrutiny Committee's referral to the Secretary of State for Health

Report of the Chief Executive

Open Report | For information
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Report Author: Masuma Ahmed, Democratic Services Officer

Contact Details:
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E-mail: masuma.ahmed@lbkd.gov.uk

Accountable Divisional Director: Fiona Taylor, Director of Law and Governance

Accountable Director: Chris Naylor, Chief Executive

Summary:

On 14 December 2015 the Health and Adult Services Select Committee (HASSC) received a report providing members with an update on the developments around the Intermediate Care proposals, brought by the Barking and Dagenham, Redbridge and Havering Clinical Commissioning Groups (CCGs) in 2014. The London Borough of Redbridge’s Health Scrutiny Committee (LBRHSC) referred their concerns in relation to the proposals to the Secretary of State for Health initially in January 2015 and subsequently again in November 2015. This report provides the background to the proposals and informs the HASSC of the final decision taken by the Secretary of State for Health in response to the latest referral.

Recommendation(s)

The HASSC is recommended to note this report.

Reason(s)

Changes to intermediate care services relate to the HASSC’s function to scrutinise any matter relating to the planning, provision and operation of the health service in the borough or accessed by Barking and Dagenham residents. This report also relates to the Council's priority to ‘enable social responsibility’ and under it, the objective to ‘ensure everyone can access good quality healthcare when they need it’.

1. Introduction and background

1.1 The Intermediate Care proposals involved reducing the number of inpatient beds provided across the three boroughs of Barking and Dagenham, Havering and Redbridge in the specialist community hospitals and providing more treatment in people’s own homes. Before the proposals, the inpatient beds were provided at specialist NHS facilities at Grays Court in Barking & Dagenham, King George Hospital (following the closure of Havering inpatient beds at St George’s Hospital), and Heronwood and Galleon (H&G) wards in Redbridge.
1.2 If implemented, the proposals would see a reduction in the total number of inpatient beds across the three boroughs. The beds would be provided at King George Hospital (KGH) for the residents of all three boroughs, with dedicated cross-borough services, the Intensive Rehabilitation Service (IRS) and the Community Treatment Team (CTT), providing therapy and urgent response services in people’s own homes.

1.3 The CCGs consulted the three boroughs on the proposals in summer, 2014.

2. Summary of the three boroughs’ responses to the consultation

2.1 The HASSC and the Cabinet Member for Health and Adult Social Care expressed a number of concerns with regards to the potential local impact of the proposals, including issues around local need, clarity around the possible alternative use of Grays Court and the potential impact on other health services there, medical cover, travel times and stroke rehabilitation.

2.2 Whilst Havering’s Health Overview and Scrutiny Committee was in support of the proposals overall, the LBRHSC expressed significant concerns around the proposals relating to the adequacy of the content of the consultation and whether the proposals would be in the best interests of Redbridge’s residents.

3. The CCGs’ decision following the consultation period

3.1 Following the end of the consultation period on 15 October 2014, on 11 December 2014, the governing bodies of the three CCGs agreed to:

- permanently establish the home-based services, the CTT and IRS;
- reduce the number of community rehabilitation beds to 40-61 for the three boroughs, and
- locate these beds on one site at King George Hospital in Redbridge.

4. Referral by London Borough of Redbridge’s Health Scrutiny Committee to Secretary of State for Health

4.1 Following the announcement of the CCGs’ decision, at its meeting on 26 January 2015, the LBRHSC resolved to refer its concerns regarding the proposals to the Secretary of State for Health under provisions of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

4.2 At its meeting on 3 March 2015, the HASSC agreed to delegate responsibility to write to the Secretary of State for Health to the Lead Member, Councillor Keller, in support of Redbridge’s referral.

4.3 However, subsequently to the 3 March 2015 HASSC meeting, Redbridge published the Secretary of State’s response to the referral which stated that the referral did not meet the legislative requirements to constitute a legitimate referral and requested further evidence in relation to the provisions laid out in the Regulations in order for the request to be reconsidered. Councillor Keller therefore decided not to write to the Secretary of State in support of Redbridge’s referral at this stage and requested that officers seek clarification from Redbridge as to the LBRHSC’s next steps.
4.4 Following receipt of the Secretary of State’s response to its referral, the LBRHSC sought assurance from NHS England (NHSE) in relation to concerns around the bed modelling underpinning the proposals and requested that Redbridge CCG consider increasing the number of intermediate care beds at King George Hospital. Redbridge CCG responded that they would not consider increasing the bed numbers as their bed modelling was robust, as it had been assured by NHSE.

4.5 At an extraordinary meeting on 13 May 2015 the LBRHSC agreed a further set of recommendations requiring assurances from the CCG and delegated responsibility to its cross party Working Group to determine whether such assurances had been received and whether they were satisfactory.

4.6 In its deliberations, the Working Group understood that:

- the KGH wards designated by NHS partners for the new intermediate care service were to be three wards; Japonica, Jasmine and Erica;
- these wards were co-located with access to communal and outdoor space (as per Department of Health guidelines) and,
- the final details and timescales were in progress and would be provided in due course.

On this basis, it was agreed that there was insufficient evidence with which to pursue the referral and this was reported back to the LBRHSC on 6 July 2015.

4.7 On 24 July 2015 Redbridge Council’s Cabinet Member for Health and Social Care and Director of Adult Social Services, Health and Wellbeing, wrote to the Independent Reconfiguration Panel (IRP), a non-departmental public body and independent expert on NHS service change, seeking advice on an informal basis on whether the action taken by Redbridge in response to the Consultation so far was robust, and whether any further action could be taken to seek assurances that the changes to the delivery of intermediate care services for the three boroughs was sound.

5. Extraordinary meeting of the LBRHSC, 19 October 2015

5.1 The LBRHSC held an extraordinary meeting on 19 October 2015 as it had not received final confirmation of the location of the three wards where intermediate care beds would be based, and also, the transfer of services from H&G wards to KGH had slipped from September 2015. At this meeting an updated position was provided by NHS partners (the CCGs, NELFT and BHRUT) together with a revised programme for implementing the new centralised intermediate care service at KGH, which included a move to consolidate the beds and place them in a temporary location within the KGH. It was explained that two unforeseen ‘co-dependencies’ had emerged that had impacted on the plans for use of Erica Ward and thus on plans for bed relocation to KGH. These included an investigation by Monitor into the elective care treatment centre procurement process, and secondly, the need to ensure that the requirements of the National Breast Screening Programme were met in order to provide the best services for women with suspected breast cancer.
5.2 At this meeting the CCGs reported that co-location would be progressed in a planned and coordinated manner through a phased approach, as follows:

- Phase 1 - commence with the closure of the bed base at the H&G Unit in December 2015;
- Phase 2 - all intermediate care beds to be located at KGH (but not co-located) by March 2016 and
- Phase 3 - a co-located solution to be in place at the KGH site by May 2016.

The wards were named as Jasmine Ward (20 beds), Japonica Ward (6 beds) and Foxglove Ward (30 beds) although no plans, in terms of their location at KGH, had been provided to the LBRHSC.

This report was considered alongside a report from Redbridge Healthwatch following its Enter and View visits to H&G and Foxglove Wards, undertaken in April 2015 and also, views expressed by public attendees at LBRHSC meetings. Healthwatch expressed concern regarding the lack of engagement with them; the lack of a firm timescale for the closure of the H&G unit, (which was earmarked to close in September 2015), and the lack of information regarding the location of the new wards at KGH, which would require access to outdoor space for rehabilitation and the provision of a family area.

5.3 The LBRHSC therefore agreed that “the transfer of Intermediate Care Services be referred to the Secretary of State on the grounds of inadequate consultation and not being in the best long-term interests of patients”. On 11 November 2015 Redbridge Council wrote to the Secretary of State explaining that the Council remained:

- “Concerned that the original consultation was inadequate in duration and content;
- Dissatisfied with the explanation for delays which were not outlined in the proposals;
- Unassured that the new facilities would be equal to or better than those at the Heronwood and Galleon Unit in Wanstead, which had been rated as a ‘centre of excellence’ by the Care Quality Commission;
- Concerned that such a move should be taking place during the winter period, which, weather depending, could potentially see higher demands for health services; and
- Concerned that the proposal is not in the best interest of patients and therefore not in the best interests of the health service in Redbridge’s area.”

5.4 Redbridge Council’s Cabinet Member for Health and Social Care and Director of Adult Social Services, Health and Wellbeing, had not received a response to their request for informal advice from the IRP at this stage.

6. Outcome of the Referral

6.1 At the request of the Secretary of State, on 31 December 2015, the IRP wrote to him advising of the outcome of its initial assessment of the referral which was that in its view, the referral did not warrant a full review. (This letter also explained that the IRP had not received the request for informal advice from Redbridge Council’s Cabinet Member for Health and Social Care and Director of Adult Social Services, Health and Wellbeing as it had been sent to an incorrect email address).
6.2 The extracts below, taken from the IRP’s letter, provide an overview of the reasons for its view:

“The evidence submitted by the HSC and the NHS indicate that the local authorities concerned have, through the coalition, been involved in work to improve intermediate care services across the area from the outset. The CCGs have responded to requests for briefing updates as work has progressed and the Redbridge HSC seems to have been broadly content with those briefings[.]”

“With the benefit of hindsight, it is probably true that any public consultation could be improved upon in some regard. But formal consultation is only one stage in a continuous process of public engagement and involvement and, overall, the Panel considers that the CCGs have taken adequate steps to fulfil their duties.

“In considering whether the proposals are in the best interests of the health service locally, it is important to consider the new service in its entirety. Evidence provided by the CCGs states that ‘more than 20,000 patients have been cared for since the new model began, when, under the previous bed-based model, we would only have been able to treat 1,300 patients per year’. The new service is evidently highly rated by patients (90 per cent saying they would recommend the service), waiting times for community beds have reduced, length of stay in community beds has reduced and readmission rates to hospital have reduced.”

6.3 On 12 January 2016 the Secretary of State for Health wrote to the LBRHSC informing it that he had accepted the IRP’s initial assessment of the referral that a full review was not warranted and that the proposals should be implemented by the CCGs as planned.

6.4 The IRP’s initial assessment letter and the Secretary of State’s final response can be found on the link below, under background papers.

7. Implications

There are no legal or financial implications arising directly as a result of this information report.

**Background Papers Used in the Preparation of the Report:**

The papers relating to the LBRHSC’s referral to the Secretary of State can be accessed via the following link:

https://www2.redbridge.gov.uk/cms/care_and_health/health/health_scrutiny_committee.aspx

**List of appendices:**

None.
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Joint Health Overview and Scrutiny Committee - Update

Report of the Chief Executive

Open Report

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Accountable Divisional Director: Fiona Taylor, Director of Law and Governance

Accountable Director: Chris Naylor, Chief Executive

Summary:

This report updates the Health and Adult Services Select Committee on the issues that were discussed at the last meeting of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 19 January 2016 at Redbridge Town Hall. The agenda papers for this meeting are available on the following web-link:

The minutes of the meeting were not available at the time of publishing the agenda for this HASSC meeting. However, they are likely to be available nearer the time of the meeting on http://democracy.havering.gov.uk/ieListMeetings.aspx?CommitteeId=273.

Recommendations

The HASSC is recommended to note the update.

Reason

This report is to keep the HASSC updated on issues discussed at JHOSC meetings.

1. Introduction and background

1.1 The Outer North East London JHOSC is a discretionary joint committee made up of three health scrutiny members of the following local authorities to scrutinise health matters that cross local authority boundaries:

- Barking & Dagenham
- Havering
- Redbridge and
- Waltham Forest.

(The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC).
1.2 The London Borough of Barking and Dagenham’s representatives on the JHOSC for 2015/16 are Councillors Keller, Chand and Oluwole.

1.3 Four JHOSC meetings are usually held per municipal year and are hosted by each constituent authority on a rota basis. This report covers the matters that were discussed at the third meeting of this municipal year. The next and final meeting for 2015/16 has been scheduled to start at 2.00pm on Tuesday 19 April 2016 at Waltham Forest Town Hall. The meeting is open to the public.

2. Matters discussed at the last meeting of the JHOSC

The last JHOSC meeting was held on Tuesday 19 January 2016 at Redbridge Town Hall. An outline of the matters discussed at the meeting is provided below.

2.1 Nursing Shifts

Kathryn Halford, Chief Nurse, Barking, Havering and Redbridge University Hospitals NHS Trust, and Jan Stevens, Interim Chief Nurse, Barts Health NHS Trust, discussed the issue of the length of nursing shifts in their organisations.

2.2 Open Dialogue Treatment

Dr Russell Razzaque, Consultant Psychiatrist and Associate Medical Director, North East London NHS Foundation Trust, gave a presentation on the Open Dialogue method of treatment.

2.3 Primary Care Co-Commissioning

Sarah See, Director for Primary Care Transformation, Outer North East London Clinical Commissioning Groups (CCG), updated the Committee on the progress made on primary care co-commissioning for this sector.

2.4 Proposed Changes to Stroke Rehabilitation Services

Dr Sarah Hayes, Clinical Director and Clare Burns, Project Lead, presented on the stroke rehabilitation service change proposals that are currently the subject of consultation.

2.5 Healthwatch Redbridge - Enter and View Visits

An update was provided by representatives of Healthwatch Redbridge on recent enter and view visits and their outcomes.

3. Implications

There are no legal or financial implications arising directly from this information report.

Background Papers Used in the Preparation of the Report: None.

List of appendices: None.
### AGENDA ITEM 8

**Meeting date:** 13 April 2016

**Agenda item:**
- BHRUT – progress update on improvement plan
- Urgent Care (Vanguard)
- Six month progress report on implementation of eye care scrutiny recommendations
- Early impacts of Pilot Schemes
- Healthwatch reports
- CQC inspections of local providers

**Presenter:**
- Matthew Hopkins, BHRUT
- CCG
- Sharon Morrow, BDCCG, and Public Health, LBBD
- ACS officer
- BD Healthwatch
- ACS officer

**Draft Papers deadline:** Mon 14 Mar

**Pre-meeting with Lead & Deputy Lead deadline:** Fri 18 Mar

**Final Papers deadline:** Wed 30 Mar

**Members Friday post circulation deadline:** Fri 1 April

**Deadline for statutory publication of agenda:** Tue 5 April