Title: Intermediate Care Consultation

Report of the Divisional Director of Adult Social Care

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Accountable Divisional Director: Bruce Morris, Divisional Director, Adult Social Care

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Summary:
The Clinical Commissioning Group (CCG) are consulting on proposals to change the way NHS rehabilitation services are provided across Havering, Barking & Dagenham, and Redbridge. The three separate CCGs have come together to agree these proposals across the three local authorities concerned and the consultation is going through the other scrutiny processes simultaneously.

This report sets out information about the consultation process and the issues around the proposals. Sharon Morrow, the Chief Operating Officer from Barking and Dagenham CCG will attend the Health and Adult Services Select Committee to present the proposals.

It should be noted that the deadline for the Intermediate Care Consultation has now been extended from Wednesday 1 October to 5.00pm on Wednesday 15 October 2014.

Recommendations

The Health and Adult Services Select Committee is recommended to:

(i) Consider the proposals presented by the CCG

(ii) Discuss and comment on the attached issues (Section 3) which will form the response to the Intermediate Care Consultation from the Health and Adult Services Select Committee (HASSC)

(iii) Agree for the Chair of HASSC, Councillor Keller, to finalise the response and send it on behalf of HASSC to the CCG.

Reasons

The Intermediate Care Consultation has ramifications for the Council’s second priority, ‘enabling social responsibility’, and in particular the objective, ‘ensure everyone can
access good quality healthcare when they need it’. There are concerns that the proposals put forward in the Intermediate Care Consultation regarding the placement of inpatient beds at King George Hospital will have an impact upon the accessibility of the site for both patients and visitors. Additionally, there are concerns about how stroke rehabilitation and services at Grays Court will be affected by the proposals in the consultation.

1. Introduction and Background

1.1 The CCG are consulting on proposals to change the way NHS rehabilitation services are provided across Havering, Barking & Dagenham, and Redbridge. The 3 separate CCGs have come together to agree these proposals across the 3 local authorities concerned and the consultation is going through the other scrutiny processes simultaneously.

1.2 The proposal is to reduce the number of inpatient beds provided across the 3 boroughs in the specialist community hospitals and provide more treatment in people’s own homes.

1.3 The inpatient beds are currently 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 in Redbridge. They are referred to in the consultation as “Community beds”.

1.4 The proposal is that in future a reduced total number of inpatient beds would be provided at King George Hospital for all 3 boroughs, with a dedicated cross-borough service, IRS (the Intensive Rehabilitation Service), providing therapy services in people’s own homes. The IRS is a team of physiotherapists, occupational therapists, healthcare assistants and others offering intensive physiotherapy and other therapy in a patient’s own home, with up to four visits a day depending on the patient’s needs. The service operates from 8am - 8pm, seven days a week.

1.5 The proposals also refer to another cross-borough service to support people in their own homes, the CTT (Community Treatment Team). The CTT is a team of doctors, nurses, physiotherapists, social workers and others who together care for people having a health or social care crisis at home so that they either do not need to go into hospital or return home from hospital sooner. This service is intended to provide an urgent response to people who may otherwise need to go to the Accident & Emergency departments because they need intensive treatment at home over and above the service that could be provided by standard primary care teams (GPs and district nurses). As the CTT works extended hours (till 10.00 pm) 7 days per week, the rationale is this service would, by working with the IRS, provide wrap around cover for patients in their own homes.

1.6 The CCG have been trialling an expanded CTT and the new IRS in Barking and Dagenham since November 2013. Both services have been well-utilised during the trial and have performed well. The CCG have reported improved patient outcome scores and that patients are able to access community beds more quickly than they could before the advent of the trial.
2. **The Consultation Process**

2.1 The consultation was launched on 9 July 2014 and is due to run until Wednesday 15 October.

2.2 The CCG had an informal meeting with Members on Thursday 31 July 2014 to brief them on the proposals and provide clarification on a number of issues including the scope of the proposals. The Health & Wellbeing Board considered the proposals on 9 September 2014 and this has informed the concerns as outlined in Section 3 of this report. Members may wish to ask questions of the Chair of the Health and Wellbeing Board and/or officers to help form a view on the proposals and suggested areas for questioning have been outlined below.

2.3 The Health and Wellbeing Board considered the Intermediate Care Consultation at their 9 September meeting. Although there was broad support for the clinical model and the overarching principles, there remain a number of detailed considerations for local residents and the Council and these are highlighted below.

2.4 Following the discussion at HASSC, the issues will form the basis for the response to the consultation which will be sent from Councillor Keller, Chair of the Health and Adult Services Select Committee to the CCG.

3. **Issues**

   **Local Need**

3.1 Members have previously expressed concerns about organising services to cover the disparate populations and needs of Havering, Redbridge and Barking and Dagenham with a “one size fits all” approach. The characteristics of the different local authority areas in terms of poverty and wealth, housing, demographics, and health needs is well understood.

3.2 It would be useful to ask the CCG to describe how the proposals will affect local residents in particular, and to ask for details of the number of Barking and Dagenham residents who are expected to use these services, and the expected future demand.

   **Grays Court**

3.3 Grays Court is owned by the Council and on a long lease to the NHS. The proposals do not cover the alternative use of Grays Court. Members have been advised informally by the CCG that there are 17 “stroke beds” at Grays Court and they are not subject to this consultation. There are also a range of specialist outpatient services and clinics on the ground floor at Grays Court and it is currently unclear whether these are included in the scope of the consultation.

3.4 With proposals in their current form there is every possibility of a half empty, or empty building in the middle of the borough. Officers have worked hard with the CCG to consider alternative uses for the building by Council services but none of these ideas will be feasible if there are still NHS inpatient beds in the building.
3.5 If members were minded to give in principle support to the proposals this would need to be subject to a written agreement about the future use of Grays Court and financial and other legal matters would need to be resolved.

3.6 Grays Court is near to another NHS facility, Broad Street Walk-in centre, that was recently closed despite considerable opposition from the Council, voluntary sector and local residents. It is generally considered that, in view of the health needs of the local population, Barking & Dagenham requires more local investment to cater for both those with long term health conditions, and a growing younger population. Taken together with the well documented problems in the acute hospital, BHRUT, there must be a risk that these proposals will put further stress on a health and social care system that is already stretched.

3.7 Residents are likely to perceive these proposals as a further reduction in NHS services in the borough, and in light of earlier comments in the report they need to be considered in the context of other changes. It should also be noted that at the Health and Wellbeing Board it was stated that the closure of two services in Barking and Dagenham (Grays Court and Broad Street Walk in Centre) feels disproportionate to closures in the other two Boroughs. Whilst the clinical rationale for Grays Court is understood, it has still raised concern that the centralisation of services is happening out of Borough.

3.8 Members may wish to explore this issue with the CCG and require assurances that there will be no further closures of local services.

Medical Cover

3.9 At the Health and Wellbeing Board meeting on 9 September, a clinician stated that at times he did not have full reassurance that patients were receiving the appropriate level of care and support overnight. Members may wish to seek assurance from the CCG about levels of medical cover and patient safety overnight in the current inpatient services.

3.10 With the ongoing recruitment problems of consultants at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), the consultation poses questions as to whether King George Hospital will be given appropriate levels of medical cover. Members may wish to seek assurance that appropriate medical cover will be given to this unit, particularly overnight, and what plans are being put in place to ensure that this is achieved considering the recruitment problems at BHRUT.

Location and Travel Times

3.11 The CCG have argued that travel times to King George Hospital will be less of an issue as more people will be treated in their own homes. While this is true it is also the case that some residents will require inpatient treatment and their family and friends will be reliant on public transport to King George to visit them. Although the hospital is a 20 minute walk from Goodmayes station and is connected by local bus routes, residents could face significant travel times in getting to King George. For example, Transport for London Journey Planner results to King George Hospital list approximate minimum journey times as:
3.12 In light of these concerns, Members may wish to consider requesting an impact assessment covering alternative travel plans comparing Grays Court and King George Hospital, to better understand how local residents will be affected.

3.13 Members may wish to explore what feedback the CCG have received from patients and residents about this issue. Given that HASSC is meeting with the CCG quite late in the consultation process, Members may wish to ask about the consultation responses that they have received from members of the public and local organisations so far, particularly from the consultation event held at Barking Learning Centre on Thursday 11 September.

**Stroke Rehabilitation**

3.14 The scope of the proposals do not cover the full range of services that would usually be considered as NHS Intermediate Care services.

3.15 Stroke rehabilitation is specifically excluded from the consultation remit as this is referred to as being part of a different care pathway. Furthermore there is growing evidence of small numbers of people ready to leave hospital having their discharge delayed because they are not considered suitable or ready for rehabilitation, and other people with very specialist needs who are delayed waiting for specialised long-term rehabilitation. It is suggested the proposals need to either include services for this group of people, or at the very least deal with the impact of these proposals on those groups of patients, and the services that are provided to them.

3.16 In light of these concerns, Members may wish to explore the following in their discussion and questioning to the CCG:

- What was the rationale for excluding stroke rehabilitation from the remit of the Intermediate Care Consultation?
- How are the CCG going to ensure that changes to Intermediate Care services are not going to adversely impact patients who have suffered a stroke and are awaiting rehabilitation?
- How is the CCG reviewing the stroke care pathway and ensuring that it is fit for purpose?

4. **Financial Implications**

4.1 The impact of any changes to intermediate care services on local authority care services will be closely monitored to ensure these remain within planned levels. Further consideration will be given to the use of Grays Court when CCG requirements have been clarified.

Implications completed by: Roger Hampson, Group Manager Finance (Adult and Community Services).
5. **Legal Implications**

5.1 Section 3 of the Care Act 2014 places a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services. Local authorities should prioritise integration activity in areas where there is evidence that effective integration of services materially improves people’s wellbeing. Issues have been raised during consultation about the proposed changes as detailed in section 3 of the report and are subject to further discussion and decision-making.

Implications completed by: Chris Pickering, Principal Solicitor, Employment & Litigation, Legal and Democratic Services

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

BDCCG, Making Intermediate Care Better (Consultation paper)
Available at: [www.barkingdagenhamccg.nhs.uk/Get-involved/consultations.htm](http://www.barkingdagenhamccg.nhs.uk/Get-involved/consultations.htm)

**List of appendices:**

None.