Dear Dr Jagan John

Intermediate Care Consultation

Thank you for asking the Barking and Dagenham Health and Adult Services Select Committee (HASSC) to respond to the consultation on the Intermediate Care proposals relating to how NHS rehabilitation services are provided across Havering, Barking & Dagenham, and Redbridge. I write to you on behalf of the Committee in my capacity as Lead Member to outline members' concerns regarding the potential local impact of the proposals raised at a meeting with the HASSC on 31 July 2014, a meeting of the Health and Wellbeing Board on 9 September 2014 and a formal meeting of the HASSC on 30 September 2014.

Local Need

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. We were disappointed in that regard not to hear more from CCG representatives about the potential impacts of the proposals on Barking and Dagenham residents from the outset.

Grays Court

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. We have been advised 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 unclear whether these are included in the scope of the consultation.

We are concerned that with the proposals in their current form there is every possibility of a half empty, or empty building in the middle of the borough. Whilst we are aware that alternative uses for the building by Council services have been considered, we do not feel that these ideas will be feasible if there are still NHS inpatient beds in the building. Therefore before we are able to support the proposals in principle, we would like to see a
written agreement about the future use of Grays Court and also, financial and other legal matters would need to be resolved.

Grays Court is near to another NHS facility, Broad Street Walk-in Centre, which 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, we are concerned that there will be a risk that these proposals will put further stress on a health and social care system that is already stretched.

I attended the Health and Wellbeing Board on 9 September 2014 where the CCG delivered a presentation on the proposals. The Board 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. It was reiterated at the HASSC meeting on 30 September that residents are likely to perceive these proposals as a further reduction in NHS services in the borough. Whilst the clinical rationale for Grays Court is understood, it has still raised concern that the centralisation of services is happening out of Borough. We ask for assurances that there will be no further closures of local services.

Medical Cover

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

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. We 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

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:
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- 40 minutes from Barking Town Centre (Barking Town Hall)
- 50 minutes from Dagenham Heathway (Shopping Centre)
- 1 hour and 5 minutes from Thames View

In light of these concerns, we request an impact assessment covering alternative travel plans comparing Grays Court and King George Hospital, to better understand how local residents will be affected.

**Stroke Rehabilitation**

The scope of the proposals do not cover the full range of services that would usually be considered as NHS Intermediate Care services. Stroke rehabilitation is specifically excluded from the consultation remit as this is referred to as being part of a different care pathway.

Given the current proposals would effectively leave half of the beds at Grays Court empty, it is highly likely this will put the viability of this element of the service at Grays Court at risk and we see the future of the two elements of the service delivered from Grays Court as intrinsically linked. We would therefore like to see forthcoming proposals for changes in Stroke services delivered from Grays Court before coming to a conclusion about the Intermediate Care Consultation.

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. We suggest 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.

In conclusion, whilst we understand the clinical rationale behind the proposals and support services that enable more people to be treated in their own homes, we are concerned about the impact the proposals will have locally, particularly what the alternative use of Grays Court will be, and the impact on residents travelling to King George Hospital to visit their family, relatives or friends using impatient services.

We ask that the CCG continue to work with our officers to address these particular impacts, and take into account our other concerns before implementing the proposals.

Yours sincerely

Councillor Eileen Keller
Chair, Health and Adult Services Select Committee
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CC
Councillor Maureen Worby, Cabinet Member for Adult Social Care and Health
Anne Bristow, Corporate Director, Adult and Community Services
Bruce Morris, Divisional Director, Adult Social Care