Dear Councillor Keller

Thank you for your letter of 14 October 2014 regarding the Intermediate Care Consultation. I am pleased that you are supportive of the need to provide care in people’s home as far as possible and that you recognise the clinical rationale for the proposals. You have raised some concerns about the potential local impact of the proposals and the CCG welcomes the opportunity to work with officers to address the issues you raise in your letter.

I make an initial response to the main issues you raise in your letter below.

**Impact on Barking and Dagenham residents.**

You raise concerns about a “one size fits all” approach across Barking and Dagenham, Havering and Redbridge (BHR) as this does not take into account the specific and different needs of the residents in our borough, compared with our neighbouring boroughs. I understand these concerns however I believe that we have considered the individual needs of residents in developing the new model.

The model of care that we have developed is based on assessing an individual’s needs and providing care to meet those needs in the best place for them, which for many people is in their own home, where they prefer to be. This is a great improvement on the previous model of care which had a much more standardised approach to providing bed-based intermediate care without the option of providing rehabilitation at home. This individualised approach means that Barking and Dagenham residents will, like other boroughs’ residents, get support tailored to their needs rather than having to go through the same rehabilitation process for all patients discharged from hospital.
We know that although Barking and Dagenham’s older population is not projected to grow as rapidly as other boroughs, it will see changes in, for example, the needs of the oldest old. The particular needs of these people will be much better met by the new model than the previous system of intermediate care.

I understand that you are concerned about the impact on Dagenham in particular given that another service has recently closed there and the perception of local residents that NHS services are being reduced in the borough. We would maintain that the new model has increased access to intermediate care services for residents in Barking and Dagenham. Based on current utilisation we are forecasting that 3140 Barking and Dagenham residents will receive intermediate care support in 2014/15 compared to 2499 in 2013/14, an increase of 26%.

The HASSC also expressed concern that the proposal could put further stress on the health and social care system. Through the trial, it has been demonstrated that the new model has supported people being discharged home earlier with support and the home based services have prevented hospital admissions. Intermediate care is one of the schemes that will be jointly commissioned by the CCG and LBBD through the Better Care Fund, which has been approved by the Health and Wellbeing Board. This will ensure a continued focus on the effective use of both health and social care resources.

**Grays Court and stroke services**

The HASSC has expressed concerns about the potential impact of the proposals on Grays Court and on other services provided from the estate. There are no service changes planned for the specialist outpatient services and clinics provided from the ground floor at Grays Court and these are not included in the consultation.

The consultation is on a new model of intermediate care, as defined in the BHR integrated Care Strategy, which may have an impact on the 26 intermediate care beds in Grays Court. Specialist stroke rehabilitation services, including the 17 stroke beds at Grays Court for Barking and Dagenham and Havering residents, are not part of the consultation and are subject to a separate review that will be starting in December 2014. This review will need to take into account the impact of the CCG decision on the new intermediate care model which will be made in December. The HASSC will be consulted on any service changes arising from this review.

It is unfortunate that the timescales for the two business cases were not aligned and the CCG acknowledges the potential risks if intermediate care beds are relocated and stroke beds remain on-site. We will work with Council Officers to agree how the estate risks can be mitigated through the Finance and Estates Group which is led by the CCG Deputy Chief Officer.

**Medical cover at Grays Court**

Patients are admitted to a community intermediate care bed following hospital discharge when they have been assessed as being medically fit. The treatment goals during their stay are focused on rehabilitation with support provided primarily from therapists and nurses.

There is 24/7 medical support which is accessed by the senior nurse on call either via the consultant on call or a middle grade doctor depending on time and urgency of the call.
If a patient deteriorates beyond the medical plan in place staff will call an ambulance in an emergency situation if required. I am satisfied that the medical cover is adequate for rehabilitation patients who are admitted to the unit.

**Travel times to King George's Hospital**
The following factors need to be borne in mind when considering changes to travel times if inpatient beds are centralised at King George Hospital:

As you note, many more people will be cared for in their own homes so will have no travel to do whereas currently they, and their families and friends will need to travel to one of the intermediate care inpatient services in BHR e.g. Grays Court.

Patients who are admitted to an in-patient bed will have shorter lengths of stay than previously so the burden of travel will be reduced as the number of journeys family and friends will need to take will decrease for shorter stays

Our analysis shows that whilst the travel times to King George Hospital from some locations is longer than to Grays Court the travel route is often more direct with fewer transport changes. We will undertake a fuller assessment of this in the development of the final business case.

**Delayed discharge from hospital**
The trial of the new model for intermediate care has demonstrated that delayed transfers of care have reduced for general rehabilitation patients. The CCG is working with NHS England to support the discharge of patients with very specialist needs who are not part if this review.

In conclusion, given that you are supportive of the clinical rationale of the proposals we have made regarding intermediate care, I am confident that we will be able to work together to address your concerns about the potential impact of implementation of these proposals. I therefore propose that we engage with your officers to develop a joint implementation plan that will resolve the concerns about Grays Court in particular.

Yours sincerely,

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Clinical Director Barking and Dagenham CCG

cc: Anne Bristow,
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