To: Barking and Dagenham Health and Adult Services Select Committee

From: Jagan John, Clinical Director Integrated Care
      Sharon Morrow, Chief Operating Officer

Date: 4 March 2015

Subject: Update on the Intermediate Care Consultation

Executive summary

This paper provides the committee with an update regarding potential implications of the Redbridge Health Scrutiny Committee’s decision to ask the Secretary of State to refer the consultation to the Independent Reconfiguration Panel for its consideration.

It will also update regarding progress of the stroke rehabilitation review and discussions regarding Grays Court estate in Dagenham.

Recommendations

The committee is asked note and consider the contents of this report.
1.0 **Purpose of the Report**

1.1 To provide the committee with an update regarding potential implications of the Redbridge Health Scrutiny Committee’s decision to ask the Secretary of State for Health to refer the intermediate care consultation to the Independent Reconfiguration Panel for its consideration.

1.2 It will also update regarding Grays Court in Dagenham.

2.0 **Background/Introduction**

2.1 Barking and Dagenham CCG, Redbridge CCG and Havering CCG have been trialling a new model of intermediate care since November 2013. The outcomes of the trial have been reported to the CCG Governing Body and the Health and Wellbeing Board. A pre-consultation business case proposing a new home-based model of intermediate care was approved the CCG Governing Body in June 2014. A 14 week public consultation ran from 7 July to 15 October 2014. This involved extensive engagement with community and voluntary groups.

2.2 The CCG attended a closed HASSC meeting on 31 July 2014 and a public meeting of the HASSC on 30 September 2014 to present the proposals. A written response to the HASSC’s formal response to the consultation was provided on 18 November 2015 (attached).

2.3 On 11 December 2014, Redbridge Barking and Dagenham CCG’s governing body agreed the future model of intermediate care as:

- Permanently establish the new home-based services-Community Treatment Team and Intensive Rehabilitation Service
- Reduce the community bed base in line with the community bed modelling i.e. flex between 40-61 beds (average 50)
- To locate these beds on one site at King George Hospital.

2.4 The governing bodies also agreed that implementation of the changes would require the following specific actions to be taken:

- 2015/16 activity trajectories for CTT and IRS to be revised in line with actual delivery 2014/15.
- Commissioning intentions for 2015/16 include a requirement for improved seven day access/admission to community beds.
- Ongoing monitoring and scrutiny via contract performance review processes.
- Barking and Dagenham CCG will work with the London Borough of Barking and Dagenham to agree an implementation plan that will take account of their concerns about the future use of Grays Court and the impact of this change in Dagenham, and taking account the review of the stroke services that is currently underway.

2.5 The evidence considered by the CCGs’ governing bodies is contained within the decision-making business case (157 pages) which is available online: [http://www.barkingdagenhamccg.nhs.uk/Downloads/About-us/Intermediate%20care%20services/141205%20Intermediate%20Care%20Decision%20Making%20Business%20Case.pdf](http://www.barkingdagenhamccg.nhs.uk/Downloads/About-us/Intermediate%20care%20services/141205%20Intermediate%20Care%20Decision%20Making%20Business%20Case.pdf)

This includes evidence as follows:

- updated service performance information and patient and clinical outcomes
- details the public consultation process undertaken following governing body agreement in June 2014 and the outcome of this process
- provides detail of the equalities impact assessment completed to support the consultation process
- outlines the intermediate care consultation steering group’s recommended proposal for governing body decision and detailed supporting information
provides detail of implementation timescales subject to governing body agreement.

An analysis of the impact on travel as a result of the proposed changes was also included in the DMBC following a specific request from this committee.

2.6 The governing bodies also reviewed consultation responses and members of the public and other stakeholders were also able to make representations at the beginning of the governing body and their comments were also considered during decision making.

21% of respondents to the consultation were from Barking and Dagenham. The response to the consultation from Barking and Dagenham residents was as follows:

<table>
<thead>
<tr>
<th>21% of respondents to the questionnaire were from Barking and Dagenham, and they thought…</th>
<th>Support % Higher (↑) or lower (↓) than overall results</th>
<th>Opposition % Higher (↑) or lower (↓) than overall results</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NHS should permanently run the new home-based services that have been trialled (the community treatment teams and the intensive rehabilitation service) because they help people to get better more quickly and to stay independent.</td>
<td>90% ↑</td>
<td>9% ↓</td>
</tr>
<tr>
<td>The NHS should reduce the numbers of community rehabilitation beds if it can be shown that they are not used and are not needed.</td>
<td>73% ↑</td>
<td>21% ↓</td>
</tr>
<tr>
<td>The NHS should reduce the number of community rehabilitation units if it can be shown that this is the best way to provide high quality, safe care.</td>
<td>64% ↑</td>
<td>25% ↓</td>
</tr>
<tr>
<td>Option five – home-based services where possible and one community rehabilitation unit on the King George Hospital site, with 40-61 beds – is the best way to organise intermediate care services in the future.</td>
<td>72% ↑</td>
<td>22% ↓</td>
</tr>
</tbody>
</table>

- Barking and Dagenham respondents were in favour of each of the proposals
- Barking and Dagenham respondents were more positive about all the proposals than respondents overall
- Barking and Dagenham respondents showed most support for permanently running the new home-based services, with 9 out of 10 people in favour
- Barking and Dagenham respondents showed least support for reducing the number of community rehabilitation beds, but almost 2/3 were in favour
- Almost 3/4 of Barking and Dagenham respondents were in favour of the preferred option.
3.0 **Impact on Grays Court**

3.1 The CCG has agreed to work with the London Borough of Barking and Dagenham to agree an implementation plan that will take account of their concerns about the future use of Grays Court.

3.2 A stroke rehabilitation pathway review is currently taking place and the committee will be updated on this as it progresses.

3.3 The timescale for the relocation of community rehabilitation beds to King George Hospital was agreed by governing bodies for autumn 2015.

The implementation plan will be overseen by the BHR Finance and Estates Group (which includes representation from BHRUT, NELFT and CCGs) with local authority representation.

3.3 There are no planned changes to services provided from the outpatient unit at Grays Court.

4.0 **Risk**

4.1 On 26 January 2015, Redbridge Health Scrutiny Committee decided to write to the Secretary of State asking him to refer the consultation to the independent reconfiguration panel. The majority of respondents within Redbridge (56%) supported the CCGs’ preferred option and the Redbridge Health Scrutiny Committee’s own response includes the following:

‘The Committee and all of the stakeholders welcome the opportunity to enhance and improve the Intermediate Care Services for Redbridge Residents and can see that the proposal is to locate services in King George Hospital which is welcomed...’

4.2 The CCG has written to the Secretary of State for Health outlining why we do not agree with the grounds on which Redbridge Health Scrutiny Committee is requesting the proposals be referred. We are yet to receive a formal response from the Secretary of State regarding this, however will provide regular updates to the committee as this progresses.

4.3 This decision may result in a delay to implementation which could have consequences for patients’ care locally. Through the course of the trial, more than 10,000 patients have been cared for by the community treatment team and intensive rehabilitation service in the past year with improved outcomes and patient experience. Only 1300 would have been cared for in the old bed-based system alone—a difference of 8,700 patients in a year.

4.4 These successful services have also proved very popular with patients and carers who have constantly rated them at more than nine out of ten. Without these services in place, many more patients would have ended up in our already overstretched A&E departments and required more help from their family and/or carers.

Community rehab bed occupancy levels currently identify that 49% of community beds across the BHR economy are sitting unused as a result of more people receiving care at home. This is not sustainable or an acceptable use of valuable NHS resources.

4.5 The implementation of a new model for intermediate care is one of the key schemes in the Better Care Fund plan which was approved by the Health and Wellbeing Board in September 2014. Savings generated from the relocation of beds to King George Hospital would be used to manage
financial pressures in the Barking and Dagenham CCG/ London Borough of Barking and Dagenham pooled budget. The CCG has identified non-recurrent funding in 2015/16 to manage cost pressures arising from the Care Act implementation. Recurrent funding would need to be found from savings within this pooled budget.

Attachments:
1. Barking and Dagenham CCG response to HASSC letter of 15 October 2014

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Date: 18 February 2015