Intermediate Care Proposals – update on Redbridge Health Scrutiny Committee’s referral to the Secretary of State for Health

Report of the Corporate Director of Adult & Community Services

Open Report For information

Report Author: Masuma Ahmed, Scrutiny Officer, Legal & Democratic Services

Contact Details: Tel: 020 8227 2756
E-mail: masuma.ahmed@lbbd.gov.uk

Accountable Divisional Director: Bruce Morris, Adult Social Care

Accountable Director: Anne Bristow, Adult & Community Services

Summary:

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCGs) consulted on their proposals to change the way NHS rehabilitation services are provided across the three boroughs by reducing the number of inpatient beds across the three boroughs and providing more treatment in people’s own homes. The three separate CCGs came together to agree these proposals across the local authorities concerned and the consultation went through the three boroughs’ scrutiny processes simultaneously. The consultation was undertaken from 9 July to 15 October 2014 and was referred to formally as the consultation on the ‘Intermediate Care Proposals’. At its meeting on 26 January 2015 the London Borough of Redbridge’s Health Scrutiny Committee (LBRHSC) resolved to refer its concerns regarding the proposals to the Secretary of State for Health.

On 3 March 2015 the Health & Adult Services Select Committee (HASSC):

- Noted Redbridge’s referral letter (at Appendix 3)
- Noted an update report from Barking and Dagenham CCG on the potential implications of the referral (at Appendix 4) and
- Agreed to indicate support for Redbridge’s referral by writing to the Secretary of State for Health.

Subsequently the LBRHSC received a letter from the Secretary of State responding to its referral stating that the referral did not meet legislative requirements to constitute a legitimate referral and requesting further evidence in relation to the provisions laid out in relevant regulations. On 13 May 2015 the LBRHSC convened a special meeting to agree upon its next steps.

This Report provides background to the Intermediate Care Consultation and provides the Secretary of State’s response to the referral for members’ information at Appendix 5.

Recommendation(s)

The HASSC is recommended to note this report.
The Intermediate Care Proposals and the consequent referral by Redbridge 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 in the specialist community hospitals and provide more treatment in people’s own homes. 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.

1.2 If implemented, the proposal would see a reduction in the total number of inpatient beds across the three boroughs. The beds would be provided at King George Hospital 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.

2. **Summary of key consultation with Barking & Dagenham members and the three boroughs’ responses**

2.1 In addition to other forms of consultation, representatives of the CCG attended:

- A (closed) meeting of the HASSC on 31 July 2014 to present the proposals to HASSC members and the Cabinet Member for Adult Social Care and Health
- A public meeting of the Health & Wellbeing Board on 9 September 2014 and
- A public meeting of the HASSC on 30 September 2014.

2.2 At these meetings 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, location and travel times and stroke rehabilitation.

2.3 The HASSC’s formal response to the consultation, dated 15 October 2014, is provided at Appendix 1 and the CCG’s response to this, dated 18 November 2014 is attached at Appendix 2.

2.4 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 interest of the health service in their area.
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
- 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. The referral letter is provided at Appendix 3.

4.2 Following the referral to the Secretary of State by the LBRHSC, the CCG provided an update on the potential implications of the referral for the HASSC as part of an update report for the 3 March 2015 meeting. This is attached at Appendix 4.

4.3 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.

4.4 However, subsequently to the 3 March 2015 HASSC meeting, Redbridge published the Secretary of State’s response to the referral (at Appendix 5) 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 Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 in order for the request to be reconsidered. The Lead Member of HASSC therefore decided not to write to the Secretary of State in support of Redbridge’s referral at this stage and requested that officers to seek clarification from Redbridge as to the LBRHSC’s next steps.

4.5 On 13 May 2015 the LBRHSC met to discuss its next steps with regards to the response from the Secretary of State to its referral. Details of the developments at that meeting are yet to be published. Once they are made public, the HASSC will receive an update report.

5. Financial Implications

Implications completed by Roger Hampson, Group Manager, Finance (Adults and Community Services)

5.1 There are no financial implications directly arising from this Report.
6. **Legal Implications**

Implications completed by Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services

6.1Whilst there are no direct legal implications of this Report, should the London Borough of Redbridge choose, at a later date, to pursue its referral to the Secretary of State, the way intermediate care health services are delivered in the Borough may potentially be affected, depending on the course of action taken by the Secretary of State in response.

6.2The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 sets out the courses of action the Secretary of State may take upon receiving a referral from a local authority on proposals to substantially vary a health service in the authority’s area.

6.3Where a local authority has reported to the Secretary of State because it is not satisfied that the consultation on a proposal has been adequate in relation to content or time allowed, and/ or because the authority considers that the proposal would not be in the interests of the health service in its area (as Redbridge has done), the regulations state that the Secretary of State may make a decision in relation to the subject matter of the referral, make a final decision on the proposal, or give directions to the National Health Service Commissioning Board to require the CCG to:

   a) to consult (or consult further) with the authority in relation to the proposal;
   b) to determine the matter in a particular way;
   c) to take, or not to take, any other steps in relation to the matter.

6.4Before coming to a decision on the referral made by Redbridge, the Secretary of State may request the Independent Reconfiguration Panel (a non-departmental public body and independent expert on NHS service change) to review the proposals, in an advisory capacity.

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


**List of appendices:**

Appendix 1 HASSC’s response letter to the Intermediate Care Consultation

Appendix 2 CCG’s response to HASSC’s letter

Appendix 3 LBRHSC’s referral to the Secretary of State for Health

Appendix 4 Update on the Intermediate Care Consultation from the BDCCG

Appendix 5 Secretary of State for Health’s response to LBRHSC’s referral