42. Declaration of Members’ Interests

There were no declarations of interest.

43. Minutes - To confirm as correct the minutes of the meeting held on 14 December 2015

The minutes of the meeting held on 14 December 2015 were confirmed as correct subject to the inclusion of Councillor Worby in the list of those present.

44. Proposals for changes to Stroke Rehabilitation Services

Clare Burns, the Deputy Chief Operating Officer (DCOO) of Havering Clinical Commissioning Group and the Lead for this consultation, delivered a presentation outlining the proposals for the delivery of stroke rehabilitation services across the London boroughs of Barking and Dagenham, Havering and Redbridge, which covered the following:

- Current stroke rehabilitation services
- Why change stroke rehabilitation services
- Increasing demand for services
- Reaching the preferred option
- Benefits of change
- Consultation process
- Benefits and possible implications
- Next steps

The DCOO stated that local Healthwatch organisations had supported the Clinical Commissioning Groups (CCGs) of the three boroughs with producing the formal consultation document. She encouraged members to complete the questionnaire within the consultation document and informed them that hard copies of both the standard and easy read versions of the document were available today to take away. The deadline for submitting a response to the consultation was 5pm on 1 April 2016.

Members stated that there were currently no details on the number of beds that would be available in King George Hospital and asked for assurance that the number of beds would be sufficient to meet demand. The DCOO stated that this was currently being worked out and she was confident that the number of beds at
the unit would be sufficient.

The Cabinet Member for Adult Social Care and Health (CMASCH) asked whether the treatment provided to people in their own homes would be individualised as far as possible and furthermore, take into account that the average home in Barking and Dagenham was significantly smaller than those of Redbridge and Havering. The Healthwatch representative reiterated these concerns. Sharon Morrow, Chief Operating Officer (COO) for Barking and Dagenham CCG (BDCCG) stated that many of those requiring stroke rehabilitation services at home would not require large pieces of equipment, for example, those needing speech and language therapy or support to use the electric appliances in their home. The Council’s Strategic Director for Service Development and Integration (SDSDI) stated that there may be some cases where the patient would require substantially more space than was available in their home due to their rehabilitation needs, but that the Council would need to consider each case on its merits. This would be a complicated issue; even where the Council was willing to re-house the person, he or she may not want to move due to other factors. There were no ‘quick fixes’.

The CMASCH asked whether the design and modelling of the home service took into account that the borough has a very diverse community and therefore, engagement with families around understanding stroke and how to best rehabilitate the patient would need to take this into account. Dr Goriparthi, representing BDCCG, stated that previously the different services delivering care to someone who had suffered from a stroke were working in silos which meant that communication with the family often broke down. Under the new model, the provider would work closely with the family and the person’s GP, which would mean better communication and care.

In response to Ms Morrow stating that the CCG wished to engage with community groups in the borough it was suggested that the Stroke Club be approached as possible a consultee.

Members asked what would be the maximum number of weeks of rehabilitation on offer and what would happen if the person needed more. The DCOO stated that details around this were set out nationally, and that rehabilitation would be offered for up to five days a week, for as long as it was required. The SDSDI stated that this consultation presented an opportunity to think about ‘seven day working’ which was a topical issue in relation to the NHS. If it would not be possible to offer services each day of the week under the new model, then the CCG should at least think about offering the five days per week offer in a way that would suit the individual’s needs, rather than opt for a standard Monday to Friday model, for example. The DCOO stated that she would be happy to take this back to the CCGs’ governing bodies for further consideration.

In response to questions Dr Goriparthi and the DCOO stated that:

- It would be not be more expensive to provide rehabilitation support in people’s own homes than it was to provide it in a hospital setting. Providing rehabilitation in people’s homes also lead to a faster, better recovery.
- It was the intention of the CCG to set up a stroke patient group to try and understand the range of family needs. Furthermore, the CCG wished to adopt a one provider model which would mean the range of staff involved in providing rehabilitation support to the individual would have better means of communication with each other as well as the patient and their family.
Due to the current commissioning model for stroke rehabilitation services, which was fragmented (as could be seen from the current pathway diagram in one of the presentation slides), it was very difficult to clearly establish the extent to which providers were providing value for money and improving patients' outcomes. Moving to a new model would create clearer lines of accountability.

The SDSDI stated that the HASSC, as a result of a previous scrutiny review, learnt that younger people responded better to more modern methods of engagement such as online tools, which the CCG may wish to consider as part of this consultation.

In response to a question the CMASCH stated that the issue of support available to carers of those who have suffered a stroke was one for the Council and that due to recent changes, carers could now ask the Council to assess what support they would be entitled to in their own right.

In response to a question the Divisional Director for Adult Social Care stated that most contracts for the use of rehabilitation equipment in peoples' homes included an element for the recovery of the equipment for cleaning purposes, which was factored into the price of the contract. He added that not all the equipment could be redistributed after it was used by a client.

The COO delivered a brief presentation on Grays Court, premises located in Dagenham that currently offered inpatient beds to stroke sufferers who were residents of the borough and Havering. Members noted that:

- There were currently 17 inpatient beds in Grays Court, which were underutilised;
- 24/7 medical cover was not provided and in an emergency, an ambulance would need to be called;
- There were infrequent buses to Grays Court and the nearest underground station was 15 minutes’ walk away.
- There was limited free parking on site, used by staff and visitors so it was often full. There was limited parking on nearby residential streets, and,
- Intermediate care beds had been removed from Grays Court. If stroke rehabilitation beds were removed as a result of this consultation, the Council would need to decide what to do with the building.

The Lead Member of the Committee thanked the representatives of the CCGs and others for attending the meeting.