HEALTH AND ADULT SERVICES SELECT COMMITTEE

10 February 2016

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

Report of the Chief Executive

Open Report  For information

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Summary:

On 14 December 2015 the Health and Adult Services Select Committee (HASSC) received a report providing members with an update on the developments around the Intermediate Care proposals, brought by the Barking and Dagenham, Redbridge and Havering Clinical Commissioning Groups (CCGs) in 2014. The London Borough of Redbridge’s Health Scrutiny Committee (LBRHSC) referred their concerns in relation to the proposals to the Secretary of State for Health initially in January 2015 and subsequently again in November 2015. This report provides the background to the proposals and informs the HASSC of the final decision taken by the Secretary of State for Health in response to the latest referral.

Recommendation(s)

The HASSC is recommended to note this report.

Reason(s)

Changes to intermediate care services 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 of Barking and Dagenham, Havering and Redbridge in the specialist community hospitals and providing more treatment in people’s own homes. Before the proposals, the inpatient beds were 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 (H&G) wards in Redbridge.
1.2 If implemented, the proposals would see a reduction in the total number of inpatient beds across the three boroughs. The beds would be provided at King George Hospital (KGH) 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.

1.3 The CCGs consulted the three boroughs on the proposals in summer, 2014.

2. Summary of the three boroughs’ responses to the consultation

2.1 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, travel times and stroke rehabilitation.

2.2 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 interests of Redbridge’s residents.

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, and
   - 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.

4.2 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.

4.3 However, subsequently to the 3 March 2015 HASSC meeting, Redbridge published the Secretary of State’s response to the referral 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 Regulations in order for the request to be reconsidered. Councillor Keller therefore decided not to write to the Secretary of State in support of Redbridge’s referral at this stage and requested that officers seek clarification from Redbridge as to the LBRHSC’s next steps.
4.4 Following receipt of the Secretary of State’s response to its referral, the LBRHSC sought assurance from NHS England (NHSE) in relation to concerns around the bed modelling underpinning the proposals and requested that Redbridge CCG consider increasing the number of intermediate care beds at King George Hospital. Redbridge CCG responded that they would not consider increasing the bed numbers as their bed modelling was robust, as it had been assured by NHSE.

4.5 At an extraordinary meeting on 13 May 2015 the LBRHSC agreed a further set of recommendations requiring assurances from the CCG and delegated responsibility to its cross party Working Group to determine whether such assurances had been received and whether they were satisfactory.

4.6 In its deliberations, the Working Group understood that:

- the KGH wards designated by NHS partners for the new intermediate care service were to be three wards; Japonica, Jasmine and Erica;
- these wards were co-located with access to communal and outdoor space (as per Department of Health guidelines) and,
- the final details and timescales were in progress and would be provided in due course.

On this basis, it was agreed that there was insufficient evidence with which to pursue the referral and this was reported back to the LBRHSC on 6 July 2015.

4.7 On 24 July 2015 Redbridge Council’s Cabinet Member for Health and Social Care and Director of Adult Social Services, Health and Wellbeing, wrote to the Independent Reconfiguration Panel (IRP), a non-departmental public body and independent expert on NHS service change, seeking advice on an informal basis on whether the action taken by Redbridge in response to the Consultation so far was robust, and whether any further action could be taken to seek assurances that the changes to the delivery of intermediate care services for the three boroughs was sound.

5. Extraordinary meeting of the LBRHSC, 19 October 2015

5.1 The LBRHSC held an extraordinary meeting on 19 October 2015 as it had not received final confirmation of the location of the three wards where intermediate care beds would be based, and also, the transfer of services from H&G wards to KGH had slipped from September 2015. At this meeting an updated position was provided by NHS partners (the CCGs, NELFT and BHRUT) together with a revised programme for implementing the new centralised intermediate care service at KGH, which included a move to consolidate the beds and place them in a temporary location within the KGH. It was explained that two unforeseen ‘co-dependencies’ had emerged that had impacted on the plans for use of Erica Ward and thus on plans for bed relocation to KGH. These included an investigation by Monitor into the elective care treatment centre procurement process, and secondly, the need to ensure that the requirements of the National Breast Screening Programme were met in order to provide the best services for women with suspected breast cancer.
5.2 At this meeting the CCGs reported that co-location would be progressed in a planned and coordinated manner through a phased approach, as follows:

- Phase 1 - commence with the closure of the bed base at the H&G Unit in December 2015;
- Phase 2 - all intermediate care beds to be located at KGH (but not co-located) by March 2016 and
- Phase 3 - a co-located solution to be in place at the KGH site by May 2016.

The wards were named as Jasmine Ward (20 beds), Japonica Ward (6 beds) and Foxglove Ward (30 beds) although no plans, in terms of their location at KGH, had been provided to the LBRHSC.

This report was considered alongside a report from Redbridge Healthwatch following its Enter and View visits to H&G and Foxglove Wards, undertaken in April 2015 and also, views expressed by public attendees at LBRHSC meetings. Healthwatch expressed concern regarding the lack of engagement with them; the lack of a firm timescale for the closure of the H&G unit, (which was earmarked to close in September 2015), and the lack of information regarding the location of the new wards at KGH, which would require access to outdoor space for rehabilitation and the provision of a family area.

5.3 The LBRHSC therefore agreed that “the transfer of Intermediate Care Services be referred to the Secretary of State on the grounds of inadequate consultation and not being in the best long-term interests of patients”. On 11 November 2015 Redbridge Council wrote to the Secretary of State explaining that the Council remained:

- “Concerned that the original consultation was inadequate in duration and content;
- Dissatisfied with the explanation for delays which were not outlined in the proposals;
- Unassured that the new facilities would be equal to or better than those at the Heronwood and Galleon Unit in Wanstead, which had been rated as a ‘centre of excellence’ by the Care Quality Commission;
- Concerned that such a move should be taking place during the winter period, which, weather depending, could potentially see higher demands for health services; and
- Concerned that the proposal is not in the best interest of patients and therefore not in the best interests of the health service in Redbridge’s area.”

5.4 Redbridge Council’s Cabinet Member for Health and Social Care and Director of Adult Social Services, Health and Wellbeing, had not received a response to their request for informal advice from the IRP at this stage.

6. Outcome of the Referral

6.1 At the request of the Secretary of State, on 31 December 2015, the IRP wrote to him advising of the outcome of its initial assessment of the referral which was that in its view, the referral did not warrant a full review. (This letter also explained that the IRP had not received the request for informal advice from Redbridge Council’s Cabinet Member for Health and Social Care and Director of Adult Social Services, Health and Wellbeing as it had been sent to an incorrect email address).
6.2 The extracts below, taken from the IRP’s letter, provide an overview of the reasons for its view:

“The evidence submitted by the HSC and the NHS indicate that the local authorities concerned have, through the coalition, been involved in work to improve intermediate care services across the area from the outset. The CCGs have responded to requests for briefing updates as work has progressed and the Redbridge HSC seems to have been broadly content with those briefings[.]“With the benefit of hindsight, it is probably true that any public consultation could be improved upon in some regard. But formal consultation is only one stage in a continuous process of public engagement and involvement and, overall, the Panel considers that the CCGs have taken adequate steps to fulfil their duties.

“In considering whether the proposals are in the best interests of the health service locally, it is important to consider the new service in its entirety. Evidence provided by the CCGs states that ‘more than 20,000 patients have been cared for since the new model began, when, under the previous bed-based model, we would only have been able to treat 1,300 patients per year’. The new service is evidently highly rated by patients (90 per cent saying they would recommend the service), waiting times for community beds have reduced, length of stay in community beds has reduced and readmission rates to hospital have reduced.”

6.3 On 12 January 2016 the Secretary of State for Health wrote to the LBRHSC informing it that he had accepted the IRP’s initial assessment of the referral that a full review was not warranted and that the proposals should be implemented by the CCGs as planned.

6.4 The IRP’s initial assessment letter and the Secretary of State’s final response can be found on the link below, under background papers.

7. Implications

There are no legal or financial implications arising directly as a result of this information report.

Background Papers Used in the Preparation of the Report:

The papers relating to the LBRHSC’s referral to the Secretary of State can be accessed via the following link:
https://www2.redbridge.gov.uk/cms/care_and_health/health/health_scrutiny_committee.aspx

List of appendices:
None.