

HEALTH OVERVIEW & SCRUTINY SUB- COMMITTEE SUPPLEMENTARY AGENDA

19 March 2015

6 INTERMEDIATE CARE (Pages 1 - 4)

Report attached.

**Andrew Beesley
Committee Administration
Manager**

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Agenda Item 6



Havering
Clinical Commissioning Group

To: Havering Health Scrutiny Committee

From: Dr. Gurdev Saini, Clinical Director, Frail Elders
Alan Steward, Chief Operating Officer

Date: 19 March 2015

Subject: Update on Intermediate Care work programme

Executive summary

To provide 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.

Recommendations

The Committee is asked to note the contents of the 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 to refer the consultation to the Independent Reconfiguration Panel for its consideration.

2.0 Background/Introduction

- 2.1 The redesign of intermediate care services was an identified priority of the Integrated Care Coalition, of which the three clinical commissioning groups and local councils are members.
- 2.2 A 14 week public consultation ran from 7 July to 15 October 2014. This involved extensive engagement with community and voluntary groups.
- 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.

The evidence considered by the CCGs' governing bodies is contained within the decision-making business case (157 pages) which is available online:

<http://www.haveringccg.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.
- 2.4 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.

The results of the consultation identify that:

- There was support overall and in each borough for the preferred option: home-based services where possible and one community rehabilitation unit on the King George Hospital site.
- There was strong support overall and in each borough for permanently establishing the new home-based services.
- There was support overall and in each borough for reducing the numbers of community rehabilitation beds, which ranged from 73% in Barking and Dagenham to 54% in Redbridge.
- There was support overall (though from just under half of respondents) and in Barking and Dagenham (64%) and Havering (56%) for reducing the number of community rehabilitation units.

- In Redbridge, more people opposed reducing the number of community rehabilitation units (48%) than supported it (36%), although that opposition was still slightly below half.
- Respondents generally thought people preferred to receive care at home, where possible, and agreed that this helps people to recover more quickly. They were keen to ensure that services were integrated and individualised. Respondents did not want NHS resources to be wasted on beds that were not used.

2.5 Nineteen per cent of respondents to the consultation were from Havering. The response to the consultation from Havering residents was as follows:

19% of respondents to the questionnaire were from Havering, and they thought...	Support % Higher (↑) or lower (↓) than overall results	n % Oppositio Higher (↑) or lower (↓) than overall results
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.	87% ↑	10% ↓
The NHS should reduce the numbers of community rehabilitation beds if it can be shown that they are not used and are not needed.	70% ↑	24% ↓
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.	56% ↑	35% ↓
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.	74% ↑	21% ↓

- Havering respondents were in favour of each of the proposals
- Havering respondents were more positive about all the proposals than respondents overall
- Havering respondents showed most support for permanently running the new home-based services, with just under 9 out of 10 people in favour
- Havering respondents showed least support for reducing the number of community rehabilitation beds, but over half were in favour
- Almost 3/4 of Havering respondents were in favour of the preferred option

- 2.6 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.

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.

- 2.7 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.

3.0 Risk

- 3.1 On 26 January, 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...'

The CCGs have written to the Secretary of State outlining why we do not agree with the grounds on which we are being referred, a copy is available on our website.

The CCG understands Barking and Dagenham Health and Adult Services Select Committee agreed to write a letter in support of the Redbridge HSC letter in its meeting on 4 March.

Redbridge HSC's decision to write to the Secretary of State may result in a delay to implementation which could have consequences for patients' care locally.

We are yet to receive a formal response from the Secretary of State regarding the above, however we will provide regular updates to the committee as this progresses.