

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

31 December 2015

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
*Report by Redbridge Council concerning the transfer of intermediate care services from
the Heronwood and Galleon Unit in Wanstead
to the King George Hospital in Goodmayes*
London Borough of Redbridge Health Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from John Powell, Director of Adult Social Services Health and Wellbeing, and Cllr John Howard, Chair Health Scrutiny Committee, London Borough of Redbridge. NHS England provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review because further local action by the NHS with the Council can address the issues raised.**

Background

Intermediate care services provide specialised care for patients from nurses, therapists, social workers and other professionals, either without the need to go into hospital or to enable earlier discharge from hospital. In the past, much of this kind of care has been provided in community rehabilitation units but current evidence suggests that many suitable patients will recover more quickly if cared for in their own homes.

Across the London boroughs of Barking and Dagenham, Havering and Redbridge, community health services are provided by North East London Foundation Trust (NELFT),

commissioned by the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCG). Services have been provided in three community rehabilitation units – Heronwood and Galleon Unit in Wanstead (48 beds), Grays Court in Dagenham (26 beds) and Foxglove Ward at King George Hospital in Goodmayes (30 beds). Each unit has a physiotherapy gym and day rooms or other facilities.

Work to develop and improve intermediate care services across the area began in 2012 with a review of non-acute bed and community services. The review was overseen by an Integrated Care Steering Group drawing membership from the three CCGs and the three local authorities – those bodies having agreed to form an Integrated Care Coalition.

The Coalition published a document, *Integrated care in Barking and Dagenham, Havering and Redbridge: The case for change* in August 2012 and completed a strategic outline case, *Developing a commissioning strategy for integrated health and social care services in Barking and Dagenham, Havering and Redbridge* in November 2012.

In January 2013, a trial began of a new service, the Community Treatment Team (CTT), in Barking and Dagenham and Havering. The team consisted of doctors, nurses, physiotherapists, social workers and other care staff working together to care for people at home. Presentations to local GPs and patient groups were held prior to the launch in November 2013 of an expanded CTT trial (to include Redbridge and with extended working hours) as well as a second trial, the Intensive Rehabilitation Service (IRS). This comprised a team of physiotherapists, occupational therapists, healthcare assistants and other staff offering intensive physio and other therapy in the home.

Further engagement with local Healthwatch bodies took place in December 2013 and January 2014. Also in January 2014, the governing bodies of the CCGs agreed that the pilots should continue with a view to finalising a new intermediate care model in 2014/15. A progress report on the pilot schemes was made to the 27 January 2014 Redbridge Health Scrutiny Committee meeting by the CCGs.

A pre-consultation business case, setting out the case for change and recommending the launch of a formal public consultation, was agreed by the CCG governing bodies in June 2014. The consultation, *Making intermediate care better in Barking and Dagenham, Havering and Redbridge* was launched on 9 July 2014. Views were sought on five options for the future of intermediate care services across the boroughs, including a preferred option that would see the continuation of the home-based CTT and IRS services (which had reported high patient satisfaction rates in the trials) in all boroughs. The number of community rehabilitation units would be reduced to one, based at King George Hospital (part of Barking Havering and Redbridge University Hospitals NHS Trust – BHRUT), with a reduction in the overall number of beds (from 104 to a maximum of 61).

A report was made to the HSC by the CCGs on 24 July 2014 which included the pre-consultation business case and the consultation document. The Committee noted the

engagement process in place, indicated that it would provide a response to the consultation and recommended that the consultation period be extended beyond 12 weeks to 31 October 2014 to enable more extensive engagement.

On 18 September 2014, Redbridge Council received a petition with 2,025 signatories opposing the closure of the Heronwood and Galleon wards in Wanstead. The HSC considered its response to the consultation at its meeting on 23 September 2014 which included contributions from local third sector representatives. The Committee submitted its response in October 2014 raising a number of concerns, notably about the proposed reduction in bed numbers, that the bed modelling undertaken had not been robust and the prospect of an ageing and increasing population. The full council wrote to the CCGs in November 2014 expressing local concerns and opinions that had been conveyed to councillors. The letter was copied to the Secretary of State for Health.

On 11 December 2014, the governing bodies of the CCGs considered a decision-making business case and agreed a future model of intermediate care based on Option 5 from the consultation (the preferred option).

The CCGs provided a report to the HSC on 26 January 2015 which included their response to the concerns raised in the HSC consultation response. At that meeting, the HSC resolved to refer the proposals to the Secretary of State for Health which it did by letter on 4 February 2015. The Secretary of State responded on 4 March 2015 informing the HSC that the referral did not meet the legislative requirements that constitute a legitimate referral and requesting further evidence.

In April 2015, in line with the CCGs' decision of 11 December 2014, the bed base was reduced to a maximum of 61 beds with capacity to manage 1007 admissions per annum. The CTT and IRS home-based services were established permanently.

An Extraordinary Meeting of the HSC was convened on 13 May 2015 to consider whether there was sufficient evidence to support a further referral. Additional information was sought from various bodies and the Council's Health Monitoring Scrutiny Working Group (HMSWG) was tasked with determining whether the responses were satisfactory. The HMSWG met during June 2015 to consider the responses received, concluded that they were satisfactory and that a referral would not be pursued at that time. Outstanding information requested was provided by the CCGs on 30 June 2015 and a report by the HMSWG setting out its conclusions was made to the HSC at its meeting on 6 July 2015.

A patient and stakeholder event, including Healthwatch, was held at King George Hospital during October 2015 to share plans for ward design and the implementation of bed moves and to hear from staff and patient representatives.

At an Extraordinary Meeting of the HSC on 19 October 2015, an updated briefing was provided by NHS partners from the CCGs, NELFT and BHRUT. In light of operational

difficulties identified, a revised programme was presented for implementing the new centralised intermediate care service. This included the consolidation of beds from Heronwood and Galleon wards to a temporary location in King George Hospital prior to the permanent co-location of rehabilitation wards within the King George site by May 2016. The meeting heard comments from public representatives and from Healthwatch Redbridge expressing a number of concerns including lack of engagement, timescales for implementation and the quality of the new service. The HSC expressed disappointment at the remaining difficulties with the transfer and unanimously resolved to refer the proposals to the Secretary of State.

Basis for referral

The HSC's letter of 11 November 2015 states:

“On 19 October 2015, the Council's Health Scrutiny Committee held an extraordinary meeting to discuss intermediate care services and resolved 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 long-term interests of patients”.

and

Specifically, this report is made pursuant to Regulation 23(9)(a) of the 2013 Regulations on the grounds of inadequate consultation, and also pursuant to Regulation 23(9)(c) on the grounds that it is not in the best long-term interests of patients, which axiomatically means that it would not be in the interests of the health service in Redbridge's area.”

IRP view

With regard to the referral by Redbridge Council HSC, the Panel notes that:

- Work to improve intermediate care services across the area has been ongoing since 2012 by a coalition of the relevant NHS bodies and the three local authorities – a number of public engagement and involvement activities have been undertaken at various stages
- The proposals were agreed by the CCGs in December 2012 with implementation of the reduced bed base and permanent establishment of the two home-based services taking place in April 2015
- The CTT and IRS home-based services have been very successful with a significant increase in patients cared for and high levels of patient satisfaction – there is no indication that Redbridge HSC objects to this aspect of the proposals
- No correspondence has been received from Barking and Dagenham or from Havering councils – the Panel understands that these authorities are content with the proposals
- Referral has been made on the grounds of inadequate consultation with a number of issues cited – including the duration of the formal public consultation, lack of engagement with Healthwatch Redbridge and non-compliance with the 2013

Independent Reconfiguration Panel

Tel: 020 7389 8045/6 E Mail: info@irpanel.org.uk

Website: www.gov.uk/government/organisations/independent-reconfiguration-panel

Regulations with regard to the timetable for responding to the HSC's consultation submission

- Referral is also made on the grounds that the proposals are not in the best interests of patients locally
- The letter requesting informal advice from the IRP sent electronically by the HSC on 24 July 2015 was sent to an incorrect email address – consequently the Panel has no record of ever receiving this request (our correct email address is at the foot of the page)

Advice

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value. Further local action by the NHS with the HSC can address the issues raised.**

Redbridge Council HSC has referred these proposals to the Secretary of State pursuant to Regulation 23(9)(a) of the 2013 Regulations on the grounds of inadequate consultation, and also pursuant to Regulation 23(9)(c) on the grounds that they are not in the interests of the health service in the area. Regulation 23(9)(a) relates specifically to consultation with the relevant local authority, in this case the three authorities of Barking and Dagenham, Havering and in the context of this referral Redbridge. The adequacy or otherwise of wider consultation with other interested parties and the local community has, by custom, been considered under Regulation 23(9)(c). The issues raised by the HSC about the consultation straddle both regulations and the Panel's views on these aspects of the referral are set out first before going on to consider the wider matter of whether the proposals are in the interests of patients and the public.

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, albeit that information was slow to emerge about the operational difficulties that became apparent once implementation work on the centralised unit commenced. That information has now been provided. The 2013 Regulations require timescales to be provided to health scrutiny bodies and to be published by the proposer of substantial developments or variations. If, as appears to be the case in this instance, the regulatory requirements were not followed (by the CCGs taking the decision to adopt Option 5 before responding to the HSC's consultation submission) that should serve as a reminder to other NHS bodies planning reconfigurations of the need to be fully conversant with current regulations and guidance.

While engagement with local Healthwatch bodies took place early on in the development of the proposals and later on in October 2015, Healthwatch Redbridge expressed concern that it had not been included in discussions sufficiently. The decision to extend the formal public consultation period by two weeks rather than the four requested by the HSC was also

Independent Reconfiguration Panel

Tel: 020 7389 8045/6 E Mail: info@irpanel.org.uk

Website: www.gov.uk/government/organisations/independent-reconfiguration-panel

criticised. Further, disappointment was expressed that that the views of local people were not considered to be important. The last comment reflects the importance of obtaining – and being seen to obtain - independent validation of consultation processes and responses to show that local people’s opinions count. A positive validation might have answered some of the criticisms raised. 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.

These are undoubtedly impressive results. Yet the local community retains a feeling that ‘something’ has been lost with the reduction in the number of community beds from a bed base and expenditure that was already lower than average. There is unease that a maximum of 61 community beds will be sufficient to meet demand, both at times of peak need and in light of changing demographics that may occur in years to come. Such unease is understandable. The Panel acknowledges these concerns and considers that the local NHS can do more to recognise and respond to them. Planning for winter pressures is a normal part of the NHS work cycle. The CCGs should be able to demonstrate that their bed modelling is robust and confirm contingency plans for handling any short-term peaks in demand for beds including how and where extra beds will be provided if required. Similarly, any change in demand for beds and home-based services occurring over the medium-term ought to be picked up through a process of ongoing monitoring and evaluation that should form part of the normal work cycle and include the involvement of local stakeholders.

The proposals will inevitably be subject to some amendment as implementation progresses, an aspect of the change process best accommodated through a philosophy of ‘test and adapt’ involving all the interested parties working together. The Panel considers that the CCGs’ model for intermediate care services represents the right direction of travel and has, thus far, yielded promising outcomes. Implementation of the proposals should be completed. They should thereafter be subject to ongoing review to assess service capacity and suitability within a joint work programme involving the CCGs, other NHS bodies and the HSC with contributions from and updates to local Healthwatch bodies and community groups.

Yours sincerely



Independent Reconfiguration Panel

Tel: 020 7389 8045/6 E Mail: info@irpanel.org.uk

Website: www.gov.uk/government/organisations/independent-reconfiguration-panel

IRP

Lord Ribeiro CBE
Chairman, IRP

Independent Reconfiguration Panel

Tel: 020 7389 8045/6 E Mail: info@irpanel.org.uk

Website: www.gov.uk/government/organisations/independent-reconfiguration-panel

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Redbridge Council

- 1 John Powell, Director of adult Social Services Health and Wellbeing, and Cllr John Howard, Chair Health Scrutiny Committee, 11 November 2015
Attachments:
- 2 BHR CCGs report to the HSC with attachments, 24 July 2014
- 3 Minutes of HSC meeting, 24 July 2014
- 4 BHR CCGs report to HSC, 27 January 2014
- 5 BHR CCGs presentation to HSC, 27 January 2014
- 6 Minutes of HSC meeting, 27 January 2014
- 7 Scrutiny report to HSC with attachment, 23 September 2014
- 8 Minutes of HSC meeting, 23 September 2014
- 9 Democratic services report to HSC regarding petition, 23 September 2014
- 10 Minutes of full Council meeting, 18 September 2014
- 11 Minutes of full Council meeting, 20 November 2014
- 12 Scrutiny report with attachments, 26 January 2015
- 13 LBR report to HSC report with attachments, 13 May 2015
- 14 National Audit of Intermediate Care report, 2013
- 15 Care Quality Commission Inspection report of BHRUT, 2 July 2015
- 16 BHR CCGs report to HSC with attachments, 26 January 2015
- 17 Minutes of HSC meeting, 26 January 2015
- 18 Minutes of HSC meeting 12 March 2015
- 19 Minutes of HSC meeting 9 April 2015
- 20 LBR report to HSC, 9 April 2015
- 21 Minutes of HSC meeting, 13 May 2015
- 22 LBR report to HSC with attachments, 6 July 2015
- 23 Minutes of HSC meeting, 6 July 2015
- 24 In-patient Care Health building Note 04-01 Adult In-patient facilities, DH 2013
- 25 Joint BHR CCGs, BHRUT and NELFT report to HSC with attachment, 19 October 2015
- 26 Healthwatch Redbridge report to HSC, regarding Enter and View report, 19 October 2015
- 27 Minutes of HSC meeting, 19 October 2015
- 28 Care Quality Commission inspection report – Heronwood and Galleon Unit, April 2013
- 29 Email from BHR CCGs, 5 December 2014
- 30 Letter from Council to IRP, 24 July 2015 [Note: letter was sent by email to an incorrect address]
- 31 Revised timeline regarding activities in scrutinising intermediate care proposals / decision-making, October 2015

NHS

Independent Reconfiguration Panel

Tel: 020 7389 8045/6 E Mail: info@irpanel.org.uk

Website: www.gov.uk/government/organisations/independent-reconfiguration-panel

- 1 IRP template for providing initial assessment information
Attachments:
- 2 Map of Barking Havering Redbridge
- 3 Description of how proposals have developed in response to feedback
- 4 Consultation document *Making intermediate care better*, July 2014
- 5 Decision-making business case paper, December 2014
- 6 Minutes of Redbridge CCG Extraordinary Governing Body meeting, 11 December 2014
- 7 Barking Havering Redbridge integrated care coalition case for change, 2012
- 8 Pre-consultation business case, July 2014
- 9 Letter to London Borough of Redbridge from Dr A Rainsberry, Regional Director, NHS England London Region

Other

- 1 Letter to Secretary of State for Health from Barking and Dagenham, Havering and Redbridge CCGs, 20 November 2015