NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Intermediate care – you said, we did

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCGs) have been working closely with health and social care partners, including the three local councils, North East London NHS Foundation Trust (NELFT) and other care providers and clinicians to improve how intermediate care is provided and delivered locally. As part of this work, in November 2013 a trial began on two new intermediate care services across the three boroughs:

- community treatment team (CTT)
- intensive rehabilitation at home (IRS)

These new services, delivered by NELFT, aim to put people at the heart of service delivery, and ensure they receive the best quality care, experience and outcomes, while spending less time in hospital. Since the trial began, there has been intensive engagement with the public, patient representatives and people who had been supported by CTT or IRS seeking to understand their thoughts and experiences of using the new services. We constantly monitor and review these services, including asking patients and their families for feedback. This provides essential information on how we can improve, innovate and enhance the patient experience for other patients.

This document is intended to explain how we've responded to common questions raised during our engagement on intermediate care services carried out in collaboration with our local Healthwatch partners.

You said: we need to make sure the right people use the right services at the right time and know how to access them

We did: We want to make sure that everyone who might benefit from support of the new intermediate care services is made aware of them. Since the trial began, we have been:

- running and presenting at public events, patient engagement forums, GP education events and nursing home forums to promote the new services and how to access them, and understand views of the new services and experience of using them
- briefing stakeholders about the new services and patient experience of them
- meeting with social care teams, nursing homes, GPs, and domiciliary care providers to talk about the new services and who they are suitable for
- developing pathways with NHS 111 and the London Ambulance Service to make sure they are referring people to the service.

We also developed information leaflets for patients explaining the new services and how they work and these are available at community rehabilitation units, hospitals and are handed to patients.

Patients are triaged through the community treatment team, which makes sure patients go to the service that best meets their needs.

You said: You wanted to see how the new services could be sustained and funded

We did: The decision to extend the trial by a year gives us time to gather more evidence about how effective the service is. This means we can finalise the proposed wider model for intermediate care, in partnership with local authorities.

Given the benefits for patients already being demonstrated by services, we are planning to take a case for service change to CCGs' governing body meetings later this year. If this is accepted it would form the basis of a full public consultation looking at intermediate care services and our longer term plans.

You said: You wanted to make sure the staff had the appropriate skills and capacity, and that the services ran at the right times

We did: The CTT and IRS are multi skilled teams with a range of abilities to meet the individual needs of the patient including medical, physio and occupational therapy, nursing, and general support. When recruiting we have found that even in disciplines that can be difficult to recruit to such as occupational therapy, the innovative and exciting approach offered by the new services has meant a high calibre of applicants – people want to work in these teams.

We monitor the capacity of the services weekly. Both have capacity to meet current demand, and we work flexibly to flex resources to meet demand as required.

The services have been scheduled to run at the times when the evidence tells us they are needed most. CTT operates 8am to 10pm to align with times of peak attendances at A&E. IRS operates 8am to 8pm to provide flexibility in support and ensure people recover as quickly as possible.

You said: You wanted to make sure that patients are supported after they stop receiving care from the CTT or IRS teams

As patients recover their care will change, but if they need ongoing support the team will make sure this is provided by GPs, district nurses, integrated case management team or others as appropriate.

You said: we need to work together with other services, especially social care and community and voluntary groups

We did: We have met with borough social care teams to discuss and promote CTT and IRS. We are also working with social care staff to trial different approaches to make sure social care needs, as well as physical and mental health needs, are met. These include having social workers in the team (Havering), and the team being able to directly initiate short term social care packages if required (Barking and Dagenham).
In Redbridge, we are exploring how existing arrangements and pathways with social care can be strengthened. We are working together to evaluate the benefits of each approach which will inform future planning.

We are working in partnership with nursing homes and domiciliary care providers to raise awareness about when to call CTT for support and have shared leaflets and briefings with community and voluntary groups. Local Healthwatch groups have also run workshops in each borough on the new services.

You said: You wanted to be kept updated about how the new services are performing

We did: We have regularly briefed stakeholders and health scrutiny committees, and have worked with Healthwatch and patient engagement forums on how the services are performing.

We closely monitor performance, effectiveness and quality every week, and we receive feedback from patients about their experience of the new services every month. We use this information to continue to inform the development of the services and intermediate care model. Feedback has so far been really positive and outcomes include:

- A high level of patient satisfaction, scoring CTT an average of 9.5/10 and IRS an average of 9.6/10.
- Confidence in the new services and approach, with referrals from a wide range of sources and CTT and IRS over performing against new patient referral targets.
- 100% of patients were likely to recommend the services to others, saying without it they would have ended up being admitted to hospital or in A&E.
- 85% of people seen by CTT are supported at home and do not go on to be admitted to an acute hospital.
- Improved access from acute hospital to community rehabilitation- under the old system this used to take five days, it now takes less than two.
- Evidence showing people are recovering more quickly with rehabilitation at home.
- Less demand for community rehabilitation unit beds, with fewer beds being occupied, even over winter, a time when we normally expect demand to increase.

You said: You wanted to know what happens next

We did: While the trial continues, we are looking at how we can further refine and improve the intermediate care model of care. Given the benefits for patients already being demonstrated, we are planning to take a case for service change to the CCGs' governing body meetings in June. If this is accepted by the governing bodies it would form the basis of a full public consultation about intermediate care services and our longer term plans for how we deliver intermediate care.