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Havering

# New Services: Putting Care Closer to Home

**New intermediate care services in Havering**

*A report of a workshop held by Healthwatch Havering  
in partnership with Havering Clinical Commissioning Group  
Wednesday 11 December 2013*

*Healthwatch Havering is the operating name of  
Havering Healthwatch Limited  
A company limited by guarantee  
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## What is Healthwatch Havering?

Healthwatch Havering is your new consumer local champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

### Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,  
but you make a life by what you give.'***  
***Winston Churchill***

## ***Introduction***

On 11 December 2013, Healthwatch Havering held a workshop, in conjunction with Havering Clinical Commissioning Group, to introduce the new Community Treatment Team service being commissioned by the Clinical Commissioning Group in association with the North East London Foundation NHS Trust.

The participants were an invited group including Members and Officers of Havering Council, of the Clinical Commissioning Group and Directors, Lead and Active Members of Healthwatch Havering.

This is a report of the presentation and the comments of the workshop's participants about what they heard.

## ***The service proposals***

This is a new community service to help people get care in their own homes rather than in hospital.

People had said that they would prefer to be supported at home rather than stay in hospital, where possible: hospital wasn't always the best place to be - people could contract infections, suffer loss of independence etc. The simple fact is that too many people are in hospital when they don't need to be; people are in beds when they don't need to be.

The plan is to trial a new service, and expand an existing service, in Havering to help these patients.

Too many people in Havering end up in hospital when they don't need to and are being admitted too quickly to a hospital bed without consideration for their needs, choice and when and how they will be able to return home.

The borough has more 'rehabilitation' beds than other similar parts of the country, with too many people in them, for too long. There had been

a lack of investment in health and social services that support people to get out of hospital and back home sooner.

This applied generally to older people, but all adult age ranges have similar experiences. The types of injury or illness affected include:

- Injury as a result of a fall
- Dementia/delirium/confusion
- Diabetes
- Urinary Tract Infections - e.g. cystitis or bladder infections
- People requiring short term, intensive nursing intervention after surgery to support their return home
- Worsening of respiratory conditions e.g. chronic obstructive airways disease, emphysema and chronic bronchitis.

Improvements have already been made to services in 2013/14, including:

- The same admission criteria and medical cover on all sites
- Care tailored to the needs of the patient with a clear rehabilitation focus
- Moving to 7 day working for therapy teams to improve recovery times and help people to return home sooner
- Making it easier for community services and GPs to 'step patients up' if they need a period of more intense support, thereby potentially reducing the need for going into hospital
- Improved average length of stay and transfer rates from hospital so that people can access services more quickly.

To improve things further, a new service is being trialled in Havering to provide an expanded rapid response/Community Treatment Team and intensive rehabilitation at home.

The **Community Treatment Team** will comprise doctors, nurses, occupational therapists, physiotherapists, social workers and support workers, providing short-term intensive care and support to people experiencing health and/or social care crises to help them to be cared for in their own home, rather than hospital; and to support people to return home as soon as possible following a hospital/community inpatient stay where this is required/appropriate.

The Community Treatment Team will provide a single point of access to the Intensive Rehabilitation Service or inpatient community beds if necessary.

There is no specified time limit for support from the team but most patients will be supported for between 1 and 7 days. The Community Treatment Team will operate between 8am and 10pm seven days a week, responding to service requests within two hours.

Anyone can refer: self, family/friend/carer, GP, nursing home, etc. by a simple telephone call to **020 3644 2799**.

Complementing the Community Treatment Team is the **Intensive Rehabilitation Service**.

This team includes nurses, occupational therapists, physiotherapists and rehabilitation assistants. There is also access to a geriatrician through the Community Treatment Team if required.

The Community Treatment Team aims to provide an alternative to community bed rehabilitation and to support people in their own homes as appropriate. It will offer an average of three visits a day to a patient but the actual service provided will naturally vary depending on needs of the patient.

The Intensive Rehabilitation Service team will work closely with Community Treatment Team and community beds to 'step people up' and down if required; so that, for example, if someone had been

supported by the Intensive Rehabilitation Service but their condition worsened, they could be transferred into a community bed.

The Intensive Rehabilitation Service will be open 8am-8pm seven days a week and accessed through the Community Treatment Team.

The aim is to provide easier access and choice about how care is received by patients and to improve patient experience. More people will receive care in their own homes and there will be better packages of care tailored to a patient's specific needs rather than providing same care to all.

There will also be fewer potential risks from bed based provision e.g. risk of infection, loss of independence etc. and a reduction in inappropriate admissions to hospital: but it is stressed that anyone who needs a bed will still be able to have one.

### ***The discussion***

The general view of participants was that the Community Treatment Team/Intensive Rehabilitation Service initiative was long overdue but that there had been a positive start. As always, communication would be the key: patients and carers need to know about the service and be clear about how they could access and use it, and what its benefits would be for them. Moreover, it would be important to ensure that carers felt supported.

The focus of the presentation was on health outcomes but it would be important to ensure that social care was involved too. The inclusion of a social worker in the Community Treatment Team was welcome but there would need to be social care back up for people whose primary need is not medical.

There was concern about screening of service users: it would be necessary to ensure that Community Treatment Team interventions did not result in greater strain on the other aspects of service, on managing

clinical need and in managing social care nor lead to an avoidable increase in the burden on social services funding.

There was also concern that forthcoming changes in direct payments to service users could have an unforeseen impact on the provision of the service.

The view overall, however, was that in principle the changes should provide a major improvement to current services, provided that capacity and finance was capable of meeting demand now and in the future.

Clarification was needed about what “self-referral” meant. For best effect, patients, carers and professionals needed to be informed about the service and how it works. The service number needed to be very widely advertised, with clarity about what it is for, but protocols had to be in place to ensure that important contact with GPs is not cut out. It was suggested that, for Havering residents, a **01708** number should be available.

The criteria should be explained in full to the caller and then the Community Treatment Team should decide who to assist, based on those criteria. Care was needed to ensure that all available diagnostic information was obtained during the initial call so as to avoid misdiagnosis. It would be important to use plain language when speaking with people who had no specific medical knowledge and to dig deeply into what they were saying in order to bring out the true facts, without giving any impression that callers were “being a nuisance”.

It would be necessary also to overcome the developing cultural assumption that only the GP or A&E held the answers to medical problems.

The new service would meet the need, at least in principle, but only if it did not duplicate or confuse what was there already and continued once a need had been created. Ongoing monitoring and review would be needed and complaints dealt with quickly and effectively.

There was agreement that there should be a further workshop event, with the same participants, in about 6 months' time to hear feedback from the Clinical Commissioning Group and North East London Foundation NHS Trust as to progress thus far, to review the outcomes and to consider what (if any) changes may be required.

### ***Specific questions and answers***

#### ***Haven't we heard all this before?***

There have been similar schemes before, but this is the first time that Clinical Commissioning Groups have put these services in place and are really committed to making it work - it is definitely not "lip service".

#### ***How will demand be managed - what planning has been done on that?***

There will be weekly and daily monitoring, peaks identified and the service will be fitted around those times. There could come a saturation point when it will be necessary to go back to the Clinical Commissioning Groups for more resources.

#### ***How does referral work? Can the London Ambulance Service refer into it? How do you know if people self-referring are doing so appropriately?***

There are close links with the London Ambulance Service, who can refer patients to the Community Treatment Team: there have been referrals from paramedics already. All calls are triaged by the most senior nurse on the team to make sure that the Community Treatment Team is the appropriate route for treatment. If it is not, callers are told where best to get a service elsewhere.

#### ***Are referrals coming from the Queen's Hospital?***

The Intensive Rehabilitation Service had had 3 referrals from Queens in the week before the event -that was a breakthrough.

#### ***What do A&E staff say about the service?***

We've had referrals - they support it.

#### ***The clinical side is sorted out - how will the interface between clinical and social care be managed?***

Social workers are part of the team and involved from day one so the Team is working in an integrated way

***Are these teams being asked to do additional work as well as current roles?***

No: they are funded as a new resourced service with new funding.

***It's a good idea and everybody wants to go home from hospital quicker - but what about isolated people - are they ready?***

We work with the local voluntary sector - e.g. Age Concern Havering - to make sure that support is at home. No one will be sent home if it is not appropriate to do so.

***Will the Community Treatment Team support carers to help with discharge?***

A main function of the Community Treatment Team is to support carers. Community pharmacy is part of the scheme too. Our nurses are also prescribers.

***What information is there for patients about treatment and care?***

Self-referral care plans are signed off by the patient and family. Calls are screened by a clinician and Community Treatment Team staff are at A&E to identify appropriate patients.

***Publicity is all - do GPs know about this?***

Absolutely. Similar presentation events had been held for GPs to introduce the service.

***Is the 111 system aware of the service?***

Yes, it's part of their Directory of Services.

***It's all about communication and letting people know about these services.***

Many people already know about and use the service; we are seeking to roll it out more widely.

***How will the service be financed? By extra resources or recycled from elsewhere?***

There will be investment from Clinical Commissioning Groups to support these services.

***What about mental health?***

The whole concept for these services comes out of Mental Health services at North East London Foundation NHS Trust. Dementia patients get infections which often end in A&E as they are harder to care for. Older people's Mental Health teams work closely with the Community Treatment Team to deal with physical

illness and the home treatment team works around the behavioural aspects. We support everyone, without the need to go to A&E.

***What about out of hours drugs dispensing for people returning to care homes?***

***What happens after 10pm?***

The Community Treatment Team is working with care homes on this. By 10pm a patient will have a care plan to cover this.

***Is there a password system for house callers/security?***

Yes. Protocols are in place for that.

***Will the team have ID so people can be assured who they are?***

Yes they will.

***Are community pharmacists involved?***

Yes. A pharmacist is part of the team.

***Will the service go 24 hours in future?***

There is no evidence showing a demand for that. The service is currently framed around the peaks in demand.

## **Participation in Healthwatch Havering**

We need local people, who have time to spare, to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering. To achieve this we have designed 3 levels of participation which should allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

**We are looking for:**

### **Lead Members**

To provide stewardship, leadership, governance and innovation at Board level. A Lead Member will also have a dedicated role, managing a team of members and supporters to support their work.

### **Active members**

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

### **Supporters**

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

## **Interested? Want to know more?**

Call our Manager, Joan Smith, on **01708 303 300**;  
or email [enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)



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