

**Report of the consultation  
on making intermediate  
care better in Barking and  
Dagenham, Havering and  
Redbridge**

Prepared for Barking and Dagenham, Havering  
and Redbridge Clinical Commissioning Groups

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## Executive summary

Barking and Dagenham, Havering and Redbridge CCGs are working together with local authorities and providers to look at how health and social care services can be made better for local people. This partnership is called the Integrated Care Coalition. They agreed that the development of intermediate care community services was a priority for 2013/14.

The Integrated Care Coalition wants local people to get the health and social care they need as easily and conveniently as possible, at home or closer to their homes, rather than in a hospital or care home, so they can live independently for as long as possible. They also want to make sure that the health and social care system is able effectively to manage increasing demand and need, now and in the future, ensuring services are efficient and deliver value for money.

In 2012, the Integrated Care Coalition published their Case for Change for Integrated Care. They found that local people needing intermediate care have historically generally been cared for in beds at community rehabilitation units rather than at home. This means they often take longer to recover which can make it much harder for them to return home and live independently. In some areas there has been lack of investment across health and social care to support people at home.

The CCGs trialed two home-based services for a six month period. During this period they engaged widely with patients, the public and other stakeholders. The trial was positive in terms of patient experience and outcomes, and the CCGs decided to continue the trial while consulting more formally on whether to introduce the services on a permanent basis.

The public consultation took place between 9 July 2014 and 15 October 2014. 5,400 printed consultation documents were distributed to stakeholders and the public across Barking and Dagenham, Havering and Redbridge throughout the consultation period. Stakeholders were asked to respond and encourage others to do so. Local GP surgeries and libraries were asked to display the document and staff in the home-based services passed copies to service users and carers. The consultation document, questionnaire and pre-consultation business case were published on each CCG's website.

Six public engagement/ drop-in sessions were held at libraries, GP surgeries and a shopping centre and clinical leads and CCG officers attended 28 meetings with groups of up to about 100 people, as well as with individuals, to discuss the consultation proposals.

438 responses to the consultation were received: 413 questionnaires and 25 letters/emails. Half of those who responded to the questionnaire (and completed the 'borough' box on the monitoring information) were from Redbridge. 21% were from Barking and Dagenham and 19% from Havering.

Responses were also received from local providers of health services - the two acute hospital trusts, the local NHS foundation trust and the local GP out-of-hours services provider – and from a neighbouring clinical commissioning group. Each borough's health scrutiny committee responded. Havering Council also sent a response from the council as a whole. Healthwatch in Havering and in Redbridge responded.

Andrew Rosindell, MP for Romford, was the only MP to send a formal response to the consultation. Margaret Hodge, Angela Watkinson and Jon Cruddas (MPs for Barking, Hornchurch and Upminster, and Dagenham and Rainham) engaged with the CCGs about the issues. John Cryer, MP for Leyton and Wanstead, raised concerns about the consultation and engaged with the CCGs in a range of ways. Ilford North MP Lee Scott, in a letter to the local paper, encouraged people to have their say on the proposals. None of the other local MPs engaged with the CCGs or expressed any views.

## Headlines from the questionnaire

	Support %	Opposition %
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.	83%	14%
The NHS should reduce the numbers of community rehabilitation beds if it can be shown that they are not used and are not needed.	64%	30%
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.	48%	40%
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.	63%	30%

## Key findings

- 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 is still a minority of those who expressed an opinion.
- 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.
- There was concern that if the proposals were implemented then the services might not be able to cope with a growing and ageing population and fluctuations in demand (for example in winter).
- There was concern about travel and transport issues if the number of community rehabilitation units were reduced to one on the King George site.
- There was opposition to the closure of Heronwood and Galleon units in Wanstead for a number of reasons: that they are purpose-built for this kind of care; that they provide a high standard of care; that the local environment is conducive to recovery; that local residents would have further to travel to a community rehabilitation unit.

## Background

The Health for north east London consultation in 2009-10 outlined proposals for delivering high-quality hospital health services for the people of north east London. This included a vision for King George Hospital, where local services, including rehabilitation, would be brought together to provide a more integrated and supportive service for both adults and children. The proposals were agreed by the seven primary care trusts in north east London, but the then Redbridge Primary Care Trust agreed that a further public consultation would be carried out if any specific changes to the Heronwood and Galleon unit in Wanstead were proposed.

Barking and Dagenham, Havering and Redbridge CCGs are working together with local authorities and providers to look at how health and social care services can be made better for local people. This partnership is called the Integrated Care Coalition. They agreed that the development of intermediate care community services was a priority for 2013/14.

## The vision for local health services

The Integrated Care Coalition wants local people to get the health and social care they need as easily and conveniently as possible, at home or closer to their homes, rather than in a hospital or care home, so they can live independently for as long as possible. They also want to make sure that the health and social care system is able effectively to manage increasing demand and need, now and in the future, ensuring services are efficient and deliver value for money.

## Case for change

In 2012, the Integrated Care Coalition published their Case for Change for Integrated Care. They found that local people needing intermediate care have historically generally been cared for in beds at community rehabilitation units rather than at home. This means they often take longer to recover which can make it much harder for them to return home and live independently. In some areas there has been lack of investment across health and social care to support people at home.

They also found a lack of support services in the community meant that older people were being admitted to hospital for preventable causes and there were more intermediate care beds across the area compared with similar parts of the country. They considered that only offering bed-based care was an old-fashioned way of providing care that does not take into account people's individual needs.

The case for change was also clear that implementation of acute services reconfiguration relies on improvements to intermediate care services.

## Trialling new services

Since the case for change was published, improvements have been made to the productivity, consistency of service and quality in the community bed base and community services, meaning that patients now stay in hospital on average nine days less than in 2012/13. The resource that had been used to support those longer inpatient stays was then able to be redirected into community services, providing additional therapy for people in their own homes.

The CCGs trialled two home-based services (delivered by North East London NHS Foundation Trust, or NELFT) – the community treatment team (CTT) and the intensive rehabilitation service (IRS) – for a six month period. The trial was positive in terms of patient experience and outcomes, so the CCGs decided to continue the trial while also consulting patients, the public and other stakeholders on whether to introduce the services on a permanent basis.

## Pre-consultation engagement

When the three CCGs' governing bodies agreed to the trial of the new home-based services, they said intensive engagement with service users and the public would be undertaken before and during the trial. This was so that patients' experiences of the services and their views about whether they have met their needs could be taken into account when considering how to take forward the development of intermediate care services.

The CCGs and NELFT engaged with service users, carers, staff and the public in order to explain the new services being trialled, and find out what they thought of the new services provided in patients' homes and about the care provided at community rehabilitation units.

During this period, each CCG engaged with the public, patient representatives and those who had been supported by CTT or IRS. They spoke to almost 400 members of the public, patients and patient representatives to find out what they thought of the new services provided. They did this in different ways, through interviews with service users; discussions at patient engagement forums and workshops run by Healthwatch; and patient satisfaction surveys

Feedback received during the trial on how the service could be improved focussed on two key areas: communication about times of visits and the outcomes; and faster response times. The comments on areas for development were fed into discussions in the local project groups to consider how best to develop and improve the service.

The CCGs also met with social care teams, community groups, nursing homes, GPs, and domiciliary care providers to talk about the new services and who they are suitable for. Information leaflets explaining the new services and how they work were developed and widely distributed through GP practices, social care and community groups.

Throughout this period, the CCGs also kept stakeholders informed through a series of briefings about the new services, their performance and patients' experience of them. They presented to local health scrutiny committees on the new services and, as direct engagement was limited by the local election process in May 2014, also provided them with written briefings on the governing bodies' decision-making process and next steps.

## Governance and responsibilities

### Governance

Barking and Dagenham, Havering and Redbridge CCGs established a steering group to lead, oversee and coordinate the consultation across the area. This included senior clinical leads from the CCGs and a local authority representative.

The consultation steering group signed off the pre consultation business case for consideration and approval by the three CCG governing bodies, who then separately agreed to hold a public consultation to ensure the views of local people and other key stakeholders were taken into account when deciding on the future of intermediate care. The consultation steering group reviewed and signed off the consultation document before it went to print.

The consultation steering group will consider the results of the consultation contained in this report (and by examining the data, if required), ensuring that the information is used to inform the decision-making business case. The consultation steering group, in that decision-making business case, will make recommendations to the governing bodies of the three CCGs about next steps.

The three CCGs' governing bodies will individually consider the decision-making business case and make decisions about the way forward for intermediate care services.

### Policy overview

There are two main relevant legal requirements:

#### **For the NHS to promote public involvement and consultation**

(Section 14Z2, Health and Social Care Act 2012, as amended)

This duty applies where there are changes proposed in the way in which services are delivered, or in the range of services available. The duty applies to health services commissioned by clinical commissioning groups, which are responsible for involving or consulting the people who are or may be using the service.

#### **For the local authority to review and scrutinise the NHS**

(Part 4, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)

Under the Local Authority Regulations 2013, local authorities may review and scrutinise any matter relating to the planning, provision and operation of the health service in their area.

#### **The Secretary of State's guidance**

In addition to the statutory duties outlined above, the NHS must also have regard to the guidance published by the Secretary of State, including the four tests for reconfiguration introduced in 2010:

- GP commissioning support
- Patient and public engagement
- Clinical evidence base
- Choice and competition

Evidence of how the service change meets the four tests is required ahead of any consultation on reconfiguring services. An initial review of the four tests was prepared before the launch of the consultation, and a more detailed review, incorporating the consultation-related public and patient engagement, will form part of the evidence for the decision-making business case.

## The proposals

The consultation describes five options for the future of intermediate care (see below). These options focus on three key areas: the future of the new home-based services; the number of community rehabilitation beds; and the number and location of the community rehabilitation units.

The consultation steering group looked at the benefits to local people of each option, scoring them against a set of non-financial and financial criteria. Through this process they identified a preferred option - option five in the list below.

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<b>Option 1</b>	<b>Stay as they are now</b>
	<ul style="list-style-type: none"><li>• CTT and IRS services</li><li>• Same number of beds</li><li>• Beds on three sites</li></ul>
<hr/>	
<b>Option 2</b>	<b>Go back to before the trial</b>
	<ul style="list-style-type: none"><li>• No IRS</li><li>• No CTT in Redbridge and reduced CTT hours in BD and Havering</li><li>• Same number of beds</li><li>• Beds on three sites</li></ul>
<hr/>	
<b>Option 3</b>	<b>New services and three sites</b>
	<ul style="list-style-type: none"><li>• CTT and IRS services</li><li>• Fewer beds</li><li>• Beds on three sites</li></ul>
<hr/>	
<b>Option 4</b>	<b>New services and two sites</b>
	<ul style="list-style-type: none"><li>• CTT and IRS services</li><li>• Fewer beds</li><li>• Beds on two sites</li></ul>
<hr/>	
<b>Option 5</b>	<b>New services and one site</b>
<i>Preferred option</i>	<ul style="list-style-type: none"><li>• CTT and IRS services</li><li>• Fewer beds</li><li>• Beds on one site</li></ul>

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## Structure of the consultation

The consultation started on Wednesday 9 July and was originally intended to run for 12 weeks, closing at 5pm on Wednesday 1 October. Following representations from a number of people, the consultation steering group later decided to extend the consultation period by a further two weeks. This meant it ran for 14 weeks in total, closing on Wednesday 15 October at 5pm.

## Consultation document, questionnaire and materials

### The consultation document

The consultation document was written in plain English. The CCGs' patient engagement forum chairs and vice-chairs and governing body lay members were asked to review and comment on the structure of the consultation document and definitions of terms such as 'intermediate care'.

The document included a statement in seven other languages asking people to contact the CCGs if they wanted to know more about the proposals but could not read the document. It asked them to say what help they might need and if they needed a large print version or different format. The decision about which languages was based on information from local councils about the most frequently-requested languages for translation.

The Centre for Independent Living in Redbridge (CIILR) asked whether there was an 'easy read' version of the document. The CCGs discussed this with them and it was agreed that instead the CCGs would attend an event to discuss the proposals and answer any questions, to help people complete the questionnaire.

No other requests for other formats or languages were received.

### The questionnaire

The consultation sought views through a questionnaire, where respondents were asked to indicate the extent of their agreement or disagreement with a set of statements. These were framed as clear views, to enable respondents to state clear opinions in response, whether in agreement or opposition. Respondents were also given the opportunity to comment on each statement and to comment in general.

The questionnaire was produced in hard copy, as part of the consultation document, which could be returned via a Freepost address. There was also an identical online questionnaire, accessed through all of the CCGs' websites.

### Other consultation materials

A short summary leaflet about the consultation and engagement sessions was produced and distributed with the consultation documents and at drop in-sessions. A NELFT-produced leaflet about the community treatment team and how to access it was also distributed at events.

A standard set of slides was developed for the CCGs to present the proposals to health scrutiny committees, health and wellbeing boards and more widely.

### Distribution: hard copy

A total of 5,400 printed consultation documents were distributed to stakeholders and the public across Barking and Dagenham, Havering and Redbridge throughout the consultation period. Further printed copies were available as requested.

Printed consultation documents were sent to all local MPs, GP surgeries and libraries in the three boroughs early in the consultation period. The GP surgeries and libraries were asked to display the

consultation document prominently. Local MPs were encouraged to distribute the document to anyone in their constituency with an interest, as well as to respond to the consultation themselves.

When concerns were raised about distribution of the consultation document in the Wanstead area of Redbridge, checks were carried out to make sure the document was easily available to the public and additional distribution was arranged to healthcare providers, voluntary organisations and pharmacies to ensure there was no shortage. A box of documents was requested and sent to the Wanstead and Snaresbrook Residents' Alliance before their public meeting.

Early in the consultation, documents were sent to community and voluntary organisations like Healthwatch, Age UK and the Citizens Advice Bureaux, as well as to provider organisations for distribution to patients. More were sent on request. Staff working in the home-based services were provided with boxes of consultation documents to distribute to service users they visited. Local councillors in the three boroughs received copies of the documents via the scrutiny officer of each council's health scrutiny committee.

Consultation documents were distributed at every event attended to discuss the consultation proposals with encouragement to fill in the questionnaire.

### **Distribution: electronic**

On the consultation launch date, emails were sent to all stakeholders with a link to the consultation page on each CCG's website and information on how to respond. The stakeholders contacted were:

- MPs
- Council health scrutiny committees, cabinet members for health and adult services
- Council leaders, chief executives and directors of public health and adult services (or equivalent)
- Health and wellbeing boards
- Councillors in wards where community rehabilitation units were located
- London Assembly members
- Service providers (NELFT, BHRUT, PELC, Barts Health and LAS)
- GPs
- Professional organisations (Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee, Local Optical Committee, Royal College of GPs, British Geriatrics Society, Chartered Society of Physiotherapy)
- Healthwatch (in the three boroughs)
- Neighbouring CCGs (Newham, Waltham Forest, West Essex)
- Patient groups, interest groups and community and voluntary organisations.

A further email encouraging GPs to respond and to display the document in their waiting rooms was sent in August, and the Local Pharmaceutical Committee was asked in September to remind their members about the consultation. When the consultation steering group decided to extend the closing date for responding by two weeks, an email was sent, on 12 September, to inform all stakeholders of the extension. Another email to all stakeholders went out before the end of the consultation period with a reminder of the closing date.

The consultation document, questionnaire and pre-consultation business case were available in PDF format on each CCG's website, with the consultation webpage prominently advertised on the homepage.

## Consultation activities

### Advertising the consultation

Three advertisements were placed in local newspapers to advertise the consultation and promote the public drop-in sessions: one in the Ilford Recorder on 24 July, one in the Romford Recorder on 15 August and one in the Barking and Dagenham Post on 3 September 2014.

### Attending meetings

The CCGs in Barking and Dagenham, Havering and Redbridge engaged with a range of organisations during the consultation period, ensuring a diverse set of interest groups and a wide geographical spread across the area.

- Patient groups (Patient engagement forums, Centre for Independent and Inclusive Living Redbridge)
- Older people's groups (Age UK Redbridge, Havering Over 50s Forum, Redbridge Pensioners' Forum, Collier Row Townswomen's Guild)
- Residents' groups (Wanstead and Snaresbrook Residents' Alliance in Redbridge, Thames View Residents' Association in Barking and Dagenham)
- Interest groups (Redbridge Carers Support Service, Chartered Society of Physiotherapy)
- Black and minority ethnic groups (Havering Asian Social and Welfare Association, Redbridge Asian Mandal)

The GP clinical leads for intermediate care presented on the consultation and the proposals to each CCG's patient engagement forum. Members discussed the proposals, asked questions and then some submitted responses.

The intermediate care proposals were also presented at a number of community meetings, such as the Redbridge Pensioners Forum on 1 September, attended by around 100 people, and a meeting arranged by the Wanstead and Snaresbrook Residents' Alliance on 17 September, which was attended by around 80 people. The clinical leads and CCG officers answered a range of questions and heard views from members of the public.

CCG staff attended the annual general meetings for the North East London Foundation NHS Trust and the Barking Havering and Redbridge University Hospitals NHS Trust to raise awareness of the consultation among staff and members of the public.

### Drop-in sessions

The GP clinical leads, supported by a number of other staff, ran drop-in sessions at Redbridge Central Library on 31 July, Romford Central Library on 21 August and Barking Learning Centre on 11 September, engaging with members of the public about the proposals, answering questions and encouraging them to respond to the consultation. The CCGs also held other events to discuss the proposals at Dagenham Heathway shopping centre on 29 August and at GP surgeries in Upminster (9 October) and Dagenham (10 October), where questionnaires were handed out and people were encouraged to complete them.

### Engagement with health scrutiny committees and health and wellbeing boards

Clinical leads and senior managers discussed the consultation in detail with the health scrutiny committees and health and wellbeing boards for all three councils, in some cases at several meetings. It was discussed with the Joint Health Overview and Scrutiny Committee, which also includes the London Borough of Waltham Forest and Essex County Council. Clinical leads and senior managers also had an informal meeting with Barking and Dagenham councillors with 14 people attending (a mix of councillors and officers), as their first HSC meeting scheduled during the

consultation period was not due to take place until 30 September (just before the original consultation closing date). The Redbridge chief operating officer spoke to the Redbridge HSC chair on several occasions to discuss the proposals in further detail. Questions from the Havering HSC chair were also answered by email.

### **MP engagement and activity**

All MPs were offered a meeting with the GP lead for intermediate care to discuss the proposals. Havering CCG's clinical lead on intermediate care met with Andrew Rosindell, MP for Romford, to discuss the proposals. Angela Watkinson, MP for Hornchurch and Upminster, attended the Havering drop-in session.

The Barking and Dagenham, Havering and Redbridge CCGs' chief officer had a telephone conversation with Margaret Hodge, MP for Barking, about the consultation. Jon Cruddas, MP for Dagenham and Rainham, commented on the proposals on his website and through social media. Ilford North MP, Lee Scott, wrote a letter published in the Ilford Recorder, encouraging local people to have their say on the proposals.

John Cryer MP for Leyton and Wanstead raised concerns about the consultation, and wrote to the CCG twice. Both letters were responded to and the chief officer also met with Mr Cryer to discuss the consultation. Mr Cryer also arranged for a parliamentary adjournment debate to be held on 4 September, titled 'Closure of Wanstead Hospital'. The chief officer briefed the Parliamentary Under Secretary of State for Public Health Jane Ellison in person before the debate, as well as providing a detailed written briefing on Heronwood and Galleon units (on the Wanstead Hospital site), the intermediate care proposals and the public engagement work being carried out. Mr Cryer also attended and spoke at the public meeting arranged by the Wanstead and Snaresbrook Residents' Alliance.

### **Correspondence**

Throughout the consultation period, the CCGs responded to extensive correspondence with community organisations and members of the public, including over 70 detailed questions from the Wanstead and Snaresbrook Residents' Alliance.

### **Media activity**

Media releases – one for each CCG – were sent to local media when the consultation launched to publicise both the consultation and the drop-in sessions. The Barking and Dagenham CCG chair's regular monthly column in the Barking and Dagenham Post also set out the consultation proposals and encouraged people to respond.

During the consultation, a further media release for each CCG was sent out to publicise the consultation extension and highlight how the Community Treatment Team and Intensive Rehabilitation Services had been praised by health minister Jane Ellison.

Another release, again for each CCG, was sent out towards the end of the consultation to remind people that there was still time to respond.

All media releases directed people to the website and other sources of information such as public events about the consultation. All media releases received coverage in the local print and online newspapers.

Overall, the consultation produced 29 pieces of coverage in newspapers and 28 initial pieces of online coverage. Any factually-inaccurate reporting of the consultation by local media was challenged and generally the stories were amended. As a result, the number of web articles increases to 34, when including second versions of online articles that had corrections.

Title	Circulation	No of web articles	No of newspaper articles	Total
Wanstead and Woodford Guardian	3,847	17	7	24
Ilford Recorder	8,251	7	9	16
Romford Recorder	15,302	2	4	6
Health Service Journal	16,565	1	0	1
Yellow Advertiser (Redbridge)	17,665	0	1	1
Yellow Advertiser (Havering)	43,978	0	1	1
Barking and Dagenham Post	6,403	0	5	5
Newham Recorder	8,326	0	1	1
Other websites	N/A	7	1	8
<b>Total</b>	<b>120,337</b>	<b>34</b>	<b>29</b>	<b>63</b>

All circulation figures were obtained via [Newspaper Society](#) and [Audit Bureau of Circulation](#)

Based on these figures and using newspaper articles alone, coverage of the consultation was viewed **264,380 times**<sup>1</sup> over the 14 week period.

<sup>1</sup> This is calculated for each newspaper, by multiplying the circulation figure by the number of articles in that paper, then adding them all to reach a final total.

## Responses to the consultation

### The consultation in numbers

#### Total number of responses: 438

- Questionnaires (printed and emailed): 413
- Letter/email responses: 25

#### People who engaged at drop-ins and/or attended meetings: around 870

- Meeting of Redbridge Patient Engagement Forum, 15 July: around 10
- Meeting of Havering Patient Engagement Reference Forum, 23 July: around 10
- Meeting of Barking and Dagenham Patient Engagement Forum, 24 July: around 10
- Meeting of Redbridge Health Scrutiny Committee, 24 July: 12
- Public engagement session in Redbridge Central Library, 31 July: around 50
- Informal meeting of Barking and Dagenham Health and Adult Services Select Committee, 31 July: around 14
- Meeting of Havering Health and Wellbeing Board, 13 July: 6
- Meeting of Barking and Dagenham LGBT Group, 13 August: 1
- Public engagement session in Romford Central Library, 21 August: around 65
- Age UK Redbridge engagement session with the Voices of Experience patient group, 20 August: around 20
- Age UK Redbridge engagement session with Wiltshire Court sheltered housing accommodation residents, 28 August: around 30
- Public engagement session at Dagenham Heathway shopping centre, 29 August: around 50
- Meeting of Redbridge Pensioners Forum, 1 September: around 100
- AGM of Barking Havering and Redbridge University Hospitals NHS Trust at Queen's Hospital, 3 September: around 35
- Meeting of Havering Asian Social Welfare Association, 3 September: around 20
- Meeting of Redbridge Health and Wellbeing Board, 8 September: 10
- Meeting of Redbridge Asian Mandal, 9 September: 3
- Meeting of Barking and Dagenham Health and Wellbeing Board, 9 September: 10
- Meeting of Havering Health Overview and Scrutiny Committee, 9 September: 6
- Meeting of Havering Health and Wellbeing Board in Havering, 10 September: 5
- Public engagement session in Barking Learning Centre, 11 September: around 70
- Meeting of the Collier Row Townswomen's Guild in Havering, 16 September: around 40
- Meeting of Redbridge Patient Engagement Forum, 16 September: around 40
- Panel discussion and public engagement at Wanstead and Snaresbrook Residents' Association meeting in Redbridge, 17 September: around 80
- Meeting with Tulasi Clinic staff in Barking and Dagenham, 19 September: 2
- Redbridge Centre for Independent and Inclusive Living meeting, 24 September: around 15
- AGM and healthy living event of the North East London NHS Foundation Trust in Havering, 25 September: around 30
- Meeting of Barking and Dagenham Health and Adult Services Select Committee, 30 September: around 10
- Meeting of Thames View Residents Association in Barking and Dagenham, 7 October: around 12
- Drop-in session at Avon Road GP surgery in Havering, 9 October: around 25
- Drop-in session at the Gables GP surgery in Barking and Dagenham, 10 October: around 20
- Meeting of Redbridge Carers Support Service, 13 October: 2
- Discussion and public engagement at Redbridge Healthwatch event, 13 October: around 40
- Meeting of Joint Health Overview and Scrutiny Committee, 14 October: 15

### **Consultation document downloads: 1,035**

- Barking and Dagenham: 676
- Havering: 81
- Redbridge: 278

### **Webpage views: 3,232**

- Barking and Dagenham: 897
- Havering: 937
- Redbridge: 1,398

## **Who responded to the consultation?**

### **Responses to the questionnaire: 413**

- Individuals: 340
- Organisations or groups: 35
- Did not say: 38

### **Responses as letters or emails: 25**

- Individuals: 7
- Organisations or groups: 15
- Not known: 3

The groups or organisations which responded were:

- Age UK (questionnaire)
- Barts Health NHS Trust (letter)
- Barking, Havering and Redbridge University Hospitals NHS Trust (letter)
- Chartered Society of Physiotherapy (letter and questionnaire)
- Centre for Independent and Inclusive Living – Redbridge (letter)
- DABD (UK) (questionnaire)
- Friends of St Georges Hospital (questionnaire)
- Gables Patient Participation Group (questionnaire)
- Havering Asian Social and Welfare Association (questionnaire)
- Healthwatch Havering (letter)
- Healthwatch Redbridge (letter)
- Hearing Hands (questionnaire)
- Leyton and Wanstead Conservative Association (questionnaire)
- London Borough of Barking and Dagenham Health and Adult Services Select Committee (letter)
- London Borough of Havering (letter)
- London Borough of Havering Health Overview and Scrutiny Committee (letter)
- London Borough of Redbridge Health Scrutiny Committee (letter)
- North East London NHS Foundation Trust (letter)
- Patient Experience Partnership (questionnaire)
- Partnerships of East London Co-operatives (letter)
- RBA (questionnaire)
- Redbridge Forum (questionnaire)
- Redbridge Gujarati Welfare Association (questionnaire)
- Snaresbrook branch, Labour party (questionnaire)
- St Francis Hospice (letter)
- The RCCCG, UK (questionnaire)
- Unison (North East London NHS Foundation Trust) (questionnaire)
- Waltham Forest Clinical Commissioning Group (letter)
- Wanstead and Snaresbrook Residents' Alliance (letter and questionnaire)

In some cases a respondent said they were responding on behalf of a group (rather than as an individual) but did not indicate what that group was. In other cases more than one person said they had responded on behalf of the same group. This means that the numbers in the table below do not tally with the number of groups listed above.

The demographic information below relates to individuals who completed the questionnaire, as those who sent in letters or emails did not give us these details about themselves. Where these do not total 413 (the total number of questionnaires) the remainder is those who did not respond to that particular question. Percentages are given after the actual numbers and are a percentage of those who responded (so excluding those who left the question blank).

<b>Respondent</b>	<b>Total</b>
<b><i>Borough or area</i></b>	
Barking and Dagenham	82 (21%)
Havering	71 (19%)
Redbridge	188 (50%)
Other	37 (10%)
<hr/>	
Female	260 (70%)
Male	104 (28%)
Prefer not to say	8 (2%)
<hr/>	
NHS employee	64 (17%)
Not employed by NHS	287 (77%)
Prefer not to say	21 (6%)
<hr/>	
<b><i>Age</i></b>	
Under 16	1 (0%)
16-25	7 (2%)
26-40	51 (14%)
41-65	126 (33%)
Over 65	173 (45%)
Prefer not to say	24 (6%)
<hr/>	
<b><i>Ethnic background<sup>1</sup></i></b>	
Asian	54 (14%)
Black	36 (10%)
Mixed	7 (2%)
White	264 (71%)
Any other background	4 (1%)
Prefer not to say	8 (2%)
<hr/>	
<sup>1</sup> Results for each category have been aggregated from the smaller numbers in the sub-categories.	
<hr/>	
<b><i>Belief or religion</i></b>	
Agnosticism	10 (3%)
Atheism	24 (7%)
Buddhism	5 (1%)
Christianity	188 (52%)
Hinduism	15 (4%)
Islam	20 (6%)
Judaism	19 (5%)
Sikhism	8 (2%)
Other	21 (6%)
Prefer not to say	51 (14%)

*Capacity in which individuals were responding*  
**(people could choose more than one option, so percentages are not given)**

184 local residents  
53 service users  
26 carers  
48 NHS staff  
36 others  
25 prefer not to say

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It should be noted that all the numbers are too small to be statistically significant representations of the population.

## Common issues raised

There were some issues raised by respondents (across questionnaires and letters/ emails), which were not directly related to the proposals. Of the 41 responses where such an issue could be identified, the top two common issues were:

- **Conduct of the consultation:** some people said they felt the consultation was flawed and the wording of the questionnaire was leading. The timing of the consultation was also questioned. This issue was raised by nine respondents.
- **Better communication between different areas of the NHS:** some general concern was expressed about the need for improved communication between different parts of the health system because patients being managed by several teams/ consultants/ GP experience delays in their care. Personal experiences were described. This issue was raised by four respondents.

## Petition

A petition was received from the Snaresbrook Branch Labour Party regarding the potential closure of Heronwood and Galleon wards and the consultation process. It stated:

*We, the undersigned, oppose the closure of Galleon and Heronwood wards at Wanstead Hospital. We call upon the Clinical Commissioning Group to conduct a more comprehensive consultation process which includes options on maintaining and expanding Galleon and Heronwood wards.*

The petition was examined and three sheets were disregarded as duplicate photocopies. The total number of signatures was calculated to be 2588.

## Analysis of responses to the questionnaire

A consultation exercise is a very valuable way to gather opinions about a wide-ranging topic. However when interpreting the responses, it is important to note that whilst the consultation was open to everyone:

- the respondents were self-selecting, and certain types of people may have been more likely to contribute than others
- the responses therefore cannot be assumed to be representative of the population as a whole.

Typically with consultations, there can be a tendency for responses to come from those more likely to consider themselves affected and particularly from anyone who believes they will be negatively impacted upon by the implementation of proposals.

We looked at all the responses to the consultation to see if there were multiple responses from the same respondent. In one case we found two responses with identical wording, where someone had submitted an online response and a paper questionnaire. They had asked us to delete one if both arrived, which we did.

We found that three named individuals and two organisations had submitted both a questionnaire and a letter. In all cases both responses have been included.

There may be other people who submitted more than one response and did not give a name or write the same comments, but there is no evidence of this.

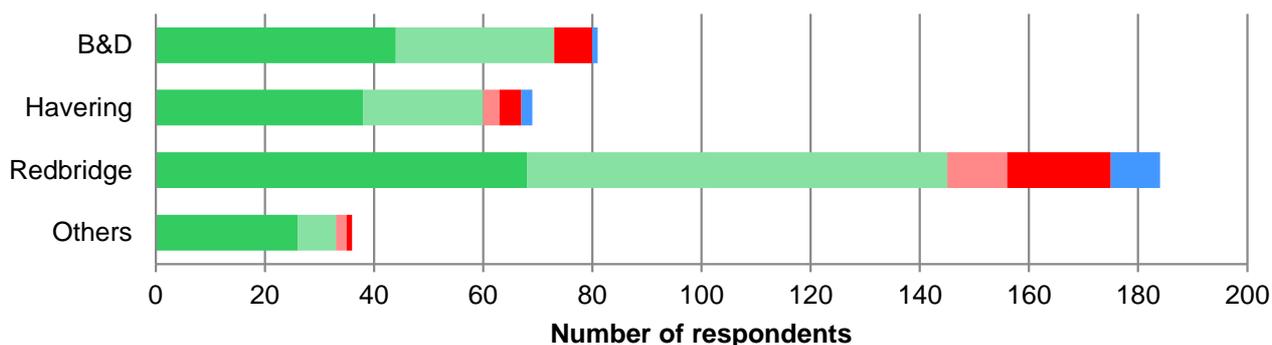
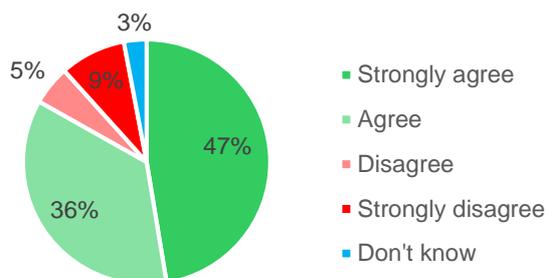
In the following analysis the comments given in letters or responses that covered more than one question have been attributed to the most relevant statement. General comments from the end of the questionnaire have been quoted where most appropriate.

In the analysis of responses to each questionnaire, the pie charts show the overall breakdown of responses to the questionnaire and the bar charts show the breakdown by borough.

This section concentrates primarily on the overall results and there is more detail on the individual borough results in the borough snapshots section later.

### Question 1

**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.**



Support from those completing the questionnaire for permanently establishing the new home-based services was high, with 83% agreeing or strongly agreeing<sup>2</sup>.

	Strongly agree/ agree	Strongly disagree/ disagree	Don't know
All (including where borough not indicated)	83%	14%	3%
Barking and Dagenham	90%	9%	1%
Havering	87%	10%	3%
Redbridge	79%	16%	5%
Others	92%	8%	0%

All the boroughs individually supported permanently establishing the home-based services. The lowest support was in Redbridge, with 79% agreeing or strongly agreeing.

#### Reasons for support

Commenting on the reasons for their support, respondents expressed the view that people generally prefer to be in their own homes, where they are in familiar surroundings and can have more visitors.

*Most people feel happier and more relaxed in their own environment providing the appropriate care can be provided.*

Female, Redbridge, aged over 65

<sup>2</sup> The total number of respondents to this question was 405.

*I think recovering at home is better because you are familiar with everything and everywhere you can get more visitors on a weekly basis.*

Female, Barking and Dagenham, aged 41-65

*If people can be helped within their own accommodation it is much better than staying in hospitals etc.*

Male, Redbridge, aged over 65

Some respondents were concerned that people were more likely to lose their independence if they stayed longer in a community rehabilitation unit, then making it harder to manage when they did return home.

*I believe, based on years of working in the acute and input rehab beds that people often become institutionalised.*

Female, NHS staff member

*My 81-year old mother-in-law (who lives elsewhere in the country) recently had a hip operation and ended up spending weeks in a community rehab unit because there were no available home-based services. She would have preferred to be at home, where she would have had more visitors, but she couldn't manage alone. When she did go home, she found it difficult because she had become reliant on someone looking after her (eg making her meals etc).*

Female, NHS staff member

Some people supported the statement because they had had good personal experience of the services.

*I was a patient of the IRS team. They really helped me. I had stress, blood pressure problems and stopped doing anything for myself. I now do everything myself.*

Female service user, Barking and Dagenham, aged over 65

*I have had the home community teams and would much prefer this than being in hospital and I've had the IRS service which was greatly appreciated and I think older generation would rather be treated in their own homes.*

Female, Barking and Dagenham, over 65

*My mother used the IRS service and they helped her so much and got her better.*

Female, Barking and Dagenham, aged 41-65

*These services are fantastic and should absolutely continue. In Havering where there is a large "frail" population these services are literally changing lives and helping people to stay at home far as long as possible. I have heard many people from other boroughs say they wished they had similar services there.*

Female carer, Havering, aged 26-40

Another reason for the support was because people thought the home-based services helped to keep people out of hospital when they did not need to be there.

*There needs to be a fundamental shift away from the hospital-first attitude in the provision of NHS care.*

Male, Havering, aged 26-40

*Home rehabilitation would mean less frequent visits as an inpatient.*

Prefer not to say

*This team has greatly reduced the amount of patients admitted to A&E.*

Details not given

While supporting the establishment of the new services, other respondents made the point that it was important to ensure the right staffing.

*I agree on the condition that sufficient competent people staff the CTTs.*

Female, Redbridge, aged over 65

Commenting on their support, some respondents expressed concern about how the services would be paid for.

*As we all know the state of the NHS at the moment, where will the funds come from? You will be cutting down some of the other services in order to have this service won't you?*

Female, Redbridge, aged over 65

*A brilliant idea but the expense worries me. How can we afford this when we are constantly told that the NHS is in crisis?*

Female, Barking and Dagenham, aged over 65

Some other respondents, also supporting this proposal, were worried about the fact that the services do not operate 24-hours a day.

*Most people prefer to be in their own homes but I understand that the community treatment teams only operate between 8 am to 10pm - many people may need help outside of these hours.*

Female, Redbridge, 41-65

Others who supported the proposal made the point that the population is growing and getting older and they expressed concern that the home-based services would be used to replace intermediate care beds.

*While supporting the new home based services they should not be delivered at the expense of closing intermediate care beds at Grays Court and Heronwood and Galleon. North east London has one of the fastest growing populations in the UK - potentially another 250,000 people in the 3 boroughs in the next 15 years.*

Male carer, aged 41-65

*With the increased population in the area, and the increase in the number of older people, this should be provided as an additional service not as a replacement service.*

Details not given

### Reasons for opposition

In commenting on their opposition to this proposal, several respondents said they did not believe that the trial of the home-based services was long enough to be able to determine whether they were effective.

*The short time this has been trialled is no proof of success. Maintain Galleon and Heronwood for a further 5 years and then review the scheme.*

Male, Havering, aged over 65

Some people who opposed this proposal were concerned about the home-based services replacing other services, especially because they thought that some people would still need to be cared for in a rehabilitation unit.

*It is impossible to place every person in this category as each one has individual needs. Some elderly people live on their own with no support. They may not be able to access bathroom facilities therefore need the support of a rehabilitation team 24 hours*

Female, Redbridge, aged 41-65

*The rehabilitation wards at Wanstead Hospital provide an excellent level of care. Patients often need an in-between level of care, they are not ready to go straight home from hospital and they should not remain in hospital "bed blocking". The level of care in my opinion is just what is needed and the physio service is what is required to get patients back onto their feet.*

Male carer, Redbridge, aged over 65

Commenting on this option, some of those who opposed the proposal said that the services were not staffed adequately or the staff needed more training.

*Not sufficient, qualified staff, enough staff to cover staff illness/holidays etc. What happens when staff don't turn up and patients have no relatives.*

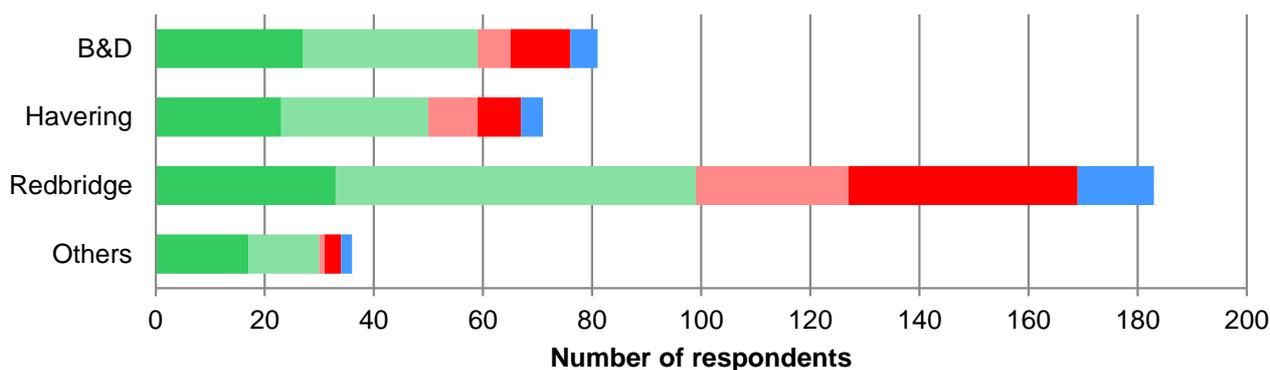
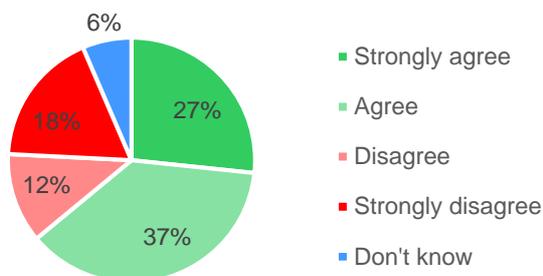
Female, Redbridge, aged over 65

*But a lot of them still need training in house to treat people who have a learning disability.*

Female, NHS staff member

## Question 2

**The NHS should reduce the numbers of community rehabilitation beds if it can be shown that they are not used and are not needed.**



Support from those completing the questionnaire (respondents agreeing or strongly agreeing) for reducing the numbers of community rehabilitation beds, if it can be shown that they are not used and not needed, was 64%. Those who disagreed or strongly disagreed totalled 30%<sup>3</sup>.

	Strongly agree/ agree	Strongly disagree/ disagree	Don't know
All (including where borough not indicated)	64%	30%	6%
Barking and Dagenham	73%	21%	6%
Havering	70%	24%	6%
Redbridge	54%	38%	8%
Others	83%	11%	6%

All the boroughs individually supported reducing the numbers of community rehabilitation beds, if it can be shown that they are not used and not needed. The lowest support was in Redbridge, with 54% agreeing or strongly agreeing. The highest opposition was also in Redbridge (38% disagreed or strongly disagreed).

### Reasons for support

The main reason that people supported this proposal is because they did not think that money should be spent on beds that would not be used. There was a strong feeling that the NHS needed to spend its limited resource where it would be most effective. Commenting on their support, respondents said:

*Why waste NHS money if the beds are not being used? A centralised centre seems sensible, especially if it is based at King George Hospital, this would clearly mean that patients who have had a hospital stay would have a much smoother transition to a rehab*

<sup>3</sup> The total number of respondents to this question was 405.

*bed if it is based at the same place, rather than having to be ferried off to locations across the three boroughs. Unless of course they have rehab in their own home from IRS, which I think most people would choose.*

Female, Havering, aged 26-40

*Agree, I strongly agree that if the home-based services prove adequate there is no need for expensive under used beds.*

Female, Barking and Dagenham, aged over 65

*Empty beds are wasteful.*

Female, over 65

*I believe scarce NHS resource should be used intelligently - if beds are not required close them and divert the resource elsewhere.*

Female carer, Havering, aged 26-40

*Waste is the biggest threat to the continued viability of the NHS.*

Male, Havering, aged 26-40

### Reasons for opposition

In opposition to this proposal, some respondents did not believe they had been shown sufficient evidence that the beds were not needed.

*It is not clear that the CCGs have demonstrated the existing 102 community beds are not needed at all. My relative recently had to wait 3 days for a bed to become available at Heronwood and Galleon in September - how long would the waiting times been in the winter when demand is greatest given that the Wanstead hospital unit had all 17 available beds in use?*

Male carer, aged 41-65

*The crucial test is - "if it can be shown they are not used and not needed" and the evidence you have so far produced does not convince me that this is the case.*

Male, Redbridge, aged 26-40

There were two particular reasons why respondents thought that there would not be enough beds.

The first was that they thought that, as the population locally is growing and getting older, the proposed number of beds would not be enough for the future larger and older population.

*There is a difference between temporarily closing beds if not needed and permanent closure. Reducing the number of available beds from 104 to just 40-61 for a population in excess of 700,000 is simply beyond comprehension. Once beds are gone – it is very difficult to re-instate them. In addition, the population increase for Redbridge alone is between 58000 and 80000 by 2030 and people are living longer. The numbers just do not stack up!*

Details not given

*As the ageing population continues to increase, it seems more sensible to increase the number of beds available, rather than leaving responsibility for night time care with equally frail partner. Cutting the number of community rehabilitation beds would end up with greater pressure on hospital facilities (like Whipps Cross).*

Male Redbridge, aged 41-65

The other particular concern about bed numbers was whether the reduced numbers of beds would be sufficient for fluctuations in demand due to winter or other pressures.

*Beds are perhaps less needed in warm summer weather, but we seldom have that kind of weather. In winter, old people are much more vulnerable. There might be not enough rather than too many beds.*

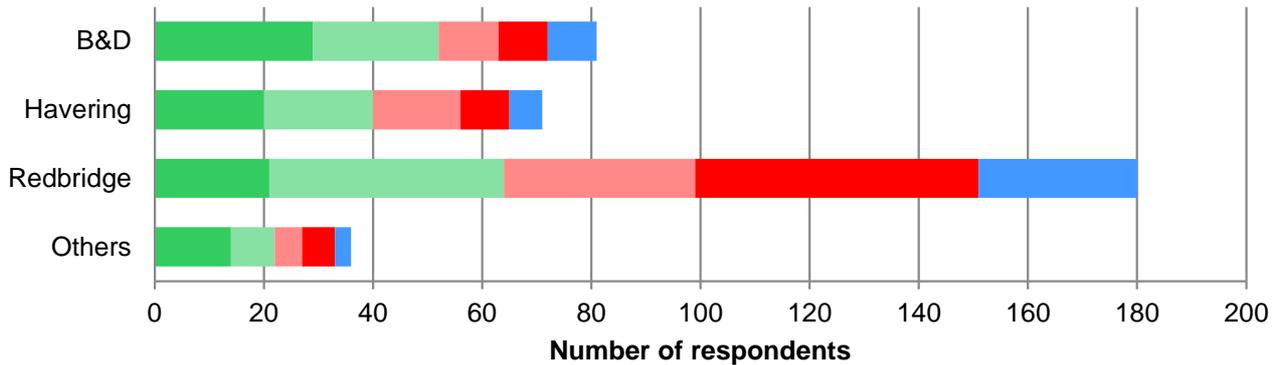
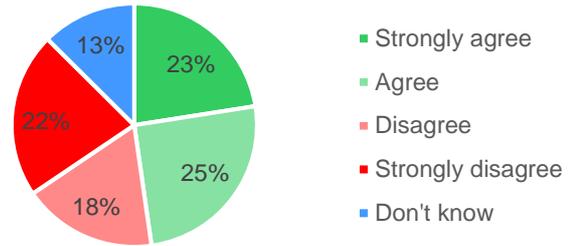
Female, Redbridge, aged over 65

*If it can be shown that they are not used and not needed. This will not be known for some time until several more normal and harsh winters have been experienced. What is proposed is a high reduction of beds when the population is rising. If a poor decision is made here, this will effect a) extra strain on normal hospital beds and b) immense extra strain on families and carers.*

Female, Redbridge, aged over 65

### Question 3

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.



Support from those completing the questionnaire<sup>45</sup> for reducing the number of community rehabilitation units if it can be shown that this is the best way to provide high quality, safe care was 48% (respondents agreeing or strongly agreeing). Those who disagreed or strongly disagreed totalled 40%.

	Strongly agree/ agree	Strongly disagree/ disagree	Don't know
All (including where borough not indicated)	48%	40%	13%
Barking and Dagenham	64%	25%	11%
Havering	56%	35%	8%
Redbridge	36%	48%	16%
Others	61%	31%	8%

Respondents from Barking and Dagenham and Havering supported reducing the numbers of community rehabilitation units, if it can be shown that this is the best way to provide high quality, safe care, with 64% and 56% respectively agreeing or strongly agreeing.

In Redbridge, however, only 36% agreed or strongly agreed with this statement. More people (48%) disagreed or strongly disagreed, although this was still less than half of those in Redbridge who expressed a view.

<sup>4</sup> The total number of respondents to this question was 400.

<sup>5</sup> Note: the numbers in the pie chart do not equal 100 due to rounding.

## Reasons for support

There were two main reasons why respondents supported the reduction of community rehabilitation units. Firstly, respondents thought this would help to ensure consistent, high quality care.

*It is easier to make sure that care is the same high standard in one bigger unit.*

Female, NHS staff member

*Although it will make travel harder for visitors, having the beds on one site will ensure consistency of care for all three boroughs.*

Female, NHS staff member

*Centralisation equals improved outcomes.*

Male, Havering, aged 26-40

*There is a clear evidence base for consolidating beds onto one site to provide best quality care.*

Female, NHS staff member

The second reason why respondents supported this option was because they thought it was an effective use of resources.

*It's not cost effective to spread services across three units. Whilst desirable for visiting, patient healthcare will be a higher quality with staffing resources and expertise supporting one centre of excellence.*

NHS staff member

*If they are not needed why waste good money keeping them going.*

Female, Barking and Dagenham, aged 41-65

*If not enough people for the beds then yes. Cost of overheads needs to be considered.*

Male, Havering, aged 26-40

In some cases, support for the option was tempered by stressing that having the right staff, in the right numbers, with enough time to spend with patients, was important in making services work.

*It makes sense to have one location with adequate services and transport links. Patients will benefit from their home environment as long as they receive the right care at the right time from experienced staff.*

Female, Redbridge, aged 41-65

*Providing there is sufficient staff to cover for all the home based services, and there is cover when a member of staff is ill.*

Female, Havering, aged over 65

## Reasons for opposition

Opposition to this proposal was based on concern about losing local services, in particular the distance that friends and relatives would have to travel to visit people if there was only one community rehabilitation unit and the effect that fewer visitors would have on the patients' recovery.

*Given the large area... there is no single location that would be easy to get to for visitors. Thus closing two of the three current units would severely disadvantage two thirds of the resident population. This would in turn lead to fewer visits. It has also been shown that patients recover more quickly if they are cared for in a ward that is close to their home. Add to this the very pleasant surroundings and facilities at Galleon and Heronwood wards, it would actually slow the recovery process.*

No details given

*The carers in Wanstead would have much further to travel to visit the person they were due to care for if the community rehabilitation unit was at KGH. Many carers are elderly. Patients recover better if they receive regular visits. The visitors should find access to loved ones as easy as possible*

Male, Redbridge, aged over 65

*Community rehabilitation units should not be centralised, people in rehab need to have visitors and should be near their friends and families and neighbours. Many of whom may be elderly and not able to travel very far.*

Female, Redbridge, aged over 65

*Absolutely not. Whilst there may be some argument in favour of "economies of scale" arising from consolidating, I believe in this case it is outweighed by the damaging impact of losing localised care facilities.*

Leyton and Wanstead Conservative Association

*An important factor in Rehabilitation is the stimulation given by visitors. To have people travel to King George's Hospital from Wanstead would mean fewer, less regular visitors.*

Female, Redbridge, aged over 65

Some respondents opposed the proposal on the grounds that they did not believe that reducing the number of units would improve the quality of care.

*Why is quality involved with reducing things? What does safe care have to do with reducing? Taking a beautiful chance away from people to be in a safe good area with other patients.*

Female, Redbridge, aged 41-65

*This is a ridiculous statement. Cutting services does not equal better care.*

Female, Redbridge, aged 41-65

*Strongly disagree - who says it is the best way to provide high quality, safe care? The focus group whose task is to reduce costs.*

Male, Redbridge, aged over 65

*Reducing the number of beds is good for financial reasons but is not the way to provide a better service. Quite the reverse!!!*

No details given

A number of respondents opposed the proposal because of their particular support for the Heronwood and Galleon units in Wanstead, particularly when compared to King George Hospital.

*The pleasant aspect and location of the Heronwood and Galleon unit compared to a further stay in a block at King Georges suggests the former site should be retained as it is more suitable for rehabilitating elderly patients after long term stays. My relative lives close to King George's but would still rather have received rehab at Heronwood and Galleon for this reason.*

Male carer, aged 41-65

*Heronwood and Galleon is a superior and excellent facility and if any of the sites is kept open it should be that.*

Female service user, Redbridge, aged over 65

*The nursing care provided at units such as Heronwood and Galleon is excellent. Intermediate care is nursing driven rather than clinician driven and care in the immediate community is beneficial for patients and carers (as stated by the head of NHS England).*

Snaresbrook branch, Labour Party

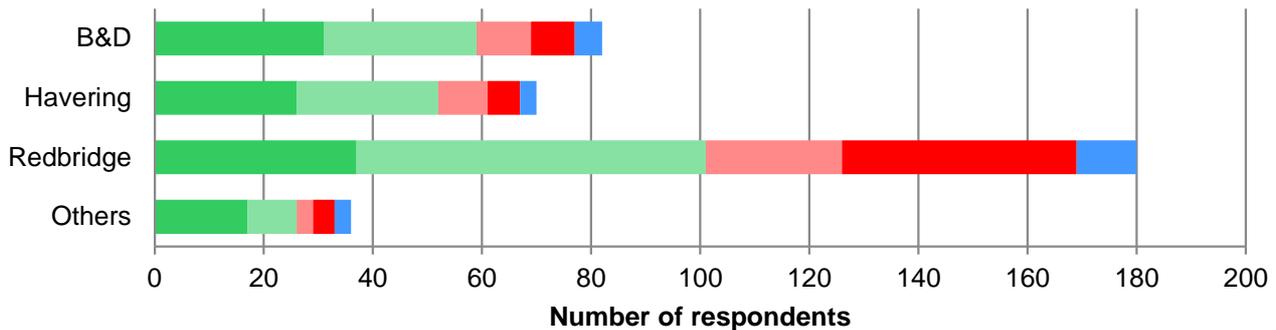
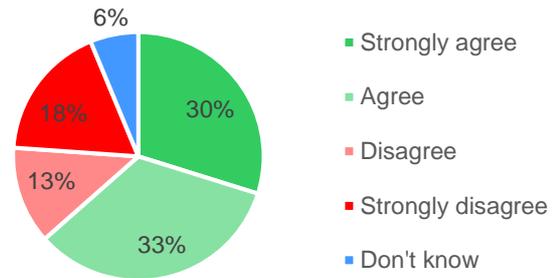
As with previous questions, there was some concern about the likely population changes and opposition to the proposal to reduce the number of community rehabilitation units on the grounds that there would be too few to meet the needs of the growing and aging population.

*This is nonsense. We should be planning and investing for the future when demographics for a rapidly ageing population, living longer and presenting with multiple problems, physical and mental are evident. We should not be considering the closure of the two wards Heronwood and Galleon at Wanstead Hospital. This valuable site is at risk of being sold which would be a criminally irresponsible fate. We need to be investing more in those facilities which cater largely for needs of the elderly.*

Female, Redbridge, over 65

## Question 4

**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.**



Support from those completing the questionnaire for option five (the preferred option) being the best way to organise intermediate care services in the future was 63% (agreeing or strongly agreeing). Those who disagreed or strongly disagreed totalled 30%<sup>6</sup>.

	Strongly agree/ agree	Strongly disagree/ disagree	Don't know
All (including where borough not indicated)	63%	30%	6%
Barking and Dagenham	72%	22%	6%
Havering	74%	21%	4%
Redbridge	56%	38%	6%
Others	72%	19%	8%

Each borough individually supported the preferred option. Support was high in Barking and Dagenham and Havering, where 72% and 74% (respectively) agreed or strongly agreed with that being the best way to organise intermediate care services in the future. In Redbridge, the support was lower than in the other two boroughs, at 56%, with 38% opposing the preferred option.

### Reasons for support

The main reason why people supported the preferred option was because they thought this would be best for patient care:

*I think that the new services you have put in place are life changing and innovative. People in the three boroughs have been crying out for services like these for years, and the impact that they have on the lives of normal people is almost immeasurable. To me, having a bed for rehab seems to almost go against the idea of rehab, get people home where they want to be with support, helping them transition out of hospital (especially useful for people who*

<sup>6</sup> The total number of respondents to this question was 402.

*have had a long hospital stay!), and rehabilitating them in their own home, with their own stairs, chair, bed etc.*

Female, Havering, aged 26-40

*Barts Health NHS Trust supports the proposed changes to intermediate care services as they will provide better quality care for people in Barking and Dagenham, Havering and Redbridge.*

Barts Health NHS Trust

*From the pilot, this does seem to be the best model for the local population... This pilot has provided an opportunity to showcase the value of high quality rehabilitation delivered in the patient's home. It has shown that if rehabilitation is delivered at a level of intensity usually available only to secondary care, is highly effective. This pilot has been able to promote new ways of working and improve the care that people receive, so that they can get better care and to recover more quickly.*

Chartered Society of Physiotherapy

The reason some respondents gave for supporting this option is because it would help more people to receive care at home, which is what they prefer and which helps them to stay independent.

*It's quite obvious that most people would prefer care at home where possible. As a carer to my elderly grandfather in Havering who has severe dementia, I know the best place for him is at home. It's where he wants to be and where he feels safe. I feel that consolidating beds into one site is a sensible way of providing better quality care and making best use of NHS resources.*

Female carer, Havering, aged 26-40

*Hospital settings tend to disempower individuals. Home settings with services provided are now more therapeutic and important to individuals well being and recovery. Having worked in acute wards, rehab wards, nursing homes, diagnostic day hospital and in the community, people thrive in their own environment - with assistance from the support agencies as required. Avoidance of hospital admissions is not only cost effective, but also avoids dependency on the state provides.*

Female service user, Havering, aged over 65

*I work for the CTT and have done so for only four months. In this time I feel I have stopped many admissions at both a financial benefit to NELFT but mostly a benefit to our service users who do not want to go into hospital.*

Female, NHS staff member

Some people supported the preferred option and commented positively on the proposal for the community rehabilitation unit to be based at King George Hospital.

*Seems logical. KGH is easier for me to get to by public transport than any of the other places. So good to see that finally services are being delivered at home and good to see you are trying to make the best use of resources. I believe if this had been done 3 years ago my wife would still be here today.*

Male service user, Havering, aged over 65

*I agree that one unit would be good and KGH site is more popular than Grays Court or H&G. However the bed provision must be sufficient to meet demand, not be dictated by the space available.*

Female, NHS staff member

In some cases, this support was to some extent qualified by concerns that there might not be enough beds to meet demand at all times.

*40-61 does not sound sufficient for the present needs of patients, but it is obviously better than nothing and backed up by home based services it may alleviate present problems.*

Redbridge Age UK

*As long as these beds are not used for other patients when beds in the hospital are under pressure such as in the winter when admissions are higher.*

Female, NHS staff member

*40-61 beds may not be enough for the three boroughs*

Female service user, Barking and Dagenham, aged over 65

### Reasons for opposition

Some respondents opposed the preferred option on the grounds that having one community rehabilitation unit would mean that people would have too far to travel.

*Having one site means too far to travel.*

Male, Barking and Dagenham

*King George Hospital is a long way for Havering residents.*

Female service user, Havering, aged 41-65

A number of people specifically mentioned the distance from the west of Redbridge to King George Hospital as a reason for opposing this proposal.

*King George is miles away from Wanstead and getting there would be very difficult for the elderly and disabled. It is quite obvious that you have not considered all these things. You have only thought of how much money may be saved.*

Female, Redbridge, aged over 65

*This means that there will be nothing in the Wanstead Woodford area. Everything will be Goodmayes, Seven Kings, Barking and Dagenham and Havering areas.*

Female, Redbridge, aged over 65

*King George is too far away from residents in Wanstead, Woodford, Clayhall.*

Male carer, Redbridge, aged over 65

Some of the respondents who opposed the proposal mentioned the travel difficulties that the staff in the home-based teams would experience.

*For just two teams to cover the needs of patients in their homes from Upminster to Wanstead with the current traffic congestion is simply unworkable. Even the police have said*

*that now the Wanstead police station is gone – they cannot reach Wanstead in any reasonable response time period – so how do you think your teams will do better?*

No details given

*These teams will spend time and money travelling and will not be spending time with patients, if they do turn up at all.*

Female, Redbridge, aged over 65

Some respondents, when opposing the proposal, mentioned both the difficulty of travelling to King George Hospital and problems with parking in the area.

*Transport links to KGH are poor and free parking near the hospital is very limited. Disabled parking spaces are insufficient in the hospital grounds and traffic jams on the A12 access road are common. Only one bus runs into the hospital, the 396 and this is an infrequent service. Even people living in Barkingside ie my parents need to get 2 buses, the 169 and 396. Poor transport link exist currently for residents of Wanstead and Snaresbrook to KGH if H&G is closed down. Free parking is available currently at H&G, a big plus point for families when deciding which unit their relative should attend and it has attractive gardens too.*

Female carer, Havering, aged 41-65

*I am concerned that there is insufficient parking for the increased numbers of people that would need to attend/visit on the KGH site.*

Female, Havering, aged 41-65

Other respondents who opposed the proposal were concerned about the cost of parking at King George Hospital.

*As you say KGH has a large on-site car park but it costs a fortune to use.*

Male, Redbridge, aged over 65

*There used to be [a] geriatric ward [at] Barking Hospital then Grays Court, now you want to close that and go to KGH which is expensive to park (for a start) for visitors! £12.50 per day!!!*

Male, Barking and Dagenham, aged 41-65

Concern was expressed about the proposed numbers of intermediate care beds by some opposing the preferred option.

*There is no proper evidence that only up to 61 beds will be needed in the foreseeable future or that the home-based service would be expanded sufficiently to meet the needs of the greater number of patients not in receipt of intermediate care in a rehab unit*

Female, Redbridge, aged 41-65

*The national intermediate care report of 2013 has a formula of 26.3 beds per 100,000 population, equal to 184 for our area. Galleon and Heronwood would contribute 48 to that figure. The two teams are inadequate to cover a huge area which includes pods that are often congested. Those at home may not be able to respond to phone messages or even get to the door in time. Some are deaf.*

Male, Redbridge, aged over 65

*Reduction from 104 beds to 40 (and possibly 61) isn't enough for the requirements across 3 boroughs. King George hospital is further away for families to get to visit relatives, especially if elderly. This isn't in the patients' interests and a cost cutting exercise.*

Female, Redbridge, aged 41-65

*Not sure if 40-61 beds is going to be enough when the population in the various areas is increasing rapidly and more homes are going to be built*

Female, Havering, aged over 65

Some respondents, opposing the proposal, were also concerned about the suitability of the King George Hospital site for a rehabilitation unit because it is an acute hospital rather than a purpose-built unit.

*KG is an acute hospital and Foxglove ward is a very old ward which is unfit for rehab work. It will be much much cheaper to use existing purpose built facilities which have been proven to work very well.*

No details given

*KG is an acute hospital which does not have a purpose built rehab unit. During rehab, patients should be encouraged to interact with one another and be assessed for their safety to get back to life in the community. This is NOT possible in an acute hospital like KG.*

No details given

*Please keep Heronwood and Galleon unit open it is a far superior service and facility than could be offered in the second floor of a block at King Georges without communal grounds and outside space.*

Female service user, Redbridge, aged over 65

In opposing the preferred option, some respondents expressed particular support for the Heronwood and Galleon units. They said that the facilities and the environment are valued by local people and are well suited to rehabilitation.

*Wanstead is a much better place to recover, just sitting watching the wildlife is therapeutic in itself. My Mother in law is currently in King George's, the queueing just to park is a nightmare, and parking charges are expensive if their stay is for several weeks. It's a much more chaotic place not suitable for rehab purposes. Save the unit at Wanstead it does a fantastic job... Please.*

Female carer, aged 41-65

*Service user should have a stress free or peaceful or nice relax friendly environment for treatment (rehab). Heronwood and Galleon rehab unit is the appropriate place to avoid sound/air pollution for someone to receive treatment.*

Male, NHS staff member

*Because Heronwood and Galleon works. The public love it and most importantly the patients love it. I think patients would be more motivated to do rehab away from home as most patients are eager to get back to their homes and families, so they use that as motivation to get stronger. I don't think you will see much positive changes in home-based services.*

Male, aged 16-25

*We should not be closing any units, particularly at the Wanstead hospital site. The facilities and expertise there are excellent and greatly valued by patients. Thousands have signed the petition objecting to the proposals to close the two wards there. Beds there can be used in an even more flexible way than already practised.*

Female, Redbridge, aged over 65

*I have had excellent care in Heronwood and Galleon wards on three occasions over the past 10 years and I am still living independently. I am shocked that you intend to close such a good purpose built unit.*

Female service user, Redbridge, aged over 65

Some respondents who opposed the proposal were concerned that if the rehabilitation unit at Heronwood and Galleon wards closed, then the other services on the site would follow, to the detriment of local people.

*Years ago we residents all contributed towards keeping Galleon and Heronwood open. If they close, I believe new properties will be built, and need parking so eventually the hospital facility of blood tests hydro etc will go by being forced out. I have been a resident and home owner since 1960 and now as an older person many need this facility.*

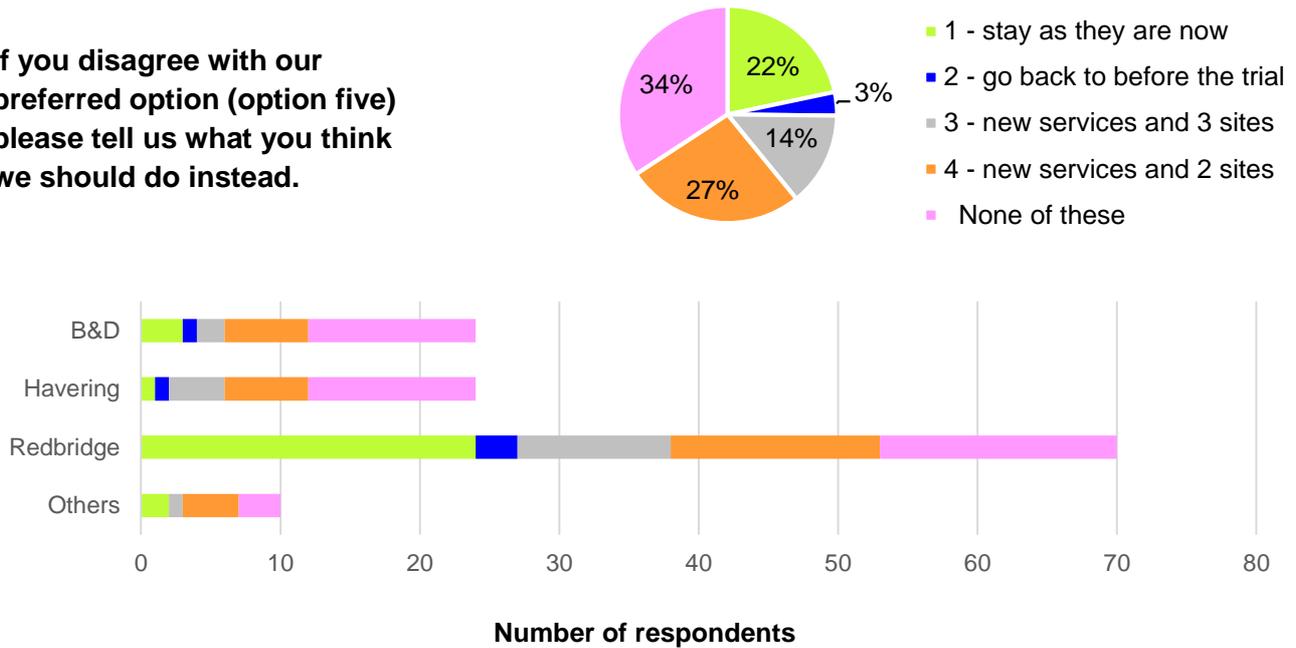
Female, Redbridge, aged over 65

*Don't close Wanstead Hospital; it is used by locals, Whipps Cross is overloaded - why blood tests there? Wanstead has many tax payers not benefit claimants so give them what they pay NI for.*

Female, Redbridge, aged 41-65

## Question 5

If you disagree with our preferred option (option five) please tell us what you think we should do instead.



Of those who did not support the preferred option<sup>7</sup>, the greatest support was for none of the options outlined in the consultation, at 34%. It should be noted, however, that four of those respondents commented that they had ticked 'none of the above' because they had already agreed with the preferred option. None of those who said they wanted 'none of the above' explained what they would like instead, although some did make some comments. Some expressed support for the Heronwood and Galleon units; some were concerned about population growth and some about the travel implications of reducing the number of units.

Some of those who supported option one expressed concern about bed numbers, population growth, fluctuating need, travel issues and support for the Heronwood and Galleon units. None of those who said they preferred option two commented on their choice. Those who supported option three had concerns about the same issues as those supporting option one. Some of those who commented on their support for option four said it was because of the number of units (ie that two rather than one would be needed). Others expressed support for Heronwood and Galleon units. There was general support for the home-based services, which some said should be located on the same site as a rehabilitation unit, in order that they would be fully integrated.

	Option 1	Option 2	Option 3	Option 4	Option 5
All (including where borough not indicated)	22% (31)	3% (5)	14% (20)	27% (38)	<b>34% (49)</b>
Barking and Dagenham	13% (3)	4% (1)	8% (2)	25% (6)	<b>50% (12)</b>
Havering	4% (1)	4% (1)	17% (4)	25% (6)	<b>50% (12)</b>
Redbridge	<b>34% (24)</b>	4% (3)	16% (11)	21% (15)	24% (17)
Others	20% (2)	0% (0)	10% (1)	<b>40% (4)</b>	30% (3)

<sup>7</sup> The total number of respondents to this question was 143.

The table above shows the responses by borough, with percentages based on the totals for each borough and the actual numbers in brackets. The highest figure for each row in the table is in bold, showing where the most support is for each borough.

## Borough snapshots

### Barking and Dagenham

21% of respondents to the questionnaire were from Barking and Dagenham, and they thought...	Support % Higher (↑) or lower (↓) than overall results	Opposition % 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.	90% ↑	9% ↓
The NHS should reduce the numbers of community rehabilitation beds if it can be shown that they are not used and are not needed.	73% ↑	21% ↓
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.	64% ↑	25% ↓
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.	72% ↑	22% ↓

- Barking and Dagenham respondents were in favour of each of the proposals
- Barking and Dagenham respondents were more positive about all the proposals than respondents overall
- Barking and Dagenham respondents showed most support for permanently running the new home-based services, with 9 out of 10 people in favour
- Barking and Dagenham respondents showed least support for reducing the number of community rehabilitation beds, but almost 2/3 were in favour
- Almost 3/4 of Barking and Dagenham respondents were in favour of the preferred option

## Havering

19% of respondents to the questionnaire were from Havering, and they thought...	Support % Higher (↑) or lower (↓) than overall results	Opposition % 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

## Redbridge

50% of respondents to the questionnaire were from Redbridge, and they thought...	Support % Higher (↑) or lower (↓) than overall results	Opposition % 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.	79% ↓	16% ↑
The NHS should reduce the numbers of community rehabilitation beds if it can be shown that they are not used and are not needed.	54% ↓	38% ↑
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.	36% ↓	48% ↑
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.	56% ↓	38% ↑

- Redbridge respondents were in favour of three out of the four proposals
- Redbridge respondents were less positive about all the proposals than respondents overall
- Redbridge respondents showed most support for permanently running the new home-based services, with just under 8 out of 10 people in favour
- Redbridge respondents showed more opposition than support for reducing the number of community rehabilitation units
- Opposition to reducing the number of community rehabilitation units was just under half of Redbridge respondents
- Over half of Redbridge respondents were in favour of the preferred option

## Details of other responses

Twenty five responses were submitted in a letter or email format that did not directly address the specific questions posed in the questionnaire, but which gave views about the future of intermediate care services.

Fifteen of these responses were from organisations:

- Barts Health NHS Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Chartered Society of Physiotherapy
- Centre for Independent and Inclusive Living – Redbridge
- Healthwatch Havering
- Healthwatch Redbridge
- London Borough of Barking and Dagenham Health and Adult Services Select Committee
- London Borough of Havering
- London Borough of Havering Health Scrutiny Committee
- London Borough of Redbridge Health Scrutiny Committee
- North East London Foundation NHS Trust
- Partnerships of East London Co-operatives
- St Francis Hospice
- Waltham Forest Clinical Commissioning Group
- Wanstead and Snaresbrook Residents' Alliance

Seven responses were from individuals and in three cases it was not stated or possible to say.

There was support from a number of these organisations because they thought the proposals were consistent with their organisation's aims to provide integrated care and redesign services.

*The London Borough of Havering agrees with the CCG's objectives – to provide bespoke care, as close to home as possible, minimising the use of hospital beds and maximising personal independence and wellbeing.*

*It is consistent with the vision developed jointly with coterminous councils through the Integrated Care Coalition.*

*The Council is reassured that the proposal is based on best evidence and has been piloted locally, achieving very high rates of satisfaction among patients and carers.*

*The Council agrees that improved community provision will reduce the need for rehabilitation beds and the consolidation of the remaining beds on one site may facilitate the provision of more expert, bespoke care and free up resources to be reinvested in improved community/domiciliary care.*

*The Council agrees with the criteria developed for the options appraisal, including the differential weighting of quality and financial aspects.*

*We agree the preferred option is the most likely to deliver improved patient experience and better outcomes whilst remaining financially sustainable in the longer term, as need continues to grow as the population ages still further.*

London Borough of Havering

*I can confirm that we welcome and support these proposals... These proposals are consistent with the Trust's aims to develop integrated care services that will improve the quality of care for people in east London.*

Barts Health NHS Trust

*The main area of discussion [at the Trust Executive Committee] focussed on the importance of redesigned clinical pathways across the community and secondary care settings to achieve the shift towards home-based care. It was acknowledged that the Intensive Rehabilitation Service (IRS) and the Community Treatment Team (CTT) were fundamental to that service redesign.*

*Furthermore, as the BHRUT Improvement Plan also requires a significant programme of work to deliver non-elective patient attendance and admission avoidance, as well as optimal patient discharge from acute beds, there is good alignment with the enablers for the Intermediate Care Business Case and our Improvement Plan.*

Barking Havering and Redbridge University Hospitals NHS Trust

The Partnership of East London Co-operatives, the local GP out-of-hours services provider, supported the proposals, because they believed that they were made with patients' interests at heart and would result in patients getting the care they needed as an individual.

*The review of the document "making intermediate care better" has been very well thought out and considered a wide range of options for patients and families within the locality. It is refreshing to note the comments by the authors who have obviously explored and considered what patients want and are obviously committed to making a difference to their care and treatment.*

*The proposal is clearly reflective of the political agenda "right care, right place, right time" which ultimately will lead to better patient outcomes. The constant theme throughout the document is to use all the skills of a highly skilled multidisciplinary team to provide services. This approach will then ensure patients receive individualised care based on their needs, whether they are cared for in a community hospital or at home.*

Partnership of East London Co-operatives

There was considerable support expressed for the home-based services and general agreement that patients want to be cared for at home. The view was expressed that care at home helps people to recover more quickly.

*The delivery of care within a patient's home supports the views of many local residents who told us in a recent consultation that 'reachability' of health services was a key priority.*

Healthwatch Havering

*The Committee... welcomes the home based services that have been developed, as this is what most people would prefer.*

London Borough of Redbridge Health Scrutiny Committee

*There was a belief that the majority of people would prefer to be treated at home and our members have had positive experiences of this type of service.*

Centre for Independent and Inclusive Living – Redbridge

*We see the models which you have described as very promising developments, ensuring that patients receive an appropriate, responsive and suitably intensive service to help them recover as quickly as possible. By shifting the funding, community services are enabled to deliver rehabilitation at an intensity in the patient's home which meets their goals. And have been able to demonstrate impact and improvements for patients.*

Chartered Society of Physiotherapy

*The use of home-based services to support patients with intermediate care needs should be our ultimate aim as this results in better outcomes for patients. Patients can be more easily supported and return to independent living in their own homes more quickly.*

North East London NHS Foundation Trust

The North East London Foundation Trust, the current provider of the home-based services, also commented on the effectiveness of the services being trialled, pointing out that they get good feedback and are treating more people than would have received care previously.

*The Community Treatment Team and the Intensive Rehabilitation Service are receiving high levels of positive feedback from patients and carers as well as local GPs. The productivity of these services is higher than expected and more patients are receiving support than in the previously commissioned model of care.*

North East London NHS Foundation Trust

A number of organisations or individuals recorded their support for the proposals, without necessarily specifying a reason (although some did also raise other points or questions about how it might work in the future). This support included:

*I can confirm that we support your proposals in principle and agree the NHS should reduce the numbers of community rehabilitation beds where it can be shown they are not used and not required for a particular population. We would therefore support option five.*

Waltham Forest Clinical Commissioning Group

*In conclusion, The Health Overview and Scrutiny Committee wishes to record its overall support for the proposals in the consultation, subject to the comments shown above.*

London Borough of Havering Health Scrutiny Committee

*In summary, we fully support the proposals of the consultation subject to the further information requested above.*

Healthwatch Havering

*I agree with the consultation statements.*

Andrew Rosindell, Member of Parliament for Romford

*Overall, CiiL-R Voice accepts the preferred option (5) and understands the reasons why the CCG groups believe it will result in the best and safest care.*

Centre for Independent and Inclusive Living - Redbridge

*Thank you for the opportunity to feedback on this document. It is well laid out and shares the process of considerations/ options in a fair way – we found it interesting and sensible on the whole. We sense that option five may be the preferred option though we see merits in all...*

*We are happy and willing to support any new changes to services with our flexible specialist services and welcome positive service developments wholeheartedly.*

Saint Francis Hospice

There was some concern expressed about the reduction in bed numbers both from some of those who expressed support for the proposals overall as well as from those who opposed them.

One area of concern was about the bed modelling.

*Whilst we have indicated our support for the Community Treatment Team (CTT) and Intensive Rehabilitation Service (IRS) delivering tailored high quality care in people's homes 7 days a week, we have some serious concerns about the proposal to dramatically reduce intermediate care beds.*

*We are concerned that the bed modelling is not robust. We have been presented with the 'National Audit of Intermediate Care Report 2013' which highlighted that the mean number of commissioned intermediate care beds per 100,000 was 26.3. Albeit an audit, this would suggest that the number of beds required by Redbridge, Barking & Dagenham and Havering would be 184.*

London Borough of Redbridge Health Scrutiny Committee

*There is no clear auditable trail on bed estimates. The RCCG's Community Bed Modelling says, for example that in July and August 44 and 41 beds would be needed: their report states that 77 and 71 beds were used in July and August 2013...*

*The RCCG says that there is over provision of beds in the three boroughs: where is the evidence for this? So far we have failed to see how looking at intermediate care beds in comparative boroughs to decide how many beds Redbridge ought to have has any kind of validity...*

*How can you dismiss the 2013 National Audit of Interim Care (which includes input from the RCCG) which states that the mean number of beds used by 74 CCGs is 26.3 per 100,000? As the remaining beds would serve the populations of Redbridge, Barking and Dagenham and Havering, 700,000 people, this would mean 184 beds are needed.*

*I have it on good authority that the bed model used is not sound, while being verified by NHS England is not an independent assessment – they are in favour of the proposals anyway. NHL's 'independent assessment' did not stop the disastrous Health4NEL proposals in 2010 and look where that has landed BHRUT – in special measures. A truly independent assessment is needed.*

Wanstead and Snaresbrook Residents' Alliance

*Such important proposals require the services of highly qualified health statisticians who are familiar with rapidly changing demographics. Please ensure this sort of expertise is available to advise on these aspects, and that you heed the opinions of local practitioners.*

Email responder

There were also concerns from some respondents about whether the numbers of beds would be sufficient to meet the needs of a growing and ageing population and to meet additional demands at particular points in time (for example in winter).

*Other issues that concern us in relation to bed modelling include:-*

- *Population growth and our ageing population both factors which would impact on the need for intermediate care beds; and*
- *The adequacy of the bed modelling taking into consideration the impact of a harsh winter.*

London Borough of Redbridge Health Scrutiny Committee

*There is such an increase in population locally, estimated to be between 58,000 – 80,000 increase by 2030 and with people living longer, that bed reduction is not feasible.*

Wanstead and Snaresbrook Residents' Alliance

*With an aging population should there not be more beds available especially during a bad winter and a possible flu epidemic?*

Email responder

*We understand the clinical and managerial case for a one site service and would welcome further information or clarification on the following... [that] the model has been future proofed against the ageing profile for Havering.*

Healthwatch Havering

There was concern that some people needing 24-hour care would not be able to get this under the proposals because they would be cared for by the home-based services, which do not operate on a 24-hour basis, rather than in a rehabilitation unit.

*I understand these teams stop at 8pm and 10pm respectively, and so overnight problems would have to be dealt with by emergency treatment or out of hours services. This is not adequate.*

Leyton and Wanstead prospective parliamentary candidate

*Many people are concerned that the rehabilitation services do not cover 24 hour support. Some patients are at risk of falling in the night and this is not reflected in the consultation.*

*There are concerns that people using the service may not be using social services already and would therefore not have a care package in place. An example was given whereby a patient could have soiled their bed at 11pm and not be able to get support until the next morning as the service is not available 'out of hours'. In this instance, calling an ambulance was the only option available which seems inappropriate.*

Healthwatch Redbridge

Both Waltham Forest CCG and Barts Health NHS Trust were concerned to ensure that closing the Heronwood and Galleon unit would not have an adverse impact on Whipps Cross Hospital.

*In the light of continuing pressure on beds at Whipps Cross, the Trust is concerned about the short to medium term impact of the potential closure of the Heronwood and Galleon Unit. We would therefore welcome further discussion about capacity and the range and volume of provision required, to ensure that any closure does not have an adverse impact on lengths of stay at Whipps Cross*

Barts Health NHS Trust

*We are keen to raise the issues of discharge processes for patients from Redbridge, who are using the Whipps Cross Hospital site. Should these proposed changes be implemented it is imperative that the closure of the Heronwood and Galleon unit beds do not lead to delays in patients being discharged as they wait for community services to be mobilised. We would welcome an understanding of what processes will be in place to support the continued and timely discharge of Redbridge patients, and appropriate assurance that Whipps Cross Hospital will not be disadvantaged by the proposals outlined.*

Waltham Forest Clinical Commissioning Group

Some respondents supported the proposal to centralise services because it would then increase the time available for home visits.

*The preferred option pools clinical resources on a central location which then will increase hours of service for domiciliary visits.*

Partnership of East London Co-operatives

The London Borough of Redbridge supported the proposal for this centralisation to be on the King George Hospital site, if this helped King George become a centre of excellence.

*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 (KGH), which is welcomed, especially if this contributes to having a centre of excellence within KGH for Older People services.*

London Borough of Redbridge Health Scrutiny Committee

The London Borough of Havering supported the proposal to centralise on the King George site as they thought this was more accessible for their residents than the other two current sites.

*It is accepted that the two teams mentioned above will reduce the need for the current number of rehabilitation beds. The Committee has noted the plan to locate the remaining beds at King George Hospital. While this is not located in Havering, the Committee feels this is a better location for such facilities than two of the current sites in Dagenham and Wanstead, both of which are highly inaccessible for Havering residents.*

London Borough of Havering Health Overview and Scrutiny Committee

The current provider of intermediate care services made the point that it would be easier to transfer a patient to acute hospital care, when needed, if they were already on the same site.

*The consolidation of the community bed base at King George Hospital (KGH) will result in a more effective delivery model both in terms of patient safety and responsiveness. Any escalation of a patient's needs to more acute care could be delivered effectively in partnership with the acute Trust if the community beds were co-located on the KGH site.*

North East London NHS Foundation Trust

Support from the acute hospital trust for centralising on the King George Hospital site was caveated by saying that it would be necessary to ensure service redesign had been effectively implemented.

*Whilst a clear commitment was given to develop a plan for accommodating the additional beds on the KGH site, subject to the outcome of the Public Consultation, the risks associated with the proposal were noted. Namely, that should the out of hospital care redesign referred to above not result in measurably decompressing our hospitals leading to*

*Exit Block in our Emergency Departments, and high bed occupancy levels, then patient safety may be compromised.*

Barking Havering and Redbridge University Hospitals NHS Trust

Other respondents expressed concern about the proposal to centralise services on the King George Hospital site. One reason was the potential effect it could have on the acute hospital trust.

*We are concerned that the proposed location of the beds is at King George Hospital site. Whilst we appreciate the difference between an acute and intermediate care bed we are concerned that space for acute beds is being given up by our failing hospital trust. We do not understand how our Trust is in a position to give up space for acute beds when shortage of beds is a significant factor in its poor performance in A&E targets.*

London Borough of Redbridge Health Scrutiny Committee

Another reason given against locating the intermediate care beds on the King George Hospital site was because of the additional travelling for local people. This was raised more often in relation to travel from the west of Redbridge (eg Wanstead) than in relation to other areas.

*I am very concerned about the options proposed and in particular, the proposal to close the Heronwood and Galleon units on the Wanstead Hospital site. The services provided here are vital to those who need extra support, particularly the elderly. It would be unfair and impractical for Wanstead residents to travel to King George Hospital to receive these services instead.*

Leyton and Wanstead prospective parliamentary candidate

*One important factor in rehabilitation is the stimulation given by visitors. To have people travel to King George Hospital from Wanstead would mean fewer, less regular visitors.*

Wanstead and Snaresbrook Residents' Alliance

*It can be very hard for relatives from parts of the borough to get to KGH... Patients and their families need to be aware of the added travel cost associated with the proposals and the CCG needs to take this into account too.*

Healthwatch Redbridge

*The loss of the local unit in the Wanstead area is a concern due to the difficulty some will face travelling across the borough in order to access/visit the unit at King George's.*

Centre for Independent and Inclusive Living – Redbridge

*The CCG have argued that travel times to King George Hospital will be less of an issue as more people will be treated in their own homes. While this is true it is also the case that some residents will require inpatient treatment and their friends and family will be reliant on public transport to King George to visit them. Although the hospital is a 20 minute walk from Goodmayes station and is connected by local bus routes, residents could face significant travel times in getting to King George... We request an impact assessment covering alternative travel plans comparing Grays Court and King George Hospital, to better understand how local residents will be affected.*

London Borough of Barking and Dagenham, Health and Adult Services Select Committee

Some respondents opposed the idea of closing the Heronwood and Galleon units because of the high standard of care they provide.

*The idea of closing this unit is wicked, the care given to those in need is excellent.*

Local resident

*An elderly friend was in Heronwood. The standard of care was excellent and I really believe that without the constant care after a fall she would not have been able to return home.*

Email responder

The local environment was also praised as conducive to recovery.

*Heronwood and Galleon are purpose built with a creative and healing environment in mind. The view from the windows is restful and cheerful as there is a lot of greenery – trees, shrubs, plants and flowers and birds and insects visit the nature area.*

Email responder

The response from the London Borough of Barking and Dagenham expressed concern about the effect the proposals might have on their borough, particularly given that there has also been the closure of a walk-in centre in the area during the past year.

*The closure of two services in Barking and Dagenham (Grays Court and Broad Street Walk in Centre) feels disproportionate to closures in the other two boroughs. It was reiterated at the HASSC meeting on 30 September that residents are likely to perceive these proposals as a further reduction in NHS services in the borough. Whilst the clinical rationale for Grays Court is understood, it has raised concern that the centralisation of services is happening out of Borough. We ask for assurances that there will be no further closures of local services.*

London Borough of Barking and Dagenham Health and Adult Services Select Committee

They also had concerns about what would happen to the Grays Court building and to the stroke rehabilitation services delivered from there.

*We are concerned that with the proposals in their current form there is every possibility of a half empty, or empty, building in the middle of the borough. Whilst we are aware that alternative uses for the building by Council services have been considered, we do not feel that these ideas will be feasible if there are still NHS inpatient beds in the building...*

*Stroke rehabilitation is specifically excluded from the consultation remit as this is referred to as being part of a different care pathway. Given the current proposals would effectively leave half the beds at Grays Court empty, it is highly likely that this will put the viability of this element of the service at Grays Court at risk and we see the future of the two elements of the service delivered from Grays Court as intrinsically linked.*

London Borough of Barking and Dagenham Health and Adult Services Select Committee

The Grays Court stroke beds were also mentioned by the North East London NHS Foundation Trust as one of their two concerns because they “have not been factored into this consultation.”

There was concern from some respondents about the potential effect on carers of increased care at home.

*Carer representatives were also present and wanted the CCG group to be aware that hospital visits/stays offer a form of respite care and were therefore not always unwelcome for*

*both the carer and the user of the service. Primarily home based services would take away this respite.*

Centre for Independent and Inclusive Living – Redbridge

*We are also concerned at the increased pressure that maybe placed on carers in relation to family members receiving rehabilitation at home.*

London Borough of Redbridge Health Scrutiny Committee

*The issue of informal carers taking on more responsibilities if patients are treated in their own homes has not been addressed appropriately.*

Healthwatch Redbridge

## MP views

Andrew Rosindell, MP for Romford, met Havering CCG's clinical lead on intermediate care to discuss the proposals. The Barking and Dagenham Havering and Redbridge CCGs' chief officer had a telephone conversation with Margaret Hodge, MP for Barking, about the consultation. Both were supportive of the proposed changes and Andrew Rosindell subsequently sent a letter of support.

Jon Cruddas, MP for Dagenham and Rainham, also expressed support for the CCG's proposals on his website and through social media, saying, "If implemented correctly, these changes could be a positive move." Angela Watkinson, MP for Hornchurch and Upminster, attended the Havering drop-in session and expressed general support for the proposals. Ilford North MP, Lee Scott, wrote a letter published in the Ilford Recorder, encouraging local people to give their views on the proposals.

John Cryer, MP for Leyton and Wanstead, raised concerns about the consultation and the proposals regarding intermediate care in a number of ways. He wrote to the CCG and met with the chief officer to discuss the consultation. He arranged for a parliamentary adjournment debate to be held on 4 September, titled 'Closure of Wanstead Hospital', where he expressed opposition to the consultation and the proposals. He also attended and spoke at the public meeting arranged by the Wanstead and Snaresbrook Residents' Alliance. He did not submit a formal response to the consultation.

None of the other local MPs engaged with the CCGs or expressed any views on the consultation or the proposals.