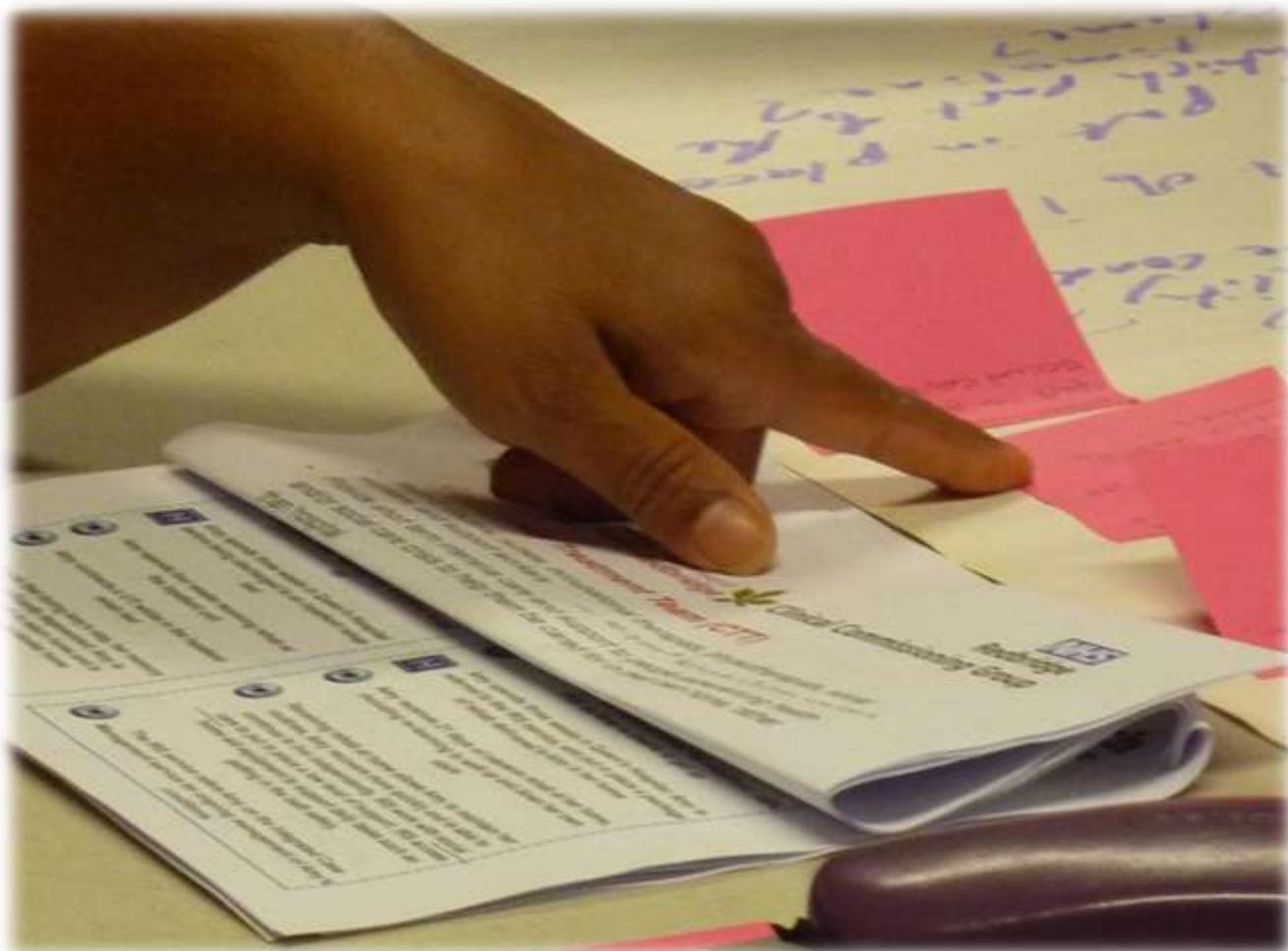


# healthwatch

Redbridge



## Care Closer to Home

Integrated Care in Redbridge

Healthwatch Redbridge  
December 2013



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## **‘Care Closer to Home’ Integrated Care Meeting 3 December 2013**

### **Introduction**

The Case for Change for Integrated Care for Barking and Dagenham, Havering and Redbridge (BHR) (August 2012) identified that too many people are being admitted to hospital for entirely preventable causes. This has resulted in an over reliance on institutional (bed based) services as the default option rather than considering individual needs, choice and ability to return home.

The Barking, Havering and Redbridge University Trust (BHRUT) has more rehabilitation/reablement beds than other similar parts of the country, high occupancy and long lengths of stay. This is related to poor procedures and an inability to move service users in and out of these facilities in an appropriate and timely manner.

Healthwatch Redbridge was commissioned by Redbridge Clinical Commissioning Group (RCCG) to facilitate a workshop whereby people would be given the opportunity to find out more about the services (the Community Treatment Team (CTT) and Intensive Rehabilitation Service (IRS)) and discuss any concerns they may have.



25 people attended the event and were given the opportunity to listen to a presentation from the service provider; North East London Foundation Trust (NELFT) and to ask questions before breaking into small groups to consider a number of posed questions.

### **Workshop**

After listening to a brief presentation on the proposed changes presented by Carol White, Director of Adult Services at NELFT; attendees were invited to comment on the following questions:

- **What do you think of the changes?**
- **Do people want to get home quicker with the right support in place?**
- **Do the new services sound like the right ones?**
- **Are there any other suggestions?**

Summaries of those discussions are detailed on the following pages.

## **Executive Summary: Recommendations**

**Redbridge Clinical Commissioning Group are recommended to:**

- **Ensure the services are publicised and promoted through all GP Practices, Social Care Services and Community and Voluntary Organisations**
- **Ensure appropriate levels of staffing are maintained as the service becomes more popular**
- **Ensure that there is continuity of carers for users to ensure they are not seeing different faces every time**
- **It is essential that contact with the voluntary and community sector is part of the care package to ensure continuity of service may be maintained**
- **Users of the service must be given access to ongoing support and information in reasonable time and not left without appropriate service at the end of the respite**
- **Review the pilot and provide updates to interested organisations and individuals**
- **Consider a further engagement event in March 2014**

## What do you think of the changes?

### Summary:

On the whole, most respondents were happy with the new services being proposed. Some felt it was too soon to know if the services would be effective but that 'it looks good on paper'.

Some raised concerns about staffing capacity and there was an assurance from both RCGG and NELFT that staff had not been recruited or transferred from existing hospital based services.

They wanted to be assured that GP's and Accident and Emergency departments were aware of the new services and understood how to access them. NELFT responded that most referrals were through local GPs, A&E admissions and via Community Teams. Few referrals were seen from patients and carers but it was hoped that the levels would improve as people began to use the service.

All respondents felt there was need for more information and publicity to be made available to patients and carers.

There were concerns raised when it became clear that this was a six month pilot project funded through 'winter pressures' money and there was no guarantee that the services would be commissioned in the future. Respondents suggested that a further meeting be held in March to update them on whether the service will continue.



### Recommendations:

Healthwatch would recommend that the service is promoted widely through GP Practices, Social Services, Community and Voluntary Sector organisations.

Healthwatch would be pleased to assist in the design and promotion of accessible leaflets.

Redbridge CCG should consider inviting respondents to a meeting in March to update them on the service.

## Do people want to get home quicker with the right support in place?

### Summary:

Respondents felt it important that people were treated closer to home and could definitely see the benefits of staying out of hospital when it was practicable.

They wanted assurances though that the right level of support would be available further on in regards to ongoing support needs being supported adequately. Concerns were raised regarding the length of time taken for referrals for Occupational Health or equipment services. Although users of these services were given assurances that patients would receive appropriate referrals.

Respondents were content that staff were available at the moment but this could be due to the service not being widely known of or used at present. They asked for assurances that staff would continue to be recruited to ensure patients were not waiting for services.



NELFT confirmed that they would not sub-contract the service to other care providers; they were confident the service could be provided appropriately. They also confirmed that there will be 17 new staff for the expanded CTT and 42 new staff for IRS to ensure the service could manage calls from Redbridge, Barking and Dagenham and Havering boroughs.

### Recommendations:

RCCG must make sure that enough staff are available as the service becomes more popular. They must also make sure that there is continuity of carers for users to ensure they are not seeing different faces every time.

It is essential that contact with the voluntary and community sector is part of the care package to ensure continuity of service may be maintained.

Users of the service must be given access to ongoing support and information in reasonable time and not left without appropriate service at the end of the respite.

## Do the new services sound like the right ones?

### **Summary:**

Respondents were interested to hear how the services had been rolled out in Havering and Barking and Dagenham since January this year. They were pleased to hear that the services were showing excellent results but would like to see further reviews and local reports.

It was also clear that users were responding favourably. Currently 96% of users were happy with the services being provided.

They also discussed the need for culturally appropriate services. RCCG responded that they would try and ensure appropriate services were available. They confirmed that translators are available via telephone if required. There were a number of staff that spoke community languages.

Again, it was clear that respondents wanted to see more publicity and events (such as the one they were attending) to ensure local people were aware of the services that could be provided.

### **Recommendations:**

Review the pilot and provide updates to interested organisations and individuals.

Ensure stakeholders such as users and carers are kept informed of the progression of the pilot and consider holding a further engagement event in March 2014.



## Any other suggestions?

### Summary:

Respondents felt the changes were a positive approach to ensuring people had the right support at a critical time and could afford people the option of staying out of hospital, which was the right approach.

They felt that for the changes to work in the long term, they had to be sustainable.

In response to a question, RCCG confirmed that the service covered the whole of Redbridge, including patients who would use Whipps Cross Hospital.

Concerns were raised regarding confidentiality and there was an assurance that all information is stored safely and that NELFT would work with what the patient wanted. It was explained that both CCT and IRS use handheld secure mobile devices therefore no information was left at the patient's home.

So far, 90% of patients seen within this service remain at home and out of hospital.

Some respondents asked whether this serviced covered people with mental health (MH) conditions. NELFT replied that the service would not cover people who were presenting with specific MH conditions if was the primary reason for the call. There are home treatment teams who work in similar ways to this service but have specialist MH staff. If the patient has a health condition such as Diabetes, Chronic Obstructive Pulmonary Disease (COPD), and Asthma for example, but also has a mental health condition; NELFT confirmed that the CCT/IRS would be available.





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